

Level 3 Examiners' Report

Health and Social Care: Principles and Contexts
Level 3

January 2026

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Introduction

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

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

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

Further support

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

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

Exam Results Analysis	WJEC provides information to examination centres via the WJEC Portal. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.	Portal by WJEC
Classroom Resources	Access our extensive range of FREE classroom resources, including blended learning materials, exam walk-throughs and knowledge organisers to support teaching and learning.	https://resources.wjec.co.uk/
Bank of Professional Learning materials	Access our bank of Professional Learning materials from previous events from our secure website and additional pre-recorded materials available in the public domain.	Portal by WJEC or on the WJEC subject page.
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Executive Summary

This series saw low numbers of entries for Units 1 and 5, the NEA units. Work for the NEA units was accurately assessed by centres and showed good understanding of the tasks. In Unit 1, a key element for centres is to focus on the understanding of the principles of care and how they underpin outcome focussed care. Candidates should refer to a wide range of policies and legislation in relation to the case study. For both units 1 and 5, application to the case study and detailed responses are key to accessing the higher mark bands.

There was a significant increase in candidates sitting the Unit 2 examination online this series. This remains a useful option for those candidates with handwriting that is difficult to read. Overall, performance in both online and paper-based examination performance was slightly below that of last Winter. Candidates should practice application of knowledge to case studies to enable them give fully developed answers in this unit. Use of the correct and specific terms aids performance. As always, candidates should be fully aware of the command verbs and understand that A03 words such as 'evaluate' require both positives and negatives to be considered. Exam practice using past papers is essential to encourage candidates to read the questions carefully and understand what is required.

There was a slight increase in performance for Unit 7 this series which is pleasing and demonstrates greater knowledge and understanding from candidates. Some candidates showed gaps in knowledge and there should be a focus on linking scientific content to lifestyle factors for candidates to fully access the higher mark bands for some questions.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

January 2026

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

Overview of the Unit

This unit is assessed through an examination (either on screen or written paper) comprising 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/hsgcc-command-words>

A range of topics were covered in this section, including the benefits of physical activity on development during childhood. It also explored ways in which a ten-year-old could be supported after experiencing an Adverse Childhood Experience (ACE). Further discussion focused on how changes in family structure can impact the physical and intellectual development of children, specifically when a family changes from a nuclear family to a single-parent family. A range of command words were used to assess Unit 2.1, from *identify* to *evaluate*.

Unit 2.2: Models Related to Factors Affecting Growth and Development

Key models assessed in this unit included Erikson, Bandura, Bowlby, Piaget, and Gesell. Some learners were unable to apply key concepts effectively when addressing the assessment points. In addition, some candidates struggled with the AO3 command word *contrast*, particularly in the question requiring them to contrast Piaget's and Gesell's theories of development across infancy and childhood. These candidates were unable to identify clear differences between the models and did not use theoretical concepts to support their responses.

Unit 2.3: Approaches to Promoting and Protecting Resilience

The main question in this section required candidates to examine the strengths and weaknesses of approaches that could be used to promote and protect Zinnia's resilience following her stroke. While many candidates identified appropriate approaches, they often failed to explain in sufficient detail how these approaches would support Zinnia's current situation or why they might be less effective given her circumstances.

There were also shorter questions in this section, such as how health professionals could support Melanie in developing an optimistic outlook to promote her resilience. Melanie had experienced a divorce and a change in family structure. Again, some candidates were unable to fully focus their responses on the case study provided.

Comments on individual questions/sections

- Q.1 (a)** This question was not addressed very effectively, with many candidates not focusing on the specific question and instead giving the name of the life stage rather than the age range of the individuals that Susan would support.
- (b)** Candidates did not score highly on this question as many were unaware of Louie's current stage according to Erikson's theory, which is *industry versus inferiority*. Some learners demonstrated implicit understanding of the industry stage, such as recognising that Louie was learning new skills and that praise and encouragement are important for his future development; this was credited. The majority of candidates were able to identify that Erikson proposed eight stages of development and that Louie would experience a crisis, and that failure to resolve this crisis would prevent him from successfully progressing to the next stage. Very few candidates were able to name the virtue associated with successfully resolving this stage, such as *competence*, or explain that achieving this virtue would result in greater confidence in his abilities in the future.
- (c)** The majority of candidates were able to identify a valid criticism of **Erikson's Psychosocial Theory**; however, many were unable to describe or explain this criticism. For example, a large number of candidates stated that Erikson's theory *ignores biological factors*. This statement alone was accepted as a correct criticism and awarded one mark.

However, to gain the additional mark, candidates needed to describe **why** this is a criticism. Stronger responses extended their answer by explaining that Erikson's theory places greater emphasis on environmental and social influences and therefore overlooks the role of biological and genetic factors in shaping behaviour and development.

Candidates who clearly identified the criticism and provided a brief description demonstrating understanding were the most successful in this question.

- (d)** Candidates were generally able to identify two physical disabilities that may affect children's growth and development. Many responses demonstrated a sound understanding of conditions that directly impact physical functioning.

However, a number of candidates did not provide clear examples of physical disabilities and instead referred to mental health conditions, neurodevelopmental conditions, or behaviour that challenges. Although there can be some overlap between different types of disability, candidates were required to clearly differentiate physical disabilities from other categories. In line with the **NHS Wales definition**, a physical disability is a long-term condition that substantially affects an individual's physical functioning, mobility, or dexterity and may limit their ability to carry out everyday activities independently.

Using this definition, a range of appropriate responses were accepted, including **cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, juvenile arthritis, and limb loss or limb difference**.

Conditions such as **Down syndrome, autism spectrum disorder (ASD), Tourette syndrome, and Attention Deficit Hyperactivity Disorder (ADHD)** were not accepted. While these conditions may present with associated physical or health-related needs, they are primarily classified as **genetic or neurodevelopmental conditions** and do not, in themselves, involve a primary impairment of physical functioning, mobility, or dexterity when compared with the accepted responses.

- (e) Some candidates were able to explain how Susan could use a person-centred approach when supporting Louie; however, on other occasions, candidates were unable to fully explain their points or provide a range of ways, which was necessary to achieve the higher marks. For this AO2 question, candidates needed to identify the approach, explain how it would be used, and conclude with the benefits to Louie's development.

A useful developed point would be:

- **Getting to know Louie through a “what matters” conversation**
Example: Susan asks Louie open-ended questions about his likes, dislikes, and preferences.
Benefit: This supports Louie's emotional and social development by making him feel heard and valued, which can increase his confidence and engagement.

- (f) A range of candidates were able to describe the general benefits to development of taking part in physical activities. It was pleasing to see that candidates were aware of the meanings of physical, intellectual, emotional, and social development, although a few missed some of these areas out. However, due to the AO3 command word “**discuss**”, the question required candidates to examine the issue in detail and focus specifically on **why taking part in physical activity is beneficial during childhood**. This is where many candidates struggled.

For example, many candidates did not give **child-appropriate physical activities** and therefore found it difficult to apply their points. A useful developed discussion point for **social development** would be that games involving teamwork, such as **rounders**, support children in learning to take turns. This is particularly important during childhood, as children are often **egocentric** and focus mainly on themselves. Developing these skills encourages children to consider the feelings of others and become more effective team players.

Similarly, some candidates stated that physical activity supports the **emotional development** of children by increasing **endorphin levels**. However, on its own this is a basic comment, as it applies to all life stages. To gain higher marks, candidates needed to develop this point by explaining **which child-appropriate activities** increase endorphins and **why this is particularly important in childhood**. For example, activities such as **tag, dancing, or swimming** increase endorphin release, which improves mood and reduces stress. This is especially important during childhood because children are still developing **emotional regulation**, and increased endorphins can help them manage emotions, reduce anxiety, and improve overall emotional wellbeing.

Some learners focused on the benefits of healthy eating; however, as this does not constitute physical activity, these responses were not credited.

- Q.2 (a)** This question was answered very well, with many candidates accurately identifying Zinnia’s life stage as later adulthood. A few candidates used incorrect terms, such as “elderly” or “senior” life stage; it is important that candidates use the correct terminology for life stages.
- (b)** This question was generally answered very well, with the majority of candidates able to give two other **unpredictable life events** that Zinnia may have experienced. However, some candidates gave names of serious illnesses or mentioned serious illnesses, which were not credited, as the question clearly asked for **other unpredictable life events**. Some candidates repeated back the events Zinna had experienced within the case study.

Some candidates stated “death” on its own; this was not an acceptable answer, as Zinnia is still alive and has not experienced this. However, answers such as **death of a spouse or partner** would have been accepted.

It is important that candidates are made aware of a range of unpredictable life events. It would be useful for candidates to have a list of these events and, in class, discuss their impact on the development of individuals. Candidates could also consider approaches that might be used to support **resilience** in response to these unpredictable life events.

Some common unpredictable life events that could be used are:

- Death of a spouse, partner or family member
- Divorce or separation
- Loss of income after bereavement
- Redundancy or early retirement
- House fire or house flood
- Moving into a care home or hospitalised
- Becoming a carer for a family member or friend.

- (c)** The majority of candidates were able to outline the term *rehabilitation*, with many providing the core meaning and then extending their response. For example, candidates referred to helping individuals recover from a life event, supporting reablement, restoring health or strength, or helping to prevent relapse. Some candidates, however, gave vague responses, such as “doing something,” which were insufficient.

Candidates who extended their answers by outlining why an individual may need rehabilitation, identifying different types of rehabilitation, or stating where rehabilitation may take place were able to access the full two marks.

- (d)** Most candidates were able to give a range of different approaches that could be used to promote and protect Zinnia’s resilience; however, some candidates were not able to evaluate or focus directly on Zinnia’s situation. The key for this question was to evaluate **why the approaches would help Zinnia bounce back from her stroke**. Some candidates described the importance of positive resilience without evaluating the strengths and weaknesses of specific approaches that could be used to promote and protect the Zinnia’s resilience.

On occasions, some candidates made direct evaluation of Zinnia, for example, noting that recreational activities such as art or gardening could be useful because they are adapted, can give her confidence, and help improve physical strength that may have been lost due to her stroke. However, these activities may not be helpful if Zinnia is experiencing pain or side effects from medication, which could make her situation worse.

Typically, candidates only paid lip service to Zinnia, and as a result, their evaluation was not always fully focused. Some candidates only covered the strengths of approaches. It is important that candidates are given a range of unpredictable life events and, when studying approaches to resilience, are able to **apply these approaches to specific situations** while also considering both strengths and weaknesses.

- Q.3 (a)** Some candidates identified repeated involvement in crime as a negative lifestyle choice that adolescents may make; however, as the question specified *apart from committing a crime*, these responses were not awarded a mark. The majority of candidates were able to clearly identify two appropriate negative lifestyle choices that adolescents may make. Very strong responses included examples such as the negative use of technology, smoking, poor nutrition or hydration, reckless driving, engaging in risky sexual behaviour, and truanting. It is important that candidates are specific when identifying negative lifestyle choices. For example, some candidates simply referred to “drugs”; while this was credited in this series, in future series candidates should specify the associated negative lifestyle choice, such as inappropriate use of drugs or substance misuse.
- Some candidates identified teenage pregnancy; this was not credited as it is an outcome rather than a lifestyle choice. A more appropriate response would have been to identify the behaviour leading to this outcome, such as engaging in unprotected sex or risky sexual behaviour.
- (b)** Some candidates struggled to consider the long-term effects of negative lifestyle choices on adolescents’ intellectual development. Higher-mark candidates were able to clearly describe the long-term negative effects of such choices. These candidates identified specific negative lifestyle choices, explained the long-term impact of these choices, and concluded by linking this impact to intellectual development.
- (c)** Most candidates were able to demonstrate some knowledge of Bandura’s Social Learning Theory; however, some struggled to apply this theory to explain why some adolescents may become involved in crime. It was pleasing to see some candidates illustrating their points with reference to the Bobo doll experiment. Very few candidates made evaluative judgements in their answers, such as considering why Bandura’s theory may not be useful in accounting for adolescent involvement in crime. Higher-banded candidates were able to use a wide range of concepts from Social Learning Theory, including the Bobo doll experiment, role modelling, and vicarious reinforcement.

- Q.4 (a)** The majority of candidates were able to accurately define the term *substance misuse*, correctly identifying it as the harmful use of substances, such as the overuse of drugs. However, some candidates did not include an extension point, such as providing an example or identifying a sign that someone may be misusing substances. These responses only stated that substance misuse involved harmful use, without further elaboration.

Some candidates incorrectly identified substance misuse as the regular use of substances. This definition was inaccurate, as regular use could refer to individuals taking prescribed medication from a GP or other health professional, which would not be considered substance misuse. To gain credit, candidates needed to demonstrate that substance misuse involves harmful or negative use.

To achieve full marks, candidates were required to both define substance misuse and provide an example or indicator, demonstrating a deeper understanding of the concept.

- (b)** This question was addressed really well, with the majority of candidates able to score marks by identifying two types of ACEs Kimble may have been exposed to. However, some candidates gave **effects of ACEs**, such as mental illness, rather than naming the ACE itself. To earn the mark, candidates needed to clearly identify **specific ACEs**, such as:

- Parental mental illness
- Abuse (physical, emotional, or sexual)
- Neglect
- Incarceration of a household member
- Being placed into foster care
- Experiencing a serious household event, such as a house fire.

Some candidates misread the question and included **substance misuse within the home**, which was not credited because the question asked for two **other** ACEs Kimble may have experienced.

Additionally, vague responses such as “shouting,” “arguments,” or “stress at home” were not credited, as these are not formally classified as ACEs.

Candidates who clearly identified recognised ACEs scored full marks.

- (c)** It was pleasing to see that candidates were aware of some diseases or health conditions associated with experiencing an Adverse Childhood Experience (ACE), in line with the 2.1 specification. Common conditions identified included anxiety, depression, cardiovascular disease, and diabetes. Some candidates also referenced post-traumatic stress disorder; however, it is important to **fully name the condition** and avoid using abbreviations for example some candidates identified PTSD but needed to fully name that.

To achieve full marks, candidates needed to:

1. Identify an appropriate disease or health condition.
2. Describe the disease or condition clearly.
3. Explain **why an ACE may have contributed** to Kimble developing this condition.
4. Include a comment on **how this condition may affect Kimble in the long term**.

Responses that included all four elements demonstrated a clear understanding of the link between ACEs and subsequent health outcomes, as well as the potential long-term impact on Kimble’s physical or mental wellbeing.

- (d) The majority of candidates were able to identify ways Kimble could be supported to address the long-term impact of ACEs. However, some candidates struggled to fully apply the **AO2 command word "explain,"** which requires providing clear details and reasoning, not just naming interventions.

It was important that candidates **not only identified support methods** but also **explained what Kimble would experience and how this would reduce the long-term impact of ACEs.**

A useful resource for centres to use when learning about ACES are - <https://acehubwales.com/>

- Q.5**
- (a) The majority of candidates were able to correctly identify the family type that Melanie is part of, with most stating that she is part of a single-parent family or a co-parented family. A few candidates suggested that she was part of a blended or reconstituted family; however, this was incorrect, as the case study did not indicate that Melanie had remarried or formed a new relationship.
 - (b) Many candidates correctly identified the type of family that Melanie and her children are now part of, for example recognising that they are not part of a single-parent family. However, some candidates incorrectly stated that they were part of a nuclear or blended family, which was not correct. Some candidates gave vague responses, such as referring to a “broken family,” which lacked clarity and precision. Other candidates focused on identifying the types of families that Melanie and her children were *not* part of, rather than clearly stating the specific family type they are now part of. As a result, these responses did not fully answer the question.
 - (c) Overall, candidates were able to identify specific ways in which Melanie could promote an optimistic outlook. An optimistic outlook refers to maintaining a positive and hopeful attitude towards future outcomes. However, some candidates were unable to explain how these approaches would specifically support Melanie’s resilience in her situation, for example in relation to her divorce, changes in family structure, or the establishment of new routines. Candidates who did not link the optimistic outlook to how it would specifically benefit Melanie’s circumstances were unable to access the higher marks.
 - (d) The AO3 command word “*evaluate*” was not fully addressed in this question. *Evaluate* requires candidates to weigh up evidence by considering both positive and negative impacts. For this question, candidates were required to evaluate the potential positive and negative impact of a change in family structure on the physical and intellectual development of Melanie’s children. The majority of candidates focused on the negative impact on physical and intellectual development without exploring potential positive impacts. Some candidates focused on only one area, while others introduced additional aspects of development, which were not credited. Very few candidates considered the impact on Melanie herself.

It was pleasing to see some candidates fully engage with the command word and apply their responses to the impact of the change in family structure. For example, some candidates identified that improved sleep routines could be a positive physical impact, as reduced arguing within the household may result in better sleep, allowing the children to have more energy during the day. In contrast, others recognised a potential negative physical impact, suggesting that the children may experience disrupted sleep and extreme fatigue due to feeling out of place in a new home or worrying about the divorce. This demonstrated a balanced response, focusing on both the positive and negative physical impacts.

Some candidates also made valid points, suggesting that having two homes could improve the children's intellectual development through experiences such as going on two holidays and broadening their knowledge of the world. Others explored how the children might develop independence skills, such as helping with household chores to support a parent who is now living on their own.

- Q.6 (a)** A large number of candidates achieved high marks on this question, successfully identifying two suitable activities, other than parent and toddler groups, that Avra and her mother could realistically join within the local community. Many responses demonstrated a clear understanding of accessible and appropriate community-based activities. Common correct answers included **baby/parent swimming sessions, art or craft activities, and library-based groups**. These responses were credited as they identified **specific activities** that both Avra and her mother could participate in together.

However, some candidates named **services or places** rather than activities, for example *leisure centres* or *parks*. These responses were not credited, as the question required a clearly identified activity rather than a general location. A small number of candidates repeated *parent and toddler groups*, which resulted in no marks being awarded, as the question explicitly asked for two activities **other than** parent and toddler groups. Similarly, responses such as *nursery* were not accepted, as this represents a typical childcare service rather than a community activity.

Overall, candidates who carefully read the question and provided **specific, realistic activities** were the most successful.

- (b)** Some candidates were able to explain why attachment is important; however, others did not consider Bowlby's theory and failed to include key concepts such as the critical period, monotropy, maternal deprivation, internal working model, or affectionless psychopathy. To access the higher marks, candidates needed to clearly link Bowlby's concepts to why the attachment between Janice and Avra is important for Avra's long-term development. In several responses, long-term development was not fully considered.
- (c)** This question was not answered effectively by many candidates, with a large number unable to contrast the differences between Piaget's and Gesell's theories when accounting for Avra's development across infancy and childhood. Some candidates lacked confidence in describing one or both theories accurately, which limited their ability to make meaningful comparisons.

In addition, a number of candidates focused on similarities between the theories rather than contrasting them, which did not meet the requirements of the question. The AO3 command words “*identify and comment*” required candidates to clearly identify differences between the theories and then explain or comment on how these differences relate to Avra’s development.

Stronger responses would have contrasted Piaget’s view that cognitive development occurs through stages driven by active learning and interaction with the environment, with Gesell’s theory, which emphasises biological maturation and the role of genetics in development.

To improve performance, candidates should practise responding to AO3 command words such as *contrast*, ensuring they use clear, connected sentences (for example, “In contrast to Piaget, Gesell believed that...”) to demonstrate explicit comparison.

- Q.7**
- (a)** Many candidates were able to identify clear signs that an adult may be on the autistic spectrum. However, some candidates gave vague comments such as *difficulty in communication*, which lacked detail, or referred to *strange behaviour*, which was not credited. Some learners confused *tics* with *stimming*; while *stimming* was accepted as a clear sign of autism, *tics* are not clearly or directly linked to autistic spectrum disorder. Some candidates stated *eye contact*, but needed to be more specific, for example *lack of eye contact*.
 - (b)** The majority of candidates were able to describe the impact of autism; however, some did not fully address the question, as they focused more on emotional impacts rather than social or intellectual ones. Candidates who scored higher were able to clearly state the intellectual and social impacts and explain how these directly affected individuals in adulthood

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2025

UNIT 7 ANATOMY AND PHYSIOLOGY

Overview of the Unit

This series showed an improved understanding of many areas of the specification with candidates able to access most questions and responses becoming more developed. There was less evidence of questions being left blank.

This is the fourth winter series of the Anatomy and Physiology unit for Health and Social Care (Principles and Contexts). It was pleasing to note the level of detail some candidates gave in their responses. 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 fully made aware of the key command words that they could be assessed on, for example, in questions for A02 'explain', some candidates were unable to give reasons or explore their answer in any detail. It would be useful to give a copy of the assessment command words to candidates who are sitting external examinations to enable them to fully prepare.

Many candidates were brief in the questions that required fuller answers such as explain and describe. Candidates should be encouraged to write full answers where the command verb requires it. Where candidates fell into the lower mark bands it was generally down to knowledge of the nervous and respiratory systems. Some candidates were also unsure of the role of the cardiovascular system.

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 of this paper.

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: 2 and 7

Many candidates referred to the function of epithelial cells as protection and absorption however the lower ability candidates only showed a basic outline of the function of these cells and referred to their properties in a barrier sense. The higher scoring candidates were able to confidently give excellent outlines of a wide range of functions and referred to their speciality depending on location showing awareness that there are different types of epithelial cells.

Question seven required candidates to holistically describe the effects of substance misuse on the body and credit was awarded to some candidates for discussing the effect that this would have on the cells relating to the immune system. The higher scoring candidates referred to the pathogens and the role of cells in fighting these pathogens.

7.2 Structure and function of human physiological systems

The questions relating to this area of content were : 1,3, 4, 5, 7

Many of the candidates' answers relating to physiological systems are improving. It is pleasing to note that the centres are becoming more adept at teaching the specification in terms of structure and function of the physiological system.

Many candidates displayed a confident knowledge of axial and appendicular skeleton with correct identification of a range of bones; credit was awarded for the name and location of certain joints e.g. knee, however centres should encourage candidates to learn the correct anatomical names. Candidates were able to explain in some detail the role of the skeleton in terms of axial and appendicular. Many candidates displayed a confident knowledge of a range of organs in the respiratory system. The majority of candidates secured full marks for this question; where candidates did not access the full marks they had listed incorrect organs e.g. kidneys. All candidates attempted 3b and were able to give some effects of smoking, nearly all candidates referred to the short term effects and some the long term effects. However not many candidates explained the effects on the alveoli and reduced efficiencies in gaseous exchange.

Question 4 required candidates to correctly identify the heart, blood and blood vessels as key components of the cardiovascular system. Many candidates referred to the arteries and veins using their anatomical names and credit was given for this. The question continued to ask candidates to explain the main function of the system; it was pleasing that nearly all responses referred to the blood pumping around the body, however many candidates went on to explain the electrical conduction system and/or the cardiac cycle which was not the main function of the system.

Nervous stem and its function was on the whole well answered with the majority referring to the central nervous system and the peripheral nervous system.

7.3 How lifestyle factors and choices can impact on human physiology

The questions relating to this area of content were : 6, 8,9,10

Question 8 linked 7.2 and 7.3. It required candidates to explain how hydration may benefit human physiology systems. Similarly question 7 required candidates to examine how obesity may affect the cardiovascular system. The context of the teaching for 7.3 links and bridges the knowledge of the systems and applies them to common issues. Candidates and centres need to consider how these common issues may impact the human physiological systems.

Question 8 was well answered by the majority of candidates and many candidates were high scoring in their answers for this question. Candidates have a good grasp of stress, anxiety and depression and were thoughtful in their responses. Similarly, question 9 in terms of balanced diet and its benefits on human physiology was answered showing good understanding. Higher scoring candidates referred to a range of systems and made valid responses. Weaker scoring candidates simply referred to benefits in terms of lowering obesity or weight. 'Analyse' was the key verb for question 10 and many candidates

attempted to analyse the benefits and omitted the negatives of the role of physical activity in maintaining health and wellbeing which was required of band mark 4.

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

The questions relating to this area of content were : 11,and 14

Question 11 required candidates to assess the importance of technology and again the higher scoring candidates referred to the positives and negatives of technology and were able to access band mark 4. It was pleasing to see that many candidates referred to a balance of negative and positive factors; some referred to the blue light and the addictiveness of technology as well as assessing that it would help the sector for monitoring and tracking of certain health conditions. A range of screening programmes were discussed in the last question and many candidates demonstrated sound knowledge of these tests. Some candidates referred to immunisation programmes which was not part of this question.

Supporting you

Useful contacts and links

Our friendly subject team is on hand to support you between 8.30am and 5.00pm, Monday to Friday.

Tel: 029 2026 5139

Email: hscpandc@wjec.co.uk

Qualification webpage: [Level 3 Health and Social Care: Principles and Contexts \(First Assessment 2024\)](#)

See other useful contacts here: [Contact us | Health and Care Learning Wales](#)

CPD Training / Professional Learning

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

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

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