Level 3 Examiners' Report

Health and Social Care: Principles and Contexts
Level 3

Summer 2025

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)

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[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

This was the second year of the Level 3 Extended Diploma and no amendments were made to any of the nine units this year. Submission of NEA work was exclusively through IAMIS and was generally straightforward although centres should check that zipped files are accessible for moderators and that work is saved in a smaller number of files where possible moving forward.

Please note that there will an earlier submission date for NEA units next year:

Units 1,4, 5 and 8 – 15th May

Units 3, 6 and 9 – 5th June

These dates are mandatory deadlines and replace the current deadline of the 11th June unless centres have successfully applied for an extension.

Externally assessed units (2 and 7)

It was pleasing to note that, for both units this series, examination performance improved. Candidates not only showed better knowledge and understanding of the specification but were able to apply knowledge to specific scenarios which demonstrated effective understanding. For higher tariff questions, there was a marked reduction in questions being left blank as a greater number of candidates attempted all questions.

Familiarity with the command verbs should remain a focus for centres through examination practice and encouraging candidates to consider a range of arguments and evaluate them in relation to strengths and weaknesses. Particular focus should be given to candidates' responses to A03 questions. Resources such as the examination walkthrough, online examination review and feedback on summer assessments will support centres in preparing candidates for the externally examined units.

For Unit 2, candidates should have knowledge of the main theorists and should practice applying theories to scenarios in order to understand how they fit into health and social care practice. There was a better attempt rate on the theorist questions this year indicating that centres had prepared candidates by clearly teaching section 2.2 of the specification.

Unit 7 showed a significant improvement in performance this series indicating greater confidence and understanding by candidates. Again, the higher tariff questions showed more developed responses and attempt rates were much improved. Moving forward, centres should focus on encouraging candidates to apply knowledge to the impact on human physiology in order to access higher marks for questions related to 7.3 in the specification.

Please note that both units can be accessed online as well as in written format.

Internally assessed units (1, 3, 4, 5, 6, 8 and 9)
In most cases, centres uploaded tasks on time and in an accessible format. Work was presented well and supporting evidence available where requested. For tasks where the internet is not permitted, class notes should be uploaded to support the work. Centres are requested to check that class notes and feedback comments do not make reference to the case studies for units 1, 4, 5 and 8 as this would indicate that candidates had access to the pre-released materials prior to the assessment. It was pleasing to note that all centres used the correct case studies this series.

For Unit 6, centres should attempt to place candidates in a health or social care setting in order to allow them to access the higher marks bands. Where mainstream schools are the only option, please ensure that candidates have the opportunity to observe health and social care professionals such as educational psychologists, school nurse, etc.
It was pleasing to note that centres took advice on research topics for Unit 9 this year and encouraged candidates to narrow their topic areas in most cases. The range of current and relevant areas for research should be discussed with candidates prior to starting this unit.

AI has become more prevalent this year, and some centres have correctly noted this on candidates' work, awarding no marks for sections where AI/plagiarism is suspected. It is the responsibility of centres to make clear to candidates that they are signing to authenticate that their work is their own. The invigilation of NEAs should be closely monitored within centres, particularly where use of the internet is not permitted to ensure that candidates are completing their own work without the aid of AI. Plagiarism and the use of AI is investigated as malpractice.

Areas for improvement	Classroom resources	Brief description of resource
Examination question practice	HTTPS://WWW.HEALTHANDCARELARNING.WALES/RESOURCES	ONLINE EXAM REVIEWS EXAM WALK THROUGH PAST PAPERS AND MARK SCHEMES SUMMER ASST FEEDBACK (PROFESSIONAL LEARNING EVENT ONLINE)
Consolidation of learning	HTTPS://WWW.HEALTHANDCARELARNING.WALES/RESOURCES	Sample Assessment materials Guidance for teachers
NEA structure	WJEC SECURE WEBSITE	Exemplar materials and PL resources

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 1: PRINCIPLES OF CARE AND SAFE PRACTICE WITHIN OUTCOME-FOCUSED, PERSON-CENTRED CARE

Overview of the Unit

Unit 1
This unit is about acquiring knowledge and understanding of the professional responsibilities, roles, and accountabilities of health and social care workers in the sector. Candidates are given a case study from a choice of two but must not have access to the case study until the start of the assessment. Candidates are permitted to bring in class notes, however, these notes should be general, and no reference can be made to the case study as they will not have seen the stimulus before the assessment. Furthermore, candidates cannot add to their class notes once they have been submitted. Some good class notes were presented during this series. Class notes should be uploaded with candidates' work.
The two case studies for the Summer 2025 series are based on Aftab for Case Study A and Angharad for Case Study B. All centres used the correct case studies this series, which can be found on the portal.

For Task 1, candidates are not allowed to use the internet but are permitted to bring in up to 6 sides (3 pages) of class notes. For Task 2, the use of resources, including the internet, is not tightly prescribed. For Task 1, candidates are given 14 hours, while for Task 2, they have 6 hours to complete their work.

It is important for Task 2 that candidates ensure they are aware of the different settings within health and social care. Settings can also include individuals' homes, not just health and social care professional settings. Task 2 should focus on the settings/workers relevant to the chosen case study.

Assessment objectives were assessed over five questions for Task 1 and two questions for Task 2, with 40% of Unit 1 being assessed for A01, 36% for A02, and 26% for A03.
For Unit 1, the content that is assessed includes principles of care, outcome-focused care, challenges workers face, ethical approaches and principles, and demonstrating positive trust and communication. For Task 2, candidates are assessed on their knowledge of legislation and national policies relevant to the specific setting within the case study. Candidates must also be aware of codes of conduct/professional practice and how they guide the specific workers in the setting.

Overall, the performance this year was good. Candidates and centres seem to be more familiar with key concepts and how these are applied within health and social care.

Comments on individual questions/sections

This was the fourth year of assessment for unit 1.

Overall, this unit tested the scope of the specification and resulted in some excellent knowledge being demonstrated by candidates, although there were some issues across entries which will need addressing before the next series.

There were some excellent examples of an in-depth understanding of principles of care and how to apply these in practice. The majority of candidates gained a reasonable to good mark in the assessment although some candidates' knowledge of applying the principles of care in context was limited.

There was a variety of styles of marking and assessment documentation submitted by centres for moderation. Some centres provided excellent annotation on candidates' work which enabled moderators to see how they were justifying assessment decisions. Other centres' annotation was minimal. Class notes were provided by more centres for this series which was pleasing. Some answers, particularly for task 2, consisted of passages from the internet; this is not acceptable, as the specification states work must be the candidates' own, and it is the responsibility of the invigilator/tutor to check the authenticity of class notes and candidates' work.

Page 71 of qualification specification is a useful reminder here:
"All notes used by candidates must be retained by the centre and must be submitted for review as part of the moderation process."
The teacher/assessor is responsible for reviewing notes that candidates intend to take into the assessment environment and making sure that they are in line with the requirements above. If the teacher/assessor has any concerns regarding the authenticity of the notes, they should stop the assessment from taking place and follow their own internal procedures for dealing with cases of suspected malpractice."

"Candidates must understand that, to present material copied directly from books or other sources without acknowledgement will be regarded as deliberate deception. Centres must report suspected malpractice to WJEC if the candidate has signed the declaration of authentication form."

When submitting candidates work for moderation a useful checklist below would be beneficial and would aid the moderation process.

Moderation checklist for Unit 1:	Checklist tick.
Marksheet is fully completed, and marks add up. (This should be double checked).	
Work labelled with correct information on – e.g., candidate number/candidate name and header and footer added to every page confirming this.	
Internal verification records submitted as one file to confirm quality assurance for Unit 1.	
Candidate/assessor declarations signed and dated. Assessor declaration **should no**t be signed and dated before the candidate.	
A log sheet completed with the hours completed for each Task – this may be useful: **Log sheet – You cannot spend more than** 20 HOURS *Log of hours spent of NEA.* <table><tr><td>**Task**</td><td>**Date and time spent.**</td></tr><tr><td>**1 (A)**</td><td></td></tr><tr><td>**1 (B)**</td><td></td></tr><tr><td>**1 (C)**</td><td></td></tr><tr><td>**1 (D)**</td><td></td></tr><tr><td>**1 (E)**</td><td></td></tr><tr><td>**2 (A)**</td><td></td></tr><tr><td>**2 (B)**</td><td></td></tr><tr><td>**Final word count – Task 1:**</td><td></td></tr><tr><td>**Final word count - Task 2:**</td><td></td></tr></table>	
Word counts on candidate work after each question.	
Candidates work submitted as one file for Task 1 and one file for Task 2 or combined into one file (including front assessment sheet with marks and declarations). **Do not send** individual questions in separate files.	
Class notes included after the log of hours sheet.	
Annotation evident on each question to pinpoint to candidate and moderator justification of where marks were awarded.	

Marking across the papers was, on the whole, appropriate. The ranking of candidates was mainly appropriate, and marks awarded were mainly in the appropriate banding. Some centres overmarked specific questions, in particular Task 1 (b). To get into the higher bands for Task 1(b) candidates are required to explain how care and support workers in the chosen case study are expected to demonstrate and promote outcome focused person-centred care in their work and how this benefits the individual they are working with. It is important that **candidates make clear the expectation and not only examples from the specific chosen case study**. By doing this, candidates will be able to hit the higher mark bands. It is important that the expectation is specific to the care and support workers in the chosen case study.

Many candidates for Task 1 (e) reflected upon how care and support could develop positive relationships and effective communication however the question required a reflection on how the methods and skills were used by the care and support workers in the chosen case study with some candidates giving a general description of how care and workers in general could develop positive relationships and effective communication.

For Task 2, applying the appropriate legislation and code of practice to the setting in the case study attracted higher marks, some candidates did not use relevant legislation and national policies in relation to the specific settings of the case study chosen. It is important for Task 2 that frequent reference is made to the workers/settings.

Task 1

(a)

All candidates attempted this question. It was pleasing to see that many candidates structured their responses in a report format, as specified in the assignment brief. Additionally, it was commendable that candidates organised their responses into three paragraphs, with each principle of care used as a heading and underlined, this was considered good practice.

However, some candidates omitted a description of the specific principle of care and went straight into providing examples. Additionally, a few candidates duplicated examples across different principles of care, although this was less frequent in this series.

While principles of care can be interchangeable, it is important for candidates to use a wide range of different examples from the case study. By doing so, they would demonstrate a more detailed understanding of the chosen case study.

Some candidates who selected principles such as *promoting effective communication* or *promoting the well-being of individuals* did not fully describe these, limiting the depth of their responses.

It was pleasing to see more candidates fully outline how the three different principles of care specifically underpinned outcome-focused care, this was good practice.

(b)

It was encouraging that the majority of candidates were able to identify ways in which care and support workers are expected to demonstrate **outcome-focused, person-centred care**. However, some responses lacked **depth and explanation**, which was the focus of the command word being assessed.

Some candidates began their responses with a **definition of outcome-focused care**, which was an effective way to set the scene and showed a direct link to 1.5 of the specification. This was very pleasing.

It is important that candidates clearly state that outcome-focused care is about **focusing on what matters to the individual**, and that it means *"assisting an individual to achieve their personal outcomes by providing the care and support they need, when and where they need it, in an affordable, safe and effective manner."*

By also clearly explaining what **personal outcomes** are, and identifying the specific outcomes the individuals want to achieve, candidates can then focus their response on these outcomes. For example, candidates could explain how the specific ways in which care is delivered would **help the individual achieve their personal goals**.

To clarify:
- **Aftab's personal outcomes** were to:
  - Feel safe and confident moving around his home
  - Stay connected to his faith and community
  - Maintain his independence
- **Angharad's personal outcomes** were to:
  - Build positive relationships and feel less isolated
  - Gain greater independence in daily tasks
  - Be respected, heard, and communicated with in a way that suits her needs

To achieve higher marks, candidates needed to **explain the expectations** of the care and support workers, **how they demonstrated** these, **what else they could have done**, and **the benefits to the individual** in relation to meeting their personal outcomes.
Some candidates were able to link their responses to **key legislation**, such as the five key principles of the **Social Services and Well-being (Wales) Act 2014.** This was particularly impressive and should be encouraged in future submissions.

However, not all candidates focused on the **specific workers** from the case study, which was an important requirement of this question. In some cases, the **benefits to the individual** were described too briefly. Responses would have been strengthened if candidates had clearly stated **how the specific actions** taken by workers would **support the individuals achieving their personal outcomes.**

Recommended Approach for Candidates

A useful and effective way to approach this question is:
- Start with an explanation of 'quality care' – defining outcome-focused care to set the scene
- Then structure the response into **4–5 clear sections**, each focusing on:
    - A way in which workers are expected to demonstrate outcome-focused care (e.g., strength-based approach)
    - How this was demonstrated in the case study
    - What else could have been done
    - The benefit to the individual in relation to their personal outcomes

If candidates follow this structure consistently throughout their response, they are more likely to meet the **detailed and thorough criteria required for Band 4**.

(c)
This question was answered fairly well, however, some candidates did not always focus on the **challenge faced by the workers**, and instead concentrated on the challenges experienced by the **individuals being supported**. The majority of candidates were able to identify **two challenges**, which was appropriate for the question. **Higher-scoring responses** clearly identified the challenge at the beginning of their response and went on to **explain why it would be a challenge for the worker**. Some candidates were unable to expand upon their identification of the challenge. For example, in Aftab's case, some candidates identified that the workers would face a challenge due to his **multiple needs** which was correct, but it would have been more effective if candidates had also specified **what those needs were** and explained that the challenge for the workers being that they may **not have specialist knowledge** to support such complex needs.

Another commonly mentioned challenge was **seasonal priorities**; however, some candidates focused on why this would be a challenge for **Aftab**, rather than for the workers. For example, it was clearly stated in the case study that care and support was being provided during the **winter**, so candidates needed to explore **how this might be a challenge for the workers** in supporting Aftab (e.g. travel difficulties, increased pressure on services, higher health risks for vulnerable individuals). Some candidates identified that a significant challenge for workers was **Angharad refusing or rejecting support**, but did not clearly focus and explain why this would be challenging for the **workers**. For example, this could be a challenge because workers have a **duty of care** towards Angharad. If she refuses support, it could lead to risks such as **skin infections, physical discomfort**, or **serious medical complications** and this puts additional pressure on workers to balance respecting her autonomy with ensuring her safety.
Some candidates who scored lower on this question were unable to describe **how the challenge could be overcome** or gave very limited responses. For example, stating that a way of overcoming the problem is "using new technologies" was not sufficient unless explained in detail and applied to the specific case study.

When marking this question, assessors should ensure they **clearly indicate how many marks have been awarded for each challenge separately** and then award a final overall mark. It was pleasing to see that the majority of centres adhered to this approach.
It was also encouraging to see that more candidates used **specialist terminology** in this series when describing ways that workers could overcome challenges. However, some suggestions were overly generalised or unrealistic, such as "the worker should employ more social care staff" or "the government should fund nurses more." These are not practical or realistic solutions at the level of an individual care worker. Candidates should focus on realistic and appropriate strategies that the **specific worker in the case study** could implement

(d)

This was one of the weakest answers like last series but answers are improving. Candidates are expected to analyse three principles of equality, diversity and choice and other approaches within the context of the case study. The command word was **'analysise,'** which is to examine an issue in detail. Some candidates mixed the three terms up into one paragraph which did not enable them to discuss the principles in sufficient detail; it is important that candidates separate the three terms into separate paragraphs. Some candidates missed some of the principles out which resulted in them being unable to access the higher bands. Candidates are expected to analyse ethical approaches; where the majority of candidates did mention some of the approaches, this was generally narrow in scope.

A useful way of differentiating between the health ethical principles and approaches is:

Ethical principles	**Ethical approaches**
Equality	Duty of care
Diversity	Duty of candour
Choice	Best interest decisions
	Managing confidentiality when sharing information – e.g., following GDPR and WASPI
	Supporting mental and emotional well-being
	Following ethical frameworks
	Managing service and resource allocation (through prudent healthcare principles)

When analysing the principles and approaches, a useful way to ensure a detailed analysis is for candidates to describe what is meant by the principle or approach, discuss how it has been applied in the chosen case study, and explore how it could be applied. Additionally, candidates should make a judgment on how it affects person-centred care, both positively **and** negatively. Below is some feedback from higher-banded candidates, fully addressing the command word "analyse."

<u>**Angharad**</u>

A key point from Angharad's case study was that workers respected her choice. Higher-banded candidates were able to directly analyse this in detail. For example, candidates were able to describe what is meant by "choice," and to make reasonable judgments in relation to the case study. They were able to pinpoint that Angharad was given a choice regarding showering, bathing or washing on a different day. Higher-banded candidates were also able to analyse why this choice helped Angharad, and the consequences if this choice had not been offered. For example, it could lead to health problems such as body odour or skin infections.

(e)

On the whole, this question was answered quite well. To achieve the higher marks, candidates were requred to reflect upon effective communication and positive relationships/trust separately. Reports which reflected on these together tended to lose focus and direction and were therefore awarded lower marks. Higher marks were awarded to candidate whose reports reflected explicitly on the skills and methods used by the workers as illustrated in the chosen case study. Lower banded answers just outlined how effective communication and positive relationships could be demonstrated in the case study and **omitted to discuss the skills/how these were used by workers**. Some candidates misread the question and gave a general description of what was meant by positive relationships/effective communication, although in this series this was less evident. Candidates who did not reflect on how these skills and methods could not meet the demands for band 2, omitting to draw 'some conclusions' and carry out 'some evaluation' of the skills and methods used by the care and support workers in the chosen case study.

A key to distinguishing a higher-level (Band 4) detailed reflection in the Aftab case study is when candidates pinpoint that workers demonstrated effective non-verbal communication and applied interpersonal skills in a practical context. Some candidates identified the following:

"There are many instances in the case study where effective communication is evident. For example, when Dylan asks Aftab about his hearing, it becomes clear through their conversation that Aftab hears better in his left ear. This information is crucial; had Dylan not taken the time to ask, the assessment could have been disrupted or prolonged due to Aftab's reduced hearing in his right ear."

This paragraph is useful, however, the candidate needed to provide more detail about **what the workers actually did.** For instance, the candidate could have been more specific by stating: *"The workers adjusted their positioning to sit at Aftab's level, focused on his left side (his better-hearing side), and maintained eye contact."* This would demonstrate a clearer application of interpersonal skills and a more reflective understanding of the case study.

A key way to distinguish a detailed and thorough reflection on the Angharad case study was when candidates reflected on Alison informing Angharad that she would be leaving the room. Candidates who clearly identified that Alison did this, and then went on to evaluate why this was significant, demonstrated a detailed and thorough reflection and understanding. Some candidates made excellent points about how Alison informing Angharad of her departure was extremely helpful, particularly given Angharad's visual impairment i.e. helping to build trust, demonstrating empathy and allowed Angharad to feel valued and respected. Additionally, it enhanced her sense of security and gave her the opportunity to ask any final questions or express any last thoughts before the conversation ended.

Task 2
(a)

It was pleasing to see that, for this question, candidates began their answers by clearly introducing the setting in which the individual was being cared for or supported. This was a key aspect of the question, as candidates needed to focus on how legislation and national policies were being applied within that setting. An increasing number of candidates successfully defined what is meant by legislation and national policies. It was particularly pleasing to see that a minority of candidates clearly explained to the new workers that legislation within Wales is a devolved matter—this was impressive! This links closely to the specification, where learners should know and understand the impact of current legislation, including devolved matters and secondary legislation.

It would be encouraging to see this approach continue in future series, as it sets the context for the question and shows new workers that Wales has specific legislation associated with it.
During this series, fewer candidates focused solely on legislation, with more also considering national policies. Candidates who only focused on legislation were unable to access the higher mark bands. It is important that candidates can explain their points clearly, for example, naming the legislation and national policy they are referring to, briefly explaining why it was introduced, defining key terms from the legislation or national policies, and applying these to the featured setting. This should conclude with how the legislation and policies support person-centred care. By doing this, new workers would gain useful information.

A key part of this question is application, as it is an AO2 question.
A common area where candidates could have gone further was by exploring the key principles of the *Social Services and Well-being (Wales) Act 2014* and the *Equality Act 2010*. Some candidates only gave a brief description of these, without applying key concepts to the setting such as co-production, voice, choice and control, reasonable adjustments, protected characteristics and how addressing discrimination supports person-centred care.
Some candidates did not use relevant legislation or national policies in relation to the specific settings in the chosen case study. For example, the *Children Act 2004* would not be relevant to either case study in this series. A small number of candidates mentioned the *Care Act*, which is not relevant to the workers in this setting, as the question focuses on providing information for staff new to working in **Wales.**

(b)

The majority of candidates were able to score at least half marks for this question. It is important that candidates *summarise;* this does not need to be highly detailed, but it should cover a wide range of points in order to reach Band 4, which is the highest mark band.

It was also encouraging to see higher-level candidates use a broad range of concepts to demonstrate how the codes guide care workers, including terms such as *accountability*, *ethics*, *Continuing Professional Development (CPD)*, *registration*, and *compliance.*

In Aftab's case study, the settings were Aftab's own home and the hospital. He was supported by specific workers such as Dylan, an NHS Community Occupational Therapy Manager, and Diana, a Healthcare Community Support Worker. In Angharad's case study, the setting was sheltered accommodation. She was supported by specific workers, Michelle and Morfydd, who were Support Workers, and Alison, who was a Social Worker. Both individuals were also supported by unpaid carers (family members). Lower-marked candidates often did not clearly identify the specific codes of professional practice or conduct that guide the care workers in the featured case studies. This indicated a lack of understanding; however, this was less common in this series.

It is important to note that, **to reach Band 3** and demonstrate secure knowledge, there must be explicit reference to at least one correctly named code of conduct or professional practice relevant to the specific worker in the case study, along with an explanation of how this code guided the worker. It is important to put the task into context: the aim was to provide information for staff new to working in Wales. Therefore, it is crucial for new staff members to know the exact names of the codes of professional practice or conduct relevant to the care workers in the chosen case study. Higher marks were awarded to candidates who named and outlined the relevant codes of professional practice/conduct, the registration requirements of the care workers, and how these are applied in practice to guide them. It was pleasing to see that some candidates demonstrated awareness of the regulatory bodies that set these registration requirements for specific health and social care workers.

Some candidates identified the names of the codes relevant to the setting but did not explain how these guided the workers. As a result, they could not achieve Band 2, as they lacked "some knowledge and understanding of how codes of professional practice/conduct guide care workers working in the setting featured in the chosen case study."

It is important to note that candidates can be credited for explaining the *meaning* of a code of conduct or professional practice. However, candidates who only provided a definition were limited to a Band 1 mark.

It was pleasing to see some candidates clearly state who sets the codes of conduct/professional practice. This aligns with the specification: learners should know and understand that **regulatory bodies set the requirements for professional development**. Candidates who expanded on this were able to discuss regulatory requirements, for example, that to continue practicing and maintain their registration, workers are required to undertake a specific number of CPD (Continuing Professional Development) hours.

This was well demonstrated in Angharad's case study:
- *Being Accountable for Professional Knowledge and Skills*:
  The code emphasises workers' accountability in improving their knowledge and skills. Alison arranged manual handling training for Morfydd and Michelle, ensuring they supported Angharad safely and effectively. This demonstrates a commitment to CPD and maintaining high standards of care.

Also, in Aftab's case study:
- Dylan and Diana adhered to this by identifying risks (e.g., trip hazards) and proposing adaptations such as grab rails and a raised toilet seat. These actions demonstrate their knowledge of high-quality, outcome-focused care and reflect their commitment to improving their practice through learning and applying best care practices.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2025

UNIT 2: FACTORS AFFECTING INDIVIDUALS' GROWTH AND DEVELOPMENT ACROSS THE LIFESPAN..

Overview of the Unit

Unit 2.1: Factors that Affect Individuals' Growth and Development Across the Lifespan

A range of topics were covered in this series, such as the **impact of technology** on Meghan's growth and development, with Meghan being in **later adulthood**. **Substance misuse** was also explored, and candidates were expected to focus on the **long-term impact** of substance misuse on an individual's development.
In addition, the **effect of a poor environment** on an individual's growth and development was assessed. Some questions required candidates to explain **how these factors could be addressed** for example, explaining ways professionals could support a child who has experienced **Adverse Childhood Experiences (ACEs)** to promote healthier development.

Unit 2.2: Models Related to Factors Affecting Growth and Development

Key models assessed in this series included **Skinner**, **Piaget/Vygotsky**, **Maslow**, and theories from the **nature vs. nurture debate**. When it comes to theories, candidates must ensure they understand the **basic concepts** of each model.
For the 2.2 questions, while most candidates demonstrated **some knowledge**, many responses lacked **depth and development**. Common issues included a **lack of key theoretical concepts** and an inability to develop answers effectively in **AO3 (analysis/evaluation)** style questions. It is important for candidates to understand and be able to discuss the **strengths and weaknesses** of different models in context.

Unit 2.3: Approaches to Promoting and Protecting Resilience

The main question in this paper required candidates to **examine the strengths of different approaches** in promoting and protecting **Kevin's resilience**. Kevin had experienced the **sudden death of a partner** and was also **misusing substances**. Candidates needed to explore how different professional approaches could support Kevin in rebuilding resilience and improving his overall wellbeing.

Comments on individual questions/sections

Content which was tested

For 2.1 (Factors affecting human growth and development across the lifespan), key questions assessed during the exam included:
- Questions based on Tourette's syndrome and how living with TS could affect intellectual and social development.
- Questions on how a poor environment could impact physical development.
- A question on how key factors could be addressed, for example, how a social worker might encourage a family to form attachments in order to address the long-term impact of an adverse childhood experience**.**

For 2.2 (models that relate to factors that affect growth and development across the lifespan) key models that were assessed during this series were Skinner, Piaget/Vygotsky, Maslow, and theories from the nature v nurture debate.

When candidates learn about 'nature and nurture' within the 2.2 specification, it would be useful for them to define these key terms, apply them to a wide range of situations, and explain which psychological models are associated with nature and nurture. It could be a useful icebreaker when introducing psychological models to distinguish whether the theory aligns more with nature, nurture, or even both. Additionally, linking to key factors and examples from the 2.1 section could further develop their awareness.

For the 2.2 questions, candidates generally provided some knowledge, but lacked development within their answers, e.g., lack of key concepts, or not being able to develop their responses in terms of A03 questions. It is important that candidates are aware of strengths and weaknesses of the different models.

For 2.3 (Approaches to Promoting and Protecting Resilience), there was one main question focused on an individual named Kevin. Candidates were required to examine the strengths of different approaches that health professionals might use to promote and protect Kevin's resilience. However, some candidates were unable to fully explore how these approaches could support Kevin in overcoming substance misuse and coping with the loss of his partner.

General overview across the unit

- Candidates should ensure that they are aware of community resources that are available to individuals, this is a key part of the 2.1 speification. One useful way for candidates to explore this is for candidates to think of their local community, draw a map and colour and name places where individuals could go to access support. Candidates could then present their findings back to the class by explaining the support, e.g. where, how and the benefits of this support to individuals' long-term growth and development, including links to promoting and protecting their resilience.

Comments on individual questions/sections

Q.1 **(a)** This question was answered very well, with the majority of candidates correctly identifying that Meghan was in *later adulthood*. However, some candidates did not use the correct life stage as specified in the syllabus, instead referring to terms such as *elderly* or *older adults*. It was important for candidates to use the correct terminology for the life stage.

(b) This question was answered fairly well, but some candidates did not fully meet the requirements of the command word *'explain'*. It was important for candidates to explain the emotional changes that Meghan may be facing. Since Meghan is in later adulthood, candidates were expected to identify at least two relevant changes, such as retirement and physical decline, and then explain these changes and how they impact emotional development. Some candidates mentioned the menopause, which was not credited, as this change is not associated with later adulthood. It was pleasing to see that candidates demonstrated a good understanding of the changes Meghan may face, such as becoming a grandparent, and how this could positively affect her development. For example, some candidates explained that becoming a grandparent could enhance Meghan's emotional development by giving her a sense of purpose and increased self-worth as she supports and bonds with the new generation of her family.

(c) This question was generally answered well, with the majority of candidates aware that the term *trauma* is associated with a disturbing or distressing event that has been experienced. However, some candidates were unable to expand on the core meaning of trauma. For example, they did not include points such as:
- Trauma can cause long-term effects, such as emotional or psychological difficulties.
- Trauma can affect individuals in different ways.
- Trauma can impact individuals of any age.
- An example of a traumatic event could be bereavement, abuse, or a serious accident, for example.

It is important to note that for a 2-mark definition question, an extended explanation or additional detail is required to gain full marks.

(d) This question was answered very well. The majority of candidates were able to score maximum marks by suggesting one approach that staff at the dental surgery could use to limit the trauma for Meghan. Candidates needed to state what the staff could do and then briefly expand on how they would do this or how it would help limit the trauma. For example, if a candidate wrote "offer a second way of signing into the dentist" and then expanded by stating "the receptionist would sign her in at the desk", this would be sufficient for maximum marks.

(e) The majority of candidates were able to score marks for this question; however, some either omitted to answer the question or were unaware of any concepts associated with Skinner, such as *operant conditioning*, *punishment*, and *reinforcement*. It was pleasing to see some candidates apply Skinner's theory directly to Meghan's situation, making a clear link between Skinner's rat experiment and why Meghan may be reluctant to use technology due to a previous negative consequence.

(f) The majority of candidates were unable to score maximum marks for this question, largely due to not fully addressing the command word *'assess'*, which, as stated in previous series, requires detailed evaluation. Candidates were expected to assess the claim that the use of technology may support Meghan's growth and development. This involved considering both **positive and negative aspects** of the argument and ensuring that all elements of **PIES** (Physical, Intellectual, Emotional, and Social development) were covered.

In addition, candidates needed to include points on **why technology may not support** Meghan's growth and development. Some candidates were able to apply their knowledge effectively to Meghan's context, making links to her **age and potential eyesight issues**. For example, some stated that a drawback of using technology is that she may spend too many hours looking at a screen, which could worsen her eyesight, an issue particularly concerning for individuals in **later adulthood**, making this a less effective method of support.

Higher-banded candidates were able to illustrate their answers with clear examples, such as assistive technology and social media, which added valuable context. Some candidates also referenced Cumming and Henry's *Disengagement Theory* to strengthen their assessment.

Q.2 **(a)** The majority of candidates were able to give two unpredictable life events that Kevin may face, apart from the sudden death of his partner. However, a minority of candidates did give this as an unpredictable life event. A few candidates confused unpredictable life events with predictable life events. For example, some candidates gave marriage and going to university, which are, of course, not unpredictable life events. It is important for candidates to read the question and stem carefully. The life events should be genuinely unpredictable and realistic for a 46-year-old individual i.e. something that someone Kevin's age could reasonably have experienced. Some candidates gave "moving to a care home," which was unrealistic for Kevin.

(b) This question was answered very well, with a range of candidates able to score marks. The majority of candidates demonstrated an understanding that substance misuse involves using substances in a harmful or hazardous way, using them inappropriately, or being addicted to them. Most candidates were able to provide examples such as being addicted to drugs or engaging in binge drinking. Some candidates extended their responses by explaining that it can be difficult for individuals to stop due to withdrawal symptoms. Others developed their answers further by explaining why some individuals may misuse substances, for example, as a coping mechanism to deal with negative life events

(c) Candidates did well for this question with the majority of candidates being able to score maxium marks by giving two signs of that may suggest that Kevin is misuing substances.

(d) This question was answered fairly well, with a range of candidates able to state two social factors that may impact Kevin's decision to continue misusing substances. However, some candidates gave vague responses such as *"people around them"*; this needed to be more specific to gain credit. Additionally, some candidates confused social factors with the social **effects** of substance misuse.

(e) This question was generally answered well. However, some candidates did not clearly explain the **long-term impact** of Kevin's substance misuse on his development. It is important that when candidates discuss development, they cover **all aspects of PIES** (Physical, Intellectual, Emotional, and Social). A useful way for candidates to differentiate between short-term and long-term effects of substance misuse is through specific examples. For instance, in the short term, Kevin may feel dizzy and sick, these are physical effects. However, the question focused on **long-term** effects. A stronger answer would expand on this, for example: regular substance misuse could lead to poor coordination or judgement, increasing the risk of an accident, particularly while driving or at work. This could result in a serious injury, such as paralysis, leading to a lifelong need for medical support.

(f)   Typically, candidates were aware of different approaches, but did not fully meet the demands of the command word *"examine."* Some candidates were able to describe the term **resilience**, but did not clearly explain how specific approaches would support Kevin's resilience in overcoming his situation. Kevin had suddenly lost his partner and was misusing substances. Higher-band candidates were able to fully examine a range of different approaches, including the strengths of how these specific approaches would support Kevin in coping with both his bereavement and substance misuse. Some responses were too generalised and made no direct reference to Kevin's circumstances, which limited candidates' ability to access higher marks. It is important that when candidates cover learning outcome 2.3, they clearly link back to the **factors in 2.1**, showing how each approach would promote and protect resilience in relation to those factors. Using **real-life examples** can be a useful strategy to strengthen responses. Some candidates discussed weaknesses of approaches, which was not required and was not credited, as the question specifically asked for an examination of how the approaches promote resilience.

An example, of a developed paragraph of one approach:

A recreational activity such as **joining a local basketball team** could significantly support Kevin's resilience following the loss of his partner and his substance misuse. Kevin may be feeling isolated since losing his partner. Engaging in a team sport like basketball can help him rebuild social networks and form new friendships, reducing loneliness and providing emotional support.

Regular participation can boost his mood and self-esteem. Being part of a team can provide a sense of belonging and purpose, which are protective factors in building emotional resilience after grief and trauma.

Basketball involves cardiovascular activity, which can improve physical health and reduce the body's stress levels. Regular exercise also releases endorphins (natural mood enhancers) which can help reduce Kevin's reliance on substances to cope.

Q.3 **(a)** This question was answered very well, with many candidates able to list two ways in which Tourette's Syndrome may present itself in Simon. A large number of candidates correctly identified physical and vocal tics. However, some gave vague responses such as "unable to communicate effectively". While this may be related, it was not specific enough to Simon. Specific examples were required in order to gain the marks.

(b) This question was answered fairly well, with a range of candidates achieving marks in the higher bands. It was pleasing to see that some candidates effectively distinguished between the social and intellectual effects. Additionally, it was encouraging to note that several candidates highlighted the positive impact of Tourette Syndrome (TS) on Simon. For example, some pointed out that his condition might provide opportunities for him to explain TS to his classmates, thereby enhancing his social skills. However, only a few candidates demonstrated knowledge and understanding that Simon would likely have individual learning plans to support his education. This indicates a general lack of awareness regarding inclusive educational practices. Some candidates made overly generalised statements, such as suggesting that teachers would simply "get cross" with Simon. While this is a possible scenario, a deeper understanding of the principles of inclusivity and the specific support strategies for students with Tourette Syndrome would have strengthened their responses. Furthermore, some candidates struggled to fully explain their points in detail. Instead, they focused primarily on the emotional impacts of TS, which was not the focus of the question.

(c) This question received a mixed response. While some candidates demonstrated awareness of both Piaget's and Vygotsky's theories, others struggled to apply them to an eight-year-old child's stage of development. It was pleasing to see that some candidates were able to directly apply the theories, for example, by correctly identifying that an eight-year-old would be in Piaget's concrete operational stage. These candidates explained that children at this stage begin to think more logically (e.g. referencing the conservation experiment), show increased empathy, and exhibit reduced egocentrism. In relation to Vygotsky, it was encouraging to see that some candidates understood that an eight-year-old would benefit from scaffolding and would be developing more effectively within the zone of proximal development. Some candidates expressed their ideas inaccurately. For example, several stated that an eight-year-old could think abstractly. However, they should have clarified that, according to Piaget, children at this age are in the concrete operational stage, where they begin to think more logically about concrete situations. Abstract thinking typically emerges later, during the formal operational stage.

Q.4 **(a)** This question received mixed responses. Many candidates correctly stated that childhood covers the age range of 3–12 years. However, some candidates confused the age ranges, while others wrote "adulthood," suggesting a misunderstanding of the question. It is important that candidates are familiar with the different life stages and their corresponding age ranges as outlined in the specification:

- **Infancy:** 0–2 years
- **Childhood:** 3–12 years
- **Adolescence:** 13–19 years
- **Adulthood:** 20–64 years
- **Later adulthood:** 65+ years

(b) This question was answered reasonably well, with many candidates able to identify how a poor home environment can impact on an individual's physical development. However, some candidates did not link their explanations to the individuals mentioned in the question stem. For example, a wide range of candidates identified damp and mould as poor environmental factors and correctly suggested that these could lead to asthma and chest infections. However, they could have been clearer in explaining that this would particularly impact the children due to their underdeveloped immune systems. Some candidates began discussing other aspects of development, such as social development, e.g. suggesting that the children might not invite friends over due to the poor environment. However, this did not directly address the question, which focused specifically on the physical impact

(c) Many candidates were able to score marks on this question; however, some did not clearly explain the long-term effects of living with a mental illness in adulthood. In some cases, the effects described were more short-term. For example, some candidates correctly noted that an individual may lack the confidence to go to work, but they did not develop this point further, such as explaining how this could lead to job loss, which may result in future poverty or debt. Some candidates focused on the impact on children which was not the speciifc question and was not credited. Some common pitfalls for this question were that some candidates made generalised statements, such as assuming that Yousef's children would be taken away from him. This reflects a stereotypical view of social services. It is important that candidates are aware of the correct processes involved in supporting families.

Q.5 **(a)** Candidates occasionally struggled to achieve full marks for this question as they were unable to outline specific religious beliefs or practices. As a result, they were unable to fully develop their points. The majority of candidates could outline a positive effect, but without linking it to religious beliefs, this remained implicit in the question. Nevertheless, they were credited. Candidates who stated, for example, that in some religions Carly may pray, which gives her a sense of not being alone, were awarded the full 2 marks.

(b) This question was answered very well, with the majority of candidates scoring marks in the higher band. They were able to clearly describe how being unable to work may impact Carly's growth and development.

(c) The majority of candidates were able to explain how the experience of an illness in adulthood, such as Carly's cancer, may impact her social development. However, many candidates failed to explain another experience that Carly may have encountered in adulthood and how this would have affected her social development. It is important that candidates read the question carefully, as it used the plural form **"experiences,"** indicating that more than one should be discussed. Additionally, the question was worth **4 marks**, suggesting the need for more than a single point. Candidates who achieved maximum marks were able to explain **two experiences** that Carly may have had, such as her cancer diagnosis and the potential experience of **getting a mortgage**. Some candidates did not explain their examples in sufficient detail and simply stated that it would affect her social development positively or negatively, without clearly explaining **how or why**.

(d) This question was answered reasonably well. A range of candidates demonstrated awareness that **Maslow's Humanistic Theory** includes a **hierarchy of needs**, and many were able to explain these needs. However, not all candidates were able to clearly **apply how health professionals would meet these needs** or explain **how this would support Carly's self-confidence**. A few candidates **confused Maslow's theory with Rogers' theory**, which prevented them from accessing the higher mark bands. Only a small number of candidates were able to **examine Maslow's Humanistic Theory in detail**, and very few addressed any **weaknesses or limitations** of the theory in supporting Carly's self-confidence. The command word **"examine"** was highlighted in the **Winter January 2025 series**, and the report identified that candidates should include **weaknesses or critical evaluation** when responding to questions using this command term. Candidates who successfully identified a specific need, explained it, and then examined **how it would support Carly's self-confidence** were more likely to achieve higher marks in the top bands.

Q.6 **(a)** Some candidates confused the physical aspects of development expected in a 9-month-old with other areas of development, such as language and cognitive development. However, the majority of candidates were still able to gain marks on this question.

(b) The majority of candidates were able to name two long-term conditions associated with a child who has experienced an ACE. Most candidates correctly identified conditions such as anxiety and depression. However, some candidates gave symptoms or causes of ACEs rather than specific named conditions, which did not meet the requirements of the question. Additionally, some candidates used abbreviations such as *ADHD* without naming the full condition such as Attention Deficit Hyperactivity Disorder. It is important to note that the command word *"name"* requires candidates to provide the full, specific name of the condition. Some candidates misunderstood the question and gave examples of ACES such as substance misuse within the home, and types of abuse.

(c) Most candidates scored 1 mark for this question, with the majority identifying Bowlby as the theorist who emphasised the importance of early attachments.

(d) The majority of candidates were able to list ways in which the social worker could encourage Keith and Natalie to form attachments with Belle. However, most candidates were unable to explain their points in sufficient detail. For example, some responses simply stated, "encourage more time spent between Keith, Natalie, and Belle," but failed to elaborate on how this could be achieved such as through shared reading sessions, and how this would support Belle's long-term development. Shared reading time promotes emotional closeness between caregiver and child. Additionally, using eye contact, a warm tone of voice, and physical closeness helps to strengthen secure attachment.

UNIT 3: PROMOTING THE RIGHTS OF INDIVIDUALS ACROSS THE LIFESPAN

In this Unit 3 series, both Centres and candidates approached the NEA task with assurance and clarity. Candidates submitted presentations, incorporating images, slide transitions, voiceovers, and slide design resulting in a very good standard of work.

- Candidates mainly selected their chosen group of individuals directly from the specification. This choice enabled them to maintain focus on the assessment objectives and effectively meet the task requirements, allowing access to higher mark bands. Centres generally awarded marks that accurately reflected the distinction between well-prepared candidates and those requiring additional support to fully engage with and complete the task.
- Presentations were submitted in various formats and combinations, including PowerPoint files with embedded voiceovers, typed scripts and recorded video presentations. These choices ensured candidates were able to meet the task requirement to 'produce a podcast, presentation or video'.
- When awarding marks at the higher end of the scale, it is essential that sufficient supporting evidence is provided. For example, some annotations noted that additional detail was shared by the candidate during their live presentation; in such cases, moderators would expect an accompanying video or audio recording to be included in the Unit 3 portfolio to justify the marks awarded. If the presentation was not delivered in class or recorded as a voiceover, then there should be adequate written evidence within the PowerPoint slides and/or accompanying script. It is also vital that Centres pay close attention to the command word in each question to ensure that candidates fully meet the requirements of each task.
- From an administrative perspective, most Centres uploaded and submitted candidate work accurately. Nonetheless, it is advisable to consolidate files into as few documents as possible to streamline the moderation process and for the benefit of the Centre and the candidate. It is also important to clearly indicate the mark breakdown for questions (b and e) on both the front cover sheet and within the candidate's work. This helps direct moderators to the relevant evidence and justifies the marks given.

Comments on individual questions/sections

(a)   Most candidates responded effectively to this question, demonstrating a strong balance between discussing the main needs and rights of the chosen group, alongside their care and support requirements. Responses were generally well-researched, highlighting a wide range of needs and rights and focusing on practical aspects of individual support. Some candidates also incorporated **theoretical perspectives**, which were acknowledged by Centres; however, it is important to note that this component is **no longer credited** and should not be included in future submissions.

(b)   Question B, the highest-marked component of the NEA task, carries 22 marks and is split into two parts. AO1 contributes a maximum of six marks and, overall, was completed to a high standard. While some Centres approached AO1 holistically, most addressed it as a separate section, providing concise summaries of health and well-being in relation to the chosen group. **It is recommended that Centres continue to present this question in two distinct parts, aligning clearly with the assessment objectives (AOs) and the specification**. Assessors should also ensure they annotate where each AO has been addressed and how marks have been awarded, to support transparency during moderation. Most candidates engaged thoughtfully with the question, particularly in AO3, where they explored factors relevant to their selected group, which was supported by research.

(c)   Candidates demonstrated very good knowledge and understanding by identifying a variety of relevant barriers specific to their chosen group. While some also discussed **strategies to overcome these barriers, it must be reiterated that this element is no longer credited** within Question C and should not be included in future submissions.

(d)   Responses showed that candidates had a solid grasp of legislation and its role in supporting the rights of the chosen group. In some cases, candidates referenced legislation not explicitly listed in the specification; however, these were appropriately applied and relevant to the context, and therefore creditable.

(e)   Candidates approached this question with thorough research, successfully identifying a range of initiatives and strategies relevant to their chosen group in line with AO1. However, there were instances where Centres and candidates confused initiatives and strategies with recommendations for promoting rights (AO3). Centres should **refer directly to the initiatives and strategies that are relevant to their chosen group, examples of which can be found within the specification (3.4).** Stronger responses for this question clearly differentiated between initiative and strategy and provided well-supported recommendations under AO3 for how these contribute to promoting individual rights for their chosen group.

Level 3: HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

UNIT 4: UNDERSTANDING HOW THE HUMAN BODY IS AFFECTED BY COMMON CONDITIONS

Summer 2025

General Comments

Centres are commended for the timely submission of candidate work, with most samples uploaded in the correct format and accompanied by the required documentation. Most assessors and candidates completed and signed the authentication forms correctly, and centre comment forms were largely well completed, guiding moderators effectively through each sample.

Some centres made clerical errors in marks submitted on IAMIS compared to mark sheets, and some candidates' front sheet marks did not match annotation marks on the work. Most candidate authenticity and assessor declaration forms were completed and signed appropriately.

It was pleasing to observe that some centres have responded effectively to recommendations made in previous cycles. Improvements included clearer assessor annotation, better application of assessment objectives (AOs), the use of structured digital formats for infographics, and increased attention to appropriate referencing protocols.

However, several areas continue to require improvement to support fairness, accessibility, and the integrity of assessment across all centres:

- **General structure, terminology and command verbs**
  Centres are reminded that work for questions (a) to (c) should be submitted as one article, suitable for a health and social care magazine, rather than as an essay or individual miniessays. Similarly, to meet the requirements of writing an article suitable for the sector, candidates at this level should be encouraged to use formal terminology (e.g. "faeces" instead of "poo") throughout, including the use of contemporary phrases such as "living with…" instead of "suffering with…". Many candidates produced an article and infographics written in the first person; candidates should be reminded that, as they are producing work suitable for a sector magazine, they should write in the third person. It may be useful for centres to revise the requirements of the command words with future candidates, particularly the "assess" verb to meet question (c).

- **Word count**
  A recurring concern is the inconsistent adherence to the 3,000-word limit (inclusive of both article and infographic content). Some candidates exceeded this limit, occasionally by several hundred words. This imbalance could disadvantage candidates and compromise the comparability of performance. Centres are reminded that adhering to the word count is essential to ensure equity and should be treated as a fundamental assessment condition. It is recommended that candidates include a word count at the end of their article and infographic to support transparency and self-monitoring.

- **Internal Verification**

  Although not a mandatory requirement for this qualification, the presence of internal verification processes often correlates with more accurate marking and consistent application of the mark scheme. Centres should strongly consider implementing internal moderation procedures, including dual-marking a sample of learner work and engaging in professional dialogue to ensure consistent interpretation of the mark bands.

- **Presentation and file structure**

  Submissions were received in a variety of formats, including PDFs, Word documents, zipped folders, and PowerPoint files. While flexibility in digital formats is welcomed, clarity and accessibility must be prioritised. Some submissions contained multiple files or pages out of order, making navigation unnecessarily difficult for moderators. It is recommended that work for tasks (a) to (c) be collated into a single, clearly labelled PDF wherever possible, with page numbers included and headings/subheadings used to indicate transitions between sections, and a separate single PDF file for task (d).

- **Infographic format and design**

  Infographics submitted in Word or essay-style formats continue to be a cause for concern. The purpose of the infographic task is to assess the candidate's ability to convey health information visually and concisely. Candidates should be guided to produce a one-page infographic using software such as a single PowerPoint or Google Slide, a downloaded PDF from Canva, or Publisher. Overly text-heavy submissions or multi-slide presentations do not meet the brief and limit opportunities for learners to demonstrate creativity, clarity, and visual communication skills.

- **Referencing and academic integrity**

  Candidates are permitted access to the internet to research the conditions in the stimuli, and therefore, it is good practice to encourage candidates to develop their referencing skills. The use of reference lists was evident in most submissions; however, in-text citation was inconsistently applied. Candidates should be encouraged to adopt consistent academic conventions when citing sources, particularly in research-based tasks. Candidates should also be reminded that they and the assessor are signing to confirm that they have referenced any sources used in their work on the candidate and teacher declaration sheet. While no direct evidence of plagiarism was observed, several submissions contained content that closely resembled internet sources without clear attribution, particularly for question (d), the infographic.

Comments on individual questions/sections

The work submitted for sampling generally showed logical progression for questions (a) to (c).

Question (a): Candidates generally demonstrated a good understanding of cerebral palsy, the condition used in this year's stimulus. The strongest responses clearly outlined causes categorised into prenatal, perinatal, and postnatal origins. These candidates used accurate and often sophisticated medical terminology to explore how various factors (e.g., birth trauma, maternal infections, premature birth) can lead to damage in the developing brain. They then linked these causes to physical, emotional, and social consequences for the individual. High-band responses often considered the impact on motor control, speech, sensory processing, and coordination and linked these effects directly to daily living activities such as communication, personal care, and social engagement. These candidates also differentiated well between short- and long-term impacts, offering a layered analysis of how the condition evolves over time and its implications for independence, employment, education, and mental health. In contrast, mid- and lower-band responses tended to list symptoms and effects without providing sufficient explanation or linking them back to their causes. Some candidates merged short- and long-term effects without clearly distinguishing them, while others used informal language that detracted from the professionalism expected at Level 3. Bullet-pointed lists, vague descriptions (e.g., "they might struggle"), and grammatical issues were also observed in lower-performing responses.

Question (b): Responses to this question were highly variable. At the higher end, learners presented clear, comprehensive descriptions of practical and holistic strategies tailored to individuals living with cerebral palsy. These included access to physiotherapy, occupational therapy, speech and language support, assistive technologies, strength-based approaches, and emotional support frameworks. There was also some commendable inclusion of third-sector organisations operating within Wales, such as Cerebral Palsy Cymru and Bobath, whose roles were described accurately and relevantly. Where responses fell short, this was often due to confusion between prevention and risk reduction. Some candidates focused incorrectly on antenatal care, folic acid, and maternal behaviours during pregnancy. While these are important public health considerations, they do not meet the criteria for risk reduction for individuals already living with the condition, as specified in the stimulus. Mid-band responses often included appropriate strategies but failed to explain how these interventions supported health and well-being in a holistic sense (e.g., covering emotional and social outcomes, not just physical). Others presented strategies as a list or narrative without linking back to their purpose or individual needs. Candidates should be reminded that describing a strategy also involves outlining its purpose, impact, and practical application. Encouraging learners to include examples and consider the emotional and social dimensions of well-being would significantly enhance the quality of responses.

Question (c): This section yielded some of the most insightful writing in this series. Higher-scoring candidates addressed the command verb 'assess' directly and demonstrated an excellent understanding of the range of care and support required by both individuals with cerebral palsy and their family, friends, and wider support networks. These candidates integrated models of health and well-being with clarity and purpose, applying them to real-life scenarios to evaluate different care strategies. Candidates are also praised for drawing links to other units within the qualification and to key legislation, such as the Social Services and Well-being (Wales) Act 2014. A few learners made sophisticated use of Maslow's hierarchy of needs and person-centred planning tools to assess how services can support holistic care. Lower-band responses were often descriptive rather than analytical in nature. These candidates sometimes described the models without applying them to the scenario or failed to assess the effectiveness of different strategies. Several responses focused almost exclusively on the individual, omitting the needs of the wider circle (family, friends, carers), which is a clear requirement of the question. This omission limited their ability to reach higher marks.

Question (d): The infographics submitted in response to this task varied significantly in both quality and format. Strong responses demonstrated creativity, good use of layout, and concise yet accurate explanation of key points relating to bacterial meningitis. These included identifying it as a systemic bacterial infection, outlining the six links in the transmission cycle (agent, reservoir, portal of exit, mode of transmission, portal of entry, and susceptible host), and considering the potential long-term impact, such as deafness, neurological impairment, or organ failure. Some candidates enhanced their infographics with images, colour schemes, and concise data boxes that effectively conveyed complex information in a visually engaging way. This aligns with the purpose of the task to communicate health messages clearly and professionally. However, a significant number of submissions did not meet the requirements.

Some resembled essays or fact sheets with long paragraphs and no clear visual structure. Others were overly text-heavy or submitted in formats not suited for infographics, such as scanned Word documents. A few candidates included information on viruses or treatment options, which were not part of the task and led to unnecessary word count use. To ensure future improvement, centres are advised to support learners in developing digital presentation skills and to use appropriate design tools to present information visually. On balance, most candidates' work was marked accurately by centres. The marking scheme employs a 'best fit' approach, and all marking points within a marked band must be covered for a band to be awarded. For example, work with most points at Band 3, but a couple at Band 4 would be marked at the top end of Band 3.

Summary of key points
- The 3,000-word maximum must be adhered to to ensure fairness. Word counts should be stated clearly on the candidate's work.
- All articles should be submitted in the style of a health and social care magazine article (not as essays), and all infographics should be submitted as one-page, visually engaging documents.
- Submissions should follow a logical order with subheadings aligned to each task (a-d).
- In question (c), learners must apply health and well-being models in detail and assess their relevance rather than simply describing them.
- The use of tools like a single PowerPoint or Google slide, or Canva for infographics should be encouraged; Word documents are not considered appropriate for infographic design.
- Candidates should be encouraged to include both in-text citations and a full reference list to model good academic practice and avoid over-reliance on source material.
- Internal verification is a good practice that supports consistent assessment.

Level 3: HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS
(Summer 2025 series)
UNIT 5: SUPPORTING INDIVIDUALS AT RISK TO ACHIEVE THEIR DESIRED OUTCOMES

Overview of the Unit

This is the third series for this unit since it has been assessed as an NEA and candidates and Centres worked well to use a variety of ways and methods to respond to the task. Since moving to the NEA, there has been an increased engagement with the tasks and learners have used the opportunities of the case studies to demonstrate their knowledge. Overall, the level of work and understanding in this summer series was of a good standard and candidates were able to demonstrate clear understanding and knowledge of the different learning outcomes. It is clear that Centres have engaged well with the tasks and there were many examples of excellent work.

Overall, there was a good level of knowledge and understanding and the candidates were able to relate that to the individual in their chosen case study. Candidates were able to apply the knowledge of the unit to the different case studies and a wide range of approaches were taken.

The NEA comprises 2 tasks, the first relating to presenting case notes on a chosen individual and this assessed 5.1,5.2 and 5.5. For this task learners worked in controlled conditions, without access to the internet and were able to use pre prepared notes. These notes should be included on any upload to IAMIS, along with candidate work, assessment documentation, learner declaration and timesheet. The candidates used a variety of methods for this task, ranging from traditional report format of case notes, to using different software to present their notes such as PowerPoint or google slides. Where slides or PowerPoint were used, the majority elaborated sufficiently with additional notes and demonstrated good understanding.

The second task relates to 5.3 and 5.4 and internet access is permitted for this task in order to assist candidates to create a care plan for their chosen individual. There was a range of formats in the question, but the majority used a slides format, and Canva was also used. Both of these formats were appropriate methods of presenting the information. In question 2a, a minority of candidates focussed only on legislation, not codes of practice or conduct, thus limiting their grade on that question. This is much improved on previous years, but it is still a point for Centres to note to ensure that candidates can access all grade boundaries.

There was a variety of marking styles and approaches seen across Centres. There were many examples of good practice where Centres had annotated the work, demonstrating where criteria had been met and giving justification for the appropriate mark band. There were also clear examples of evidence of internal moderation and submitting evidence of this process with the assessment is considered good practice.

All Centres uploaded their work by the agreed deadline, and the majority of Centres uploaded all necessary documents in an easy to access format, with all candidate declarations signed and dated.

Comments on individual questions/sections

Q.1 **(a)** Most candidates showed a good level of knowledge in this section and were able to draw on a range of factors contributing to the risks faced by the individuals. Candidates were able to apply knowledge covered in the unit to their chosen case study. Many candidates scored well on this question giving a clear explanation, whereas the candidates scoring in the lower mark bands, focussed on identifying or describing the factors without any explanation. It is also important that these factors are clearly linked to the individual and that they are factors in the past. A minority of candidates approached this question by giving an overview of potential factors, without referring to their chosen individual.

(b) The majority of candidates responded well to this question and were able to clearly outline current risks. A minority of candidates gave detailed answers, but because they only focussed on 2 factors, they were limited to achieving mark band 3 which states that the response should, 'demonstrate a range of accurate knowledge and understanding' therefore it would be expected that 3 or more risks would be discussed. However overall, this question was addressed very well and showed clear application of knowledge.

(c) Overall, this question was addressed well; the majority of candidates showed clear understanding and gave a good description of different factors which can affect the rights of service users and were able to provide clear links to their chosen individual. A minority of candidates however, focussed more on what rights the individual should have, not factors which affect their rights. This was far less frequent than in previous series and the majority of candidates understood the focus of the question. Whilst understanding what rights the individual should have is an important part of the answer, the focus should have been on the factors which affect those rights. Most candidates were however able to link this knowledge very well to the individuals.

(d) There was a variety of response to this question with some candidates giving an excellent response, however, some candidates were not able to apply the knowledge as effectively to their chosen individual. This is an A02 question, focussing on applying knowledge and understanding, therefore the higher band candidates had explained the factors and applied them clearly to their chosen individual in the present. Some candidates were able to discuss possible factors but did not link and apply to the individual in the case study.

(e) The higher band responses could identify specific health and social care workers relevant to their individual and were able to discuss different methods which could be used to promote inclusion, demonstrating clear knowledge and understanding. Others, however, gave a rather general overview of what workers could do in a generic way and therefore responses were generalised. There was however evidence that candidates have engaged better with this question than in previous series, and Centres in the majority of cases was accurate in the appropriate banding of candidate responses

Task 2

Q.2 **(a)** There were some good responses seen for this question which covered the range of legislation, codes of practice and codes of conduct, however, a minority of candidates limited the grade they could achieve by not discussing codes of practice or conduct. In order to be awarded mark band 2 or above, the candidate should, 'make some reference to both legislation and codes of practice/codes of conduct' Therefore candidates who do not refer to codes of practice/conduct are limited to being awarded no higher than mark band 1.

(b) Some candidates gave a detailed assessment of the different health and social care practices and how they can safeguard their individual. They were able to analyse how effective the practices were and gave clear examples. However, some learners did not give significant development on the practices and there were cases where this was due to the candidate making no reference to their chosen individual.

In summary this was a positive series where candidates were able to clearly demonstrate their knowledge and understanding and apply it to the case studies. There was a varied range of work, but the majority of the learners engaged with the NEA task and understood what was required. Marking across the Centres was varied in approach to annotation, but the majority of Centres were consistent with appropriate levels of assessment.

Summary of Key points

- It is advised that Centres continue to provide sufficient annotation to justify the awarded marks, highlighting the Assessment Objectives (AOs) throughout the candidate work. This can assist with the process of moderation.
- Centres should ensure that they upload the notes used for task 1 and the log of hours
- In question 1a it is important that candidates refer to *past factors* contributing to risk, whereas question 1b focuses on *current factors.*
- For question 2a in order for candidates to access the range of mark bands, they need to discuss legislation and codes of practice
- Overall, the application to the case studies was evident and candidates and Centres are to be congratulated for their hard work.

Level 3: HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

(Summer 2025 series)

Unit 6 REPORT

This is the third report for this qualification. The majority of centres have followed mandatory WJEC health and social care sector guidance requirements. Overall, candidates applied their knowledge and understanding gained from their sector engagement (100 hours) to complete the controlled assessment successfully. Some centres encouraged their learners to undertake two work experience placements, which was good practice. Additionally, candidates were provided with a range of relevant health and social care engagement experiences ,such as information about counselling and emotional intelligence, first aid training, careers information in the sectors and visits to different settings and services.

Most candidates participated in appropriate work placement settings/services, such as in residential care homes, adult day care services, hospital wards and domiciliary care services. However, a number of candidates were still placed in additional learning departments within mainstream schools, colleges and nurseries, which are not acceptable placements for this unit. This health and social care qualification specification outlines the appropriate settings/services within the WJEC guidance for unit 6. The appropriate health and social care frontline and support function roles are stated in section 6.1 of the specification, which does not include Headteachers, teachers or teaching assistants. However, if candidates are placed in educational settings, they should select associated health and social care roles such as a school nurse or an educational psychologist. Candidates placed within incorrect settings/services were often unable to access the top mark bands, since they were unable to provide appropriate health and social care examples in their responses.

Most centres submitted their learner sample evidence to meet the 11/06/2025 deadline and a number of centres submitted at an earlier date. However, a few centres sent in late evidence, and some centres sent in incomplete evidence. Centres must ensure that all the required evidence is presented, to include the Reflective Dairy, the Work Placement(s)/ Sector Engagement Log (signed and dated by the candidate to confirm that 100 hours has been undertaken) and the Mark Sheet (authenticated with Teacher and Candidate signatures and dates). There were a small number of administrative errors noted, such as incorrect totals on the Mark Sheet, and occasionally, there was a difference between the Mark Sheet mark, marks on candidate work and the candidate's online submitted mark.

Most candidates presented their Non-Examination Assessment (NEA) reports effectively, using a clear and well-organised written format, and usually addressing each task in a logical order using subheading titles. The Assessors generally provided clear and detailed feedback on learner work, which supported internal quality assurance checks and the overall standardisation process. Most centres with more than one Assessor, used internal quality assurance moderation checks, to ensure that the marks awarded had been standardised across the Centre. If centres have more than one Assessor involved, there must be internal quality assurance sampling checks to confirm that marks have been standardised across the Centre. Alternatively, a centre with several assessors may choose to allocate an assessor to a specific task(s) so marking standardisation has been demonstrated.

Most candidates made consistent reference to their setting/service throughout their report and provided examples to support their judgements and conclusions.

However, some tasks were presented in a more generic format, without direct reference to the placement or to the health and social care sectors. Generic responses were often found in the work of candidates who did not undertake an appropriate health and social care sector placement.

There is a concern that some candidates had not produced their work independently. The moderation team passed numerous reports through plagiarism/AI checkers. The Awarding Body investigates all suspected cases of plagiarism /AI accounts. Centres should be aware that candidates could be disqualified from certification from this programme if plagiarism is confirmed. Some candidates presented evidence which had been copied from other sources, and there were several incidents of plagiarism, which had not been identified by the Centre. A few candidates directly copied and pasted information, which was sourced, but not identified as being a direct lift from a secondary source.

Candidates may need to refer to information from secondary sources, but the source must be cited, and the use of the same wording from the source must be placed within quotation marks. When there was so much information directly taken from secondary sources, it became difficult to identify what written work had been produced solely by the candidate. A small number of candidates also copied and pasted information directly from the specification, which had not been identified by the Assessor. Some centres put their candidate work through a 'plagiarism checker', which is good practice, to support both internal and external quality assurance processes. Assessors and candidates have to sign the Mark Sheet Declaration to confirm that, to the best of their knowledge, the work presented has been produced solely by the candidate.

Centres should also remind their candidates to anonymise setting/service and staffing names to ensure that confidentiality requirements are upheld. Centres need to remind their candidates to refer to appropriate Welsh legislation, registration and inspection bodies. When candidates are undertaking secondary research, they often find references to English organisations or legislation such as the Care Act 2014, which is not applicable to Wales.

Tasks

A(i)

Candidates were required to outline the main purpose of the chosen setting/service and the role of the employer in promoting and protecting the rights of employees working in the setting/service. This task was, generally, well answered. Potential marks were lost where candidates did not outline the role of the employer or make appropriate reference to the sector/setting. Candidates could have referred to specific policies and procedures to promote equality and anti-discrimination, various health and safety policies, the organisational culture and data protection and confidentiality procedures for staff and service users. Candidates accessed the top mark bands by making effective links to their placement setting.

A (ii)

Candidates had to outline two job roles within, or related to, the setting/service directly experienced as part of sector engagement to include:
- the main purpose of the role
- specific skills required
- qualification requirements
- professional regulation as appropriate to the role

Most candidates outlined two appropriate job roles from their placement, and those who had experience in the WJEC recommended setting/service tended to achieve higher mark band outcomes. Candidates identified specific skills required and qualification requirements, but some candidates referred more generically to UK, rather than to specific Welsh training requirements. Some candidates had interviewed staff at their placement and researched relevant regulation and qualification requirements, which enriched their responses. However, a minority of candidates selected very similar job roles. This limited the scope of their response and made it more challenging for them to demonstrate key differences in duties, qualifications, and regulatory expectations. Encouraging a broader selection of contrasting, but appropriate roles for the health and social care sector, may support stronger performance in future cohorts. Some candidates who had placements in educational settings, incorrectly referred to OFSTED instead of Estyn, which is the school inspectorate in Wales.

A(iii)

Candidates had to consider how Welsh legislation, regulations and frameworks have influenced practices in the setting/service to improve outcome focused person-centred care and inform policy and practice to achieve desired outcomes for health and social care workers and individuals accessing the care. Candidates who referred to specific Welsh legislation and regulatory practices outlined in the specification achieved higher mark band outcomes. Candidates lost marks for not relating legislation and practice to their sector/setting. Reference should be made to legislation specific to Wales, such as the SSWB (Wales) Act 2014 and practices such as Active Offer, as opposed to general legislation such as the Human Rights Act or the Equality Act. A number of candidates referenced educational settings/services in the context of legislation and regulatory practice. A number of candidates did not refer to professional regulation, or had researched and presented English examples, instead of Welsh requirements such as the CIW (for care services) and the HIW (for health services).

However, most candidates successfully broke down regulations, frameworks and legislation specific to Wales, and explicitly applied this knowledge to their placement setting/service, which was an improvement from last year's series.

B

Most candidates provided a clear detailed examination of three selected practices to demonstrate effective communication, co-production, collaboration, teamwork and/or professionalism, with reference to their chosen setting/sector placement. These examples were generally well-explained, demonstrating skills of examination or thorough inspection for assessment objective AO3. However, some candidates did not make specific references to their work experience setting/service and, as such, were unable to access the higher mark bands.

C (i)

Candidates had to explain how safeguarding is achieved within the setting/service to ensure that individuals accessing outcome focused, person-centred care and support can live free from harm, abuse and neglect.
Knowledge and understanding of safeguarding was a key strength across candidate submissions. This demonstrated a strong understanding of safeguarding principles, and reflected effectively on safeguarding practices observed or implemented within their setting/service. To reach the higher mark bands, candidates should provide examples from their placement to support their safeguarding information. In some cases, the vital components of safeguarding were omitted. Answers could have referred to ensuring that safeguarding is at the centre of the practice in the setting/service, making reference to induction and ongoing training, updated accurate records, safe staff/service user ratios, using DBS checks and encouraging regular review feedback to make the complaints system more effective.
However, a few candidates presented information which appeared to have been directly lifted from secondary sources and not cited or acknowledged.

C(ii)

Candidates had to outline the potential outcomes if the setting/service's safeguarding policies and procedures are not followed. Candidates showed a clear awareness of the potential outcomes if safeguarding policies are not followed within the sector. Responses reflected an understanding of the serious implications for both individuals and organisations. Numerous justifications provided by some candidates effectively linked these consequences back to the vulnerability of the specific individuals they were working with in their setting/service. The ability to make contextualised links demonstrated a mature and reflective approach to safeguarding and strengthened the quality of the submission. However, a few candidates presented accounts which appeared to have been taken directly from secondary sources, without reference to the placement setting/service.

D

Candidates had to analyse how codes of professional conduct/practice are adhered to and applied within the health and social care sector, using examples from their sector engagement. Candidates completing the recommended WJEC placements performed better in relation to the codes of conduct and were able to provide an analysis of how they were followed in their chosen sector. Candidates could have referred to how information is communicated to all staff; offering training to ensure understanding, quality assurance performance management processes and providing complaints and compliments services. Again, some candidates incorrectly referred to English/UK practices regarding the registration and workforce regulation, and the regulation and inspection services used to inspect codes of professional conduct/practice. Some candidates described, as opposed to analysing the information required to address this task. The candidates who achieved in the top mark bands were able to break the professional codes into specific areas and provided clear evidence of how each aspect was implemented within the placement setting/service. This showed a strong understanding of professional standards and the ability to apply these principles in practice, enhancing the overall quality and relevance of their responses.

E

Candidates were required to explain how different approaches could be used in the setting/service to meet individual needs and requirements. They included a range of approaches which were specific and, generally, well-explained. Those candidates who explained the different types of approach seen in their placement, relating theory to practice effectively, gained higher marks. Some candidates provided observation descriptions, without reference to formal theory and tended to be awarded lower marks. Some candidates, however, provided clear and detailed descriptions making reference to activity-based approaches, CBT, behaviour therapy and positive behavioural support. A number of candidates provided more generic accounts, which were taken directly from secondary sources, and not based in the context of their setting/service.

F(i)

Candidates were required to explain how reflective practice supports the professional development of health and social care workers within the setting/service. This AO2 assessment objective required an explanation to provide an application of knowledge and understanding, as opposed to just a description. The use of reflective practice helped learners to deepen their understanding and articulate their experiences more clearly for this task. A few candidates referred to a broad range of practices used by placement staff, which supported achievement in the higher mark bands. Candidates referred to meeting individual needs by personalising and promoting self-esteem and empowerment. Staff can maintain, build on and continually improve their practice, and contribute to their ongoing learning and professional development. Often, there was reference made to how staff can be encouraged to reflect in the context of codes of conduct and practice, to support deeper learning about a variety of situations experienced in the setting/ service.

F (ii)

Candidates were required to explain how reflective practice supports the professional development of health and social care workers within the setting/service, making reference to relevant theorists. Candidates using their reflective diaries to apply knowledge and understanding of theorists such as Kolb, Honey and Mumford and Schon achieved higher marks. Some candidates referred to the benefits of a written record in their reflective diaries, encouraging personal reflection and improving practice. Some reference was made to the value of individual, more personalised action planning, team meetings and performance management in the chosen setting. Often, candidates had observed regular team meetings and discussions to inform, raise awareness and improve the effectiveness of the services provided by the organisation. A few candidates showed an awareness of how these quality assurance practices improved outcome-focused care, based on workforce satisfaction within their chosen setting. A number of candidates broke down relevant theories and applied them to their placement experiences, providing specific examples of how these theories were used in practice.

However, a significant number of candidates just described appropriate theories. They presented lengthy accounts, which did not appear to have been independently produced by the candidate and were identified as being 'highly plagiarised' by the plagiarism/AI checker. A few candidates selected inappropriate theorists such as Bowlby who does not have a focus on reflection or reflective practice. Some candidates presented detailed overall bibliographies, to evidence their extensive secondary source research, which is good practice. A few candidates also included in-text referencing within their reports, and acknowledged direct quotes by using quotation marks and citing their sources.

Summary of key action points:

1. Centres must ensure that their candidates are placed in health and social care settings/services for their work experience placement. This unit is called 'Working in Health and Social Care. This year, some candidates were still placed in educational settings, such as additional needs departments within mainstream schools or colleges. The guidance for unit 6 states the possible health and social care settings/services available to meet placement requirements. Please note that charity shops and sports centre placements are not health and social care settings.

2. Centres must ensure that all the required documentary evidence is uploaded and submitted for moderation by the deadline date. Please note that the submission date will be moved forward to an earlier date in 2026. The submission requested for sampling by WJEC should include:
   - The Candidate's NEA work (annotated by the Teacher and candidate and internally moderated if there are two or more assessors, to ensure IQA processes have taken place to standardise marks for the Cohort).
   - The Reflective Diary (which should include placement details, and reflective comments to support the Candidate's use of examples from the setting/service to address the NEA tasks).
   - The Sector Engagement Log (to include the Declaration by the Candidate that at least 100 hours, including their participation in 60 hours on work experience has taken place).
   - The NEA Mark Sheet has been completed: it has been signed and dated by the Teacher and by the Candidate, to confirm that the work is solely that of the candidate, and plagiarism has not taken place.

Optional additional notes (up to 2 pages of A4 used by the Candidate which have been checked for authenticity by the Centre).

3. The Centre is responsible for checking that their candidates have not undertaken malpractice, by plagiarising information from secondary sources or presenting AI generated accounts. There are numerous software packages available for schools and colleges to use when undertaking plagiarism /AI checks. Centres should check all candidate work for plagiarism/AI before assessing it.

4. Assessors should annotate candidate NEA work, to justify where, and why marks have been awarded. The Mark Sheet comments for each candidate should also provide summative statements, explaining the awarding of marks, per assessment task.

5. Candidates should be encouraged to cite their sources used within their NEA accounts, and to present overall bibliographies, evidencing their secondary source research.

6. Candidates should be aware and avoid the use of Americanised English spellings such as 'center', organization', 'behavior' and 'prioritize' in their reports.

7. Centres need to remind candidates that the maximum word count for this assessment is 5,000 words. A significant number of candidates presented reports well over 5,000 words.

8. Centres should refer to the resources and training opportunities, which are available on the WJEC website, and are regularly being updated to support both teachers and their candidates.

Level 3: HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

(Summer 2025 series)

Unit 7 - Anatomy and physiology for health and social care

This is the third summer series of the Anatomy and Physiology unit for health and social care. It was pleasing to note the level of detail some candidates gave in their papers. Some candidates chose to provide answers on the electronic portal and many others chose the paper variation. In this series, it was evident that candidates were able to access all questions across the paper, with fewer questions being left blank. The length of the paper was clearly accessible, with little evidence of candidates not finishing questions. It is important that candidates are fully made aware of the key command words that they could be assessed on, for example, in questions for A02 'explain', some candidates were unable to give reasons or explore their answer in any detail. It would be useful to give a copy of the assessment command words to candidates who are sitting external examinations to enable them to fully prepare.

Many candidates were brief in the questions that required fuller answers such as explain and describe. Candidates should be encouraged to write full answers where the command verb requires it. Where candidates fell into the lower mark bands it was generally down to questions on integumentary systems, blood pressure and role of this in monitoring health and wellbeing. Many candidates were unclear in their answers and their application to the physiology and/or the effects of these on wellbeing.

It is important for centres to consider whether candidate handwriting is legible, if candidates handwriting is not legible, these candidates should be encouraged to be entered for the onscreen version.

Comments on individual questions/sections

Candidates were tested in this exam across all three assessment objectives, and the report focuses on the areas of content

7.1 Cellular structure and function

The questions relating to this area of content were: 3,4,7
Generically speaking candidates were able to confidently answer the role of the mitochondria and were able to describe that they are the powerhouses of cells and their roles in energy production. There were fewer candidates who described cellular respiration. Question 4 required candidates to explain the three muscle tissue types and a range of explanations were found here. The candidates who were confident in explaining cardiac, skeletal and smooth muscle types were able to access the higher band mark but there were some candidates who explained the role of muscle tissues in generic terms. Lastly, question 7 tested the cell types in the immune system and a pleasing range of cell types were supplied for this question.

7.2 Structure and function of human physiological systems

The questions relating to this area of content were: 1,2,5,6,8 and 9
Many of the candidates' answers relating to physiological systems are improving. It is pleasing to note that the centres are becoming more adept at teaching the specification in terms of structure and function of the physiological system. Many candidates displayed a confident knowledge of a range of organs in the digestive system. The majority of candidates secured full marks for this question; where candidates did not access the full marks they had listed incorrect organs e.g. kidneys and trachea. On the whole candidates provided excellent descriptions of the digestive process and gave accurate and full answers describing the stages including ingestion, mechanical, chemical digestion, absorption and excretion. The higher ability candidates discussed transportation. Both these questions at 1 and 2 linked to each other and it was evident that the candidates had used the organs to support their answers.

A similar pattern was found for question 5 and 6 which required candidates to identify labelled parts of the heart and examine how blood pressure affected the function of the heart. Candidates attempted the label diagram with a wide range of incorrect answers given, very few candidates secured the full marks for the correct identification of aorta, right atrium, pulmonary artery and left ventricle. Centres should focus teaching methods on correct identification of the main organs listed within the body systems in the specification. For question 6 candidates needed to use their knowledge of the heart to explore and examine how blood pressure would affect its function. A range of answers were seen in terms of blood pressure and candidates were on the whole confident in discussing hypertension but not necessarily examining the way in which this was linked to atherosclerosis in the blood vessels. Both parts were fairly well described but not examined fully. Some candidates incorrectly examined that the blood volume would increase causing the heart to burst. The immune system (Q8) and reproductive system (Q9a/9b) were well answered, and a confident grasp was seen on both systems.

7.3 How lifestyle factors and choices can impact on human physiology

The questions relating to this area of content were: 10,13 Question 10 linked 7.2 and 7.3. It required candidates to explain how hydration may benefit human physiology systems. Similarly question 13 required candidates to examine how obesity may affect the cardiovascular system. The context of the teaching for 7.3 links and bridges the knowledge of the systems and applies them to common issues. Candidates and centres need to consider how these common issues will and may impact the human physiological systems. Both hydration and obesity were described and some links made however on the whole these were the two least well answered questions in the paper. These were not split in terms of assessment command verbs; very often candidates were omitting the latter half of both questions and merely answering the first half of the question. Higher candidates fully explored the issue and linked to the appropriate system.

7.4 How individuals can monitor their own health and well-being

The questions relating to this area of content were: 11,12 and 14
Questions 11 and 12 related to the breast screening programme and it is pleasing to note that candidates displayed a sound and accurate knowledge of both the process and then the importance of the breast screening programme. Centres are to be commended for the teaching of this part of the specification.
The last question,14, focussed on the comparison of peak flow metres and pulse oximeters in terms of monitoring an individual's own health. Peak flow metres were generally well explored and pulse oximeters generally well defined. Candidates mainly compared both and gave a range of benefits to their use in monitoring an individual's health and wellbeing. Pulse oximeters also have a role in the monitoring of oxygen levels in the blood as well as measuring pulse rates. Very few candidates made reference to this.

Level 3: HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

(Summer 2025 series)

Unit 8 - Supporting the health and well-being of adults in Wales to achieve positive outcomes.

Overview of the Unit
- This is the third series for this unit and it is pleasing to note that centres are improving in their delivery and assessment of the unit.
- Clearer reference was made to the named individual, and most candidates made steady but firm progress with outlining approaches.
- Centres need to discuss the strengths and weaknesses of approaches when teaching in order for candidates to be assessment ready for the launched case study
- Centres are to be reminded that notes (6 sides, 3 pages) and logs are a mandatory part of this unit alongside candidate declarations.
- The assessment marking scheme changes every year to reflect the named individual and centres should be making careful reference to these in the candidate declaration sheets to justify the marks awarded.

Tasks

<u>Task 1 (a)</u>

It is recommended for Task 1 (a) that the explanation of provision/delivery of provision is combined and how individual needs could be assessed (separated). This helps candidates structure their answers better. It was pleasing to see candidates showing awareness of the different provisions available in Wales. Candidates who scored higher marks were able to set out their answers appropriately, for example, it was pleasing to see candidates link their explanations of the provision with the delivery of the provision. Higher marked candidates were able to give a range of different provisions which **demonstrated a detailed and confident grasp,** including reference to a range of statutory, independent and third sector provision. It was also encouraging to see some candidates differentiate between routine and non-routine, and early intervention/preventative services.

In terms of the assessment part for this Task 1, candidates generally showed some knowledge of the assessment process, but the important aspect here is demonstrating the assessment needs process in relation to the named individual, Carla. The key for this section is '**how' a needs assessment would be carried out in Wales.** Candidates who demonstrated a confident grasp would be able to use specific terms such as '**proportionate assessments ''strength-based approach'.** On the whole centres had assessed accurately for this section of candidates work.

(b)

It was pleasing to see candidates demonstrating awareness of a wide range of different health approaches that may be used in promoting and protecting the named individual's mental health and wellbeing. Some candidates were unable to give a description of these approaches and only listed them. It is important for candidates to consider how the approach could promote and protect Carla's mental health and well-being. The approaches listed in the specification are there to support centres when assessing candidates work, but attention should be drawn to the command verb of 'describe' for this section. Many candidates listed the approaches in bullet point format and did not provide further or sufficient descriptions of the approaches. There is no rule stating how many approaches to describe, however this needs to be wide ranging. Some candidates gave a wide range of different apps which could be used, this is good, but would only count as one approach under social media or mass media. Nearly all centres made accurate assessments on candidates' work in this section.

(c)

Last year this question was the weakest in terms of responses. It was pleasing to note this year that on the whole there was a marked improvement in this section. The differentiator lies between band two and three. If candidates have not referred to the strengths and weaknesses, then this is simply limited to band mark two. If candidates referred to the strengths and weaknesses, this would enable them to access band mark three and above. The named approach was cognitive, and there was detailed reference to the cognitive theories as well as therapy methods in this section. Many candidates made reference to the schemes as outlined in the mark scheme and discussed the full benefits of how this would help to support Carla. Assessments were generally accurate for this section, but centres should carefully consider and assess this section as some centres were too generous in their marking of this section.

Task 2

It was pleasing to see the candidates being able to demonstrate their answer by following the assignment brief by producing an information booklet. It was pleasing to see borders, different fonts, and colours. Centres should be commended for the range of technological and visual skills demonstrated by the candidates.

In terms of the Task itself, most candidates were able to outline a wide range of strategies and approaches and be clear on how this would support positive behavioural patterns and achieve her well-being goals. The key for the higher bands is the **focus on Carla.**

A useful way for candidates to give the main points when outlining is:
1. Give the approach or strategy (make sure this is appropriate to Carla)
2. Briefly describe this and what Carla would expect to happen
3. How this approach or strategy **would help directly** with Carla's behaviour and her ability to achieve her well-being goals.

Candidates need to refer to these in their outlines for higher band mark achievement. Many candidates referred to the positive support plans and how this could be tailored to support Carla. Many candidates referred to dementia friends and credit was awarded to any local schemes mentioned. Centres need to encourage candidates to consider the impact of strategies as outlined in the mark scheme and how these could support the named individual. The information in the mark scheme is not an exhaustive list and should be referred to in the booklet.

Level 3: HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

(Summer 2025 series)

Unit 9 Moderator Report
Guidance

General Comments

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.

Candidates should be encouraged to be more specific when choosing a contemporary issue for their investigation as this would allow them more scope to access the higher mark bands and met the set criteria.

Candidates' work adhered to awarding body assessment objectives, and tasks were related to these objectives. Evidence of research conducted was well documented through references. The assessment should follow the structure of the assessment mark sheet (Task 1, Task 2, section A, B, C etc) and these sections should be used as titles, this would then produce work of a coherent nature. Centre comments on declaration forms are beneficial to justify marks awarded and where marks have been split within AOs. Annotations on work or the inclusion of marksheets, highlighting where marks had been awarded, assisted with moderation to justify marks awarded.

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 a declaration to confirm that the work they submit for final assessment is the candidates own unaided work.

Reminder that resources to support delivery can be found on Health and Care Learning Wales website.

Comments on individual questions/sections

Task 1

Candidates were able to outline how they would carry out their investigation into the contemporary issue. There was good knowledge and coverage of the different aspects of their rationale.

The task was completed in an appropriate format of a report. The majority of candidates chose appropriate contemporary issues which allowed for them to meet the assessment objectives and access the higher mark bands. It is important that candidates research the contemporary issues prior to starting Task 2 to ensure that there is enough scope to meet the assessment objectives. Evidence of research conducted prior to NEA starting was well documented and referenced for most candidates. Coverage of assessment objectives was very good from most candidates. Some candidates need to ensure that they cover all criteria stated in the specification in detail and depth for the higher band of marks. Content needs to have more depth and detail in order to achieve a higher mark band.

Full coverage of the assessment criteria must be met before awarding higher marks for:

- Identifying aims and objectives
- Showing clear and detailed knowledge of carrying out an investigation
- Defining priorities and success criteria
- Outlining of timescales
- Accurate identification of risks and how they will be managed
- A range of sources including books, journals and websites identified and their use accurately exemplified
- Identifying ethical considerations

Research was relevant and applied appropriately, candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Centre comments on candidate's work are beneficial to justify marks awarded and where AO criteria have been met.

Task2

Task 2 was completed in an appropriate format of a report. 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 work of a coherent nature. Evidence of research conducted prior to NEA starting was well documented and referenced for most candidates.

Section A

Good knowledge and understanding of how the contemporary issue affects the health and well-being of individuals and the services in Wales was demonstrated. Research was relevant and applied appropriately and the majority of research/resources was referenced. Candidates must ensure that the content has more depth and detail in order to achieve a higher mark band, detailed facts and statistics are provided to support a description of effects to services.

Full coverage of the assessment criteria must be met before awarding higher marks for:
- Explanation of the contemporary issue
- Effects of the contemporary issue on the health and well-being of individuals
- Effects of the contemporary issue on the health and well-being services in Wales
- Understanding of Physical, Intellectual, Language, Emotional and Social needs, and the impact on daily lives
- Facts and statistics are provided to support a description of effects to services

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Centre comments on candidate's work are beneficial to justify marks awarded and where AO criteria have been met.

Section B

Candidates showed a good level of knowledge of the suitability of published research into their chosen contemporary issue, including the types of research published, and the reliability, validity and credibility of the research and the organisations involved in its production and publication. Content needs to have more depth and detail in order to achieve a higher mark band. Full coverage of the assessment criteria must be met before awarding higher marks, especially in relation to reliability, credibility and validity for:
- Evaluation of published research used in health and social care, in relation to the contemporary issue
- Primary and/or secondary research
- Qualitative and/or quantitative data
- The research methodologies used by organisations who have published data
- Reliability, credibility and validity
- Response demonstrates consistent and appropriate analysis and evaluation skills used in an effective way.

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Centre comments on candidate's work are beneficial to justify marks awarded and where AO criteria have been met.

Section C

Candidates showed a good level of knowledge when it came to the analysis of selected research and data, including patterns and trends and making connections between different sources. For some candidates, content needs to have more depth and detail in order to achieve a higher mark band.

Full coverage of the assessment criteria must be met before awarding higher marks for:
- Analysis of patterns and trends with excellent connections between different sources
- Identified any limitations of the research
- Interpretation and analysis of relevant information and data
- Understanding of any relevant ethical issues
- Response demonstrates consistent and appropriate analysis/evaluation skills used in an effective way.

Candidates have used research and resources, these must be referenced. Centre comments on candidate's work are beneficial to justify marks awarded and where AO criteria have been met.

Section D

Candidates showed a good knowledge and understanding of how research into the chosen contemporary issue is being, or has been, used to inform the development of new and revised legislation, policies and strategies, and/or influence health and social care provision. For some candidates, content needs to have more depth and detail in order to achieve a higher mark band.

Full coverage of the assessment criteria must be met before awarding higher marks for:
- Explanation of how research is used to inform the development of new and revised legislation, policies and strategies, and/or influences health and social care provision
- Knowledge and understanding of legislation, policies and strategies

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Centre comments on candidate's work are beneficial to justify marks awarded and where AO criteria have been met.

Section E

Candidates showed good knowledge and understanding when making recommendations on what further research could be undertaken in the future and explaining including why such research would be beneficial. For some candidates, content needs to have more depth and detail in order to achieve a higher mark band.

Full coverage of the assessment criteria must be met before awarding higher marks for.
- What further research could be undertaken and makes valid and justified recommendations

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Centre comments on candidate's work are beneficial to justify marks awarded and where AO criteria have been met.

Summary of key points

Candidates work needs to adhere to awarding body assessment objectives and ensure that there is full coverage of these before awarding higher mark bands. This information can be found on pages 61-64 in the specification.

When 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 in the specification. The use of headings (Section a, b, c etc) is encouraged to support candidates in presentation of work.

Centre comments on candidate's work are beneficial to justify marks awarded and where AO criteria have been met. Reminder that resources to support delivery can be found on Health and Care Learning Wales website.

Supporting you

Useful contacts and links

Our friendly subject team is on hand to support you between 8.30am and 5.00pm, Monday to Friday.
Tel: 02920 265139
Email: **hscpandc@wjec.co.uk**
Qualification webpage: Level 3 Health and Social Care: Principles and Contexts (First Assessment 2024)

See other useful contacts here: Contact us | Health and Care Learning Wales

CPD Training / Professional Learning

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

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

WJEC Qualifications

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

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