Level 3 Examiners' Report

Health and Social Care: Principles and Contexts
Level 3

Summer 2026

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Introduction

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

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

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

Further support

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

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

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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 third 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.

Most centres adhered to the new submission dates, as below, and this allowed for additional samples to be called for where necessary. These dates will remain static for the lifetime of the specification. Centres should apply for an extension if unable to submit candidate work by these dates.

Units 1,4, 5 and 8 – 15th May
Units 3, 6 and 9 – 5th June

All Non-Examination Assessment units (1,3,4,5,6,8 and 9) performed in line with last year and the grade boundaries remained stable for these units.

With the increasing prevalence of AI, candidates and assessors will be asked to authenticate work next year using a revised declaration form which includes a clause relating to AI. It is the responsibility of the centre to administer the NEA process in accordance with JCQ and WJEC guidelines to ensure that candidates produce work that is their own.

Annotation on work remains essential for moderation and this supports the moderating teams in understanding how marks are awarded. Additionally, centres are asked to look again at guidance relating to the content of notes, particularly for Unit 1, Task 1, which should be generic and not make reference to the case study as this should not be shared with candidates prior to starting the NEA.

Some issues remain around work placements for Unit 6, and some candidates lost marks due to being placed in inappropriate settings. Whilst it is recognised that schools may be the only option for some candidates, it is essential that they study health and/or social care roles within the setting such as school nurses, educational psychologists and social workers in order to attain the higher mark bands.

For Unit 9, centres should give careful guidance to their candidates about the type of contemporary issue they research to ensure that candidates have access to sufficient secondary research available to consider.

Externally assessed units (2 and 7)

It was pleasing to note that, for both units this series, examination performance remained stable. Candidates showed good knowledge and understanding of the specification and 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.

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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. The theorist questions for Unit 2 this year indicate that some candidates find this section of the specification more challenging.

Unit 7 showed good 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 and understanding to the nervous and respiratory systems in order to write extended answers for these questions. Please note that both units can be accessed online as well as in written format.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

UNIT 1: PRINCIPLES OF CARE

Overview of the Unit

This unit is about the 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 it before the assessment.** Furthermore, candidates cannot add to their class notes once they have been provided. Some good class notes were presented during this series. Notes must be uploaded with the work.

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.

The two case studies for the Winter/Summer 2026 series are based on Jawaria for Case Study A and Dylan for Case Study B.

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. This was the fifth year of assessment for this qualification.

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

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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/assessor to check the authenticity of class notes.

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.

<table>
<tr><th>Moderation checklist for Unit 1:</th><th>Checklist tick.</th></tr>
<tr><td>Marksheet is fully completed, and marks add up (this should be double checked).</td><td></td></tr>
<tr><td>Work labelled with correct information on – e.g., candidate number/candidate name and header and footer added to every page confirming this.</td><td></td></tr>
<tr><td>Internal verification records submitted as one file to confirm quality assurance for Unit 1.</td><td></td></tr>
<tr><td>Candidate/assessor declarations signed and dated. Assessor declaration should not be signed and dated before the candidate.</td><td></td></tr>
<tr><td>A log sheet completed with the hours completed for each Task – this may be useful:

<u>Log sheet – You cannot spend more than</u> 20 HOURS
<table><tr><th colspan="2">Log of hours spent of NEA.</th></tr><tr><th>Task</th><th>Date and time spent.</th></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></table></td><td></td></tr>
</table>

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Final word count – Task 1:		
Final word count - Task 2:		
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 onto 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 should 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 clearly state the expectation and not only examples from the specific chosen case study**. This will enable candidates to reach 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 workers could develop positive relationships and effective communication however the question asks for a reflection on how the methods and skills were used by the care and support workers in the chosen case study with some giving a general description of how any care and workers 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.

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Comments on individual questions/sections

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 clear 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 moved straight into providing examples. A small number of candidates also duplicated examples across different principles of care, although this occurred less frequently in this series.

While principles of care can be interchangeable, it is important that candidates use a wide range of different examples from the case study. This would demonstrate a more detailed and secure understanding of the chosen case study.

Some candidates who selected principles of care such as co-production confused this with multi-agency or multidisciplinary working. **Co-production** places the individual and their family at the centre of decision-making, with professionals working alongside them as equal partners, whereas **multi-agency working** refers to different professionals and services working together to support the individual, but not necessarily involving the individual as an equal decision-makers.

It was pleasing to see an increased number of candidates fully outlining how the three different principles of care specifically underpin outcome-focused care; this was considered good practice.

Task 1 (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.

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To clarify:

Jawaria's personal outcomes – her ultimate goal was to have a safe, supported, dignified life with active social participation, whilst maintaining her independence as much as possible.

Bryn's personal outcomes – his outcome was to have a comfortable safe, and dignified end-of-life experience while maintaining as much normality, enjoyment and connection with his family as possible.

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. It would have strengthened these responses 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 and their situation.

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

For example, the following paragraph would be an example of a detailed and thorough example.

Safeguarding individuals

"*Safeguarding is one way in which workers are expected to demonstrate outcome-focused, person-centred care. Safeguarding means protecting individuals from harm and abuse, and workers in health and social care have a legal duty to ensure that an individual's wellbeing is acted upon.*

In the case study, workers demonstrated safeguarding by enabling Jawaria's daughter to raise concerns about the care provided to her mother. Jawaria's daughter was given the opportunity to regularly voice her concerns regarding her mother frequently slipping, which occurred because Jawaria was not always reminded to use her walking frame. By listening

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to these concerns, workers showed that they were taking Jawaria's safety and wellbeing seriously.

However, more could have been done to improve safeguarding. All staff working with Jawaria should have been made fully aware of her risk of falling and the importance of encouraging her to use her walking frame at all times. This requirement should have been clearly documented in her personalised care plan, ensuring consistency in care and reducing the risk of further incidents.

Safeguarding Jawaria supports outcome-focused, person-centred care by focusing on prevention and early intervention. If Jawaria was effectively safeguarded, she would be less likely to suffer injuries, experience pain, or require medical treatment. This would help her maintain her independence and enable her to continue attending the Mosque, which is important to her personal, cultural, and spiritual wellbeing."

Task 1 (c)

This question was answered fairly well; it was pleasing to see more candidates address the needs of the question such as the **challenge faced by the workers**. Some candidates were not always clear why this was a challenge faced by workers and focused on the challenges of 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.

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

Task 1 (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 in the context of the case study. The command word was **'analyse,'** which is to examine an issue in detail. Some candidates mixed these three terms up into one paragraph which did not enable them to discuss the principles in great 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 not being able to access the higher bands. Candidates are also 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 ethical principles and approaches is:

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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.

Task 1 (e)

On the whole, this question was answered quite well. However, higher marks were awarded to candidates who **reflected separately on effective communication and positive relationships/trust**. Reports that discussed these concepts together often lost focus and direction and were therefore awarded lower marks.

Higher-band responses explicitly reflected on the skills and methods used by workers, as illustrated in the chosen case study. In contrast, lower-band answers tended to outline how effective communication and positive relationships could be demonstrated but failed to discuss the specific skills used by workers or how these skills were applied in practice.

Some lower-band answers misread the question and provided general descriptions of what is meant by positive relationships and effective communication. Although this was less common in this series, candidates who did not reflect on how these skills and methods were used by care and support workers were unable to meet the requirements for **Band 2**, particularly in relation to demonstrating *some conclusions* and *some evaluation* within the chosen case study.

It was pleasing to see some candidates use a **range of key concepts**, such as *active listening*, *verbal and non-verbal communication*, the *Hello, my name is* campaign, *person-centred* and *child-centred* approaches, and the *duty of candour*. Candidates who were able to apply these terms effectively within their reflections were more likely to achieve the higher mark bands.

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.

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More 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; this means 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 in 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 new national policies OR other policies in Wales that may be considered for future is:

Putting Things Right – now considered as Listening to People, which came into effect from **1 April 2026** for new concerns. The new system focuses on early resolution, better communication, listening, discussions with patients, advocacy support and a more patient-centred complaints process.

2024 Plan for Health and Social Care an update of the Healthier Wales strategy focusing on preventative person-centred care, standardising clinical pathways, expanding digital electronic care records, supporting an inclusive multi-professional workforce, and strengthening medical research and innovation.

The **All Wales Safeguarding Procedures** (now commonly called the **Wales Safeguarding Procedures**) ensuring that children and adults in Wales that are at risk of abuse or neglect are safeguarded.

Task 2 (b)

The majority of candidates were able to score at least half marks for this question. It is important for this question 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.*

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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 that worker.

It is important to put the task into context: the aim is to provide information for staff new to working in Wales. Therefore, it is crucial for these 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 outline 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 answer.

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 e.g., that to continue practicing and maintain their registration, workers are required to undertake CPD.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

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UNIT 2: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS THE LIFESPAN

Overview of the Unit

This unit is assessed through an examination (either on screen or written paper), compromising of a range of question types to assess factors affecting individuals' growth and development across the lifespan. It is recommended that the teaching of theorists and their concepts is taught alongside the different aspects of development across the lifespan. Candidates should be encouraged to compare and contrast approaches by critically evaluating theories. Candidates should be made aware of the command words to support examination practice to allow responses to reach the higher mark bands. Command words can be found on: https://www.healthandcarelearning.wales/en/resources/hsccc-command-words
Candidates can sit this exam in the Winter and/or Summer series.

Unit 2.1: Factors affecting human growth and development across the lifespan.

A range of topics were covered in this section. One question focused on economic status and required candidates to evaluate the impact of a change in economic status, such as a job promotion, on physical and emotional development. Some candidates struggled with evaluation, as they focused solely on the positive aspects of the change and did not consider or weigh up the potential negative impacts.

Other questions explored how religion can influence the long-term development of adolescents. There were also questions relating to key developmental milestones that a 22-month-old child may not be achieving and how these concerns could be addressed. It is important that candidates are aware of the expected developmental milestones across the lifespan.

Unit 2.2: Models Related to Factors Affecting Growth and Development Key models assessed in this unit included Piaget, Rogers, Cumming and Henry and nature v nurture. It is important that candidates are aware of key concepts associated with each theory, as some candidates were unable to develop their ideas with no awareness of key concepts.

Unit 2.3: Approaches to Promoting and Protecting Resilience The main question in this section required candidates to explain approaches that could promote and protect the resilience of Doug, who had recently broken his leg in a football accident. It was encouraging to see that many candidates were aware of a range of approaches to building resilience. However, some candidates paid only lip service to Doug's specific circumstances and did not fully explain how the approach they identified would support him in coping with his injury and its impact on his daily life

In future, candidates may wish to consider a broader range of approaches alongside those identified in the specification. For example, drug therapy could be discussed where appropriate, as effective pain management which may support physical recovery, reduce discomfort, and help maintain emotional wellbeing during the rehabilitation process. As with

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all approaches, candidates should ensure that they clearly link their explanation to the individual's circumstances.

Comments on individual questions/sections

Q.1(a)

This question was answered very effectively, with the majority of candidates achieving the mark by correctly identifying that Ann was in adulthood.

It is important that candidates identify the correct life stage. Some candidates identified later adulthood, which was incorrect.

Q.1(b)

This question was generally answered well, and many candidates were able to give two positive life experiences that Ann may experience during the next stage of her life. Candidates often gave specific examples, such as travelling, going on holidays, expanding her family, or purchasing a new home.

A small number of candidates repeated information from the stem of the question, such as gaining employment or receiving a promotion. However, candidates were required to identify two *other* positive life experiences.

Some candidates made unrealistic suggestions, such as becoming a grandparent. While this is possible, it would not generally be expected for a 36-year-old within the next few years of her life.

A number of candidates misread the question and instead gave the positive effects of life experiences, such as improved self-esteem or better physical health. These responses were not credited, as they did not address the question being asked.

Q.1(c)

The majority of candidates were able to state that economic status relates to an individual's financial situation or the amount of money they have.

Some candidates were unable to expand upon their outline and did not explain how an individual's economic status may change or the impact that economic status can have on their life. An additional mark could be awarded for a brief but relevant expansion of the concept, for example:

- The impact of economic status, such as being able to afford goods and services or access private healthcare.
- Economic status being determined by factors such as employment, income, inherited wealth, or benefits.
- How economic status affects individuals at different life stages, for example Education Maintenance Allowance (EMA) grants for young people or pensions for older adults.

Q.1(d)

This question assessed candidates' AO3 evaluation skills. As seen in previous series, some candidates found it difficult to fully evaluate their responses by weighing up both positive and negative impacts.

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Candidates were required to evaluate the impact of Ann's experience at work, specifically her promotion, on her physical and emotional development. Stronger responses considered both the positive and negative effects on physical and emotional development and reached a balanced judgement.

Some candidates focused almost entirely on the positive aspects of the promotion and did not consider any potential negative impacts. Others focused on Ann's role as a PE teacher rather than evaluating the impact of the promotion itself, which limited the effectiveness of their response.

Q.2(a)

This question was answered very well with lots of candidates achieving full marks and being able to identify two religions that Harrison, the speech and language therapist, may come across.

Q.2(b)

This question was answered poorly with lots of candidates not aware of Piaget's theory. Some candidates were able to score some marks with some knowledge of Piaget suggestion that infants and children go through four stages. Candidates lacked application to the intellectual milestones that Ojar may be working towards i.e. Ojar being at the end of the concrete formation stages and entering the formal operational stage. Candidates lacked knowledge of what this would mean for Ojar. Where candidates scored higher marks, they were able to be clear that Ojar may be now thinking abstractly, and this is where Ojar increases his ability to work things out mentally with the use of memory and imagination rather than having to see everything in action.

Q.2(c)

Lots of candidates were unable to fully score full marks for this question as candidates were unable to describe their points in detail. Lots of candidates were able to state that a strength of Piaget's theory is that he considered a range of stages but then did not describe why this was a strength, for example, this helps to understand that children's thinking develops in distinct stages and informs practice about appropriate activities for different ages.

Q 2(d)

Most candidates were able to give one alternative way that Ojar's intellectual development could be supported. Very few candidates simply repeated speech and language support. The main reason why candidates did not achieve maximum marks was that they did not follow the AO2 command word *explain*. Many candidates did not fully explain their chosen method.

For example, many candidates suggested that Ojar could receive support from a private tutor, which was a valid point. However, they did not explain how the private tutor would support Ojar or how this support would contribute to his intellectual development.

Some candidates simply repeated the question by stating that the method would support intellectual development without explaining how it would do so.

Some candidates focused on supporting social development rather than intellectual development.

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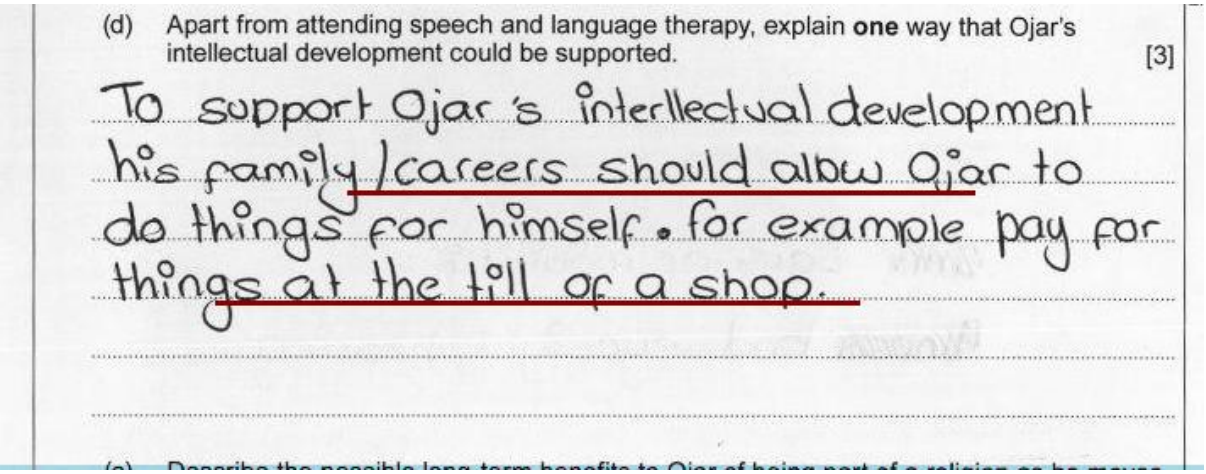
The **following example shows where candidates achieved 2 marks**, as they identified a way that Ojar's speech and language could be supported and explained how it would be implemented, but they failed to explain why this would help Ojar's intellectual development.

For the candidate to achieve 3 marks, they could have briefly explained how this support would contribute to Ojar's intellectual development.


(d) Apart from attending speech and language therapy, explain **one** way that Ojar's intellectual development could be supported. [3]

To support Ojar's interllectual development his family/careers should allow Ojar to do things for himself. for example pay for things at the till of a shop.

To achieve 3 marks, the candidate needed to explain how this would support Ojar's intellectual development. For example, paying for items at a shop would help Ojar develop numeracy skills by recognising money, calculating costs and understanding change, which would improve his knowledge and understanding.

For revision practice of AO2 'Explain' questions, teachers and assessors could encourage candidates to use the **PEEL** structure (Point, Evidence/Example, Explain, Link). The final link back to the area of development identified in the question (in this case, intellectual development) is often what gains the final mark. Based on the candidate responses seen, the PEEL structure may help candidates provide the level of explanation required to access full marks.

Q.2(e)

The majority of candidates were able to gain marks for this question by describing the possible long-term benefits of being part of a religion as Ojar moves into adolescence. Higher-scoring candidates were able to discuss a range of potential long-term benefits and maintained a clear focus on both religion and adolescence throughout their responses. For example, some well-applied responses explained how religion may help Ojar during adolescence by discouraging participation in risk-taking behaviours commonly associated with this life stage, such as smoking or underage drinking. Candidates recognised that many religions prohibit or discourage these behaviours, making Ojar less likely to engage in them. This could reduce the risk of long-term health conditions, such as liver disease, and support positive physical development.

Another strong example was the role religion can play in supporting emotional wellbeing during adolescence and puberty. As Ojar experiences significant physical, emotional, and social changes, being part of a religious community may provide a sense of belonging, guidance, and support. This may help him develop a positive self-image, improve his self-esteem, and build resilience when facing the challenges associated with adolescence. Some candidates would have benefited from providing more developed explanations of how religious beliefs and practices could have a long-term impact on Ojar.

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Q.3(a)

This question was typically answered very well across the series, seeing the majority of candidates able to give 2 common causes of accidents apart from sporting accidents within adulthood.

A few candidates would give the following:

1. Weak bones
2. Slow/low reaction time

These responses do not identify causes of accidents. Instead, they identify factors that may increase the risk of accidents or injuries, particularly in later adulthood. As the candidate did not identify common causes of accidents in adulthood, neither response would be credited and the candidate would receive 0 marks.

Common causes of accidents in adulthood, apart from sporting accidents, that were awarded 1 mark included:

- Road traffic accidents
- Slips, trips and falls
- Workplace accidents
- Accidents in the home
- Alcohol-related accidents

Q.3(b)

This question was answered well, with many candidates achieving full marks and successfully outlining one possible reason for a change in Doug’s behaviour since the accident. Many candidates identified the cause as Doug no longer being able to play football, which led to social isolation and withdrawal, as football had been a significant part of his life and social identity.

Q.3(c)

This question required candidates to explain approaches that could promote and protect the resilience of Doug, who had recently broken his leg in a football accident. It was encouraging to see that many candidates were aware of a range of approaches to building resilience. However, some candidates only paid lip service to Doug's specific circumstances and did not fully explain how the approach they identified would support him in coping with his injury and its impact on his daily life

Q.3(d)

The question required candidates to analyse the strengths and weaknesses of Rogers' Humanistic Theory in providing Doug with effective care and support, this was answered poorly. Many candidates confused Rogers' theory with Maslow's hierarchy of needs or wrote about alternative theories without analysing them in relation to Rogers.

Few candidates were able to effectively discuss the strengths of Rogers' approach or evaluate its weaknesses by making relevant comparisons with alternative psychological models.

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Q.4(a)

This question was answered fairly well, with many candidates able to explain ways in which the social worker could promote independence for Violet. It was particularly pleasing to see candidates identify and explain a range of appropriate aids and adaptations that Violet could use to maintain her independence and improve her quality of life.

Q.4(b)

The majority of candidates were able to correctly identify that Stephen becoming Violet's carer was an unpredictable life event, although a small number selected predictable. It is important that candidates understand the difference between predictable and unpredictable life events. Predictable life events are those that are expected to occur as part of the normal life course, such as starting school, beginning employment, retirement, or becoming a parent. Unpredictable life events, however, occur unexpectedly and are often beyond an individual's control, such as becoming a carer due to a family member's illness, experiencing an accident, bereavement, or being diagnosed with a long-term condition.

Candidates should carefully consider whether the event described could reasonably have been anticipated when making their judgement.

Q.4(c)

This question was generally answered well, with higher-band candidates able to fully explain two separate ways in which Violet's long-term condition could affect Stephen's social development. On some occasions, candidates focused on other aspects of development rather than social development, which limited their marks.

The strongest responses clearly identified how Violet's long-term condition could lead Stephen to take on a caring role and then explained how this would affect his social development.

One effective example was candidates explaining the financial burden of caring for Violet, such as purchasing additional equipment or adaptations for the home, or covering the costs associated with travelling to hospital appointments. As a result, Stephen may have less disposable income available for social activities, hobbies, or spending time with friends, which could negatively affect his social development.

It was also pleasing to see some candidates consider the positive effects of being a carer on Stephen's social development.

A particularly strong response explained that Stephen may spend a significant amount of time caring for Violet, reducing opportunities to meet friends or participate in social activities. This could limit the development of social relationships and communication skills. Conversely, caring for Violet may help Stephen develop empathy, patience, and stronger interpersonal skills through increased interaction with healthcare professionals, family members, and support networks, positively supporting his social development.

Q.5(a)

The majority of candidates were able to correctly identify the life stage that Edu would enter next. Most candidates recognised that Edu would be entering childhood. A small number of candidates incorrectly identified adolescence; however, this question was generally answered well.

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Q.5(b)

Candidates were, on occasion, able to explain developmental milestones that Edu, at 20 months old, may not be meeting. However, some responses lacked specificity and did not clearly identify the particular milestones that Edu may have failed to achieve.

Candidates should remember that milestones refer to specific developmental skills or behaviours that are typically expected by a certain age. Examples of milestones that should usually be achieved before 20 months include walking independently, using a range of single words, following simple instructions, showing increasing independence, and engaging in simple play activities.

Some candidates did not express their ideas clearly and therefore did not explicitly identify which milestone Edu was not achieving. Candidates should ensure that they clearly state the missed milestone before explaining how it could be addressed.

In addition, some AO2 application points lacked sufficient development. For example, candidates often stated that a missed milestone could be addressed through speech and language therapy but did not explain how this intervention would support Edu. Stronger responses explained that a speech and language therapist could assess Edu's communication needs, provide targeted activities and exercises to develop vocabulary and language skills, and work with parents or carers to support communication development at home.

Q.6(a)

Candidates were, on occasion, able to outline factors affecting Steve's resilience other than moving away from his parents or failing his first assignment. It was pleasing to see candidates identify a range of relevant factors and explain their potential impact on resilience.

For example, some candidates explained that economic factors, such as debt or financial pressures, could affect Steve's resilience at university by causing stress and anxiety, making it more difficult for him to cope with academic and personal challenges.

Other candidates recognised that Steve may struggle to form friendships or establish a social support network. This could negatively affect his resilience, as he may feel isolated and have fewer people to provide emotional support during difficult periods.

It was also encouraging to see some candidates consider positive factors that could strengthen Steve's resilience, such as receiving support from family members, developing effective coping strategies, joining university clubs and societies, or building strong friendships with fellow students.

Q.6(b)

Many candidates were able to identify two appropriate approaches that the university could use to support Steve following the failure of his first assignment.

However, some responses lacked specificity and focused on actions that Steve himself could take rather than support that could be provided by the university. Candidates should ensure that their responses clearly identify services, interventions, or support mechanisms that the university could offer, such as academic support sessions, counselling services, study skills workshops, personal tutors, or mentoring programmes.

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Q.6(c)

This question assessed candidates' AO3 skills through the command word *examine*. Candidates were required to examine the possible long-term impact of attending university on all aspects of Steve's development.

Higher-scoring responses examined the impact in detail by maintaining a clear focus on the experience of attending university and exploring how it could affect Steve's holistic development over time. Stronger candidates considered the impact across the PIES framework (physical, intellectual, emotional, and social development) and supported their points with well-developed explanations.

Some candidates omitted one or more aspects of development, limiting the breadth of their response. Others focused only on positive impacts and did not consider any potential negative consequences.

Examples of stronger responses included:

- **Physical development:** Attending university may encourage Steve to become more independent in managing his health and wellbeing. For example, living away from home may require him to learn how to cook meals from fresh ingredients, which could lead to healthier eating habits and improved long-term physical health. However, university life may also result in poor sleep patterns, stress, lack of exercise, or unhealthy lifestyle choices if not managed effectively.
- **Intellectual development:** Attending university is likely to have a significant positive impact on Steve's intellectual development. Through completing assignments, conducting research, and developing critical thinking, analytical, and problem-solving skills, Steve will increase his knowledge and intellectual ability. Successfully achieving the milestone of obtaining a university degree may improve his future employment opportunities and demonstrate a significant intellectual achievement. However, academic pressures and setbacks may negatively affect motivation, confidence, or engagement with learning if appropriate support is not accessed.
- **Emotional development:** Successfully completing a degree may increase Steve's confidence, self-esteem, resilience, and sense of achievement. Conversely, ongoing academic pressure, financial concerns, homesickness, or fear of failure may contribute to stress, anxiety, or reduced emotional wellbeing.
- **Social development:** University provides opportunities to meet new people, develop friendships, and build professional networks. Steve may develop stronger communication and interpersonal skills through interacting with a diverse range of individuals. However, if he struggles to settle into university life or establish friendships, he may experience loneliness or social isolation.

The strongest responses recognised that attending university can have both positive and negative long-term effects on development and were able to score higher marks.

It would be worth centres focusing on the specimen question 3A, Hasheed is 19 years old and has cerebral palsy. He is studying computing at university. His mobility is limited, and he requires help with many daily living tasks. Hasheed currently lives at home but wants to live with friends in a shared house in the centre of town.

Explain how attending university and living in a shared house will impact upon Hasheed's growth and development. This paper is available at: - https://www.healthandcarelearning.wales/media/botlhkoi/l3-hsc-pc-ext-dip-unit-2-sams-e-010923.pdf

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Q.7

This question was not fully addressed, as many candidates were unable to use psychological models to support their discussion.

It is important that candidates focus fully on Morfydd's situation, such as her abilities and talents (for example, her tennis skills) as well as her anxiety, and discuss how both nature and nurture could explain these characteristics. Candidates should support their points with relevant psychological models and theories.

The majority of candidates were able to define the terms *nature* and *nurture*; however, some did not clearly demonstrate an understanding of the difference between the two concepts. Higher-achieving candidates were able to incorporate theories such as those of Bowlby, Gesell, and Bandura to support their arguments and explanations.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

UNIT 3: PROMOTING THE RIGHTS OF INDIVIDUALS

Overview of the Unit

- This NEA assesses candidates' ability to demonstrate knowledge and understanding (AO1), apply knowledge and understanding (AO2), and analyse and evaluate information to make justified judgements and recommendations (AO3). Moderation identified some inconsistency in the application of the marking criteria across Centres, particularly where questions assessed more than one assessment objective. In a small number of Centres, evidence required for one assessment objective was credited under another, or candidates were not given sufficient opportunity to demonstrate all required assessment objectives.

- Candidates are required to demonstrate understanding of the needs, rights, care and support requirements of individuals across the lifespan, factors affecting health and well-being, barriers to accessing rights and services, legislation, and initiatives and strategies that promote rights. They must also apply this knowledge through explanation, discussion, application, evaluation and justified recommendations using an appropriately selected group identified in the specification.

- Centres and candidates generally approached the NEA task with confidence. There were many examples of well-prepared submissions that demonstrated secure understanding of the assessment objectives. Candidates predominantly selected groups of individuals identified within the specification, enabling them to maintain focus on the assessment objectives and access the full range of marks available. Where candidates demonstrated a clear understanding of the command words and assessment requirements, they were more able to access higher mark bands.

- Where candidates selected groups outside those identified within the specification, responses were often less successful in addressing the full scope of Questions A–E. In some cases, candidates were unable to provide sufficient breadth or depth of evidence to fully meet the command words and assessment requirements. Centres are therefore encouraged to ensure candidates are appropriately prepared before commencing the NEA and are guided towards selecting groups that provide suitable opportunities to address all aspects of the task requirements.

- Presentations were submitted in various formats, including PowerPoint presentations with embedded voiceovers, typed scripts and recorded video presentations. These approaches enabled candidates to meet the requirement to produce a podcast, presentation or video. However, in some cases, podcasts consisted largely of candidates reading directly from presentation slides or prepared notes, limiting opportunities to provide the depth of explanation and development required to justify marks awarded in the higher bands. Where presentations were not delivered in person or accompanied by a recorded voiceover, Centres should ensure there is sufficient written evidence within the presentation and/or supporting script to support the marks awarded.

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- From an administrative perspective, most Centres uploaded candidate work accurately and efficiently. However, Centres are encouraged to minimise the number of uploaded files wherever possible to support a more streamlined moderation process. There were instances where as many as six separate files were submitted for a single candidate.

- Centres should ensure that mark allocations for split questions, particularly Questions B and E, are clearly identified on the cover sheet and within the candidate's work. This assists moderators in locating evidence and understanding how marks have been awarded. Centres are further reminded to make full use of the comments sections provided on assessment documentation. Statements such as *"work annotated"* alone do not provide sufficient justification for assessment decisions. Both annotation and assessor commentary should be used to support the marks awarded and facilitate the moderation process.

- Some candidates included a word count within their submission or referenced a maximum word limit. Centres are reminded that there is no word count for this unit, and any previous word limit has been removed. Candidates should instead focus on producing responses that fully meet the requirements of the assessment objectives and command words, ensuring there is sufficient evidence to support marks awarded, particularly in the higher mark bands.

- Centres are reminded that candidates must authenticate that all submitted work is their own. Where there are concerns regarding the inappropriate use of AI-generated content, Centres must follow their own malpractice procedures and refer the matter to the relevant quality assurance lead in accordance with Centre policy. Such procedures should align with current JCQ guidance and awarding organisation requirements. It is not appropriate simply to reduce marks where malpractice is suspected. Centres must investigate concerns and follow the appropriate reporting and escalation procedures. Candidates remain responsible for the authenticity of all work submitted for assessment.

Comments on individual questions/sections

Question A

Most candidates responded effectively to this question, demonstrating a secure understanding of the needs, rights and care and support requirements of their chosen group. Responses were generally well researched and included a broad range of relevant information. Some candidates also included theoretical perspectives; however, these are no longer credited and should not form part of future responses. Centres are reminded that relevant content can be found within section 3.1 of the specification. Although the command word is "outline", candidates working at Level 3 are expected to provide a detailed outline. Stronger responses clearly established links between individuals' needs, rights, and care and support requirements. Where these links were absent, candidates were unable to demonstrate the level of understanding required for the higher mark bands.

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Question B

This is the highest-marked section of the assessment and carries 22 marks across two assessment objectives. As this question assesses both AO1 and AO3, Centres should ensure candidates have sufficient opportunity to demonstrate achievement of both assessment objectives.

AO1 contributes a maximum of six marks and was generally completed well. While some Centres approached the question holistically, the most successful responses addressed AO1 and AO3 separately, making it easier to demonstrate how each assessment objective had been met.

There appeared to be some misunderstanding in a small number of Centres regarding the content required for AO1. Centres are reminded that section 3.2 of the specification requires candidates to demonstrate knowledge and understanding of the concept of health and well-being and its different elements before considering the factors that affect it.

For AO3, candidates generally identified and explored relevant factors affecting health and well-being. However, stronger responses moved beyond simple identification and description. To access the higher mark bands, candidates should explain how and why specific factors affect the health and well-being of their chosen group and support these explanations with relevant examples and evidence. Detailed consideration of the impact of factors is required, rather than a list of influences or brief descriptions. Assessors should clearly annotate where each assessment objective has been addressed and provide sufficient commentary to explain how marks have been allocated.

Question C

Candidates demonstrated good knowledge and understanding by identifying a range of barriers relevant to their chosen group. While some responses also included strategies for overcoming these barriers, this content is no longer credited within Question C and should not be included, as reflected in section 3.3 of the specification.

The command word "discuss" requires more than the identification of barriers. Stronger responses considered the significance and impact of barriers on individuals and explored the wider implications for accessing rights, care and support. Candidates achieving the higher mark bands typically developed their discussion through detailed explanation, supported by examples relevant to the chosen group.

Question D

Responses generally demonstrated a sound understanding of legislation and its role in promoting and protecting individual rights. Many candidates identified a broad range of relevant legislation and linked this appropriately to their chosen group. As this question assesses AO2, candidates are required to apply their knowledge and understanding of legislation to the chosen group. The strongest responses first demonstrated a secure understanding of the purpose, principles and key requirements of the legislation before applying this understanding effectively to the needs and rights of their chosen group. However, in some instances, candidates moved directly to application without first demonstrating a secure understanding of the legislation itself. To access the higher mark bands, candidates should demonstrate both accurate understanding and effective application. Responses that focus primarily on application, without first establishing a clear understanding of the legislation, are unlikely to meet the requirements of the highest mark bands.

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Question E

Candidates generally demonstrated effective research skills and were able to identify a range of relevant initiatives and strategies in line with AO1. However, there was a notable increase this series in responses where initiatives and strategies were confused with recommendations or approaches for promoting rights assessed under AO3. Centres are reminded that initiatives and strategies are distinct from recommendations or approaches. The specification (section 3.4) clearly separates these concepts, and they should be addressed accordingly. Misinterpretation of these requirements may disadvantage candidates and limit access to available marks. The distinction between strategies and initiatives is outlined below.

- Strategies are broad, long-term plans designed to improve outcomes and guide action. Examples include Together for Mental Health: A Mental Health and Wellbeing Strategy for Wales and Public Health Wales: Working to Achieve a Healthier Wales.
- Initiatives are specific programmes, campaigns or actions implemented to support the aims of a strategy. Examples include Time to Change Wales (Mind) and the Dementia Action Plan for Wales (Alzheimer's Society).

AO1 requires candidates to identify and explain relevant initiatives and strategies.

AO3 requires candidates to make justified recommendations and evaluate how approaches can promote the rights of their chosen group. Recommendations should not be credited as initiatives or strategies.

The strongest responses clearly distinguished between these elements and demonstrated a secure understanding of how they interact to support and promote the rights of their chosen group.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

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

Overview of the Unit

Centres are commended for the timely submission of candidate work, with the majority of samples uploaded in an organised format and accompanied by the required documentation. Most centres submitted articles, infographics, mark sheets and declaration forms appropriately, and centre comment forms were generally completed to a good standard, providing useful context for moderation.

It was pleasing to observe many examples of secure subject knowledge, thoughtful application of health and social care concepts and increasingly confident use of specialist terminology. Many candidates demonstrated a strong understanding of the conditions presented in the stimulus material and produced well-developed responses that effectively addressed the assessment objectives.

Most centres demonstrated accurate application of the marking criteria, and examples of effective internal verification were observed. Where internal verification had taken place, assessment decisions were often more consistent and closely aligned to national standards.

However, a number of recurring themes emerged across the moderation series which centres should address to further support consistency, accessibility and fairness.

General structure, terminology and command verbs

- Centres are reminded that responses to questions (a) to (c) should be presented as a single article suitable for a health and social care magazine rather than as separate essays or individual responses. Whilst many candidates adopted an appropriate article format, a significant number continued to present their work as academic essays.

- Candidates should also continue to be encouraged to write in the third person throughout their article. A recurring issue across centres was the use of first-person writing, which does not fully align with the requirements of a professional publication. The strongest responses maintained an objective, professional tone and used accurate health and social care terminology consistently.

- Many candidates would benefit from structuring their work using the headings provided within the mark scheme. This supports logical organisation and helps ensure all aspects of each task are addressed comprehensively.

- Particular attention should be paid to command verbs. Whilst most candidates demonstrated understanding of “describe”, many responses to question (c) remained descriptive and did not fully meet the requirements of the command word “assess”. Higher-scoring candidates moved beyond description to evaluate the effectiveness, limitations and impact of different approaches to care and support.

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Word count

A recurring concern was inconsistent adherence to the 3,000-word maximum. In some cases, candidates exceeded the permitted word count by several hundred words. Centres are reminded that the word limit is an important assessment condition designed to ensure fairness and comparability across submissions. Candidates should be encouraged to include a clear word count at the end of their work. Centres may also wish to guide learners towards an approximate allocation of words between the article and infographic components to support effective planning.

Internal Verification

Examples of effective internal verification were observed across several centres. Where evidence of internal verification was present, assessment decisions were often more consistent and aligned closely with expected grade allocation. Centres are strongly encouraged to implement robust internal moderation procedures, including the review of marking decisions and discussion between assessors. Most centres where evidence of internal moderation was not observed demonstrated inconsistent application of the mark scheme, resulting in both generous and severe marking decisions.

Administration and authentication

Most centres completed the required administrative documentation appropriately. However, several issues were identified, including missing candidate numbers, inconsistent file naming conventions, incorrect candidate evidence being uploaded, and declaration forms being signed and dated after work had already been submitted on IAMIS for moderation. Centres are reminded that candidates should sign and date declaration forms before assessor marking occurs, and assessors should sign and date upon completion of marking. Consistent file naming using candidate names and/or candidate numbers would also support a more efficient moderation process.

Presentation and file structure

Work was submitted in a variety of formats, including PDFs, Word documents and zipped folders. Whilst flexibility in digital formats is welcomed, clarity and accessibility should remain priorities. Many centres submitted well-organised materials; however, some submissions required navigation across multiple files with inconsistent naming conventions. Centres are encouraged to present work in a logical order and ensure that all required documentation is clearly identified with the candidate's name and number.

Infographic format and design

The quality of infographic submissions varied considerably. Stronger responses demonstrated effective visual communication, concise presentation of information and appropriate use of digital design tools. However, some candidates continued to produce text-heavy Word documents rather than genuine infographics. The purpose of the task is to assess candidates' ability to communicate health information visually and concisely. Candidates should be encouraged to create a single-page infographic using suitable software such as PowerPoint, Google Slides, Canva or similar design tools.

Moderators also observed examples of transmission cycle diagrams copied directly from internet sources; candidates should be encouraged to create and adapt their own visual representations to demonstrate understanding and application of knowledge.

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Referencing and academic integrity

Although referencing is not a formal requirement of the qualification, it was pleasing to observe that many candidates included reference lists and evidence of wider research. Candidates should continue to be encouraged to develop good academic practice through the inclusion of in-text citations and full reference lists where appropriate. Whilst there were minimal concerns regarding academic integrity identified for this series, original presentation and appropriate acknowledgement of sources should continue to be promoted.

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 very good understanding of Motor Neurone Disease (MND). The strongest responses explored a range of possible causes, including genetic, environmental, neurological, occupational, lifestyle-related and age-related factors, whilst recognising that the precise cause of MND remains uncertain. Higher-band responses used accurate terminology to explain disease processes and signs and symptoms, including muscle weakness, fasciculations, dysphagia, speech impairment, respiratory decline, fatigue and cognitive changes. These candidates clearly differentiated between short- and long-term effects and linked them effectively to disease progression, loss of independence, communication difficulties, respiratory failure and reduced quality of life. Strong responses also explored the impact on daily living in depth, considering employment, personal care, relationships, emotional wellbeing, social isolation and increasing reliance on carers and support services. Lower-band responses tended to describe symptoms without sufficient analysis, lacked scientific depth or failed to distinguish clearly between short- and long-term effects.

Question (b)

Responses to this question were generally strong, although there was variation in the breadth and depth of strategies discussed. Stronger candidates described a wide range of risk- reduction strategies relevant to individuals living with MND, including physiotherapy, occupational therapy, speech and language therapy, respiratory support, nutritional management, communication aids, assistive technology, environmental adaptations, multidisciplinary care, strengths-based practice and person-centred approaches. Many candidates also demonstrated awareness of specialist services, charities and third-sector organisations, linking these appropriately to reducing social isolation, maintaining independence and promoting wellbeing. Where responses fell short, this was often because candidates identified strategies without fully explaining how risks associated with MND could be reduced. Lower-band responses frequently focused on general care and support rather than condition-specific risk reduction, with limited discussion of respiratory management, swallowing difficulties or future care planning.

Question (c)

This question produced some of the strongest responses seen during the series. Higher-scoring candidates demonstrated a detailed understanding of the care and support needs of individuals living with MND, alongside the needs of family members, carers and wider support networks. A broad range of support approaches was assessed, including diagnosis, monitoring, rehabilitation, multidisciplinary care, respite provision, emotional support, home adaptations, assistive technology, palliative care and end-of-life planning. Stronger

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responses integrated models of health and well-being throughout their discussion. Candidates frequently applied the medical, social and biopsychosocial models effectively, using them to evaluate different approaches to care and support. These responses moved beyond description to make balanced judgements regarding effectiveness, limitations and impact on quality of life. However, lower-band responses often remained descriptive, provided limited evaluative judgement or omitted explicit application of health and well-being models. A common weakness was insufficient consideration of the needs of carers, family members and wider support networks.

Question (d)

The quality of infographic responses varied significantly across centres. Strong responses demonstrated an understanding of Methicillin-resistant Staphylococcus aureus (MRSA) as an antibiotic-resistant bacterial infection and communicated information effectively through concise visual formats. Higher-band responses accurately explained causes, routes of transmission and long- term complications. The strongest candidates applied all six stages of the transmission cycle successfully: infectious agent, reservoir, portal of exit, mode of transmission, portal of entry and susceptible host. Many also demonstrated an understanding of how the transmission cycle could be interrupted. A significant weakness across many submissions was the incomplete application of the transmission cycle. Some candidates described transmission generally but failed to address all six stages explicitly or apply them specifically to MRSA. Long-term complications such as sepsis, organ damage, osteomyelitis, chronic infection, respiratory complications, tissue damage and increased mortality risk were often explored in detail. Some candidates produced responses that were overly text-heavy and did not fully meet the expectations of an infographic task.

On balance, the majority of centres assessed candidate work accurately. Where discrepancies occurred, they most commonly related to the application of higher mark bands, particularly in question (c), where descriptive responses were sometimes rewarded more generously than the assessment criteria intended.

Summary of key points

- The 3,000-word maximum must be adhered to and clearly stated on the candidate's work.
- Responses to questions (a) - (c) should be presented as a single health and social care magazine article written in the third person.
- Candidates should use the headings provided within the mark scheme to support the structure and coverage of assessment requirements.
- In question (c), learners must assess care and support provision and apply relevant health and well-being models rather than relying on description alone.
- Infographics should be presented as concise, visually engaging, single-page documents using appropriate digital design tools.
- All six stages of the transmission cycle should be applied explicitly and specifically to the infectious condition provided in question (d).
- Candidates should be encouraged to include citations and reference lists to support good academic practice.
- Internal verification remains a valuable quality assurance process and is strongly encouraged.
- Declaration and authenticity forms must be completed correctly, with candidate signatures obtained before assessor marking and submission for moderation.
- Consistent file naming and accurate administration support an efficient moderation process and reduce the likelihood of clerical issues.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

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. It was pleasing to see that candidates and Centres have continued to develop their approaches, using a variety of methods and formats to respond to the tasks. Since moving to the NEA format, there has been increased engagement with the assessment and candidates have used the opportunities provided through the case studies to demonstrate their knowledge and understanding.

Overall, the level of work and understanding seen in this summer series was of a good standard. Candidates were able to demonstrate clear knowledge and understanding across the different learning outcomes and apply this effectively to their chosen individual. It was evident that Centres had engaged well with the requirements of the tasks and there were many examples of excellent practice.

Overall, Task 1 was generally the stronger of the two tasks with many candidates demonstrating a secure understanding of the factors affecting their chosen individual. Stronger responses were able to make clear and relevant links between the individual's circumstances, their needs and the potential impact on their health and well-being. Candidates who accessed the higher mark bands demonstrated the ability to apply their knowledge throughout, rather than providing generic responses.

The NEA comprises two tasks. The first task relates to presenting case notes on a chosen individual and assesses 5.1, 5.2 and 5.5. For this task, learners work under controlled conditions without access to the internet and are able to use pre-prepared notes. These notes should be included on any upload to IAMIS, alongside the candidate work, assessment documentation, learner declaration and timesheet. Candidates used a variety of methods for this task, ranging from traditional reports and case notes to the use of different software to present their work, such as PowerPoint or Google Slides. Where slides were used, the majority of candidates elaborated sufficiently with additional notes and demonstrated good understanding.

Within Task 1e, candidates generally demonstrated an understanding of the support available to their chosen individual. To access the higher mark bands, candidates need to ensure they identify and discuss specific health and social care professionals, clearly linking their role and support to the needs of the individual rather than providing generalised responses.

The second task relates to 5.3 and 5.4, and internet access is permitted for this task to assist learners in creating a care plan for their chosen individual. A range of formats were seen within this task including slides and Word documents. Whilst there were many examples of detailed and well-structured responses, some Centres need to continue to support candidates in focusing closely on the key command verbs within the assessment. A number of responses relied heavily on tables, which at times encouraged brief descriptive points and

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limited candidates' opportunities to provide the depth of explanation, analysis and evaluation required to access the higher mark bands.

In question 2a, there continued to be a minority of candidates who focused mainly on legislation, with less consideration of codes of practice or codes of conduct. This limited access to the higher mark bands for this question. Although this has improved compared with previous series, it remains an area for Centres to consider, ensuring candidates have the opportunity to access the full range of marks available.

As internet access is permitted for Task 2, Centres should also ensure that candidates acknowledge any sources used to support their work. Effective use of research should enhance the candidate response and be applied specifically to the chosen individual rather than included as general information.

A variety of marking styles and approaches were seen across Centres. There were many examples of good practice where Centres had annotated candidate work effectively demonstrating where assessment criteria had been met and providing clear justification for the awarded mark band. There were also examples of effective internal moderation processes and submitting evidence of this process alongside assessment materials continues to be considered good practice.

Most Centres uploaded their work by the agreed deadline and the majority uploaded all required documentation in an accessible format. This included completed learner declarations, assessment documentation, candidate work and supporting evidence required for moderation. Centres are reminded to ensure that all required documentation is included on IAMIS at the point of submission to support the moderation process.

Comments on individual questions/sections

Q.1(a)

Overall, candidates performed well on this question and demonstrated a good understanding of the factors that contributed to the risks faced by their chosen individual. Many candidates were able to apply their knowledge effectively to the case study and provide clear explanations of a range of relevant factors. The strongest responses clearly explained how each factor contributed to risk and linked this specifically to the chosen individual. Responses in the lower mark bands tended to identify or describe factors without fully developing the explanation. Centres are reminded that this question focuses on factors from the individual's past and candidates should ensure their responses are clearly linked to previous experiences or circumstances.

Q.1(b)

The majority of candidates responded well to this question and were able to identify and explain current risks affecting their chosen individual. Many candidates demonstrated good application of knowledge and were able to make clear links between the risks identified and the impact on the individual. Where candidates were less successful, responses sometimes focused on a limited number of risks, which restricted access to the higher mark bands. Candidates accessing the higher mark bands demonstrated a wider range of accurate knowledge and understanding.

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Q.1(c)

This question was generally answered well, with most candidates demonstrating an understanding of the factors which can affect the rights of service users. Many candidates were able to apply this effectively to their chosen individual and explain how these factors influenced their rights. A minority of candidates focused more on describing the rights an individual should have rather than the factors affecting these rights. Candidates should ensure they address the focus of the question and apply their understanding specifically to the chosen individual.

Q.1(d)

There was a range of responses seen for this question. Stronger responses were able to apply knowledge and understanding effectively by explaining factors and clearly linking these to the individual in the case study. Where candidates were less successful, they often demonstrated knowledge of the topic but did not fully apply this knowledge to the chosen individual. As this question assesses application of knowledge and understanding, candidates should ensure their responses remain focused on the individual rather than providing a general discussion.

Q.1(e)

There were many good responses seen for this question, with candidates demonstrating an understanding of how health and social care professionals can promote inclusion. Stronger responses identified specific professionals relevant to the individual and explained the role they could play in supporting their needs. Responses in the lower mark bands were often more generalised and referred broadly to “health professionals” or “support workers” without discussing specific roles. To access the higher mark bands, candidates should ensure they identify relevant professionals and clearly explain how their actions promote inclusion for the chosen individual.

Task 2

Q.2(a)

There were some strong responses seen for this question, with candidates demonstrating knowledge and understanding of relevant legislation, codes of practice and codes of conduct. The strongest responses were able to explain these clearly and link them effectively to their chosen individual. There has been improvement compared with previous series; however, a minority of candidates continued to focus mainly on legislation and did not include sufficient discussion of codes of practice or codes of conduct. Centres are reminded that candidates need to address both areas to access the full range of mark bands.

Q.2(b)

There were examples of detailed responses where candidates were able to assess different health and social care practices and explain how these could safeguard their chosen individual. The strongest responses demonstrated clear understanding of the practices and considered their effectiveness. Some candidates found this question more challenging, particularly in relation to addressing the command verb. Some responses described practices rather than assessing their effectiveness, which limited access to the higher mark bands. A number of candidates presented information in tables, which sometimes restricted the opportunity to develop responses fully. Centres should encourage candidates to consider the depth of explanation required and ensure they fully engage with the requirements of the command verb.

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Summary

Overall, this was a positive series where candidates demonstrated clear knowledge and understanding across the unit. Task 1 was generally the stronger of the two tasks, with many candidates applying their knowledge effectively to their chosen case study. Task 2 showed a variety of approaches, and there were many examples of successful responses using both slides and Word documents.

Centres are thanked for their continued engagement with the NEA and for supporting candidates in producing work of a good standard.

Summary of key points

- Centres should continue to provide clear annotation to justify awarded marks, highlighting where assessment criteria have been met to support the moderation process.
- Centres should ensure all required documentation is uploaded to IAMIS, including notes used for Task 1, learner declarations and timesheets.
- In question 1a, candidates should focus on factors from the past that contributed to risk, whereas question 1b should focus on current risks.
- In question 1e, candidates should identify specific health and social care professionals and explain their role in promoting inclusion.
- In question 2a, candidates should include both legislation and codes of practice/codes of conduct to access the full range of mark bands.
- In Task 2, candidates should focus closely on the command verbs and ensure responses are fully developed rather than relying on brief information presented in tables.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

UNIT 6: WORKING IN HEALTH AND SOCIAL CARE

Overview of the Unit

The majority of centres followed the 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. Candidates were provided with a range of relevant health and social care engagement experiences involving a variety of different health and social care professionals.

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, some candidates were still placed in additional learning departments within mainstream schools, colleges and nurseries. These are not acceptable placements for this programme. This health and social care qualification specification outlines the appropriate settings/services within the WJEC guidance for this unit. 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 have been placed in educational settings, they should select associated health and social care roles such as a school nurse or an educational psychologist. Assessment must follow the mark scheme, so marks awarded to candidates describing inappropriate settings and job roles will be restricted to the lowest mark band. Candidates placed within incorrect settings/services were often unable to access the top mark bands because they were unable to provide appropriate health and social care examples in their responses. Some centres submitted an inaccurate rank order in the assessment of candidate work because those candidates placed in inappropriate settings/ services had been awarded too generously.

Most centres submitted their learner sample evidence to meet the WJEC 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. 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

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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 pass candidate 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. 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.

Comments on individual questions

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 the 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

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- 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 with inappropriate placements in educational settings referred to Estyn, which was not rewardable in their mainstream placement context.

A(iii)

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 cohort.

The candidates who did not address all aspects of the task requiring reference to legislation, regulation and frameworks were restricted to the lower mark bands.

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 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.

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Knowledge and understanding of safeguarding was a key strength across candidate submissions. They demonstrated a strong understanding of safeguarding principles and were able to reflect effectively on safeguarding practices observed or implemented within their setting/service.

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. Evidence 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.

C(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
- inform policy and practice to achieve desired outcomes for health and social care workers and individuals accessing the care.

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.

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.

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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, related theory to practice effectively and 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, contributing 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 achieved higher marks by 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.

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However, a significant number of candidates just described the 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.

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:

- **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.

- **Assessors must follow the mark scheme and not award top mark band marks**
- **to candidates who have been placed in inappropriate, non- health and social care settings or services.**

- **Assessors should ensure that their candidates are familiar with the command verbs (please refer to the WJEC website for the details).** Candidates often gave a description or an explanation instead of discussion required for task D.

- **Centres must ensure that all the required documentary evidence is uploaded and submitted** for moderation by the deadline date of the 5th June. The submission requested for sampling by WJEC should include:
  - **The Candidate's NEA work** (ideally annotated by the Assessor 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/AI 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).

- **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 are encouraged to check all candidate work for plagiarism/AI before assessing it.

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- Centres should raise candidate awareness of answering the set question. Question C(iii) requires a consideration of how Welsh legislation, regulations and frameworks have influenced practices in the setting. All three aspects of Welsh legislation, regulations and frameworks must be covered to be awarded in the top mark bands. Also please note that reference to generic UK legislation such as the Equality Act and English regulators such as the CQC is not rewardable.

- Centres should encourage their candidates to give placement specific exemplification, whenever possible in their responses.

- 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.**

- **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 for each assessment task.

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

- **Candidates should be aware and avoid the use of Americanised English spellings** such as ‘center’, organization’, ‘behavior’ and ‘prioritize’ in their reports.

- 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.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

UNIT 7: ANATOMY AND PHYSIOLOGY

Overview of the Unit

This is the fifth 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 answers. 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. It was pleasing to note that nearly all candidates attempted the questions and were able to provide extended answers in the majority of instances. Similarly to previous series, it is important that candidates are made fully 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 the nervous and respiratory systems. Many learners were also unsure of the role of the electrical conduction system in addition to the role of osmosis.

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 from the specification.

7.1 Cellular structure and function

The questions relating to this area of content were: 1,2,3.

Many candidates achieved high scores for the first question and were able to name a range of cells; if candidates had referred to cells by their types e.g. white blood cells instead of leukocytes marks were awarded by the examining team. A minority of candidates incorrectly named cell structures e.g. nucleus and credit was not awarded. This year candidates were tested on the process of osmosis and candidates were required to discuss the role of osmosis in maintaining good health and wellbeing in the human body. Very few candidates achieved the top band mark for this question with candidates mainly giving basic to good discussions which centred on the movement of water molecules across a semi permeable area of membrane. Very few discussed their role in hydration or in the function of the kidneys. Question two on connective tissue was well answered by the majority of candidates and candidates were able to explain a range of functions with a wide variety of examples of their functions.

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Structure and function of human physiological systems

The questions relating to this area of content were: 4,5,6,10,11,9b

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.

There were two questions about the physiological systems in the paper. Question 4 required candidates to explain the function of the renal system. Candidates were, in the main, able to discuss the role of the kidneys and what they do primarily in terms of filtration of blood. They were also to discuss some further roles in terms of bladder and the wider waste management system.

The role of joints in the skeletal system was assessed in question 5 and candidates gave a range of joints and functions. Where candidates scored higher, they were able to confidently discuss the way in which the joints support the role of the skeletal system in terms of providing a structure for the skeletal system and enabling the body to move flexibly.

Historically candidates have scored weaker in terms of *applying* the knowledge of the physiological system and then the benefits of 7.3, and in this paper, they were asked about the benefits of physical activity on the musculoskeletal system. A range of answers were given by the candidates in terms of monitoring physical activity related to strengthening muscles and tone of muscles, improving management of weight and the impact of reducing weight on the musculoskeletal system.

Question 10 required candidates to identify and outline four chambers of the heart. Many candidates were able to name four chambers of the heart for example, atriums and ventricles but the knowledge and understanding of their function was mismatched. Candidates were able to briefly outline the role of deoxygenated and oxygenated blood but could not provide further detail than simple functions. Many candidates were unable to identify the chambers. This led on to the electrical conduction system of the heart with, again, the candidates showing a vast array of answers that were non creditable from the circulation of blood to the function of arteries. The question required candidates to describe the electrical conduction system of the heart specifically the SA node and AV node and how this works in terms of electrical impulses. A minority of candidates did so successfully.

The role of digestion was answered very well by the majority of candidates who could describe stages of digestion as well as the role of the organs involved in the digestive system confidently and centres should be commended for excellent teaching for this question.

Candidates were also confident to discuss the effect of hydration on the digestive system and could outline a number of benefits.

How lifestyle factors and choices can impact on human physiology

The questions relating to this area of content were: 6,7, 8, 9b, 10 See above for commentary on this section.

How individuals can monitor their own health and well-being

The questions relating to this area of content were: 8a, 8b, 12,
On the whole candidates answered well in terms of this section and could describe the importance of health monitoring either via the tools mentioned in question 8b or through the

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cervical screening question (12). They were able to discuss the way in which both tests reduced strain on the NHS and then the staff. They were able, on the whole, to identify that the test spotted cervical cancer in women.

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

UNIT 8: SUPPORTING THE HEALTH AND WELLBEING OF ADULTS TO ACHIEVE POSITIVE OUTCOMES

Overview of the Unit

This is the fourth iteration of 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 nearly all centres are making good 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 and should be uploaded with work.
- 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.

Comments on individual questions/sections

Task 1

(a)

It is recommended for Task 1 (a) that the explanation of provision/delivery of provision is combined and how individual needs could be assessed, is separated. This helps candidates structure their answers better.

It was pleasing to see candidates being aware 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 join up explaining 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. 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.

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(b)

It was pleasing to see candidates aware of a wide range of different health approaches that may be used in promoting and protecting the named individual's mental health and well-being. 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 the named individual'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 a bullet point formation and did not provide further or sufficient descriptions of the approaches. There is no rule about how many approaches should be described, however this needs to be wide ranging to access the higher mark bands. Some candidates gave a wide range of different apps which could be used – this is accepted 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 has been 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 had 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 the named individual.

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 well-being goals for the individual in the case study. The key for the higher bands is the focus on Anika.

A useful way for candidates to give the main points when outlining is:

- Give the approach or strategy (make sure this is appropriate to Anika)
- Briefly describe this and what would Anika expect to happen
- How this approach or strategy would help directly with Anika's behaviour and achieve her well-being goals.

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Candidates need to refer to these in their outlines for higher band mark achievement.

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.

- https://www.healthandcarelearning.wales/en/resources/hsccc-command-words
- Unit 8 delivery guide https://www.healthandcarelearning.wales/media/gg0aen3l/l3-hsc-pc-ext-dip-unit-8- gft-e.pdf
- Sample assessment material https://www.healthandcarelearning.wales/media/s0lbvgqs/l3-hsc-pc-ext-dip-unit-8-abridged-sams-e-050124.pdf

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HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2026

UNIT 9: INVESTIGATING CONTEMPORARY ISSUES IN HEALTH AND SOCIAL CARE IN WALES

Overview of the Unit

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 (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. In order to achieve higher mark bands, candidates must provide evidence in more detail that matches the specification requirements, assessment objectives and command words.

Centre comments on declaration forms are beneficial to justify marks awarded. 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.

Tasks

Comments on tasks/questions relating to candidate performance/meeting assessment criteria

Task 1

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, this would allow them more scope to access the higher mark bands and met the set criteria.

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

The task was completed in an appropriate format of a report. 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 issue 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 achievement criteria stated in the specification (assessment) 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.

- 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.

Task 2

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 seen.

Research was relevant and applied appropriately and 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.

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

- 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.

Section B

Candidates shown 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

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a higher mark band. Full coverage of the assessment criteria must be met before awarding higher marks.

- 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.

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.

- 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 must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced.

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.

- 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.

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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. The mark scheme at the higher band requires:

"A confident grasp of 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.

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.

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

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

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

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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: https://www.healthandcarelearning.wales/qualifications/level-3-health-and-social-care-principles-and-contexts-first-assessment-2024/?tab=1

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/

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

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WJEC
245 Western Avenue
Cardiff CF5 2YX
Tel No 029 2026 5000
Fax 029 2057 5994
E-mail: exams@wjec.co.uk
website: www.wjec.co.uk

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