

GCSE Examiners' Report (Legacy)

Health and Social Care and Childcare
GCSE (Legacy)
Summer 2026

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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	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

Unit 1 showed evidence of candidates generally demonstrating a good understanding of Unit 1 content, particularly AO1 knowledge-based questions, with many achieving high marks. However, marks were often lost because candidates did not fully address command verbs such as “assess” and “explain” or failed to read questions carefully. Strong performance was seen in identifying life stages, developmental milestones, professional roles, play types, resilience, and the impact of poverty using the PIES framework. Common errors included confusing terminology, naming professionals instead of services, and providing descriptive rather than evaluative responses. To improve, candidates should focus on understanding command verbs, using correct terminology, and applying knowledge precisely to the question asked.

Unit 2 NEA showed a good overall standard and improvement from previous years, with centres demonstrating better application of specification requirements. Candidates produced varied, well-researched work, particularly in service provision, health promotion, and evaluation tasks. Stronger responses included detailed research, accurate source referencing, effective analysis, and creative campaign methods such as blogs, videos, and interactive presentations. Common issues included selecting the same life stage for both tasks, insufficient detail on regulation and multi-agency working, missing sources, and errors in written communication. Centres are encouraged to ensure independent topic selection, accurate administration and annotation, robust internal moderation, and adherence to NEA conditions and time limits.

Unit 3 showed evidence of candidates generally performing well, demonstrating strong knowledge across the unit and achieving high marks in many questions. Safeguarding, Welsh language legislation, equality and inclusion, holistic health, and contemporary health issues were well understood, particularly when candidates applied knowledge using the PIES framework. However, some responses lacked depth, with candidates often describing rather than explaining concepts or repeating points unnecessarily. Most successfully identified relevant legislation and demographic trends, though understanding of the Additional Learning Needs and Educational Tribunal (Wales) Act 2017 and sustainable health and social care systems was less secure. Greater focus on command verbs, detailed explanations, and application of knowledge would improve performance further.

Unit 4 candidates demonstrated improved performance overall, producing a wider range of well-planned activities that were generally appropriate for their chosen care settings and target groups. Stronger responses showed good understanding of holistic and person-centred care, meaningful activities, Welsh legislation, and the impact of trends, demographics, and government initiatives on care provision. Research quality and source referencing continued to improve, supporting higher-level analysis and evaluation. Areas for improvement included providing stronger evidence of completed activities, considering a wider range of feedback methods, ensuring activities were tailored to individual target groups, and developing more analytical evaluations. Centres should also ensure assessment decisions are fully supported by clear evidence.

HEALTH, SOCIAL CARE AND CHILDCARE

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UNIT 1: HUMAN GROWTH, DEVELOPMENT AND WELL-BEING

Overview of the Unit

Unit 1

On the whole, candidates demonstrated a good understanding of the topics included within the assessment. Candidates demonstrated a good understanding of the AO1-assessed questions and were able to score well on these. Most marks lost were due to candidates not correctly addressing the command verb. For example, in Q6 (c) candidates demonstrated a good understanding of active participation, however, they did not correctly apply the command verb, which was 'assess'. It was pleasing to see that candidates are now using correct terminology when naming job roles of professionals. However, some lost marks due to naming a service rather than the relevant professional. It is important that candidates understand not to list answers in bullet points when the command verb is '*explain*', as this results in a loss of marks due to lack of detail.

Comments on individual questions/sections

- Q.1** (a)(b) Most candidates were able to identify that Ella's life stage was childhood and were also able to identify the correct area of development for each milestone and were able to achieve full marks for this question.
- Q.2** (a) (i) This question was answered well, with many candidates receiving full marks. The most common error for some candidates was mixing up 'locomotor' and 'speech and language'.
- (ii) The majority of candidates were able to identify a professional who is likely to use the Schedule of Growing Skills.
- (b) Whilst many candidates demonstrated some understanding of the Schedule of Growing Skills, many did not answer the second part of the question which was to describe its purpose when assessing a child's development. Candidates need to be reminded to read the question in full to ensure they can answer accordingly and reach marks from the higher bands.
- (c) (i)(ii) Many candidates were able to identify services that could support a child who is not reaching their developmental milestones. Some lost marks due to naming a professional instead of a service. 'Health visitor' was accepted for this question, however, we do encourage candidates to use the term 'health visiting services' as this is the correct terminology.
- (d) In this question, candidates were asked to explain how care and support from health professionals or services could help a child to reach their milestones. Most candidates were able to respond well to this question; however, some repeated their answer from 2 (b) resulting in a loss of marks. It is important that candidates read the questions carefully and respond accordingly.

- Q.3** Many candidates responded well to this question and were able to correctly match the description of play to the type of play. The most common error was candidates mixing up associate play and cooperative play.
- Q.4** Many candidates performed well on this question and demonstrated a good understanding. It was pleasing to see that candidates used physical, intellectual, emotional and social (PIES) to structure their responses. This allowed them to consider all areas of Jack's health and wellbeing.
- Q.5**
- (a) The majority of candidates were able to describe the impact of bereavement on Jessica's emotional and social development. Some candidates also listed the physical and intellectual impacts without linking them to her social and emotional development, resulting in a loss of marks. It is important that candidates read the question carefully and respond appropriately.
 - (b) Candidates demonstrated a good understanding in response to this question. Most candidates provided a definition of resilience and then applied this knowledge to explain how it may help Jessica cope with changes in her circumstances.
- Q.6**
- (a)
 - (i) Most candidates performed well in this question and were able to identify Arwel's life stage as later adulthood.
 - (ii) The majority of candidates were able to gain full marks on this question, those that lost marks did so due to naming a service instead of a professional.
 - (b) Whilst many candidates were able to demonstrate an understanding of the impacts of living in a rural area on Arwel, they then struggled to explain how this affects the type of care that Arwel might receive. Candidates need to make sure they read the full question in order to achieve marks in the higher bands.
 - (c) It was pleasing to see that candidates understood the meaning of Active Participation, however, many still lost out on marks due to not understanding the command verb. This question was in the A03 criteria and required candidates to *assess* the benefits. Most candidates missed out on marks as they defined the meaning of active participation rather than assessing the benefits.
- Q.7**
- (a) The response to this question was mixed, with some candidates providing responses that was correct, some providing incorrect responses, and others not responding at all.
 - (b) Some candidates successfully identified a correct government guideline or initiative in their response, despite not identifying it in 7 (a). These candidates were awarded marks for their response.

- Q.8** (a) The response to this question was mixed. Some candidates demonstrated a clear understanding of the Flying Start initiative, however, many did not. Those candidates who answered well were able to identify that the Flying Start initiative offers free childcare, enhanced health visiting checks and parenting programmes, and explained how this improves the health and wellbeing of families. Many responses explained how education supports the health and wellbeing of children but did not make links to the Flying Start initiative; therefore, they lost marks.
- (b) This question was answered well, with the majority of candidates demonstrating an understanding of the impact of living in poverty. It was pleasing to see that most candidates were able to gain some marks for this question, with many achieving marks in the higher bands. Candidates used PIES to structure their answers which allowed them to demonstrate their full knowledge and understanding of how poverty can affect all areas of health and wellbeing.

HEALTH AND SOCIAL CARE, AND CHILDCARE

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UNIT 2: PROMOTING AND MAINTAINING HEALTH AND WELLBEING

Overview of the Unit

This is the second year the NEA was uploaded to IAMIS, the work presented was of a good standard, showing some improvement from last year, centres have taken on board key points from the principal moderator's report and there was evidence of improved application of the specification.

To ensure the correct number of files and types are uploaded please use the upload guide on IAMIS. Tasks should be collated into the assessment record sheet and one or two files per task which should be clearly labelled with the file name and candidate details.

Most centres showed an excellent understanding with a varied approach to presenting both task one and two, highlighting candidate's strengths and a range of interests. There are still some candidates that are choosing the same life stage for both tasks. It is advised that they pick different life stages for each task to access a broad range of subject knowledge. Tasks that are word processed allowed candidates to include charts, graphs and images and create more comprehensive promotion materials and activities. The inclusion of source information tended to be missed on the handwritten work, which hinders learners from reaching higher mark bands. This year more candidates showed a variety of promotional campaigns uploaded for task two that included blogs, videos and interactive PowerPoints.

The use of observation records or teacher comments included in the evaluation of task 2, section (e) aided the moderation process. Most centres provided annotations on candidates work and/or used assessment records to indicate where marks were awarded. This practice is encouraged, as it helps promote consistency both within individual centres and across different centres.

Administration

It is a requirement that all candidates sign their work along with the centre assessor. Assessment record sheets are to be fully completed with the marks included for all section and totals included. It is advised that this is cross checked before uploading to IAMIS.

Comments on individual questions/sections

Task 1: Service provision

(a) Investigate service provision locally and nationally to meet the needs of children, adolescents or adults

Candidates produced work using a range of appropriate presentation styles that show cased their knowledge and understanding of the task. Higher banded candidates demonstrated a variety of specific needs across a range of target groups, with a good amount of detail and extensive research taking place to investigate service provisions. Most candidates provided source details, a requirement for this section with a range clearly identified to achieve the higher mark bands. While most candidates have improved in including details about the regulatory body, some responses still lack the depth required for higher mark bands. e.g. Do they hold workers' registration? Are they responsible for inspections? What happens if a service does not meet the standards when regulated? Providing an understanding of how the regulation takes place.

(b) Investigate the job roles of two key professionals

Work produced in this section generally demonstrated a clear understanding of the task, with most candidates responding appropriately to the requirements. This year, there was stronger evidence of candidates understanding the skills and qualities required for the job roles selected. However, a small number of candidates still chose roles that were not clearly linked to the services or life stage they had identified.

Candidates have shown a sound understanding of multi-agency working, with fewer relying on generic descriptions and more providing focused explanations of the contribution that collaborative working makes to supporting their target group. Despite this improvement, some centres, as in previous years, continue to award marks in the higher bands where there is little or no evidence relating to multi-agency working. To access the higher mark bands, candidates must provide a thorough and relevant explanation of how both key professionals contribute to effective multi-agency working.

Responses regarding career progression for key professionals have also improved. Many candidates demonstrated a good understanding of progression opportunities, while some produced excellent responses that identified specific progression routes within the relevant field of work.

(c) Analyse the task

The work produced in this section continues to be of a high standard, with most centres demonstrating excellent analysis of the availability of services and key professionals and evaluating how effectively these meet the needs of the target group. However, some centres are still awarding candidates marks in the highest band despite this section assessing the quality of written communication. To achieve the upper mark bands, candidates should produce work that is accurate and free from spelling, punctuation and grammatical errors.

There is also evidence that some candidates have been guided through the use of prompting questions. Centres should remain mindful of the NEA conditions and ensure that support provided remains within the permitted requirements. In addition, candidate work is often submitted with little or no annotation highlighting issues with

spelling, grammar or written expression. This lack of commentary may make it more difficult for assessors to accurately determine the most appropriate mark band.

Task 2: Health promotion

(a) Selection of topic and target group

Following on from last year's report, responses to this section were generally of a very good standard, with candidates providing detailed and well-reasoned explanations for their choice of target group and topic. However, some candidates selected the same life stage for both Task 1 and Task 2. Centres are advised to encourage candidates to select different life stages for each task, as this enables them to demonstrate a broader range of subject knowledge and understanding.

It is also important to note that candidates should independently select both their topic and target group. A small number of centres were found to have directed the choice of topic and group for whole classes, which is not permitted under the assessment requirements.

It was encouraging to see a wider variety of topics being explored this year, both within individual centres and across the cohort as a whole. Candidates who incorporated relevant statistical data to demonstrate the significance of their chosen issue and its relevance to the target group showed a strong understanding of the purpose of the task. The effective use of images, charts and graphs also supported higher-level responses, helping candidates to justify their choice of topic and provide clear evidence for their decisions.

Overall, the justifications provided were good to very good, with clear evidence that most candidates had carefully considered and reflected on their chosen topic and target group.

(b) Investigation of the chosen topic using a range of resources

This section was once again approached well by the majority of candidates, with responses demonstrating a sound understanding of relevant government guidelines and initiatives. Most centres provided clear evidence of extensive and purposeful research, which supported candidates in developing informed and relevant responses.

There was a noticeable improvement this year in candidates' descriptions of the positive and negative influences affecting the health and well-being of their chosen target group. While a small number of candidates still provided generic examples that lacked direct relevance to their selected topic, most were able to make appropriate links between the influences identified and the needs of the target group.

Centres should ensure that each section of the NEA is completed with a clear purpose and contributes meaningfully to the development of the final promotional material. It is important that candidates understand the value of researching the positive and negative influences associated with their chosen topic and target group, as this research should directly inform their consideration of campaign methods in sections (c) and (d). Stronger responses demonstrated clear links between the research undertaken and the decisions made later in the task.

(c) Assessing existing health promotion materials

Candidates generally drew upon a broad range of sources, which strengthened the quality of their research and evaluation. The effective use of varied and relevant sources enabled many candidates to provide detailed, well-supported responses and access the higher mark bands.

Candidates performed well in this section, with an increase in the amount of relevant research into existing health promotion materials compared with previous series. Most candidates selected materials that were appropriate to both their chosen topic and target group, providing a useful foundation for the decisions and considerations made later in section (d).

However, for some candidates, the explanation of the aims and features of the promotional materials lacked the depth required to access the higher mark bands. To achieve marks in the upper bands, candidates must address all aspects of the assessment criteria and demonstrate well-reasoned judgements about the effectiveness and suitability of the materials they have selected.

Candidates should ensure that their analysis considers the following key questions: What are the aims of the promotional material? How suitable is it for the intended target group? How accessible and available is it to that group? What sources of support are highlighted or provided? Stronger responses addressed each of these areas in detail, providing balanced judgements supported by relevant evidence.

Overall, the majority of candidates selected appropriate promotional materials that were clearly linked to their chosen topic and target group. This enabled them to make informed comparisons and supported the development of more effective campaign proposals in the later stages of the NEA.

(D) Plan and production of a health promotion campaign or activity

It was encouraging to see candidates making use of a wider range of campaign methods this year, including blogs and videos. Centres are reminded, however, that not all file formats are compatible with the submission system, and it is important to check that files can be accessed and viewed correctly before uploading.

Candidates demonstrated a much stronger understanding of the methods and techniques required to create an effective campaign. There was clear improvement in the quality of the justification provided, with many candidates offering detailed reasons for why particular methods would or would not be suitable for their chosen target group and topic. Although PowerPoint presentations and leaflets remained the most popular choices, the quality, detail and overall standard of these promotional materials showed noticeable improvement. Board games also continued to be a popular and often successful method of engagement.

The use of photographic evidence and witness statements was particularly effective this year, supporting the moderation process and helping to ensure that marks were awarded accurately and consistently. There was also stronger consideration of feedback methods, with many candidates providing clear explanations of how feedback would be collected and why their chosen methods were appropriate.

Evidence of planning was generally well demonstrated across centres. The use of planning tables proved especially effective in supporting candidates of all ability levels, helping them to consider costs, required resources and realistic timescales for completing different stages of the task. This structured approach to planning has contributed positively to the overall quality and organisation of candidates' work.

(E) Analyse and evaluate the task

Responses to this task continue to improve year on year, with many candidates demonstrating a very good standard of analysis when reviewing the feedback they received. This more thoughtful and detailed consideration of feedback had a positive impact on the overall quality of evaluations, with candidates showing a stronger ability to reflect on the effectiveness of their health promotion campaigns and identify areas for improvement.

It was pleasing to see a variety of feedback methods being used to gather evidence, enabling candidates to obtain a broader range of views and supporting more informed evaluations. The use of different approaches to collecting feedback often strengthened candidates' conclusions and provided a clearer basis for evaluating the success of their promotional materials.

As noted in section (c) of Task 1, there remain instances where candidates are being awarded marks in Band 4 despite the presence of spelling, punctuation and grammatical errors. Given that the quality of written communication is assessed, responses placed in the highest mark band should be accurate and largely free from such errors.

Some centres continue to provide candidates with structured questions to guide their evaluations. While this can be an effective strategy for supporting lower-attaining candidates and ensuring all assessment objectives are addressed, centres are encouraged to use this approach as a differentiated support measure rather than a standard method for the entire cohort. Candidates aiming for the higher mark bands should be given opportunities to demonstrate independent evaluation skills and produce more individualised responses.

Comments on approaches to internal marking

Annotation on work and/or on the assessment record to comment on where candidates' marks have been awarded is to be continued and this supports the moderation process.

Cross moderation within centres is a crucial step in ensuring the accuracy of marking and associated documentation, such as verifying the correct addition of marks and confirming that required signatures are present. This process helps minimise clerical errors when inputting data into IAMIS.

Ensure sources are included to all areas of the task that require it.

Candidates need to ensure that work is completed within the time allowance of 15 hours.

The use of witness statements has greatly supported the candidates for certain promotional tasks, enabling marks to be awarded accurately, as supporting evidence is available.

HEALTH AND SOCIAL CARE, AND CHILDCARE

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UNIT 3: HEALTH AND SOCIAL CARE, AND CHILDCARE IN THE 21ST CENTURY

Overview of the Unit

Overall, candidates engaged well with the assessment, and many achieved high marks across the questions. Responses to safeguarding showed secure understanding, though some candidates needed to link their explanations more directly to its importance for individual care and wellbeing. Most were able to identify relevant legislation, but future cohorts should use full titles with correct dates. Candidates demonstrated strong knowledge of Welsh language legislation and policy, though many described rather than fully explained how these support language and culture. Equality and inclusion in schools were generally well understood, with some repetition limiting higher-band marks. Answers on holistic health were often thoughtful, particularly when applying PIES. Contemporary issues were identified accurately, with obesity most common, and many candidates explained effects on health and wellbeing effectively. Later questions on demographic change and service provision produced mixed responses, while understanding of the Additional Learning Needs and Educational Tribunal (Wales) Act 2017 varied considerably.

Comments on individual questions/sections

- Q.1** Most candidates were able to demonstrate a good understanding of this question by ticking the correct boxes.
- Q.2** (a)(b) Most candidates found these questions straight forward and were able to gain full marks.
- Q.3** (a) Candidates demonstrated a sound understanding of safeguarding and were able to clearly explain its importance. To strengthen their responses further, candidates could have linked their knowledge more directly to the question by explaining why safeguarding is essential in the care and wellbeing of any individual; this will have enabled them to reach marks in the higher bands.
- (b) Most candidates were able to correctly identify two relevant pieces of legislation. For this question, marks were awarded even when the legislation was named without the accompanying date. However, for future cohorts we would expect candidates to use the full title of the legislation, including the correct date.
- (c) The majority of candidates were able to gain full marks for this question which demonstrated a clear understanding of what a safeguarding concern is and what isn't.
- Q.4** (a) (ii) This question focused on the Welsh language, and it was clear that most candidates had a strong knowledge and understanding of this area. The majority were able to accurately identify a current piece of legislation or national policy that supports the Welsh language. Candidates generally demonstrated a sound understanding of how their chosen legislation or policy recognises, promotes, and supports Welsh language and culture. To access the higher marks, candidates

needed to respond more fully to the command verb ‘**Explain**’. While many answers included relevant knowledge, they often described rather than explained how the legislation or policy supports the Welsh language in practice.

- Q.5**
- (a) This question assessed candidates understanding on how equality and inclusion can be promoted in schools for an adolescent with a physical disability. Many candidates produced responses that showed a secure grasp of the topic and were able to outline appropriate inclusive practices. However, some candidates lost marks due to unnecessary repetition, which limited the depth of their explanations.
 - (b) Responses to this question generally demonstrated a solid understanding of **holistic health**. Most candidates began by providing a clear definition or overview of what a holistic approach entails, and the majority were then able to apply this effectively to Sara’s situation. Some were able to produce answers that explained how considering her physical, intellectual, emotional and social (PIES) needs could support her in reducing the risk of anxiety and depression, resulting in well-developed and thoughtful answers.
 - (c) (i)(ii) Candidates were able to identify a contemporary issue with the majority selecting obesity. Those who were able to clearly identify a contemporary issue went on to produce a good response for the second part of the question which was to explain the effect on health and wellbeing. Most candidates used **PIES** to structure their answers, enabling them to address all aspects of health and wellbeing and secure marks in the higher bands.
- Q.6**
- (a) (i)(ii) Nearly all candidates were able to state the correct answer for these questions.
 - (b) Nearly all candidates were able to describe the patterns of change shown in the chart. Some candidates needed to include more detail in their response to achieve the full marks.
 - (c) The responses to this question were mixed, with some able to answer and others repeated their response to the previous question (8b). Those that were able to answer demonstrated a good understanding of why Wales has an increasing number of older people.
 - (d) Again, some candidates responded well and were able to discuss how the patterns or trends of the ageing population may influence service provision in Wales. Whereas, some clearly lacked the knowledge and understanding needed to access marks in the higher mark bands.
- Q.7** This question assessed the knowledge and understanding of how the Additional Learning Needs and Educational Tribunal (Wales) Act 2017 aims to support individuals. Some candidates had clear knowledge and understanding of this and were able to produce a good explanation allowing them to access some marks. Whereas others produced a limited response which made it evident that there is little knowledge and understanding of the topic.

- Q.8** (a)(b) A small number of candidates demonstrated a secure understanding of the purpose of maintaining a sustainable health, social care, and childcare system in Wales, as well as how current legislation and initiatives support this. However, the majority showed limited knowledge of the topic, which resulted in a noticeable loss of marks. Candidates who did have some understanding of the question were generally able to respond appropriately to **8(a)**. In contrast, most struggled to provide the level of detail and depth required to access the higher mark bands in **8(b)**.

HEALTH AND SOCIAL CARE, AND CHILDCARE

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UNIT 4: PROMOTING AND SUPPORTING HEALTH AND WELL-BEING TO ACHIEVE POSITIVE OUTCOMES

Overview of the Unit

Candidates demonstrated a wider range of activities this year, many of which were thoughtfully planned and well suited to their chosen care settings. The suitability and relevance of these activities reflected a stronger understanding of the needs of the individuals involved and the intended outcomes of the task. However, some candidates did not provide sufficient evidence of the activities undertaken, such as photographs or completed feedback forms. This supporting evidence is valuable in helping to demonstrate the implementation and effectiveness of activities and makes a useful contribution to the moderation process. Centres are therefore encouraged to ensure that appropriate evidence is included wherever possible to support the assessment decisions made.

Comments on individual questions/sections

Task: An activity to meet a need

(a) Investigate how different types of care meet the specific needs of a chosen target group

There has been a consistent improvement in performance over the last few years, with candidates demonstrating sound knowledge and understanding of the task and producing detailed investigations into their chosen target groups. Most candidates were able to clearly explain how holistic care can be provided, with well-developed consideration of the physical, intellectual, emotional and social needs of the individuals they had selected.

As noted in previous years, there has also been further improvement in candidates' understanding of person-centred care. However, to access the highest mark bands, candidates must demonstrate an in-depth and sophisticated understanding of person-centred approaches, showing clearly how these principles can be applied to meet the specific needs and preferences of individuals. While many candidates are developing stronger responses in this area, there remain instances where assessors have annotated work as demonstrating person-centred care despite there being little or no supporting evidence within the candidate's response. Centres should ensure that assessment decisions are fully supported by the evidence presented.

The use of a broad range of research sources has continued to improve and has strengthened the quality of candidate investigations. Drawing upon varied and relevant sources has enabled many candidates to develop more detailed, balanced and well-supported responses, helping them to meet the requirements of the higher mark bands.

(b) Analyse how local and national trends, demographics and government initiatives affect provision of care for the chosen target group

Most candidates demonstrated a clear understanding of the task, and it was encouraging to see fewer responses drawing on trends from other countries, such as the USA, where the information was not directly relevant to the assessment. However, some candidates continued to reference data from England that had limited relevance to Wales or to Welsh policies and initiatives. To fully meet the requirements of the task and access the higher mark bands, candidates must ensure that any data and evidence used are relevant to the context of Wales and the chosen target group.

Candidates generally applied their knowledge and understanding of relevant initiatives and guidelines effectively, clearly explaining how these support the health and well-being of their chosen target group. Stronger responses demonstrated clear links between the evidence presented and the impact of these initiatives on outcomes for individuals.

The use of tables remains a common method of presenting information. While this approach can be effective for organising content and supporting lower-attaining candidates, it can also restrict opportunities for more detailed analysis and evaluation. Candidates aiming for the higher mark bands should be encouraged to use formats that allow them to develop their ideas more fully and provide more comprehensive discussion of the data and evidence presented. The inclusion and referencing of source information has continued to improve, with most centres demonstrating good practice in this area. This has strengthened the credibility of candidates' work and supported the development of well-researched and evidence-based responses.

(c) Investigate meaningful activities to meet a specific need of the chosen target group

Samples from a small number of centres indicated that all candidates had investigated the same activities, rather than selecting activities independently. As the NEA is designed to assess individual research and decision-making, centres should avoid encouraging a uniform approach and instead support candidates in making their own informed choices. Nevertheless, it was pleasing to see a number of interesting and varied activity options being explored this year.

Candidates generally demonstrated a sound understanding of how their chosen activities related to the principles of the *Social Services and Well-being (Wales) Act 2014*. There was clear evidence of knowledge and understanding of the purpose of the activities investigated, with many candidates effectively explaining how they supported the physical, intellectual, emotional and social (PIES) needs of their chosen target group.

Compared with last year, fewer candidates relied on table-based formats to present their work in this section. This was a positive development, as more extended written responses enabled candidates to provide greater depth of explanation, analysis and evaluation, supporting access to the higher mark bands. Most candidates demonstrated a clear understanding of the purpose and benefits of the activities selected and were able to make relevant links to the needs and well-being of their target group.

(d) Plan and produce a meaningful activity to meet a specific need of the chosen target group which helps to promote self-identity, self-worth and sense of security or resilience

Many suitable activities were selected by candidates, with baking once again proving to be a particularly popular choice. However, samples from some centres indicated that a large proportion of candidates undertook the same activity regardless of their chosen target group. While activities may be appropriate in some instances, candidates should be encouraged to select activities that are specifically suited to the needs, interests and abilities of their individual target group.

The choice of setting for carrying out activities was generally appropriate across most centres. However, there were some instances where activities were not undertaken within environments that reflected a relevant care setting. It was encouraging to see clear efforts by several centres to provide authentic experiences within appropriate settings, such as residential care homes, as evidenced through photographic documentation. Such approaches enhance the realism and validity of the task and support candidates in demonstrating their understanding of care practice.

In some cases, candidates did not provide evidence that the activities had been completed as described. This presents challenges during moderation, as it can be difficult to determine how assessment decisions have been reached without supporting evidence. As the completion and delivery of the activity form a central part of the assessment, centres should ensure that appropriate evidence is provided, demonstrating that activities have taken place within a care setting relevant to the chosen target group. Where witness statements were included, these proved particularly helpful in supporting the moderation process and validating assessment decisions.

There has been some improvement since last year in the consideration of health and safety, although responses remain quite basic in some centres. There are still occasions where candidates are awarded marks in the higher bands despite providing limited evidence of health and safety considerations or planning. Centres must ensure that the specification requirements and mark band descriptors are applied accurately and consistently. To access the higher mark bands, candidates should demonstrate thorough and effective planning, supported by clear and detailed evidence.

Consideration of strategies, techniques and approaches for gathering feedback remains an area for development. Many candidates continue to identify only a single method of collecting feedback, limiting the depth of evaluation that can be achieved. Stronger responses considered a range of appropriate feedback methods and justified their suitability, providing opportunities to gather more meaningful and varied evidence on the effectiveness of the activity.

(e) Analyse and evaluate the task

This section was completed successfully by many candidates this year, with responses demonstrating a clear knowledge and understanding of the task requirements. Candidates used a variety of methods to present their findings, including graphs, pie charts and tables, and in many cases, these were supported by effective analysis of the feedback received. It was particularly encouraging to see candidates using this feedback meaningfully within their evaluations, demonstrating an ability to reflect on the effectiveness of their activities and identify areas for development.

Candidates achieving the higher mark bands generally provided detailed evaluations that were firmly based on the feedback gathered. However, some candidates working within the lower mark bands struggled to develop their responses sufficiently, often identifying strengths and weaknesses with little reference to the data collected. In these cases, evaluations tended to be descriptive rather than analytical, showing limited consideration of the evidence provided through feedback. It was positive to note that, in most instances, assessor commentary accurately reflected these differences in performance and supported the marks awarded.

The identification of realistic and appropriate improvements remains an area for further development for some candidates. While many were able to suggest changes, these were not always clearly linked to the findings of the evaluation or fully justified. To access the higher mark bands, candidates should provide well-considered and achievable recommendations for improvement, supported by clear reasoning and evidence from the feedback obtained.

As this section includes assessment of spelling, punctuation and grammar, it was pleasing to see that the majority of centres applied the mark criteria appropriately when awarding marks. Overall, standards in this section were strong, with many candidates producing thoughtful and evidence-based evaluations that demonstrated a good understanding of the purpose and value of reflective practice.

Comments on approaches to internal marking

- Ensure candidates and teachers sign and date the declaration, please note that authentication of candidates' work is mandatory.
- To ensure accurate marking, ensure the marking guidelines and specification available on the WJEC website are used to ensure the correct mark bands are awarded.
- Sources of evidence should be clearly included for all tasks, and annotation of where marks have been awarded either on the front cover or on candidates work significantly aids the moderation process.
- Assessor witness statements and photographic evidence helps to ensure candidates have completed their activities.
- Care settings must be used; schools are education settings and cannot substitute care settings.

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: HSCandCC@wjec.co.uk

Qualification webpage: <https://www.healthandcarelearning.wales/qualifications/gcse-health-and-social-care-and-childcare-single-and-double-award/>

See other useful contacts here: [Useful Contacts | WJEC](#)

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: <https://www.wjec.co.uk/home/professional-learning/>

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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.

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