Course report 2025

Higher Care

This report provides information on candidates' performance. Teachers, lecturers and assessors may find it useful when preparing candidates for future assessment. The report is intended to be constructive and informative, and to promote better understanding. You should read the report with the published assessment documents and marking instructions.

We compiled the statistics in this report before we completed the 2025 appeals process.

Grade boundary and statistical information

Statistical information: update on courses

Number of resulted entries in 2024:   329

Number of resulted entries in 2025:   110

Statistical information: performance of candidates

Distribution of course awards including minimum mark to achieve each grade

Course award	Number of candidates	Percentage	Cumulative percentage	Minimum mark required
A	14	12.7	12.7	91
B	29	26.4	39.1	78
C	22	20.0	59.1	65
D	24	21.8	80.9	52
No award	21	19.1	100%	Not applicable

We have not applied rounding to these statistics.

You can read the general commentary on grade boundaries in the appendix.

In this report:

- 'most' means greater than or equal to 70%
- 'many' means 50% to 69%
- 'some' means 25% to 49%
- 'a few' means less than 25%

You can find statistical reports on the statistics and information page of our website.

Section 1: comments on the assessment

Question paper

Overall, the question paper performed as anticipated, with candidates demonstrating a sound level of knowledge and understanding across the range of questions.

The paper was fair and accessible, with a well-balanced selection of content drawn from across the Care Course Specification. It included a range of question types that allowed for differentiation, offering both straightforward and more challenging tasks to accommodate varying levels of ability.

There was one area where many candidates appeared to misinterpret a question's intended focus. In order to ensure fairness, adjustments were made during central marking so that these candidates were not disadvantaged.

Question 8: 'Describe supervision as a feature of positive care practice'.

This question was designed to assess candidates' understanding of 'supervision' within the context of professional care practice. It was expected that responses would explore the concept of supervision as a formal process, for example care staff regularly meeting with a manager or senior practitioner. These meetings typically aim to review performance, offer support and provide opportunities for reflection and continuous professional development.

However, a large proportion of candidates interpreted the term 'supervision' differently. Instead of discussing managerial or professional supervision, many focused on the monitoring and oversight of service users by care staff. Their responses described how health and social care workers observe and assess service users in order to identify signs of illness, make adjustments to care plans, or respond to changing needs — activities more aligned with direct care delivery rather than staff development.

Where candidates demonstrated relevant knowledge and made appropriate connections to positive care practice, marks were awarded accordingly, despite the

deviation from the intended interpretation of the term 'supervision'. This approach ensured that credit was given for well-informed responses, even if the candidate had approached the question from an alternate, but contextually valid perspective.

Project

As with the previous year, candidates were able to choose from three different briefs. All candidates chose to respond to either Brief 1 or Brief 3, with a noticeable increase in the number of submissions using the 'choice' brief compared to the previous year.

Overall, the project performed as expected and was consistent with performance trends from previous years. Candidate achievement ranged from grade A to grade D across all participating centres, indicating a broad spectrum of performance.

All assessment prompts were responded to by candidates. Those candidates who demonstrated a comprehensive understanding of the prompts were able to access higher marks by effectively demonstrating their underpinning knowledge, along with clear application, analysis and evaluation.

In general, candidates adhered to the prescribed word count. Several submissions included additional research presented in appendices. Most candidates referenced relevant academic sources appropriately. Additionally, some centres supported the authenticity of candidates' work by including Turnitin plagiarism scores.

Section 2: comments on candidate performance

Areas that candidates performed well in

Question paper

There was a slight improvement in overall candidate performance this year compared to previous years. Most candidates were able to access marks across all three sections of the paper. Notably, there was a decrease in the number of 'no responses'.

Question 1

This question was generally well-answered, with most candidates achieving full marks. Responses demonstrated strong knowledge of human development, with reference to key concepts such as patterns of behaviour, holistic development, the promotion of health and wellbeing, and the different strands and stages of development. These concepts were often clearly linked to the question context, showing strong understanding.

Question 2(a)

Most candidates were able to explain and analyse the influence of either nature or nurture on development, using information from the case study to support their answers. There was evidence of good understanding overall, however, a few candidates confused the terminology, for example discussing nurture-related influences but incorrectly using the term 'nature' throughout their response. While the content was often still relevant, such mislabelling limited the clarity and accuracy of those answers.

Question 9(a) and 9(b)

Most candidates provided clear and descriptive explanations of two specific stages of the care planning process, showing good depth of understanding, with most candidates achieving 3 or 4 marks. In question 9(b), only a few candidates were able to go further by linking one of the identified stages to examples of positive care practice. Those candidates who were able to make these connections provided stronger responses and demonstrated application of knowledge in a care context.

Question 10

Many candidates offered a broad range of legislation in their responses, showing good awareness of relevant Acts. There was clear evidence that candidates understood the key features of these pieces of legislation. Most candidates were able to explain how legislation supports the rights and choices of individuals using health and social care services, with stronger answers providing specific examples or scenarios to illustrate their points.

Project

Candidates responded to all the assessment prompts. Those candidates who addressed each prompt clearly and made direct links to their chosen brief, generally scored higher across the different sections. In contrast, candidates who gave more general responses or didn't clearly connect their answers to the prompts, didn't access higher marks.

Prompt A

Most candidates engaged well with this prompt and selected a variety of aspects of human development to focus on. There was a noticeable improvement this year, with more candidates using statistics and research to support their analysis. Many candidates provided thoughtful and well-developed answers, showing a good understanding of how different stages of development can affect people accessing care services.

Some candidates only described the stages of human development without offering analysis or linking their points to individuals in a care setting. These responses were more limited and didn't fully meet the expectations of the task. Overall, most candidates were able to make useful connections between human development and wider health and social care issues.

Prompt B

Candidates generally did well on this prompt. Most candidates were able to clearly describe the needs of individuals and link them to the brief, especially Brief 1. Many candidates showed a solid understanding of service users' needs and were able to explain how the way care is delivered can influence an individual's health and wellbeing.

Many candidates supported their points with research and some also drew on personal or work-related experiences. These real-world examples added depth to their responses and helped demonstrate a good understanding of the topic.

Prompt D

Most candidates showed a good understanding of the social influences they chose to focus on. The descriptive parts of their answers were generally strong, and many candidates were awarded full marks for clearly explaining three different social influences. The strongest responses included relevant research and clearly linked each influence to individuals receiving care. These candidates showed a good grasp of how wider social factors can shape a person's experience in health and social care settings.

Areas that candidates found demanding

Question paper

Question 9(b)

Few candidates achieved the full 3 marks available for this question, which required an explanation of how a specific stage of the care planning process links to positive

care practice. Many responses lacked depth, with candidates often repeating generic points already made in question 9(a), or a discussion about good practice in general, rather than providing clear, specific explanations. This limited their ability to access higher marks. A few candidates also chose to leave this question unanswered.

Question 6

This was the weakest-performing question across all sections of the paper. Most candidates struggled to provide a focused explanation of how the social influence of work impacts individuals experiencing mental health issues. Instead, many candidates gave general responses about other social influences such as family, social life or societal pressures, which did not fully address the specific focus of the question. Only a few candidates made clear links between employment or unemployment and its positive or negative effects on mental health. As a result, the majority of candidates achieved only 1 or 2 marks out of the available 4.

Question 7

Many candidates chose not to attempt this question. While many candidates had shown sound knowledge of sociological theories in earlier questions (particularly question 5), responses to this question, which asked about the key features of symbolic interactionism, were generally weaker.

Question 11

This was the last question in the question paper. Although not all candidates followed the order of the questions presented in the three sections of the question paper, for most, this was the final question to be answered. Responses were mixed and few candidates provided a clear and accurate explanation of a multi-disciplinary team (MDT) approach to delivering person-centred care. Some candidates were able to make appropriate links between MDT working, relevant legislation, codes of practice and examples of positive care practice, which supported their answers.

Many candidates misunderstood the term 'multi-disciplinary team', instead discussing disciplinary procedures in the workplace. Others gave generic descriptions of care practice without demonstrating a clear understanding of how

MDTs function in health and social care settings. This limited the quality and relevance of their responses however, marks were awarded where knowledge of team working, and care planning were provided.

Project

Candidates who selected Brief 3 'Why is it important for people to have choices about the care they receive?' often found it challenging to maintain varied content throughout their project. In many cases, responses became repetitive, which limited the marks that could be awarded across different sections. This was particularly evident where candidates used the same individual consistently throughout the project for application, which restricted their ability to demonstrate breadth and depth of knowledge and understanding.

In some cases, candidates built their projects around a single case study or scenario. While this approach can support understanding, it sometimes restricted the candidate's ability to apply theory flexibly or fully address the assessment prompts. Responses occasionally became repetitive or too narrative-based, with limited relevance to the theories or concepts being discussed. In contrast, candidates who applied theory to a range of individuals or examples were able to demonstrate more comprehensive understanding and a stronger knowledge of the course content.

Prompt C

Some candidates misunderstood the focus of Prompt C, choosing to evaluate the overall care service rather than the positive care practice within that service. For example, a common issue was the discussion of funding limitations in charitable organisations, such as reliance on donations or government funding. While these may be valid points in evaluating the service itself, they could not be credited unless clearly linked to specific examples of positive care practice, such as effective care planning, personalised approaches or safeguarding protocols.

Similarly, topics such as waiting lists or issues with referrals were frequently mentioned, but without clear connections to actual care practices being delivered

within the service. As a result, marks could not be awarded where responses lacked a direct link to the positive care practices as required by the prompt.

Prompts C and F

As seen in previous years, many candidates struggled to provide evaluative responses for Prompts C and F. Instead, answers were often largely descriptive, lacking the evaluative writing required to meet higher-level criteria. This limited the ability of candidates to access the full range of available marks.

Section 3: preparing candidates for future assessment

Question paper

Past question papers and marking instructions are available on the [Care subject page](#) of our website to develop and support candidates' exam writing skills.

Centres should also make use of the marking instructions when supporting candidates in working through past papers. These documents provide clear guidance on the level of detail and structure required to achieve full marks.

Candidates should be reminded to pay particular attention to questions worth 4 marks or more, as these typically require more developed, analytical or detailed responses.

Models of Transition and Loss should be explored in order to develop an understanding of the effects of different life experiences on individuals. Candidates should be provided with opportunities to explore and analyse or link behaviours to relevant stages or phases of respective models of transition and loss.

Project

Centres should encourage candidates to develop their evaluative writing skills by supporting them in analysing different viewpoints and theoretical approaches to understanding human development and behaviour.

For Prompts C and F, candidates can be guided to engage in a reasoned discussion that focuses on making a recommendation or presenting a clear justification, such as highlighting strengths. It is important to note that there is no requirement for candidates to present both strengths and weaknesses, or to provide balanced lists of advantages and disadvantages.

When exploring the features of positive care practice, candidates should be encouraged to examine the roles and responsibilities of care workers across a range of health and social care settings. The use of case studies and real-life scenarios can help candidates understand how legislation and policy, the care value base and relevant codes of practice influence care delivery and affect the individual receiving services.

It is considered good practice to embed examples from each project brief throughout the teaching and learning process. This is especially helpful when introducing key features of psychological and sociological theories. During the completion of the project component, centres should foster a supportive learning environment by encouraging questions, offering mentorship and guidance, and using tools such as checklists and structured discussions to help candidates interpret and meet the expectations of the task.

Some candidates have included references to English legislation in their projects. Centres are reminded that only Scottish legislation should be included. Additionally, research should remain focused on health and social care services. Candidates should avoid generalised discussions of mainstream education. If a candidate is interested in researching education, they may be guided towards studying specialist settings, such as additional support needs schools, which are more closely aligned with care services. This ensures that the focus remains on the care and support needs of the young person, rather than the general experience of being a pupil in school. For example, some projects have incorrectly described the cognitive needs of pupils being met by schoolteachers, which falls outside the intended focus on individuals accessing care services.

Centres should also advise candidates that Understanding Standards materials are intended as learning tools, and not as templates or models for assessment. Each project should reflect the candidate's own interests and be an authentic representation of their individual knowledge and understanding.

Centres should ensure that candidates are familiar with the generative AI assessment guidance available on our website, so they are clear on what constitutes acceptable and unacceptable use of generative AI tools in assessments.

Appendix: general commentary on grade boundaries

Our main aim when setting grade boundaries is to be fair to candidates across all subjects and levels and to maintain comparable standards across the years, even as arrangements evolve and change.

For most National Courses, we aim to set examinations and other external assessments and create marking instructions that allow:

- a competent candidate to score a minimum of 50% of the available marks (the notional grade C boundary)
- a well-prepared, very competent candidate to score at least 70% of the available marks (the notional grade A boundary)

It is very challenging to get the standard on target every year, in every subject, at every level. Therefore, we hold a grade boundary meeting for each course to bring together all the information available (statistical and qualitative) and to make final decisions on grade boundaries based on this information. Members of our Executive Management Team normally chair these meetings.

Principal assessors utilise their subject expertise to evaluate the performance of the assessment and propose suitable grade boundaries based on the full range of evidence. We can adjust the grade boundaries as a result of the discussion at these meetings. This allows the pass rate to be unaffected in circumstances where there is evidence that the question paper or other assessment has been more, or less, difficult than usual.

- The grade boundaries can be adjusted downwards if there is evidence that the question paper or other assessment has been more difficult than usual.
- The grade boundaries can be adjusted upwards if there is evidence that the question paper or other assessment has been less difficult than usual.
- Where levels of difficulty are comparable to previous years, similar grade boundaries are maintained.

Every year, we evaluate the performance of our assessments in a fair way, while ensuring standards are maintained so that our qualifications remain credible. To do this, we measure evidence of candidates' knowledge and skills against the national standard.

For full details of the approach, please refer to the [Awarding and Grading for National Courses Policy](#).