GCE Examiners' Report

Health and Social Care and Childcare

GCE

Summer 2026

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 has a positive overall performance, with most candidates demonstrating secure knowledge and understanding of key Health and Social Care and Childcare concepts, effective use of sector-specific terminology, and strong engagement across the assessment objectives. Candidates generally completed the examination successfully and performed particularly well on questions relating to well-being, holistic approaches, health promotion and lifestyle factors. Areas for development include ensuring comprehensive coverage of the full specification, strengthening understanding of command verbs and assessment requirements, and improving the application of concepts such as resilience and evaluative discussion. Continued focus on examination technique, timed practice and specification breadth will support further improvements in future assessment outcomes.

Unit 2 highlights generally strong performance across the NEA, with most centres demonstrating accurate assessment, effective candidate preparation, and good coverage of the specification requirements. Candidates produced well-structured work that showed sound knowledge and understanding across both tasks, particularly in relation to practitioner roles, legislation, person-centred care, outcome-focused practice, and rights-based approaches. However, to access the higher mark bands, candidates need to provide greater depth, application and evaluation in line with the assessment objectives and command words. The Principal Moderator also identifies the need for improved administrative accuracy, stronger annotation of assessed work, clearer justification of marks awarded, and continued emphasis on linking evidence directly to assessment criteria and specification content.

Unit 3 highlights a strong overall performance, with candidates demonstrating a secure understanding of the specification, effective application of knowledge to case studies, and improved performance across all assessment objectives. Most candidates attempted all questions and showed strengths in areas such as attachment theory, play and development, behaviour management, and the application of theoretical perspectives to practice. Improvements were also noted in responses to split AO questions, reflecting successful preparation by centres. Areas for further development include strengthening understanding of Bruner's theory, improving analytical and evaluative skills in higher-tariff questions, and ensuring clear differentiation between key theorists and developmental approaches.

Unit 4 highlights very strong candidate performance across both assessed tasks, with many learners achieving high marks and demonstrating clear improvements in research quality, sector application, referencing and presentation. Candidates generally showed a secure understanding of childcare provision and social policy in Wales, applying their knowledge effectively to assessment requirements and producing well-structured work. Strong performance was particularly evident in Task 2, where candidates demonstrated detailed understanding of policy, safeguarding, practitioner responsibilities and the specified initiative, *Building a Brighter Future*. Areas for further development include ensuring consistent application to the chosen childcare setting, avoiding overreliance on case studies, strengthening evaluative responses for higher-mark bands, and providing more detailed analysis of how settings meet children's needs through child-centred and outcome-focused approaches.

Unit 5 is positive, with most candidates demonstrating secure knowledge and understanding of key psychological theories, approaches and concepts, and applying these effectively to both the pre-release case study and unseen examination questions. Candidates generally completed all questions, showed strong use of subject-specific terminology, and demonstrated effective examination preparation, particularly in relation to case study application and time management. Strong performance was evident in areas such as emotional intelligence, resilience, restorative approaches, psychodynamic theory and

behaviour modification therapy. To further improve outcomes, candidates should focus more closely on the command verbs within questions, strengthen their ability to evaluate strengths and limitations, develop deeper understanding of the links between psychological theories and associated approaches, and ensure that principles of person-centred care are applied confidently within their responses.

Unit 6 highlights strong overall performance across the NEA, with all work submitted on time and most centres demonstrating secure assessment practices, effective research skills and good candidate understanding of the specification. Candidates generally produced well-structured work, showing strengths in areas such as outcome-focused care, transitions, safeguarding, social policy and the impact of service developments within health and social care in Wales. Improvements were noted in candidates' application of knowledge to practitioner roles and settings, alongside stronger use of research and referencing. Areas for further development include selecting more appropriate care settings, strengthening analytical and evaluative responses in line with command verbs, improving application to specific settings throughout tasks, and ensuring assessment decisions closely reflect mark scheme requirements.

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UNIT 1 PROMOTING HEALTH AND WELL-BEING

Overview of the Unit

This is the seventh examination paper for this qualification, and centres are commended for their preparation of candidates at AS level. It was encouraging to see that most candidates completed all the questions on the examination paper and allocated sufficient time to complete the final, highest-tariff question on the paper.

Most candidates demonstrated a good knowledge and understanding of the sectors, making regular use of sector-specific terminology across the assessment objectives AO1, AO2 and AO3.

However, a few candidates were less familiar with some of the required specification content. This examination paper may cover any aspect of the specification, and centres should ensure that candidates are familiar with the whole specification requirement.

Centres should also ensure that their candidates are able to understand and apply the different command verbs, such as ‘describe’, ‘explain’ and ‘discuss’ for AO1, AO2 and AO3 respectively.

Comments on individual questions/sections

Q.1 (a) This was an accessible AO1 first question, which was generally answered well. A significant number of candidates achieved full marks. Most candidates confidently described three of the goals set by the Well-being of Future Generations (Wales) Act 2015, such as a ‘Healthier Wales’, a ‘More Equal Wales’, a ‘Prosperous Wales’, a ‘Wales of Cohesive Communities’, a ‘Wales of Vibrant Culture and Thriving Welsh Language’, and a ‘Resilient Wales’. One mark was awarded for the identification of an appropriate goal, and an additional mark for a clear expansion description per goal. A few candidates referred to an incorrect piece of legislation or had limited specific knowledge about the required Act.

(b) This AO1 question was well-answered by a few candidates who had a good knowledge of the ways of working to achieve the goals of the Well-being of Future Generations (Wales) Act 2015, and they often achieved full marks.

Some candidates did not attempt this question, and other candidates attempted it but did not answer the set question. Candidates often repeated their Q1(a) response by describing the goals of the Act or the desired outcomes of the Act. Centres must ensure that candidates are knowledgeable about all the specification content and are advised to read the examination questions carefully to focus on the set question.

Q.2 This AO1 question required a description of the biopsychosocial model of health, disability and well-being.

This question was generally answered well, and candidates described a range of characteristics of the model, enabling them to achieve mark bands 3 and 4 outcomes. There were some commendable responses, making detailed references to the interdependence of the biological, psychological and social factors. Candidates achieved marks within the top bands by referring to appropriate Health and Social Care sector context examples to exemplify key points, such as the interdependence of the biological, psychological and social factors for an individual.

Q.3 (a) This AO3 question required a consideration of lifestyle choices Dylan could make to improve his health, well-being and resilience.

Most candidates provided detailed descriptions with some consideration of a range of positive lifestyle choices, such as healthy eating, taking more exercise and avoiding substance misuse to improve Dylan's health and well-being. It was good to see that candidates had read the question carefully and linked their comments to a reduction in Dylan's risk of developing heart disease. However, to access the higher mark bands, candidates had to consider how the lifestyle choices could improve Dylan's resilience. Although some candidates referred to 'resilience', they did not link how a healthy lifestyle could improve Dylan's resilience and his ability to deal with future challenges in his life.

Most candidates answered this question well, and there were some outstanding, detailed responses achieving within the top mark bands.

(b) This AO2 question required an explanation of the benefits of using a holistic approach for individuals, such as Dylan. Most candidates identified and explained the benefits of the holistic approach such as the support for physical and mental health and well-being, and the opportunity to provide more person-centred care that empowers Dylan.

Candidates should be aware that the command verb 'explain' requires an identification or description of a factor which is then interpreted or developed further. Top mark band candidates had detailed knowledge and understanding of the holistic approach, and a confident grasp of the benefits of its application within the sector for individuals such as Dylan.

Q.4 This AO3 question required an examination of how the core principles of Prudent Healthcare aim to improve service provision in Wales. The core principles are co-production, prioritising those with the greatest need, reducing waste and unnecessary intervention, and the use of evidence-based care.

Some candidates had little knowledge or understanding of Prudent Healthcare, and a few candidates did not attempt this question.

Q.5 (a) This AO1 question required a description of local or national preventative measures that aim to improve the health of adults in Wales.

Most candidates described national measures for adults, such as screening and vaccination programmes. A few candidates referred to local measures, such as groups to support substance misuse. A few candidates incorrectly referred to measures supporting children such as 'Designed to Smile', instead of campaigns provided for adults, as required by the question.

Some candidates only referred to one measure, despite the question stating 'measures', so were unable to access the higher mark bands.

(b) This question required an AO3 discussion of how the 'Designed to Smile' campaign may improve the health and well-being of children in Wales. This question was answered well by most candidates. However, a few candidates had no knowledge or understanding of the specifics of this campaign or did not attempt this question.

Top mark band responses provided clear and detailed discussion, using examples from the campaign such as practical support with tooth brushing and oral health, and the link between health, behaviour, achievement and happiness. Some candidates also discussed how children can become empowered to take a positive approach to their health and well-being at an early age, which will reduce overall future sickness rates and stress on NHS services.

Q.6 This AO2 question required an explanation of how the person-centred approach to health promotion can support an individual's health, well-being and resilience. This question was generally answered well. Candidates demonstrated a good knowledge and understanding of the person-centred approach regarding the personalised tailoring of support to meet individual needs within an integrated and co-ordinated provision of appropriate services.

However, candidates needed to address how this approach supports resilience to access the higher mark bands.

Q.7 This was the last question on the examination paper. Candidates approached the question in different ways. Most candidates initially provided a description of how living in poverty may affect Maria's health, well-being and resilience for AO1. Then they discussed how relevant health and social care practitioners can support pregnant women and babies to address AO3. A few candidates provided an integrated response, discussing the work of specific health and social care practitioners in supporting Maria and her baby in the context of their description of the effects of living in poverty on Maria's health, well-being and resilience.

A few candidates did not attempt this question. Other candidates provided a basic description and limited discussion because they did not answer the set question or ran out of time to complete their response.

For the AO1 description, candidates identified how poverty could affect Maria's health and well-being. They referred to how poverty could negatively affect her diet, accommodation and access to health and social care services leading to the risks of injury, illness or disease. Some candidates incorrectly referred to the effects on the baby instead of those on Maria and did not address how Maria's resilience may be affected by living in poverty. However, a few candidates presented top mark band

responses by developing the effects of living in poverty on Maria's health and well-being and linking these to her resilience, which could be either positive or negative depending on her ability to cope with these environmental challenges.

For the AO3 discussion, most candidates identified appropriate health and social care practitioners but did not always address the command verb 'discuss', instead providing a description or explanation of their role. Some candidates did not name specific practitioners but accessed the lower mark bands by discussing their role characteristics. A few candidates only discussed the role of the practitioners for either Maria or her baby, despite the question requiring reference to both mother and baby. A few candidates only discussed the role of one practitioner, but the question required reference to at least two health and social care practitioners.

However, there were some commendable responses discussing the roles of a range of health and social care practitioners who can support pregnant women and babies, making specific reference to Maria's context of living in poverty.

Summary of key points:

1. Candidates need to read each examination question very carefully to focus on:

    - Answering the set question. Candidates should be encouraged to highlight or underline key words in the question to avoid making rubric errors or only answering part of the set question.
    - Addressing the correct command verb in the examination question.
    - Checking the marks awarded for the examination question. This examination paper carries 80 marks, which equates to approximately 1.5 minutes per mark. Therefore, for example, a question worth 6 marks should be completed within approximately, 9 minutes.

2. Candidates would benefit from regular examination question practice, so the final examination is potentially less stressful and not an unfamiliar experience for them. Candidates need to become more confident in addressing different command verbs so they can access and be awarded marks within the top mark bands. The mark schemes from previous examination papers can also provide valuable resources to support teaching and learning activities. Full mock examination practice can help candidates to improve their time management skills and avoid making future rubric errors.

3. Centres should ensure that their candidates are familiar with the whole of the Unit 1 Specification. Future examinations will continue to focus on any part of the Specification.

4. Candidates should be encouraged to use sector-specific vocabulary and terminology, as stated in the Specification.

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UNIT 2 SUPPORTING HEALTH, WELL-BEING AND RESILIENCE IN WALES

Overview of the Unit

Centre comments on declaration forms and where marks have been awarded for split with AOs are recommended. Annotations on candidate's work or the inclusion of mark sheets, highlighting where marks have been awarded are encouraged, as this will assist with moderation to justify the marks awarded.

Administrative errors on declaration forms, including missing signatures, dates, final marks not matching that on WJEC Portal were common in this series. More efficiency needs to be taken when completing admin checks.

There is a regulatory requirement for WJEC to ensure that NEA work submitted for assessment can be authenticated as the candidate's own unaided work. Candidates and teachers must sign and date a declaration form to confirm that the work submitted for final assessment is the candidate's own unaided work.

Accurate assessment by most centres was seen. It should be noted that in order to achieve higher mark bands, candidates must provide evidence in more detail that matches the specification requirements, assessment objectives and command words. It's recommended that centres spend time going over the mark scheme and criteria with the candidates prior to starting the NEA, to allow candidates a better understanding of the mark band requirements.

Centres are able to find the specified legislation policy for 'Task 2 Section F' on WJEC Secure website, under Resources>Non-examination Assessment Tasks. Each exam series, WJEC issues details of a specified piece of legislation or a specified policy, to which learners must refer within their work.

Comments on individual questions/sections

Task 1

The tasks were completed in order and presented in an appropriate format for a report. Candidates chose appropriate job roles from the Health and Social Care, and Childcare sectors. It is important that candidates understand the roles within the Health, Social and Childcare sectors prior to deciding on the two job roles. Evidence of research conducted prior to the start of the NEA was well documented and referenced for most candidates.

Section A - Content 2.2.3(c)

Good coverage of 2.2.3(c). Candidates provided good outlines of the job roles, employment opportunities and potential career pathways of two practitioners working within the Health and Social Care, and Childcare sectors in Wales. Research was relevant and applied appropriately. Candidates must ensure that the report is completed in their own words and that, where they have used research and other resources, these are referenced. There are no set criteria for candidates to include how the job role affects their health and well-being (PIES) or include an extensive 'day in the life' description. The content of 2.2.3(c) needs to be linked more specifically to assessment criteria, in particular, link employment

opportunities and pathways to opportunities for promotion or progression, areas of specialism and/or geographical locations/settings, in order to achieve a higher mark band. This information can be found on page 36 of the specification.

Section B – Content 2.2.2(a), (d) and 2.2.4 (a)

Good coverage of 2.2.2(a), (d) and 2.2.4 (a). Candidates demonstrated good knowledge and understanding of how current legislation, initiatives and regulation support, and have an impact on, the provision of sustainable, high-quality Health and Social Care and Childcare services in Wales. As a reminder, these do not have to be linked to the job roles in Section A.

Content of 2.2.2(a), (d) and 2.2.4 (a) needs to be linked more specifically to assessment criteria. In particular, candidates should discuss the impact of the legislations, regulations and initiatives on sustainable care services and high-quality care in order to achieve a higher mark band. It is important that centres only award marks for AO3 where candidates have clearly discussed the impact on sustainable care services and high-quality care. The list of legislations, regulations and initiatives can be found on pages 38-39 of the specification.

Section C (i) – AO2 2.2.2(c)

Good coverage of 2.2.2(c). Candidates provided good explanations of a range of skills and techniques applied to promote outcome-focused care. The content of AO2 2.2.2(c) needs to be more specifically linked to assessment criteria. To achieve a higher mark band, candidates need to ensure that the skills and techniques are applied to working practices to promote outcome-focused care. In order to achieve the higher mark bands, the content of AO2 2.2.2(c) needs to be applied to the chosen practitioner, with more explanation of how the practitioner may apply the skills to promote outcome-focused care. The list of skills and techniques can be found on page 31 of the specification.

Section C (ii) – AO2 2.2.2(b) and 2.2.2(e)

Good coverage of 2.2.2(b) and 2.2.2(e). Candidates provided good explanations of the principles of care and core values that underpin their working practices and their application. They also provided good explanations of how practitioners work within multi-disciplinary teams to ensure that personal outcomes are achieved. The content of AO2 2.2.2(b) and 2.2.2(e) needs to be linked more specifically to assessment criteria, in particular, principles of care need to be applied to the chosen practitioner in order to achieve the higher mark bands. The list of principles and core values can be found on page 30 of the specification.

The Content of AO2 2.2.2(b) and 2.2.2(e) needs to be covered in detail and candidates need to ensure that they cover multi-disciplinary team and partnership working to the same level as the principles and core values before higher marks are awarded. Principles of care need to be explained in relation to how they help ensure high-quality person/child-centred care. Multi-disciplinary team working and partnership working need to be explained in terms of how they support individuals to identify and achieve personal outcomes.

Task 2

Task 2 was completed in an appropriate presentation format of a blog or infographic. The majority of candidates produced a presentation. Some also included PowerPoint notes. Candidates should be encouraged to include as much information in the presentation as possible. Candidates should follow the structure of the assessment (Section A, B, C, etc) and these sections should be used as titles. This would help to produce coherent work.

Evidence of research conducted prior to the start of the NEA was well documented and referenced for most candidates.

Section A – AO2 2.2.1(c)

Good coverage of 2.2.1(c). Candidates provided good explanations of how two of the individual's specific needs could be identified and assessed to identify and achieve personal outcomes. Candidates must ensure that they cover the needs (Physical, Intellectual, Emotional, Social and Language) of the individual. Coverage of how those needs could be assessed to identify and achieve personal outcomes needs to have more depth and detail in order to achieve a higher mark band. Full coverage of 2.2.1(c) is needed to achieve higher marks.

Section B – AO1 and AO2 2.2.1(a) and (b)

Good coverage of 2.2.1(a) and 2.2.1(b). Candidates provided good outlines of how the individual can be supported to identify strengths, and good explanation of how this could help to achieve personal outcomes and build resilience. Candidates demonstrated good coverage of outlining the individual's personal outcomes and strengths, and good coverage of strategies that the individual can use to identify strengths and personal outcomes. Content of AO1 AO2 2.2.1(a) and 2.2.1(b) needs to have more depth and detail in order to achieve a higher mark band. For AO2, more specific detail on how practitioners can support individuals to identify personal outcomes and strengths, achieve personal outcomes, and build resilience will help candidates to achieve the higher mark bands.

Section C – AO3 2.2.1(d)

Good coverage of 2.2.1(d). Good examinations of the ways in which the individual can be supported to measure their progress against personal outcomes.

Content of AO3 2.2.1(d) was covered well and linked to the individuals in depth. Candidates need to ensure that they examine a broad range of ways in which the chosen individual can be supported to measure their progress against personal outcomes.

Section D – AO1 and AO3 2.2.3(a) and (d)

Good coverage of 2.2.3(a) and 2.2.3(d). Candidates provided good outlines of the structure of relevant Health and Social care, and Childcare provision in Wales, and considerations as to how this contrasts with elsewhere in the UK. Candidates must be encouraged to link content of AO1 and AO3, 2.2.3(a) and 2.2.3(d) to their individual. The content of AO1 and AO3, 2.2.3(a) and 2.2.3(d), needs to be covered in greater depth and detail in order to achieve a higher mark band, in particular, consideration of how relevant services in Wales contrast with those elsewhere in the UK.

Section E – AO2 2.2.3(b)

Good coverage of 2.2.3(b). Candidates provided good explanations of the sustainability of Health and Social Care, and Childcare provision in Wales. The content of AO2, 2.2.3(b), needs to be covered fully in order to achieve a higher mark band. Candidates demonstrated good knowledge of the quadruple aim of *A Healthier Wales.*

Section F – AO2 and AO3 2.2.4(a) and (b)

Good coverage of 2.2.4(a) A03 2.2.4(b). Candidates provided good explanations of how rights-based approaches are embedded within *The Active Offer*, and assessments of how legislation and policies interrelate and the impact this has on the rights of both the provider and the individual. To achieve a higher mark band, the content of AO2, 2.2.4(a) needs to be covered in greater depth, with a more detailed explanation of how rights-based approaches are embedded in *The Active Offer*. The content of AO3, 2.2.4(b), requires more evaluative assessment of how legislation and policies interrelate and the impact this has on the rights of both providers and individuals to achieve the higher mark bands.

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UNIT 3 THEORETICAL PERSPECTIVES OF CHILDREN AND YOUNG PEOPLES DEVELOPMENT

Overview of the Unit

The overall standard of candidate responses was good, with the full range of marks achieved for each question. On the whole, candidates demonstrated a strong understanding of the specification and effectively applied their knowledge to the examination questions, with the majority attempting every question. Notably, there were very few instances where candidates appeared to misunderstand the question requirements

Comments on individual questions/sections

Q.1 (a) This was attempted by most candidates who were able to outline three psychological factors negatively influencing Jamie's development and behaviour. Less successful candidates gave factors that were either sociological or biological rather than psychological so had not read the question properly, or were unsure which factors were psychological Some responses were not in sufficient detail to be awarded 2 marks for a good outline for each factor and were awarded 1 mark for a basic response. On the whole, this was answered well with some excellent responses.

(b) This question was well answered with most candidates showing a good understanding of ways in which verbal and imaginative play with peers and adults may support Jaimie's holistic development. The most successful candidates were able to describe the benefits of both verbal and imaginative play for Jamie through all developmental areas and applied this well to the case study, giving relevant examples. Less successful candidates either only described verbal or imaginative play or only referred to one or two areas of development which was not sufficient to be awarded the higher mark band.

(c) There were many good responses to this question with candidates demonstrating good knowledge and understanding of how a positive and supportive learning environment could promote positive behaviour in Jamie. Many candidates gave an excellent or good explanation of what a positive and supportive learning environment is applied effectively to Jaimie with a range of examples of ways the school could do this. Candidates who performed less well were unsure of what a positive and supportive learning environment is and were unable to give examples of this, some gave vague or confused responses or explained positive reinforcement instead.

Q.2 (a) There were some excellent responses to this question achieving mark band 3. Candidates who performed particularly well were able to explain what behaviour therapy is and assess how it could help Jamie overcome his anxiety, applying the question effectively to the case study. Candidates who performed less well either just described what behaviour therapy is without relating it to Jamie or were unsure what behaviour therapy is and how it can help overcome anxiety.

(b) Most candidates for AO1 could describe how Vygotsky's theory supports children's intellectual development effectively and this part of the question was answered well by many candidates. Candidates demonstrated a variable knowledge of Vygotsky's theory, with the less successful finding it difficult to describe how this theory can be used to support children's intellectual development. The most successful candidates could describe the theory in detail and apply it to children's intellectual development using correct terminology such as 'more knowledgeable other', 'zone of proximal development' and showed a good understanding of the principles of scaffolding.

For AO3 the most successful responses were able to evaluate the effectiveness of Vygotsky's cognitive approach in supporting learning and development within practitioners' roles. Less successful candidates confused his work with other cognitive theorists or provided descriptive answers without sufficient analysis. On the whole, the AO1 section was responded to particularly well, but there was good evidence that candidates are improving their performance for AO3 and there were some examples of excellent responses here with excellent evaluation of the approach in terms of children's learning and development.

Q.3 (a) This question was answered well by some candidates showing their knowledge of the importance of consistency in promoting positive behaviour patterns by describing different ways consistency can be demonstrated at home and school or setting and the positive impact of this on children's behaviour. Candidates who performed less well did not fully understand what consistency is or were unable to apply this to children's behaviour.

(b) Candidates showed a good knowledge of attachment theory and this question was answered particularly well with candidates able to give detailed and thorough explanations of attachment theory with many relating this to the theories of Bowlby and Rutter.Those who achieved the higher marks were able to explain the possible consequences of long-term separation from primary carers in both the short and long term. Candidates who were less successful could describe the theory but were less confident in explaining the possible consequences. Some excellent use of correct terminology such as monotropy, critical period and deprivation/privation was used by candidates in this question.

(c) Some candidates showed a good knowledge of Bruner's theory, but many found it difficult to assess how it could be used by practitioners to support cognitive development. Less successful candidates confused Bruner's theory with those of other theorists or described the theory without applying it to the practitioner's role in supporting children's cognitive development.

Q.4 (a) Candidates showed a good knowledge of why play is an essential part of every child's life and could explain with varying levels of success the positive impact of play on a child's development through areas of development or by giving examples. Overall, this question was answered well by the majority of candidates.

(b) There were many good responses to this question and candidates showed a good understanding of how role play benefits a child's language development. Candidates who performed best had a good knowledge of the milestones of language development and could describe how role play supported these. Candidates who performed less well had limited knowledge of how language develops in children or the expected milestones of language development for a 4-year-old child.

(c) Some candidates found this question difficult and were unsure what play-based learning strategies are. Some candidates gave a brief answer or discussed play therapy. Candidates who were most successful were able to show their knowledge of play based learning strategies and analyse the different ways these can promote different aspects of children's development.

Q.5 It was pleasing to see most candidates give detailed, well-structured answers to both elements of this question. Most candidates were able to successfully describe the factors that could impact on Andy's behaviour from the case study and were able to give a range of factors across the sociological, psychological and biological factors and demonstrated good insight and understanding of how these factors could have an impact on a young person's behaviour. Many candidates gave equally comprehensive and effective responses to the AO3 element of the question in relation to assessing the benefits of using restorative practices in schools as a strategy for developing positive relationships and behaviour patterns, as they did in relation to the factors affecting behaviour for AO1.

Candidates applied this question well to the case study of Andrea and Ellie. Some candidates made excellent use of specialist terminology, particularly in relation to restorative practices. There has been an improved response to double AO questions from candidates for a second year, showing they had been effectively prepared for this exam by centres. Candidates who performed less well had a limited knowledge of restorative practices and how they can be used as a strategy in schools.

Overall, centres prepared candidates well for this examination, as demonstrated by their strong grasp of the case study and enhanced performance on the double AO questions for the second year.

Compared to the previous year, there was a noticeable reduction in responses where no marks were awarded. Candidates generally exhibited stronger knowledge and understanding of the specification, demonstrating an enhanced ability to connect their answers to the case study and theoretical perspectives of child development throughout all sections of the paper. Centres are to be commended for their dedication, as these improvements clearly reflect enhanced teaching and learning across all aspects of the specification this year.

Candidates performed less well on question 3c which was related to Bruner's theory and how it can support cognitive development, which candidates appeared to have less understanding of than the theory of Vygotsky in 2b and there was still some evidence of candidates confusing theorists but less so than in previous years. Candidates appeared well-prepared for the examination, with numerous excellent responses that were well-structured, well-informed, and utilised appropriate terminology specific to the health and social care/childcare specification. Furthermore, there was no indication that candidates underperformed due to time constraints. Performance also improved for the second year in the split Assessment

Objective (AO) questions, specifically 2b and 5, where candidates showed a clearer understanding of AO3 requirements.

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UNIT 4 SUPPORTING THE DEVELOPMENT, HEALTH, WELL-BEING AND RESILIENCE OF CHILDREN AND YOUNG PEOPLE

Overview of the Unit

Overall, candidate performance across both tasks in this unit was highly successful, with many achieving top marks. In general, the overall presentation of both tasks was strong, reflecting robust research skills. There was a clear enhancement in sector application, referencing, and layout, and centres deserve recognition for these significant advancements this year.

For Task 1, which requires a presentation format, most candidates adhered to the correct structure and fulfilled the criteria effectively. However, a recurring issue was the submission of work in a report format for both tasks. Whilst a diverse range of settings was selected for Task 1, candidates are reminded that secondary schools are not recommended for this task, particularly the candidates own school unless the focus is on a specified ALN unit within the school. Furthermore, rather than choosing a generic childcare setting like a nursery or primary school, selecting a specific, defined setting is strongly advised to facilitate a more effective application of knowledge. Some candidates used case studies throughout this task and whilst this can be helpful to candidates' application in sections b(i) and e(ii) it is important that candidates apply all other sections to the specified setting, rather than an individual as this should be the primary focus of this task. The overuse of case studies in this task resulted in some candidates being unable to fully meet the assessment objectives particularly in section A. It was unclear at times which setting the candidate had chosen.

In Task 2, submissions were generally well-structured and meticulously referenced. Most candidates demonstrated an excellent understanding of the social policies impacting the childcare sector in Wales. Notably, the discussion surrounding the specified initiative, ‘Building a brighter future' was completed to an exceptionally high standard, enabling candidates to secure high marks in this section.

Comments on individual questions/sections

Task 1

The most successful candidates in Task 1 effectively applied their knowledge and understanding to a specific childcare setting, which enabled a more thorough exploration of how needs are met using specific examples to inform their work.

In **Task 1(a),** certain candidates explained children's developmental needs in detail across all key stages of development. This approach is unnecessary, as the primary focus in Task 1 should be the needs of children and young people within the specific key stage of development relevant to the chosen setting. For example, if the specified setting is a primary school the candidate should explain the physical, intellectual, language, social and emotional needs of children between the ages of four and eleven years only.

In **Task 1(a),** less successful candidates provided a brief explanation regarding the potential consequences if children's needs are not met, occasionally presenting a single sentence relating to only one area of development. This is insufficient for attainment within the highest mark band.

In **Task 1(b),** the majority of candidates engaged effectively with the manner in which transitions, life changes, and life experiences impact children's development and resilience, though some candidates described transitions pertaining to adulthood that are inapplicable to this task. The most successful candidates were able to apply the care and support provided to children during transitions effectively to their selected setting, utilising appropriate examples to substantiate this.

In **Task 1(c),** the majority of candidates explained the purpose of assessments and applied the chosen assessment types to their specified setting. Conversely, less successful candidates explained assessments that were irrelevant to their selected setting and discussed assessments in generic terms. To access the highest mark band, it was necessary for candidates to reference how their specified setting uses assessments to provide timely, appropriate, and ongoing support.

Task 1(d) was answered successfully by most candidates, who described a comprehensive range of barriers that could apply to children accessing their selected setting.

In **Task 1(e),** the most successful candidates accurately described why certain children accessing the specified setting may present a range of complex care needs, including sensory needs and Additional Learning Needs (ALN). Less successful candidates primarily identified a range of conditions that could lead to complex needs, but did not describe those needs or their impact on the child.

In **Task 1(eii),** most candidates provided an explanation of how their chosen setting could meet complex care needs, but those who achieved the highest success were able to explain how a range of needs were addressed through child-centered care to meet a variety of personal outcomes. Less successful candidates provided generic responses that were not well applied to the setting or supported through outcome-focused and child-centered care. Some candidates utilised specific examples, which allowed them to better apply their responses to the setting and the children's needs. Case studies can be used in this section but are not necessary, provided the candidate fully explains the ways in which the setting meets the needs of children with specified complex needs through outcome-focused and child-centered care.

Task 2

The most successful candidates in Task 2 demonstrated that they had completed thorough research on how social policy affects childcare provision and were able to thoroughly examine the implications of changes to this provision.

In **Task 2(a),** most candidates were able to examine social policy issues and demonstrated knowledge and understanding of how the Wellbeing of Future Generations Act serves as the overarching legislation and how 'A Healthier Wales' drives change. The most successful candidates examined policy objectively, arriving at reasoned judgements and valid conclusions to satisfy the requirements of Assessment Objective (AO3).

In **Task 2(b),** candidates were most successful when they were able to explain changes in childcare provision and how these would apply to practitioners within the sector. There were several excellent responses in this section validating the high marks awarded by centres, where candidates gave detailed and thorough explanations regarding the implications for practitioners and the sector.

In **Task 2(c),** candidates demonstrated their understanding of the significance of safeguarding, with many exhibiting a confident grasp of why safeguarding is necessary. Responses within this section were generally detailed and thorough.

In **Task 2(cii),** the most successful candidates evaluated the responsibilities and accountabilities of individuals and organisations separately and provided reasoned judgements on how these responsibilities and accountabilities influence practice within the sector. Less successful candidates provided predominantly descriptive responses and were therefore more successful in the AO1 element than the AO3 component of this section.

In **Task 2(ciii),** it was notable that the majority of candidates discussed the correct initiative of Building a brighter future and were able to make judgements regarding its role and aims and how this improves care.

Task 2(d) was approached effectively by candidates, and those who presented evidence of thorough research achieved the highest success and attained high marks.

Overall, all sections across showed a notable improvement compared to the previous year in terms of the approach taken toward the prescribed tasks.

HEALTH, SOCIAL CARE AND CHILDCARE

GCE

Summer 2026

UNIT 5 THEORETICAL PERSPECTIVES OF ADULT BEHAVIOUR

Overview of the Unit

It was pleasing to see that most candidates attempted all questions, most gaining credit for their responses, being able to demonstrate their knowledge and understanding of psychological theory. Responses show that candidates had made effective use of the pre-release case study to prepare their responses for Section A of the paper. Time management did not appear to affect the performance of the majority of candidates; this would suggest that candidates had made use of the 'Examination Walk Through' resource to prepare.

Candidates' responses were adequately expressed using reasonably accurate written communication skills for GCE. Subject specific terminology was generally used to good effect across the paper. Illegible handwriting was rarely seen.

Candidates should be mindful to focus on the command word of the questions from the beginning of their responses. If the command word is not addressed in the response, then minimal credit will be given. Responses generally addressed question requirements, but some did not offer the necessary engagement to attain the higher mark bands.

Some responses suggested that candidates found it difficult to link approaches with the relevant psychological theory. Responses were often generalised particularly in reference to Q3c, Q5.

It is important that candidates prepare by having a confident grasp of the psychological theories and the different approaches that arise from these theories. This can be facilitated by making full use of resource material provided to support unit 5.

Comments on individual questions/sections

Section A – This relates to the information provided in the pre-release case study.

Q.1 (a) Most candidates were able to provide a good description showing a generally secure knowledge of the social and emotional factors that may be affecting Mared.

(b) Most candidates were able to provide good outlines of three factors that may have had an impact on Mared's resilience.

(c) Responses showed that most candidates were able to provide a good explanation which showed generally secure knowledge and understanding of how the Restorative Approach may resolve the differences between Mared and Natalie.

Q.2 (a) Responses showed that most candidates were able to provide a good analysis showing generally secure knowledge and understanding of sociological and psychological factors that may have affected Natalie's behaviour. Candidates achieving the higher mark bands were able to analyse both sociological and psychological factors often detailing both negative and positive aspects.

(b) (i) The majority of responses provided evidence of a generally secure knowledge and understanding of Goleman's Theory of Emotional Intelligence with a generally secure grasp of key features.

(ii) Most candidates were able to provide a good discussion of the benefits of developing emotional intelligence for Natalie and her team.

Section B

Q.3 (a) Responses showed that most candidates were able to provide a good description of what is meant by the term 'the unconscious mind' as used in psychodynamic theory.

(b) Most candidates provided a good explanation showing a generally secure grasp of how early childhood experiences may influence behaviour in adulthood. Candidates who achieved the higher mark band related to a variety of theorists that have contributed to psychodynamic theory and used this information to good effect in their responses.

(c) The majority of candidates were able to provide a basic response showing some knowledge and understanding of psychoanalysis and some assessment of the strengths and/or limitations of how psychoanalysis may help Eli overcome his anxiety about having surgery in hospital. To achieve the higher mark bands responses needed to consider both the strengths and limitations.

Q.4 (a) Most candidates were able to provide good descriptions of the Active Support approach with a generally secure grasp of key features.

(b) Responses showed that most candidates were able to provide a good explanation showing generally secure knowledge and understanding of resilience and a generally securegrasp of the benefits of attending the dementia café on Owen's resilience.

(c) Responses showed that most candidates were able to provide a basic discussion and had some knowledge of the principles of person-centred care and some grasp of how staff and volunteers apply some of the principles of person-centred care in the dementia café. Candidates who achieved the higher mark bands provided good discussions linking the principles of person-centred care with examples to clarify their responses.

Q.5 This question combined two assessment objectives (AO1 and AO3) requiring candidates to describe and evaluate. Responses were also assessed for spelling, punctuation, grammar and use of subject specific terminology.

AO1
Most candidates were able to provide a basic description showing some knowledge and understanding of behaviour modification therapy and some grasp of key features. It was pleasing to see that higher achieving candidates were able to provide more in-depth descriptions of behavioural modification therapy which related to the underlying psychological theory that has contributed to this approach.

AO3
The majority of the responses were adequately expressed and showed a straightforward engagement with behaviour modification therapy and generally sound knowledge and understanding of the strengths and/or limitations of how behaviour modification therapy can support an individual living with a mental health condition such as OCD. Those candidates achieving mark band 4 showed excellent evaluative skills and a thorough knowledge and understanding of the strengths and limitations of how behaviour modification therapy can support an individual living with a mental health condition like OCD.

Overall, candidates used reasonably accurate spelling, punctuation and grammar. Writing was mainly well-structured and subject specific terminology was used appropriately.

Summary of key points

- Candidates should be mindful to focus on the command words of the questions from the beginning of their responses. If the command word is not being addressed thoroughly, then only minimal credit will be given.

- It is important that candidates prepare by having a confident grasp of the principles of person-centred care and how they underpin the different approaches that may be used to support certain groups of individuals. This can be supported by making full use of the resource materials provided for Unit 5.

- A more thorough knowledge and understanding of key psychological theories and how they relate to associated approaches is required for candidates to achieve the higher mark bands.

- Use of the ‘Examination Walk Through’ resource is recommended to prepare candidates for the demands of this examination.

HEALTH, SOCIAL CARE AND CHILDCARE

GCE

Summer 2026

UNIT 6: SUPPORTING ADULTS TO MAINTAIN HEALTH, WELL-BEING AND RESILIENCE

Overview of the Unit

All work was uploaded by the deadline of 15th May. There were some minor clerical errors with addition of marks. Centres should check that the marks awarded add up correctly on the mark sheets prior to submitting on the portal.
The majority of the work was accurately signed by candidates and assessors, and good practice was evidenced through some centres internally moderating candidates' work.

Tasks

Choosing an appropriate health or social care setting for this task is essential for candidates to demonstrate knowledge and understanding throughout the task. A poor or irrelevant choice of setting can inhibit candidates' scope to reach the higher mark bands due to a lack of relevant examples which can be applied to each section of the task. Many candidates wrote an initial section on their setting before starting. Again, similarly to last year, candidates wrote case studies of individuals to support the assessment. This is not advisable, as it may cause the candidates to focus on the individuals' needs rather than the type of setting.

Task 1
Task 1 was completed in an appropriate presentation format, such as blog or infographic. The majority of candidates produced a presentation. Some also included PowerPoint. Candidates should be encouraged to include as much information as possible within the presentation. Candidates should follow the structure of the assessment (Section A, B, C, etc) and these sections should be used as titles. This would help to produce coherent work. Evidence of research conducted prior to the start of the NEA was well documented and referenced for most candidates.

A
This section sets the scene well for the task and encourages candidates to show application to their chosen setting. Outcome-focused care, and its place within the Social Services and Wellbeing (Wales) Act, was well understood by most candidates. Candidates demonstrated a clear grasp of a range of needs following PIES and the consequences of unmet needs. Centres need to ensure that they only award marks as delineated in the mark scheme in terms of unmet needs and that the top band mark cannot be awarded if there is no evidence of an explanation of unmet needs. Moderated marks tended to differ the most in this section due to centres awarding too generously.

B (i and ii)
Centres had accurately assessed this section, with a range of transition types, life experiences and life changes discussed. Centres who displayed the appropriate settings had a range of these discussed effectively. The impact of these changes was also explained effectively, with the majority of candidates securing marks in the higher bands. Some candidates wrote generically about transitions, life changes and experiences and did not make clear distinctions between them, although most were able to identify a relevant range.

C
Candidates generally showed good understanding of assessment, and it was pleasing to see the five elements of assessment and the responsibilities of the local authority present in more candidates' work this year. Application to the setting, including consideration of care plans and timely intervention, would enable some candidates to attain marks in the higher band.

D
Candidates identified barriers well and many wrote comprehensively about a range in relation to the individual within their chosen setting, including realistic ways to overcome challenges.

E (i and ii)
This section was split into two parts by many candidates, which is good practice. More focus is needed in this section of the task, including greater depth when considering how the setting may respond to complex care needs to provide outcome-focused care for adults to achieve personal outcomes. Candidates should be encouraged to refer to section (a) as a reminder of what outcome-focused care looks like for an individual in their chosen setting.

Task 2
The tasks were presented in the appropriate format. However, in terms of order, some centres had not encouraged candidates to use headings to aid assessment.
Candidates should follow the structure of the assessment (Section A, B, C, etc) and these sections should be used as titles. This would help to produce coherent work. Evidence of research conducted prior to the start of the NEA was well documented and referenced for most candidates.

A
Many candidates wrote thorough accounts of the social policy issues affecting adult health and social care provision in Wales and *A Healthier Wales* has featured in all candidates work with masterful writing in parts by some centres. However, centres need to encourage candidates to be more analytical in their writing in order to achieve the higher band marks. The command verb for this task is examine, which requires candidates to analyse and give thorough and detailed responses for higher band mark three.

B
This section should clearly provide an explanation of changes in provision and their impacts on the roles of health and social care practitioners. Most candidates had vastly improved in this section and could confidently discuss a range of job roles and how these had been impacted.

C (i, ii, iii)
Candidates generally showed good understanding of the importance of safeguarding for section C(i) and were able to demonstrate knowledge of the individuals and organisations with responsibilities for safeguarding adults at risk. Centres should draw candidates' attention to the assessment objective of analysis in order to analyse how responsibility and accountability for safeguarding impacts practitioners providing care for adults at risk. Some candidates lacked evaluative content in this section of the task and were again awarded generous marks. Nearly all candidates referred to the relevant legislation and a range of ways in which it links to safeguarding were witnessed. Evidence of reasoned judgements would enhance candidates' work at the higher mark bands.

D

Section D requires an assessment of changes within society and how they impact on the health and social care sector in Wales. Many candidates identified relevant factors, such as food poverty, lack of resources and an ageing population but did not assess their impact on health and social care. Some responses were largely descriptive, although, at the higher end of the mark bands, some candidates had researched facts and statistics and made a good attempt to relate this information to the impact on the health and social care sector. Where candidates achieved higher band marks, they made consistent reference to wider reading for this section. Moderated marks tended to differ the greatest in this section due to centres awarding too generously.

Recommendations

Centres must ensure that candidates produce a presentation, set within a specified adult health and social care setting (in Wales) of the candidates choosing.

Settings may include:

- general hospital
- specialised hospital
- district hospitals – curative and/or rehabilitative
- nursing home
- residential care
- day centres
- adult's own home

This list can be found in the guidance for teaching on:
https://www.healthandcarelearning.wales/qualifications/advanced-gce-and-advanced-subsidiary-gce-in-health-and-social-care-and-childcare/?tab=2

As good practice, centres should be encouraged to annotate candidates' work to indicate where assessment objectives have been achieved. Centres should be encouraged to internally moderate a sample of work and to denote these on the candidate declaration sheets.

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Evidence of research conducted prior to NEA starting was well documented throughout and referenced after each section.

Candidates must ensure that work is referenced as stated on page 77 in the specification.

The use of headings (Section A, B, C, etc) is encouraged to support candidates in the presentation of their work.

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/advanced-gce-and-advanced-subsidiary-gce-in-health-and-social-care-and-childcare/

See other useful contacts here: Useful Contacts | WJEC

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