

GCE Examiners' Report

Health and Social Care and Childcare
GCE AS/A Level
Summer 2025

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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

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

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Executive Summary

Unit 1: Promoting Health and Well-being

Candidates demonstrated strong knowledge in health and childcare topics, effectively using specialist terminology. However, weaknesses were observed in understanding the limitations of the biomedical model, distinguishing between primary and tertiary health promotions, and comprehending the 'A Healthier Wales' plan. Responses to AO2 (explain) and AO3 (discuss) questions often lacked depth, with candidates tending to describe rather than explain or fully address the questions. Stronger answers included detailed discussions on the impact of Adverse Childhood Experiences (ACEs) on resilience, and the principles and challenges of 'A Healthier Wales'. Candidates are advised to read questions carefully, focus on command verbs, and allocate time proportionally to each question.

Unit 2: Supporting health, well-being and resilience in Wales

Centres largely assessed Non-Examination Assessment (NEA) work accurately, with clear candidate declaration forms and marked annotations aiding moderation. To reach top mark bands, assessors must ensure candidates provide detailed evidence that aligns closely with specification content, command words, and assessment objectives. Generally, Task 1 reports were well-formatted, with appropriate role choices and well-referenced pre-NEA research. However, stronger links to assessment criteria are needed, particularly in areas such as career pathways, legislation impacts, and the application of skills, principles, and multidisciplinary work. Task 2 submissions demonstrated accurate referencing and deep engagement with specified legislation, notably the Healthy Child Wales Programme. Candidates should address all assessment objectives fully, use their own words, and structure work with clear section headings.

Unit 3: Theoretical perspectives of children and young people's development

Most candidates demonstrated solid understanding and applied knowledge effectively, with fewer zero-mark responses compared to the previous year. Performance on double assessment objective questions improved notably. However, weaknesses emerged with biological theories, especially maturational theory, where many struggled to identify or apply the correct theorist (Arnold Gesell) and confused theoretical perspectives. While sociological, psychological, and cognitive factors were well understood, application to case studies varied. Top answers applied theory directly to scenarios, whereas weaker ones described without contextualising. Candidates are advised to read questions carefully, ensure clear application of theorists to case studies, and maintain precise use of sector-specific terminology.

Unit 4: Supporting the development, health, well-being and resilience of children and young people

Candidates achieved high marks across both NEA tasks. Presentation was consistently strong, with well-researched Task 1 presentations tailored to specific, relevant settings. Task 2 submissions demonstrated accurate referencing and deep engagement with specified legislation, notably the Well-being of Future Generations (Wales) Act (2015) and 'A Healthier Wales'. Candidates effectively analysed transitions, assessments, barriers, and complex care needs using tailored examples. To reach top mark bands, candidates should ground analyses in their specific setting, examine practitioner implications in detail, and make clear evaluative judgments on policy and safeguarding.

Unit 5: Theoretical perspectives of adult behaviour

Candidates generally demonstrated strong understanding and application of psychological theories. Most effectively utilised the pre-release case study for Section A and managed their time well, indicating thorough preparation. Written communication was typically clear, with appropriate use of subject-specific terminology. However, some responses lacked depth, particularly in linking psychological approaches to practical support for individuals. Candidates showed solid understanding of factors influencing behaviour and the benefits of Positive Behaviour Support Plans. Higher marks were awarded for detailed discussions on topics such as Beck's cognitive restructuring and the 'mattering' approach. Candidates are advised to focus on command words, utilise available resources for preparation, and develop a deeper understanding of psychological theories and their practical applications.

Unit 6: Supporting adults to maintain health, well-being and resilience

The NEA requires careful attention to detail in both Task 1 and Task 2 to ensure candidates meet assessment objectives effectively. Choosing an appropriate health or social care setting is crucial, as an irrelevant choice can limit the candidate's ability to provide relevant examples. Presentation formats should include comprehensive information, and using section titles enhances the coherence of the work. Understanding and applying outcome-focused care within the context of the Social Services and Well-being (Wales) Act is essential. Candidates should differentiate between transitions, life changes, and experiences clearly. In Task 2, a thorough understanding of social policy issues affecting adult health and social care provision in Wales is necessary. Candidates should avoid descriptive content and aim for analytical depth. Demonstrating knowledge of safeguarding responsibilities and analysing their impact on practitioners is vital. Candidates should assess how changes within society impact the health and social care sector, providing evidence and statistics to support arguments.

Overall, candidates showed commendable preparation and understanding across all units, with room for improvement in applying theoretical knowledge to practical scenarios and ensuring depth in analytical responses.

HEALTH AND SOCIAL CARE AND CHILDCARE

GCE – AS Level

Summer 2025

Unit 1: Promoting health and well-being

Overview of the Unit

This is the fourth examination paper for this GCE qualification, and centres are commended for their preparation of candidates at Advanced Subsidiary level. Centres have followed the advice given in previous examination reports, and most candidates had well-prepared for this examination. Most candidates completed all the questions on the examination paper, and appeared to have allocated their time appropriately, according to mark allocation. Most candidates demonstrated effective time management and left sufficient time to complete the longer final question (allocated 14 marks).

Most candidates demonstrated a good knowledge and understanding of the specification content and used health and social care, and childcare examples in their responses. There was good use of sector specific terminology across the assessment objectives AO1, AO2 and AO3. However, some candidates were less familiar with some of the specification content, including the limitations of the biomedical model, the primary and tertiary health promotional approaches, the 'A Healthier Wales plan for health and social care' and the role local health boards in promoting health and well-being in Wales. This examination paper may cover any aspect of the specification and centres should always ensure that candidates are familiar with the whole specification.

Candidates generally addressed the command verbs effectively across the paper. Generally, higher marks were achieved on the AO1 command verb questions requiring descriptive statements, such as for questions 1a and 1b. However, some candidates were unable to access the higher mark bands because they provided descriptions instead of the explanations or discussion required for assessment objectives AO2 and AO3. Also, a few candidates did not answer the set question to provide any creditable information.

Comments on individual questions/sections

Q.1(a)

This was a AO1 description question, which was answered well. Most candidates were familiar with the Social Services and Well-being (Wales) Act 2014, and they often showed a secure grasp of how the well-being of a child is defined. Some candidates made specific reference to Morgan, but more generic references to the well-being of children. Responses often referred to a holistic approach to include the physical, mental and emotional well-being of the child. There were references made to a child's safety, protection from abuse and neglect, education, housing, family relationships and community involvement. A few candidates incorrectly described the Well-being of Future Generation (Wales) Act 2015.

Q.1(b)

This AO1 question was generally well answered. Most candidates were familiar with the biomedical model, but sometimes just described the model, without linking its application to children living with a disability. A range of limitations were identified, such as the deterministic nature of the model focusing on the physiology of disease and illness, without an acknowledgement of the environmental and societal influences.

Some candidates provided some thoughtful and perceptive descriptions of a range of limitations of using the biomedical model for a child living with a disability. A few candidates did not answer the set question and wrote about the limitations of living with a disability.

Q.2

This AO2 question required an explanation of how the 'More than just words' strategy supports Welsh speakers to meet their health and social care needs. Some candidates described the general benefits such as the active offer, providing a language preference but, did not always explain how this helped Welsh speakers to meet their health and social care needs. Welsh speakers could receive important information in their first language, so health issues could be identified at an earlier stage, and treatment could be provided quicker to lower sickness and death rates. This question also required reference to both health and social care needs to access mark bands 3 and 4. Therefore, to achieve mark band 4, candidates needed to provide at least three ways that this strategy supports Welsh speakers to address both health and social care needs.

Q.3

This AO1 question required a description of the key characteristics of the primary and tertiary health promotional approaches. Some candidates provided clear and detailed responses and achieved full marks. However, several candidates only described one approach and were unable to achieve above mark band 1. Some candidates described secondary instead of tertiary health promotional approaches. A few candidates described primary health care providers such as GPs and hospitals instead of primary health promotional approaches. Essentially, the primary approach aims to reduce the risk for the entire population by using large-scale media campaigns such as Change4Life and Help Me Quit. The tertiary approach focuses on target groups already identified with a disease, such as diabetic clinics providing advice and guidance to manage their disorder, and to improve their overall quality of life. Several candidates did not attempt this question or did not provide information to achieve any marks.

Q.4

This AO3 question required a consideration of how adverse childhood experiences (ACEs) may affect health, well-being and resilience. Most candidates presented and considered a range of physical, intellectual, emotional and social effects affecting health and well-being, such as the link to chronic health problems and mental ill health. However, if candidates did not address the effects on resilience, they were unable to achieve the top mark bands 3 and 4. There were some excellent answers identifying the negative effects on resilience leading to low self-esteem and the inability to deal with problems. A few candidates also identified some potentially positive effects on an individual's resilience, such as an individual's determination to recover from any future problems, and the motivation to support others going through similar situations or experiences.

Q.5

This AO3 question required an analysis of how the strategy 'A Healthier Wales: our Plan for Health and Social Care' aims to support the health and social care sectors in Wales. Most candidates presented at least a mark band 1 response identifying the principles of the plan. Several candidates presented clear and detailed points, referring to the long-term nature of the plan targeting the future health of the nation, and delivering more services directly to local communities to reduce inequality access across Wales. Some candidates were aware of the key principles to provide person-centred, sustainable, equitable, preventative and high-quality services in the health and social care sectors in Wales.

Q.6

This AO1 description question was very well answered. Candidates presented a range of possible risks from alcohol misuse such as alcohol poisoning, the increased risk of liver disease and cancer and mental ill health. They provided detailed descriptions and often identified the link to increased morbidity and mortality rates at an early stage through Ruby's lifespan. Candidates could have described either short term, more immediate risks or longer-term risks.

Q.7

This AO3 question required a discussion of possible challenges facing family support workers when promoting health and well-being in the families they support. A few candidates presented thoughtful points and often used examples to support their ideas. There was an awareness that the families being supported would have a range of their own challenges, so the support worker may have to tackle psychological resistance to receiving help. The lack of funding and staffing issues were often highlighted, leading to insufficient resources available to deliver support.

Q.8

This AO2 question required an explanation of the role of local health boards in promoting health and well-being in Wales. Some candidates presented clear and detailed responses, including a range of examples. Most candidates were aware that the health boards fund, plan and deliver NHS services in their local area. Often, examples of service provision were given such as dental, optical and allied health services. Some candidates referred to the role of the health boards in promoting national schemes within their local area, such as 'Help Me Quit' for smoking cessation and 'September' which encourages free STI testing and treatment. A few candidates were unaware of the role of the health boards in Wales.

Q.9

Due to better time management, most candidates completed this last question. Candidates approached the question in different ways. Some candidates initially presented a description of the different preventative and early detection health and social care services available to support individuals in later adulthood and then discussed the overall challenges facing the provision of these services in Wales. Other candidates presented an integrated approach by describing each service provided and the associated challenges. There were some very clear and detailed responses, identifying a range of available services such as vaccination programmes, cancer screening, house adaptations, befriending services and telecare systems. Candidates identified possible challenges such as the financial costs of provision, staffing shortages, the demography of an ageing population in Wales and an increasing demand for health and social care services.

Summary of key points

Candidates must read each examination question carefully to focus on:

- Answering the set question; candidates could be encouraged to highlight or underline key words in the question to avoid making rubric errors or only answering part of the question.
- Addressing the correct command verb; candidates often describe (AO1), instead of explaining (AO2) or discussing (AO3).
- Balancing their time according to the marks allocated per question; candidates should check the marks awarded for each question and ensure to leave enough time to complete the last question on the paper which is worth 14 marks and includes marks for spelling, punctuation and grammar. This examination paper lasts 2 hours and carries 80 marks, which equates to approximately 1.5 minutes per mark. Therefore, for example, a question worth 6 marks should be completed within 9 minutes.

HEALTH AND SOCIAL CARE AND CHILDCARE

GCE – AS Level

Summer 2025

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

Overview of the Unit

Centre comments on declaration forms are beneficial to justify marks awarded and where marks have been split with AOs. Annotations on work or the inclusion of marksheets, highlighting where marks had been awarded, assisted with moderation to justify marks awarded.

Accurate assessment by most centres was seen, it should be noted that, to achieve higher mark bands, candidates must provide evidence in more detail that matches the specification requirements, assessment objectives and command words.

Each exam series, WJEC will issue details of a specified piece of legislation, or a specified policy, to which learners must refer within their work. Centres can find the specified legislation, policy for 'Task 2 Section F' on WJEC Secure website, under resources, 'Non-examination Assessment Tasks' – released on the 1st of December each year. There is a regulatory requirement for WJEC to ensure that NEA work submitted for assessment can be authenticated as the candidate's own unaided work. Candidates and teachers must sign and date a declaration form, to confirm that the work they submit for final assessment is the candidates own unaided work.

Comments on individual questions/sections

Task 1

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

Section A – Content 2.2.3(c)

Good coverage. Good outlines the job roles, employment opportunities and potential career pathways of two practitioners working within the health and social care, and the childcare sectors in Wales. 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.

Content needs to be linked to assessment criteria more specifically. Linking employment opportunities and pathways to; opportunities for promotion or progression, areas of specialism and/or geographical locations/ settings, in order to achieve a higher mark band. This information can be found on page 36 in the specification.

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

Good coverage. Good knowledge and understanding of how current legislation, initiatives and regulation, support, and have an impact on, the provision of sustainable, high-quality health and social care and childcare services in Wales.

Content (a) needs to be linked to assessment criteria more specifically. In particular the discussion about the impact of the legislations, regulations and initiatives on sustainable care services and high-quality care, to achieve a higher mark band. The list of legislations, regulations and initiatives can be found on pages 38-39 in the specification. Centre comments on candidate's work are beneficial to justify marks awarded and where marks have been split with AOs.

Section C (i) Content AO2 2.2.2(c)

Good coverage. Good explanations of a range of skills and techniques applied to promote outcome focused care. Content needs to be linked to assessment criteria more specifically. In particular, candidates need to ensure that the skills and techniques are applied to working practices to promote outcome focused care, to achieve a higher mark band.

Content needs to be applied to the chosen practitioner, with more explanation on how the practitioner may apply the skills to promote outcome focused care. more to awarded higher marks. The list of skills and techniques can be found on page 31 in the specification.

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

Good coverage. Good explanation of the principles of care and core values that underpin their working practices, and their application. Good explanation of how the practitioner works within a multi-disciplinary team to ensure that personal outcomes are achieved.

Content needs to be linked to assessment criteria more specifically. In particular, principles of care need to be applied to the chosen practitioner more to awarded higher marks. The list of principles and core values can be found on page 30 in the specification.

Content needs to be covered in detail and candidates need to ensure that they cover Multi-disciplinary Team and partnership working to the same level as the principles and core values before awarding higher marks. Principles of care need to be explained in relation to how they help ensure high quality person/child-centred care. Mutli-disciplinary and partnership working needs to be explained how it supports the individual to identify and achieve personal outcomes. Centre comments on candidate's work are beneficial to justify marks awarded and where marks have been split with AOs.

Task 2

Task 2 was completed in an appropriate format of presentation, blog, infographic. Majority of candidates produced a presentation. Some included PowerPoint notes also, candidates should be encouraged to include as much information onto the presentation as possible. Candidates should follow the structure of the assessment (Section A, B, C etc) and these sections should be used as titles, this would help to produce work of a coherent nature. Evidence of research conducted prior to NEA starting was well documented and referenced for most candidates.

Section A AO2 2.2.1(c)

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

Section B Content AO1 AO2 2.2.1(a) 2.2.1(b)

Good coverage. Good outlines of how the individual can be supported to identify strengths, and an explanation of how this could help to achieve personal outcomes and build resilience. Good coverage of outlining the individuals' personal outcomes and strengths, and good coverage of strategies that the individual can use to identify strengths and personal outcomes. Content needs to have more depth and detail to achieve a higher mark band. For AO2, more specific detail outlining how practitioners can support the individual to identify personal outcomes, identify strengths, to help and achieve personal outcomes and identify and build their resilience, will help to award higher mark bands. Centre comments on candidate's work are beneficial to justify marks awarded and where marks have been split with AOs.

Section C Content AO3 2.2.1(d)

Good coverage. Good examinations of the ways in which the individual can be supported to measure their progress against personal outcomes. Content was covered well and linked to the individuals in depth. Candidates need to ensure that they examine a broad range of ways in which the chosen individual can be supported to measure their progress against personal outcomes. Centre comments on candidate's work are beneficial to justify marks awarded and where marks have been split with AOs.

Section D Content AO1 AO3 2.2.3(a) 2.2.3(d)

Good coverage. Good outlines of the structure of relevant health and social care, and childcare provision in Wales, and considerations as to how these contrast to elsewhere in the UK. Candidates must be encouraged to link content to their individual. Content of AO1 AO3 needs to have more depth and detail to achieve a higher mark band. Consideration of how relevant services in Wales contrast to elsewhere in the UK. Centre comments on candidate's work are beneficial to justify marks awarded and where marks have been split with AOs.

Section E AO2 2.2.3(b)

Good coverage. Good explanations of the sustainability of health and social care, and childcare provision in Wales. Content needs to have full coverage to achieve a higher mark band. Candidates demonstrated good knowledge of the quadruple aim of a healthier Wales.

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

Good coverage. Good explanations of how rights-based approaches are embedded in The Equality Act and assessments of how legislation and policies interrelate with each other, and the impact on the rights of both the provider and the individual. Content of AO2 2.2.4(a) needs to have more depth and a detailed explanation of how rights-based approaches are embedded in The Equality Act to achieve a higher mark band. Content of AO3 2.2.4(b) needs to have more assessment as to how legislation and policies interrelate with each other and the impact on the rights of both provider and the individual, to award higher mark band. Centre comments on candidate's work are beneficial to justify marks awarded and where marks have been split with AOs.

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 79 and 80 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 on page 77 in the specification.
- The use of headings (Section a, b, c etc.) is encouraged to support candidates in presentation of work.
- Centre comments on candidate's work are beneficial to justify marks awarded and where marks have been split with AOs.
- Reminder that resources to support delivery can be found on Health and care learning Wales website.

HEALTH AND SOCIAL CARE AND CHILDCARE

GCE – A Level

Summer 2025

UNIT 3: THEORETICAL PERSPECTIVES OF CHILDREN AND YOUNG PEOPLES DEVELOPMENT

Overview of the Unit

The overall standard of candidate's responses to the paper was good and candidates overall demonstrated a good understanding of the specification and could apply what they had learned effectively to the questions. There were a few examples of candidates answering with responses where they had not understood the question.

In comparison to last year, candidates gave fewer responses where no marks were awarded. Candidates generally demonstrated better knowledge and understanding of the specification and were better able to apply their answers to the case study and theoretical perspectives of child development across all sections of the paper. Centres are to be commended for the improvements they have made in teaching and learning across all aspects of the specification this year. Most candidates attempted to answer all questions, and the full range of marks was achieved for each question.

Candidates performed less well on question 4c which was related to a theory from the biological approach, which candidates appeared to have less understanding of and there was still some evidence of candidates confusing theorists, and this is a point for development across all centres. There was no evidence that candidates were restricted by time. Many excellent responses demonstrated that candidates were well prepared for the examination, they gave well informed and well-structured answers using appropriate health and social care and childcare specific terminology from the specification. Candidates performed better this year across the split AO questions 2b and 5 where they demonstrated better understanding of the requirements of AO3 than in previous years.

Comments on individual questions/sections

Q.1(a)

This was attempted by most candidates who were able to outline one factor from each area (sociological, biological and psychological) and how these may have negatively affected Dafydd's development. Less successful candidates gave more than one factor from an area so had not read the question properly, as this was repetition and could not be credited, or had mixed up factors. Overall, this was answered well with some excellent responses.

Q.1(b)

This question was well answered with most candidates showing a good understanding of Bruner's theory and able to explain how Bethan could apply this theory to support Dafydd's development. The most successful candidates were able to explain the theory and apply it to supporting child development. Less successful candidates mixed Bruner up with other theorists such as Bandura or explained the theory without applying it to the case study and Dafydd.

Q.1(c)

There were many good responses to this question with candidates demonstrating good knowledge of how an ABC chart can be used as an observation tool to track and identify Dafydd's behaviours, triggers etc. Candidates who performed less well confused an ABC chart with a reward chart and explained the benefits of a reward chart in terms of Dafydd's behaviour.

Q.2(a)

There were some excellent responses to this question achieving mark band 3. Candidates who performed particularly well were able to explain what family therapy is and analyse how it could help all members of the family to resolve the relationship difficulties applying the question effectively to the case study. Candidates who performed less well either described what family therapy is without relating it to Dafydd or his family in the case study or described how it might help Dafydd without referring to other family members.

Q.2(b)

Most candidates for AO1 could describe how a hearing impairment may affect development. The most successful candidates described how development was affected in each area through PILES (physical, intellectual, language, emotional and social). Candidates who did less well only discussed one or two areas of development. For AO3 candidates who performed well were able to discuss a range of ways in which language development can be supported for children with communication difficulties with reference to practitioners and settings. Overall, AO1 was responded to particularly well, but there was good evidence that candidates are improving their performance for AO3 and there were some examples of excellent responses here.

Q.3(a)

This question was responded to particularly well with many candidates showing their knowledge of the milestones of physical development for fine motor skills. Candidates who performed less well did not give the age ranges, had milestones in the wrong order or described other developmental areas, such as social and emotional.

Q.3(b)

Candidates showed a good knowledge of Maslow's theory, those who achieved higher marks were able to explain how practitioners can meet children's needs in a setting through applying Maslow's theory. Many candidates achieved well here.

Q.3(c)

Candidates showed a good knowledge of Freud's theory, but some found it difficult to apply it to early childhood experiences. Some candidates confused Freud's theory with Bowlby and attachment theory.

Q.4(a)

Candidates showed a good knowledge of the benefits of play and how it supports children's intellectual development. Candidates who performed less well explained how play supports other areas of development across PILES rather than intellectual.

Q.4(b)

There were many good responses to this question and candidates showed good understanding of how play in a structured environment promoted development. Candidates who performed best, considered all areas of children's development and gave relevant examples. Candidates who performed less well had limited knowledge of this type of play.

Q.4(c)

Some candidates found this question particularly difficult and gave a brief answer or left blank. Candidates appear weaker on the biological approach than other theoretical perspectives. Some candidates did give good answers in relation to milestones and developmental delay, but many struggled to apply the theory to childcare practice. Very few candidates identified maturational theory.

Q.5

It was pleasing to see most candidates give detailed, well-structured answers to both elements of this question. Some candidates made excellent use of specialist terminology, particularly in relation to attachment theory. Many candidates gave equally comprehensive and effective responses to the AO3 element of the question in relation to how CBT could help and support Sophie, as they did in relation to attachment theory for AO1. Candidates applied this question well to the case study and Sophie. There has been an improved response to double AO questions from candidates showing they had been effectively prepared for this exam by Centres. Candidates who performed less well had a limited knowledge of attachment theory and confused CBT with other forms of therapy.

In summary, candidates showed a good understanding of the case study, had improved their performance on the double AO questions and had been well prepared for this exam by centres. It is worth noting that centres need to continue to work towards ensure that their candidates are fully aware of all approaches, as specified in the specification.

HEALTH AND SOCIAL CARE AND CHILDCARE

GCE – A Level

Summer 2025

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

Overview of the Unit

This year, many candidates were very successful in their approach to this unit and gained high marks across both tasks. Presentation was generally good and there was strong evidence of effective research through good application to a specified setting of choice in task 1 and effective use of referencing in task 2. Task 1 should be in the format of a presentation and most candidates used the correct format which enabled them to meet the task requirements well. However, again this year, some candidates' work was presented as a report for both tasks.

Candidates used a variety of settings in task 1, the majority of which were appropriate, although some candidates had chosen secondary schools which is not recommended. Some candidates applied task 1 to a generic childcare setting such as primary schools or nurseries; it is recommended that candidates choose a specific setting to allow more effective application in this task. In task 2 candidates' work was mostly well presented and accurately referenced. In relation to the specified legislation or initiative in task 2, which was the Healthy Child Wales Programme, most candidates discussed the correct initiative and to a very high standard which allowed some high marks to be awarded in this section.

Candidates showed good knowledge and understanding of the social policies that effect the childcare sector in Wales and centres are to be congratulated on the significant improvements in referencing, presentation and application to the sector again this year.

Comments on individual questions/sections

Candidates who were most successful in task 1 applied their knowledge and understanding to a specific childcare setting which allowed them to better explore how needs are met using specific examples to inform their work.

Task 1

- (a) Some candidates explained children's developmental needs in detail at all key stages of development which is unnecessary as the primary focus in task 1 should be the needs of children and young people within the key stage of development related to the setting of choice. Candidates who were less successful gave a very brief explanation of the possible consequences if children's needs are not met, sometimes just a brief sentence relating to only one area of development which is not sufficient for the highest mark band.
- (b) The majority of candidates engaged well with the way in which transitions, life changes and life experiences impact on children's development and resilience, although some candidates used transitions which related to adulthood which are not applicable to this task. Candidates who were most successful were able to apply the care and support given to children during transitions effectively to their setting of choice using appropriate examples to support this.

- (c) The majority of candidates explained the purpose of assessments and applied the types of assessments they chose to explain to their specified setting of choice. Candidates who were less successful explained assessments which were not relevant to the setting they had selected and talked about assessments in generic terms. To access the highest mark band, it was necessary for candidates to refer to how their specified setting uses assessments to provide timely, appropriate and ongoing support.
- (d) Was answered well by most candidates who described a full range of barriers that could apply to children accessing their setting of choice.
- (e) (i) Candidates who were most successful were able to describe why some children accessing the specified setting may have a range of complex care needs including sensory needs and ALN. Candidates who were less successful mostly identified a range of conditions that could lead to complex needs but did not describe what those needs were, and their impact on the child.
- (e) (ii) Most candidates could give some explanation of how their setting of choice could meet complex care needs, but those who were most successful were able to explain how a range of needs were met through child centred care to meet a variety of personal outcomes. Less successful candidates gave very generic answers which were not well applied to the setting or support through outcome focused and child centred care. Some candidates used specific examples here which allowed them to better apply their responses to the setting and children's needs.

Candidates who were most successful in task 2 showed they had completed thorough research on how social policy affects childcare provision and were able to thoroughly examine the implications of changes in this provision.

Task 2

- (a) Most candidates were able to examine social policy issues and showed knowledge and understanding of how the Wellbeing of Future Generations Act is the overarching legislation and how 'A Healthier Wales' drives change. The most successful candidates were able to examine policy in an objective way and come to reasoned judgements and valid conclusions in order to meet the requirements of Assessment Objective (AO3).
- (b) Candidates were most successful when they were able to explain changes in childcare provision and how these would apply to practitioners in the sector. There were some excellent responses in this section worthy of the high marks awarded by centres with detailed and thorough explanations in terms of implications for practitioners and the sector.
- (c) Candidates were able to demonstrate their understanding of the importance of safeguarding, with many able to show a confident grasp of why safeguarding is necessary. Responses were generally detailed and thorough in this section which was pleasing to see.
- (c) (ii) Candidates who were most successful approached the responsibilities and accountabilities of individuals and organisations separately and gave reasoned judgements on how these responsibilities and accountabilities influence practice in the sector. Less successful candidates gave mostly descriptive responses and were therefore more successful in the AO1 than the AO3 element of this section.

(c) (iii) It was pleasing to see in task 2 (c)(iii) that the majority of candidates discussed the correct initiative of the Healthy Child Wales Programme and were able to make judgements regarding its role and aims.

(d) Was approached well by candidates and those who had evidence of thorough research were the most successful here and achieved high marks.

Overall, all sections of both tasks showed improvements from the previous year in terms of approach to the set tasks.

HEALTH AND SOCIAL CARE AND CHILDCARE

GCE – A Level

Summer 2025

UNIT 5: THEORETICAL PERSPECTIVES OF ADULT BEHAVIOUR

Overview of the Unit

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

Candidate responses generally showed appropriate written communication skills for GCE. Subject specific terminology was used by most to good effect across the paper. Illegible handwriting was rarely seen.

Candidates should be mindful to focus on the command words of the questions from the beginning of their responses. If the command word is not being addressed thoroughly, then only minimal credit may be given. Responses generally addressed question requirements some did not offer the level of engagement necessary to attain the higher mark bands.

Some responses suggested that candidates found it difficult to link the approaches based on psychological theory with an explanation of how the approach may support individuals particularly in reference to Q2a, Q 3c.

It is important that candidates prepare not only by having a confident grasp of the psychological theories but how the different approaches may support individuals. This can be facilitated by making full use of resource materials provided to support unit 5.

Comments on individual questions/sections

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

Q.1 Overall performance for this question was good. Variability in the quality of responses rather than lack of knowledge accounted for lost marks.

- (a) Most candidates were able to show a good knowledge and understanding of the factors that may have had an impact on Tom's behaviour and were able to achieve full marks.
- (b) Most candidates showed a generally secure knowledge and understanding of Positive Behaviour Support Plans, with a generally secure grasp of key features.
- (c) Responses showed that most candidates were able to provide a good explanation which showed generally secure knowledge and understanding of how having a Positive Behaviour Support Plan may benefit Tom.

- Q.2** (a) Responses showed that most candidates were able to provide a good knowledge and understanding of how drug therapy may support individuals experiencing depression. Candidates achieving the higher mark bands often considered the negative aspects (e.g. can create dependency and addiction, have unpleasant side effects) along with the positive aspects.
- (b) The majority of responses provided evidence of a generally secure knowledge and understanding of the key features of Beck's cognitive restructuring and a good discussion with a generally valid interpretation of how this approach may support Anwen.

Section B

- Q.3** (a) Most candidates were able to provide good outlines of two factors that may have caused a change in Ezra's behaviour and were able to achieve full marks.
- (b) Responses showed that most candidates had a good understanding of resilience and were able to provide an explanation with a generally secure grasp of how moving into a residential complex may help promote Ezra's resilience.
- (c) Candidates showed a mixed response. Most candidates showed a generally secure knowledge and understanding of the 'mattering' approach. Those candidates that achieved the higher mark bands showed a confident grasp of how 'mattering' may support individuals living with dementia and used Ezra to exemplify their responses.
- Q.4** (a) Most candidates were able to provide good outlines of two factors that may have influenced Sara's behaviour and were able to achieve full marks.
- (b) Responses showed that most candidates were able to provide a good explanation showing generally secure knowledge and understanding of Behavioural Theory and how Behavioural Theory could account for Sara's recent behaviour. Many candidates related to a variety of theorists that have contributed to Behavioural Theory and used this information to good effect in their responses.
- (c) Candidates were able to provide good descriptions of how accessing a self-help group can support an individual living with an eating disorder. Those candidates achieving the higher mark bands also described the features of the support group being online (e.g. flexible access, provide anonymity and privacy, immediate access when needed).
- (d) Most candidates provided a generally secure knowledge of Maslow's theory of The Hierarchy of Needs. But some responses only provided a basic discussion of how not getting enough food may impact on Sara's self-actualisation. Those responses achieving the higher mark bands were more detailed, e.g. Sara would become ill and possibly unable to work earn money to fulfil her basic needs, Sara would be unable to focus on love or acceptance until the need for food was met.
- Q.5** This question combined two assessment objectives (AO1 and AO3) requiring candidates to describe and assess. Responses were also assessed for spelling, punctuation, grammar, and use of subject specific terminology.

AO1

Most candidates were able to show a basic knowledge and understanding of The Active Support approach and were able to describe some of the key features but often just related to a person-centred approach and did not reference the key feature of 'working with' an individual as opposed to 'caring for' an individual. Higher achieving candidates provided more in-depth descriptions of the Active Support approach and it was pleasing to see some excellent descriptions with some candidates achieving Mark Band 4.

AO3

Most responses were adequately expressed and showed generally valid interpretations of how the Active Support approach supports the principles of person-centred care. Those candidates achieving mark band 4 showed a confident and detailed engagement with the principles of person-centred care and how the Active Support approach supports them often using examples to clarify their responses.

Most candidates used reasonably accurate spelling, punctuation, and grammar. Writing was mainly well structured. Subject specific terminology was used accurately by the majority of candidates.

Summary of key points

- Candidates should be mindful to focus on the command words of the questions from the beginning of their responses. If the command word is not being addressed thoroughly, then only minimal credit may be given.
- Use of the 'Examination Walk Through' resource is recommended to prepare candidates for the demands of this examination.
- A more thorough knowledge and understanding of the approaches based on the key theories and an explanation of how these approaches may support certain groups of individuals is required for candidates to be able to achieve the higher mark bands.
- It is important that candidates prepare not only by having a confident grasp of approaches used to support individuals but how the principles of person-centred care underpin the different approaches used to support certain groups of individuals. This can be assisted by making full use of resource materials provided to support unit 5.

HEALTH AND SOCIAL CARE AND CHILDCARE

GCE – A Level

Summer 2025

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

Overview of the Unit

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

Comments on individual questions/sections

Choosing an appropriate health or social care setting for this task is essential for candidates to demonstrate knowledge and understanding throughout the task. A poor or irrelevant choice of setting can inhibit candidates' scope to reach the higher mark bands due to a lack of relevant examples which can be applied to each section of the task. Many candidates wrote an initial section on their setting before starting. Some candidates choose to write their own case study to contextualise this assignment, it should be noted that this is not a direct requirement but that moderators have taken this into consideration when looking at the samples. Centres are advised that this NEA has a short assessment window and to consider whether setting a case study impinges or aids candidates.

Task 1

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

(a)

This sets the scene well for this task and encourages candidates to show application to their chosen setting. Outcome focused care and its place within the Social Services and Well-being (Wales) Act, was well understood by most candidates. Some candidates wrote generically about transitions, life changes and experiences and did not make clear distinctions between one, although most were able to identify a relevant range.

(b) (i and ii)

Centres had accurately assessed this section with a range of types of transitions, life experiences and life changes discussed. Centres who displayed the appropriate settings had a range of these discussed effectively. The impact of these changes was also effectively explained with most candidates securing marks in the higher band marks.

(c)

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

(d)

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

(e) (i and ii)

This was split into two parts by many candidates which is good practice. More focus is needed for this section of the task, including more depth when considering how the setting may respond to complex care needs to provide outcome focused care for adults to achieve personal outcomes. Encourage candidates to refer to section (a) as a reminder of what outcome focused care looks like for the individual in their chosen setting. It was noted that many candidates are simply not stating what outcome focussed care is and how this may help to support adults.

Task 2

The tasks were in order and 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.

(a)

Many candidates wrote thorough accounts of the social policy issues affecting adult health and social care provision in Wales and whilst it was pleasing to note that a greater number of candidates considered A Healthier Wales this year, a greater awareness is still required for some candidates to reach the higher band marks. Some work tended to be descriptive and lacked analytical content. Very little reference was made by candidates in terms of the quadruple aim and how it works to improve health care outcomes starting with community-based approaches.

(b)

Similarly to last year, candidates should take note not to duplicate work required for section (d). This section should clearly be an explanation of changes in provision and the impact on the roles of health and social care practitioners. Explanation of new and developing roles within the sector is helpful to consider.

(c) (i, ii, iii)

Candidates generally showed good understanding of the importance of safeguarding for section (c) (i) and were able to demonstrate knowledge of those individuals and organisations with responsibilities for safeguarding adults at risk. Centres should draw candidates' attention to the assessment objective of analysis in order to analyse how responsibilities and accountability for safeguarding has an impact on those practitioners providing care for adults at risk. Some candidates lacked evaluative content in this section of the task and were again awarded generous marks. Nearly all candidates referred to the named legislation and a range of ways in which how prudent healthcare linked to safeguarding was witnessed. Evidence of reasoned judgements would enhance candidates' work at the higher mark bands.

(d)

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

Recommendations

- Centres should be encouraged as good practice to annotate candidates work where assessment objectives have been achieved.
- Centres should be encouraged as good practice to internally moderate a sample of work and to denote these on the candidate declaration sheets.
- Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Evidence of research conducted prior to NEA starting was well documented throughout and referenced after each section.
- Candidates must ensure that work is referenced as stated on page 77 in the specification.
- The use of headings (Section a, b, c etc.) is encouraged to support candidates in presentation of work.

Supporting you

Useful contacts and links

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

Tel: 02922 404 264

Email: HSCandCC@wjec.co.uk

Qualification webpage: [Health and Care Learning Wales](#)

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

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