Grade boundary information for this subject is available on the WJEC public website at: https://www.wjecservices.co.uk/MarkToUMS/default.aspx?l=en

Online Results Analysis

WJEC provides information to examination centres via the WJEC secure website. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.

Annual Statistical Report

The annual Statistical Report (issued in the second half of the Autumn Term) gives overall outcomes of all examinations administered by WJEC.

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INTRODUCTION

It is again pleasing to report that there are growing numbers of candidates being entered for the qualification, which includes a number of new centres.

The standard of work submitted indicated candidates are achieving across the full range of grades.

Some centres had completed exemplary work for this unit and they should be commended on their performance.

ADMINISTRATION

The improvement in the administration of the portfolio moderation process has continued this year, with more centres maintaining the good practice. Centres are successfully continuing to complete very thorough, concise reports, well-presented in accessible project files.

Annotation of work according to the assessment grids greatly assists the moderation process and it was pleasing to see this being carried out by more centres this year. This is good practice and should be adopted by all centres.

Candidates must include their name, candidate number and centre number clearly on their work so their work can be identified once the mark sheets and authentication forms are removed as part of the moderation process. Candidates must also include their names and candidate number on the compulsory pro-forma time logs. Centres must use the WJEC pro-forma time log, rather than substituting a form of their own design.

Centres should adhere to the specified controlled time of 45 hours to complete the report. Considering this is a controlled assessment, it was surprising to see the large volume of work submitted by candidates from some centres. Conversely, other centres had failed to ensure that their candidates had totalled the requested 45 hours on their time logs and only covered the basic requirements of the report, meaning candidates could lose marks.

Centres should access their specific moderator’s report which is available on the secure website for support and advice for their individual centres as it was evident that some centres had failed to act on guidance given previously.

ASSESSMENT

Generally, centres had been consistent in their marking, although some had a tendency to be generous. These centres should access exemplar material available on WJEC’s secure website for guidance.
Some centres awarded marks in the highest achievement levels for work with insufficient evidence of explanation, analysis or evaluation. This will also have been highlighted in the specific moderator’s report and centres should act on this advice.

Centres should access the secure website for the updated exemplification for assistance.

**General comments**

Generally, the work for this unit was in line with the requirements of the specification; centres appear to have been following the guidelines and exemplification and acting on advice provided at CPD, as well as accessing the support available on WJEC’s secure website.

There was evidence of some exemplary work completed for this unit; these centres should be commended on their performance. However, some centres continue to rely on the theoretical rather than vocational approaches to the research aspects of the course. Opportunities to visit care settings and interviewing professional care workers should be encouraged.

Candidates should ensure that their individuals’ care needs and how the local health and social care provision meets those needs form the basis of all tasks within the unit.

Candidates should indicate clearly in their study whether they are following Task 1 or Task 2. The client group needs to be specified, including the correct age group.

Most candidates showed an understanding of the links between each section to produce a coherent report. The report should follow the format of the marking criteria as shown on the front cover mark sheet – following this structure assists the candidate and the teacher, when assessing, as well as the moderator – for example, some candidates include the referrals and barriers before the research on the services available which causes difficulties for marking and moderation, as these reports lack structure and coherence.

Candidates do not need to submit all their class notes but include only relevant, clearly applied information relevant to the chosen individual.

(a) **Planning the task**

**Select and justify the choice of target group**

The majority of candidates identified the individual/group for investigation and justified their choice. Candidates should be encouraged to identify their choice of individuals through the use of PIES and use this research as a basis for selecting and justifying their choice of individual. To achieve marks in A4, detailed and realistic justification for choice is required.

**Produce aims and plan of action**

Several candidates included clear aims and a detailed plan of action. Candidates should ensure that the aims are specific to the chosen individual as well as their plan of action.

Some centres were awarding generous marks for brief aims and plans – to achieve marks in A4, a logical and detailed plan of action, including timings, with clear expressed aims, is required.
Most centres had accurately recorded a time log, which is a compulsory element of the controlled assessment requirements. Centres should ensure that they adhere to the 45 hours permitted. The candidate's name and centre number need to be included on the time logs.

(b) Carrying out the task

Apply knowledge and understanding in order to research the local provision for chosen client group

Generally, candidates included clear evidence of primary and secondary research of their local provision; however, candidates should avoid including too much downloaded information straight from websites for the secondary information. Candidates should apply their research to the services used by their individual in relation to the primary research – a minimum of three to four services should be investigated for the higher band marks. Centres could access website information to design a leaflet advertising the services available in the locality as well as maps showing locations, etc.

Candidates must give detailed descriptions of the services used by the individual and then explain how the services have helped with their individuals' needs. Higher band marks should only be awarded to candidates who explain in detail the work of the services.

Identify and describe access and barriers to the services

Candidates should include details of how their clients access all the services they have previously investigated and include several barriers that may affect them accessing the services. This task should follow on from the services, and candidates should use the correct terminology as in the specification. Candidates who only describe the access and barriers and apply them to the services previously researched can only reach level B3, as detailed descriptions which are accurately applied to the services are required to achieve B4. Some candidates only gave brief descriptions, therefore achieving level B2 or possibly the lower end of B3.

To achieve the higher marks, candidates should make links to the specific services used by their individual, and not make generalisations. The barriers must relate to the individuals and only the named barriers as in the specification should be used. Candidates should avoid including too many notes on the types of referral and barriers but apply them to their individual. There was some confusion between self-referral and third party referral – candidates must ensure that they apply the correct referral to the services accessed by their individual. It is a self-referral if the mother takes a child who is under the age of 16 to the service, not a third party referral.
Select and communicate the roles, responsibilities and skills of two practitioners

Several candidates had included detailed descriptions of the jobs, responsibilities and skills of two practitioners linked to the services previously researched. Candidates should apply their research to the study and be encouraged to interview care workers to assist with this task, then use the information gathered as a basis to support their research and to write their own reports. If centres are unable to access professionals for interviews, candidates can design appropriate questionnaires and access research and information from the websites to assist them with answers for their questionnaires. Some centres had made comparisons between the two jobs investigated, which is not required. To achieve B4, candidates are required to include a detailed and comprehensive description of the jobs, skills and responsibilities of the health care professional. To achieve B4 marks, candidates should apply their research accurately, using their own words.

Candidates should also ensure that the two job roles are linked to the services discussed.

Candidates who include vast amounts of downloaded information with very little application to their individuals can only achieve, at the most, B2 criteria.

Those candidates who gained the higher band marks had clearly interviewed care workers. They could give a real insight into the work of the people involved, showing depth of knowledge and understanding, applying the theoretical aspect of their research to actual situations and including detailed information covering all the requirements for B4.

Apply the principles of care to the work of the practitioners

Candidates had generally applied the principles of care correctly to the practitioners discussed. Some centres had included the codes of practice; however, candidates should be encouraged to show how the principles are incorporated into the codes of practice of the two practitioners for B4. Again, care must be taken to avoid using downloaded material without applying it to the chosen care professionals. To achieve B4, a detailed and accurate discussion should be given of how the principles of care relate to, and are used by, the two practitioners, as well as relating to the codes of practice.

A list or copies of downloaded policies are insufficient evidence for the higher band mark; candidates need to assess how the principles of care are incorporated in the codes of practice and policies to affect the quality of care provided by the care professionals.

(c) Evaluating the task

Analyse the findings of the investigation

Several centres had attempted this section well, covering the requirements of C3; however, a comprehensive analysis of all areas of the study, with justified comments, are required to achieve C4.
In this section, candidates are expected to analyse the findings of the whole study. They should analyse how the services and the practitioners within the services previously investigated have supported their client, which could be completed in the form of the PIES. They could also discuss what the consequences would be if the PIES are not met by the individual.

Assess how services meet the care needs

Candidates had attempted to assess how the services meet the identified care needs of their individual, although a detailed and realistic assessment is required for C4 – some centres awarded C4 for only brief assessments. This is not permissible.

Candidates can include their own opinions and make judgments on the benefits/advantages/positives of the services investigated as well as the disadvantages/negatives. These need to be realistic for achievement for level C4.

Candidates for the higher band criteria should be encouraged to comment on national and regional variations in the provision of services available to their individual. These should be examined, and a variety of factors considered regarding the ways in which the individual/client group’s needs are met by the local service provision.

Suggest improvements in provision of services

Some centres had completed this section well, providing detailed suggestions for improvement. To achieve C3, candidates are expected to include realistic suggestions for improving the services investigated. C4 should only be awarded for detailed, practical and realistic suggestions for improvements. Candidates could evaluate the strategies suggested for overcoming the barriers from the previous section.

To award level 4 for each achievement criteria, centres must ensure that candidates have very good use of specialist language, with few errors in spelling, punctuation and grammar.

Reports should be well organised and presented in an appropriate manner.

Centres that have had their marks adjusted are encouraged to access the exemplar material and exemplification documents available on WJEC’s secure website. This will support the marking of this unit.
General comments

In comparison to previous series, candidates appeared to be better prepared for this examination, attempting far more questions, with fewer omissions. They showed a clear thought process in their approach to the questions posed. Incorrect answers often resulted from incorrect reading of the questions.

The majority of candidates completed all the questions set, suggesting that time management was not an issue. A few candidates used additional pages to continue their answers to the longer-response questions, which suggests the majority were writing concisely and with focus on the demands of the questions, along with appropriate time and mark allocation. When continuation pages were used, this was often from candidates with large writing. The size of some candidates' writing did impact on a small number of candidates’ marks; these candidates seemed to feel their answers had to be restricted to the space provided, and therefore did not develop their answers fully.

Candidates generally offered developed responses to all questions that required more than identification, with brief points or bullet points not as frequently seen as in previous series. There were, however, some one-word answers offered when, clearly, more development was required. Such development would have been an easy addition to include in some questions, thereby accessing marks or further marks.

The understanding of the command words (for example: describe, explain, assess) generally showed some application for many candidates. However, often this engagement was not sustained through the full answer, or was found within irrelevant detail.

Knowledge of question areas appeared to show an all-round understanding. There was an improvement on the last series in questions which required understanding of self-concept, which has, in the past, proved challenging. Candidates often struggled to apply their understanding to the specific situations posed in the scenarios. The application of such understanding needs to be practiced.

There were only a very few answers to questions where responses were placed in the incorrect place, requiring arrows to indicate where the correct responses should be, suggesting more candidates were reading the questions carefully.

Spelling was considered poor, with some words phonetically spelt, and some words indistinguishable. The use of formal language was poor in some answers, where informal terms for body parts were used. Handwriting under the pressure of examination conditions was generally maintained and ensured legibility. However, there was evidence of some very poor handwriting, where words were illegible. The centres’ awareness of when such candidates need a scribe is advised.
Section A of the question paper was generally answered well. Questions were largely based on recall of knowledge, with some questions focusing on the ability to apply knowledge to different contexts.

Section B was more demanding, with many questions requiring more developed explanations and discussion. Both questions 5 and 6 required application of knowledge to gain some marks in this more challenging section, even when the command words (such as ‘assess’) were not addressed and points merely identified. Weaker candidates still tended to attempt the more challenging questions, but often offered only a few sentences or a very short paragraph.

Section A

Q.1 (a) (i) Candidates were able to identify the correct life stage.

(ii) Candidates were confident in identifying the correct intellectual characteristic of the childhood life stage. However, there remained some clearly incorrect answers, and some answers that suggested an understanding, such as ‘starting school’, but which were not specific enough to gain a mark.

(b) (i) Retirement was accurately identified.

(ii) The description of the term ‘income’ was accurate for one mark, although too many candidates did not offer further development to gain the second mark. Brief responses of ‘money that someone gets’ gained one mark.

(c) Gross and fine motor skills identified in the table often gained the full three marks. The examples given in the question were explicit, and this supported the ability of the candidates to correctly identify the skills.

Q.2 (a) The correct weight was stated by the majority of candidates. A range was permissible which supported a mark being awarded. Failure to state kilograms was a common error which prevented candidates gaining the mark. Merely stating ‘9’ is not a statement of weight.

(b) Suggestions of a possible reason for Tia’s baby being underweight was answered appropriately. Some were considered responses, while more obvious responses centred around feeding were given, such as ‘the baby being premature’, ‘smoking during pregnancy’.

(c) Candidates struggled to explain self-concept to gain the three available marks. Generally, candidates picked up one mark, but it seemed this was due to accidentally hitting on the right phrasing. There was a clear split between candidates that understood what self-concept is and were able to focus on this. There was too much incorrect reference to what other people will think of Tia; rather than how she sees herself.
Q.3  
(a) Candidates offered appropriate suggestions for a possible reason for Kai not doing well at school. Some one-word answers were given which, at times, were too vague to gain the mark, such as ‘home’—here, an extension such as ‘problems at home’, was needed.

(b) (i) This was not answered well. Many general responses were given about feeling stressed, and reasons why this may be were offered.

(ii) This was answered well. The link between poor GCSE results and gaining a job was clear. Some candidates, however, merely repeated the words from the question, and failed to explain and engage with what the question required.

(c) (i) A male physical characteristic was identified clearly. Some incorrect answers that were not specific to males, such as pubic hair, could not gain credit.

(ii) A female physical characteristic was also identified clearly. It was surprising, given the high proportion of females to males taking this examination, that some candidates did not answer this question.

For both 3 (c) (i) and (ii), the formal terms for specific body parts must be used.

Q.4  
(a) The majority of candidates identified accurately the three job roles and professionals. The main errors came in identifying a social worker as visiting Donald daily to help with his personal care. The weakest candidates tended to gain a mark for the correct identification of the role of the nurse.

(b) Correct identification of the unexpected life experiences were made in the majority of cases.

(c) The effects of having a healthy diet on health and well-being was answered well, with many candidates gaining three of the five marks available. Some effective engagement with Donald, in terms of his current injury and health status, was often shown. Specific links to a healthy diet and illness and disease was often apparent from candidates who gained more than three marks.

Section B

Q.5  
(a) (i) An environmental factor was accurately identified in most responses.

(ii) A social factor was accurately identified in most responses.

(b) The focus here was on Joe’s health and well-being but, too often, candidates lost focus and drifted into answers relating to his wife’s and children’s health and well-being. Candidates who maintained the correct focus tended to gain four (of the available five) marks relatively comfortably, and they were able to engage with the requirement to assess, rather than just describe the effects.

(c) (i) This was a challenging question for many candidates as there was a tendency to consider the impact on the family and children rather than concentrating on Samantha’s development, which is what was required.
(ii) This was also challenging, but was answered slightly more appropriately than question 5 (c) (i). Candidates considered the stress on Samantha in looking after the children on her own, and the impact on her socially due to the lack of interaction with her husband, Joe.

Q.6 (a) (i) Verbal abuse was identified by nearly all candidates, although there was some confusion with emotional abuse by a few. The description of verbal abuse was generally accurate. Reference to the mode of abuse was enough to gain the second mark, i.e. 'speaking about'.

(ii) Responses often showed a solid understanding of the effect of such comments on Freya, but did not continue with the effect on her ability to care for her child, which suggests that candidates did not read the question carefully. There were, however, some excellent responses that considered both the positive and negative effects.

(b) This question did not specifically refer to Freya, but many candidates did link the effects of being part of a large family to Freya. When this approach was taken, it often restricted the candidates’ answers. Many stereotypical views of large families were expressed. Candidates who gained higher marks clearly assessed and considered both the positive and negative effects of a large family, and so a more balanced and realistic view was presented.

Q.7 (a) (i), (ii) Candidates generally gained a mark for identifying each life change. Some one-word answers, such as 'home', were too vague to gain credit. Some candidates confused 'life change' and 'developmental stage', offering 'emotional', for example, as a response.

(b) (i) This part of question 7 (b), physical development, proved the most demanding for candidates. Often answers were not relevant at all. A basic lack of awareness of physical development was evident. When it was correctly addressed, diet was a popular avenue for marks. More engaged responses considered the physical effect of becoming a refugee and escaping a war.

(ii) This part of the question, emotional development, afforded candidates the opportunity to consider the effect of leaving family behind, living in a new country, and the accompanying emotions. Two marks were often award for some knowledge and application. More developed answers did not always offer more reference to emotional development, but offered more explanation.

(iii) The third part of this question, social development, was generally answered well, as the reference to language barriers and the impact on socialisation was a very apparent effect. To offer further effects was more challenging for many candidates.

(c) There were too many responses that made no reference to intellectual development or skirted around the effects on intellectual development, referring to not fitting in at school, feeling left out, or problems with language. While some candidates did gain marks for such responses, the need to engage with intellectual development should have been explicit.
General comments

Candidates addressed all of the questions set and this suggests that they were clearly prepared for the examination. Only a limited number of candidates omitted questions. There was evidence of candidates’ appropriate use of time within the examination, with very few individual questions being omitted at the end of the paper, or answers left partially completed.

Very few responses presented answers as lists; this was seen from only a few candidates, with the majority of candidates offering answers that provided continuous prose with some development. There was a tendency to use one word to answer some questions that required further detail for more marks to be awarded.

Candidates generally understood the question requirements, and were able to engage with the command words (for example: describe, explain). Knowledge of question areas appeared to show reasonably good understanding overall. A limited attempt was made to plan and structure answers to the longer-response questions; answers tended to ‘free flow’.

The majority of candidates’ handwriting was clear and legible, with only a few candidates’ handwriting being particularly poor or verging on illegible. The use of informal language was particularly evident, and such language cannot receive credit.

Where some candidates continued their answers on another page on the script, this was clearly indicated by the candidate.

Section A was generally answered well. Questions were largely based on recall, with some questions focused on the ability to apply knowledge to different contexts.

Section B was generally more demanding, the final question being a more in-depth case study. There was opportunity in section B for candidates to apply detailed knowledge and understanding with a high level of accuracy and clarity, as well as demonstrate effective communication skills. This section was accessible to lower-achieving candidates, and provided opportunities for candidates to demonstrate understanding and application of knowledge. Questions 4 (c) and 6 (c) gave candidates the opportunity to provide more detailed responses to questions and to demonstrate their depth and breadth of knowledge. Criteria marking gave accessibility to all candidates to gain some marks in this more challenging section.

Section A

Q.1 (a) Screening services Tammy is likely to have during her lifetime were accurately identified
(b)  (i) This was generally answered well, although some candidates showed no understanding of the services provided and were therefore unable to describe them, and simply reiterated how the services helped Tammy stay ‘well’ or how they coped ‘well’ with family planning.

(ii) This was generally answered well.

(c)  (i), (ii), (iii) There was clearly confusion here between the role of ante-natal care, particularly in (i), where many candidates thought ante-natal care is given before a woman is pregnant. Ante-natal care and post-natal care showed a lack of clarity for many candidates.

(d)  (i) The reason for immunisation of children was accurately stated by the majority of candidates.

(ii) Candidates generally correctly identified two diseases for which immunisation is available. Some candidates only circled one disease when two were required. Some messy identification was seen from some candidates, with much crossing out before settling on an answer.

Q.2  (a)  (i) Many candidates did not answer this appropriately and appeared to confuse their answers with dealing with cuts and bleeding. Raising the legs as a first aid procedure was rarely acknowledged.

(ii) Direct pressure was accurately stated, along with cleaning of the wound.

(iii) Minor head injury was often confused with major head injury; subsequently there was a lack of basic first aid procedures described, and the focus was on a serious head injury.

(b) A range of responses were often seen in the identification of a national organisation providing first aid training. British Heart Foundation was often incorrectly identified by candidates but, while this organisation is national and may provide training, the training does not encompass a range of first aid training.

(c) The majority of candidates correctly identified that Amina had the right to defend herself. The explanation that followed generally gained a further mark, as there was clearly an understanding of the right to defend herself but, often, the third mark was not accessed, as further extension and development was not evident. Candidates who correctly noted the CPS in their responses were likely to receive the full three marks.

Q.3  (a) Several candidates tended to write about the effectiveness of the slogan (‘bold letters’, ‘short message’, ‘to the point’) as asked in previous papers, while the question required candidates to explain the slogan’s message. This suggested that candidates had not read the question carefully. Where the question was answered appropriately, candidates generally engaged well with the message, regularly gaining 2 marks.
(b) Candidates generally answered this correctly, explaining that parties and celebrations increase during this period, hence drinking does also. Many candidates were then able to develop this into explaining that this increases the risk of, for example, accidents, drink driving.

(c) (i) Generally, the maximum number of units it is safe to drink in a week was correctly identified.

(ii) Candidates, on the whole, correctly identified what is meant by the term, ‘target audience’.

**Section B**

**Q.4**

(a) The name of the health promotion programme (NCMP) was often omitted, or an incorrect answer given.

(b) (i), (ii), (iii) This question required candidates to explain three separate reasons for measuring the weight and height of children. Many candidates repeated the same reasons, written in different ways. Very few candidates gained full marks for each reason. When a reason was correctly stated, it too often lacked development into an explanation of the reason.

(c) Many good responses were seen here, and most candidates were able to access some marks. Weaker candidates offered responses that were too general.

**Q.5**

(a) It was pleasing that a number of candidates could accurately name the regulations.

(b) Generally, candidates answered this appropriately, but a number did not think the question through, and simply offered ‘customers’ as an increased risk group of people.

(c) (i) Cross-contamination was defined very well by candidates, and their understanding was evident.

(ii) I, II, III Most candidates accessed some marks across the three ways to prevent cross-contamination. Some candidates answered this with particularly good detail, possibly suggesting an understanding from across other courses such as food technology.

(d) Candidates were able to offer a discussion of meeting personal hygiene requirements.

**Q.6**

(a) (i), (ii) Two types of ill treatment were correctly identified by most candidates.

(b) (i) Candidates struggled to gain the full four marks for this question. Many focused on bullying and what happened rather than on what had led to the ill-treatment. Often, candidates extended the scenario and speculated on what could happen.
(ii) Other groups of people who may be at risk were correctly identified for one mark by most candidates. The explanation that followed often gained a mark, and well developed responses gained the full two marks.

(c) On the whole, candidates made a good attempt at addressing this question, and engaged with discussion of how different types of ill treatment can affect an individual's health and well-being. Many candidates achieved marks in the top of the middle band, and some excellent answers were offered for higher marks.
Introduction

The work for this unit was mainly in line with the requirements of the specification; several centres appear to have been following the guidelines and exemplification and acting on advice provided at CPD and on WJEC's secure website.

Some centres had completed exemplary work for this unit and they should be commended on the performance of their candidates.

Most candidates showed an understanding of the links between each section to produce a coherent report.

Candidates should indicate clearly in their study whether they are following Task 1 or Task 2, and include a completed pro-forma time log which is a compulsory component of the report.

Candidates should ensure they include their name, candidate number and centre number on their reports so their work can be identified once the mark sheets and authentication forms are removed as part of the moderation process. Time logs must also show these details.

It is important that centres read their individual centre moderator's report which is available on WJEC's secure website – it is evident that some centres failed to act on advice given previously.

(a) Planning the task

Select and justify choice of individual/group

The majority of candidates identified the individual/group, with reasons for their choice; however, for the top mark band, detailed and appropriate reasons for choosing the individual are required. Candidates should not be awarded A3 and A4 for brief coverage of this task.

Produce a plan for the investigation

Several candidates included a detailed plan of action. Candidates should ensure that the plan is specific to the chosen individual.

Some centres awarded generous marks for brief plans – to achieve A4, a logical and detailed plan of action is required.

Most centres had accurately recorded a time log (this is a compulsory element of the controlled assessment requirements) but these should not be used as a substitute for planning the task. Candidates need to include their own individual plan of action (as stated on page 47 of the specification), as well as the pro-forma time log.
(b) **Carrying out the task**

**Research the ways individual/groups define health and well-being**

Generally, candidates researched their individuals’ health and well-being through the use of PIES, with the majority of candidates successfully completing questionnaires to investigate their individuals’ state of health. The definitions of health and current health issues relating to their individuals’ health is required for B2 criteria. To achieve B4, work must be detailed, appropriate and relevant.

**Collect relevant data on the factors affecting the individual/group and three physical measures of health**

Many candidates achieved a high standard of work in this section, applying their knowledge and understanding of the positive and negative effects of factors on their chosen individuals’ well-being.

At least four negatives and four positive factors should be considered for the higher marks. Centres should take care to ensure candidates have considered a range of factors, including at least one social and one emotional factor, along with the more apparent physical factors, before awarding the higher band marks. Candidates should discuss and explain how the relevant factors could affect their clients’ health from a positive or negative perspective.

Candidates must apply their research to their individual and avoid the inclusion of too much secondary information and notes.

The majority of candidates included three physical measures of health as required. Centres should refer to the specification for guidance on the measures to be used. Height and weight charts and resting pulse are not acceptable measures to be used alone. Height and weight charts may be used as supporting evidence for BMI findings. Resting pulse should be used as a basis for recovery rate – marks cannot be awarded just for the resting pulse reading.

To award B4, candidates must accurately explain and apply the measures to their individual/group.

**Identify targets**

Generally, candidates had set realistic targets, although they need to be well-defined and realistically timed for achieving marks in B4. Candidates should include both short- and long-term targets for their health plan.

**Produce a health plan**

This task allows candidates to present work in a variety of forms. Plans were varied, and realistic targets set by the majority. Ways of achieving the targets were less detailed and not always applied to the chosen client.

To gain the higher band marks, candidates should include a realistic health plan which is detailed, logical and justified, including health promotional materials that can support the individual to achieve the plan.
Identify support

It was very pleasing to see that candidates from some centres had presented very detailed and appropriate support materials for their plans, and also included an assessment of how the material would help them achieve their plan. Candidates should avoid including bulky leaflets and vast amounts of downloaded information; the literature included should relate to the plan, with details of how it would support the plan. Any support evidence must be from reliable sources.

(c) Evaluating the task

Review and assess the health plan and identify the possible effects on the individual/group’s health and well-being

In this section, candidates were required to assess their health plan, identifying its strengths and weaknesses, as well as exploring a range of possible effects on the individual/group. To achieve marks in C4, candidates should fully explore and include a wide range of possible effects of the plan on their individual's/group's health – detailed evidence is required at this level, and too many centres awarded the top criteria for only brief coverage of this section.

Produce suggestions for overcoming difficulties

Candidates who addressed only a restricted number of suggestions for overcoming difficulties can only be awarded marks in C2 in this section. Realistic and appropriate suggestions for overcoming the difficulties, which are described in detail and justified, are required for marks in C3/4. Many candidates showed an understanding of this task but some work was generously marked – higher band marks were awarded for just lists of effects and difficulties, with no explanation relating to the individual's personal circumstances.

To award marks in level 4 for each achievement criteria, centres must ensure that candidates have very good use of specialist language with few errors in spelling, punctuation and grammar. Reports need to be well organised and presented in a highly appropriate manner.

Centres that have had their marks adjusted are encouraged to access the exemplar material and exemplification documents available on WJEC's secure website, which will assist with the teaching, planning and marking of this unit.