



GCSE Examiners' Report

Health and Social Care and Childcare **GCSE** Summer 2025



Introduction

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

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

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

Further support

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

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

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Exam Results Analysis	WJEC provides information to examination centres via the WJEC Portal. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.	Portal by WJEC
Classroom Resources	Access our extensive range of FREE classroom resources, including blended learning materials, exam walk-throughs and knowledge organisers to support teaching and learning.	https://resources.wjec .co.uk/
Bank of Professional Learning materials	Access our bank of Professional Learning materials from previous events from our secure website and additional pre-recorded materials available in the public domain.	Portal by WJEC or on the WJEC subject page.
Become an examiner with WJEC.	We are always looking to recruit new examiners or moderators. These opportunities can provide you with valuable insight into the assessment process, enhance your skill set, increase your understanding of your subject and inform your teaching.	Become an Examiner WJEC

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Executive Summary

GCSE Health and Social Care and Childcare candidates in both Units 1 and 3 generally showed a good understanding of subject knowledge and in most cases, used subject specific terminology to support their responses. It is pleasing to see subject knowledge continuously improving especially within certain topic areas such as active participation.

There is some inconsistency with the use of command verbs, with a small minority of candidates losing marks by listing rather than explaining or by not addressing all parts of the question. It's important to remember that listing only shows basic knowledge, while explaining shows deeper understanding and helps you reach the higher mark bands.

To improve, candidates should carefully read each question, highlight key terms, and ensure their answers directly link back to what's being asked-especially in higher-mark questions that require depth and detail. Using specific examples and fully developing points can help access top band marks.

Regular examination practice with past papers and mark schemes builds confidence, improves time management, and makes the exam experience less stressful. Full mock exams are especially useful for reducing rubric errors and improving exam technique overall.

Internally Assessed Units (2 and 4)

This is the first year that the NEA tasks were uploaded as digital files to IAMIS, this method has allowed for a smoother moderation process. Overall, most centres uploaded a suitable number of files, with appropriate file names. A reminder that the inclusion of candidates and assessor's signatures are mandatory, digital signatures being a suitable approach.

Generally, the work seen was of a good standard, with the suggested improvements from last year's Principal Moderator's report in 2024 being applied, with evidence of better application of the criteria points from the specification.

Many centres work showed improved understanding of the task taking on more varied approach of presenting work. This helped to highlight candidate's strengths and a broader range of interests. Tasks were mostly word processed which allowed candidates to include data in the form of charts, graphs and images and create more comprehensive promotion materials and activities, such as blogs and videos.

The use of assessor observation records or comments added to candidate's work was used well which aided the moderation process. Centres that included detailed annotation throughout candidates work and/or on the assessor record sheet is recommended, as it is a useful tool in establishing consistency within and between centres as well as aiding the moderation process.

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Unit 1: Human Growth, Development and Well-Being

Overview of the Unit

Candidates were entered for the Unit 1 examination. The progress seen in candidates' responses was pleasing, in particular when addressing command words throughout the paper. There were a small minority of candidates still losing marks by not addressing the command words, e.g. candidates listing rather than explaining, and therefore lost marks for these responses. As in previous years, most candidates showed good knowledge and understanding when answering the AO1 questions in the paper. There were candidates who lost marks from not responding to certain questions correctly, for example on Q3, when asked to identify a service, some candidates responded with a job role and therefore lost marks for 3a or 3b. In certain questions, some candidates lacked detail within their answers. It is important that candidates take into account the command word and the amount of marks on offer when writing their responses. This should give them a better idea as to how much detail may be required for the question they are answering. Many candidates did however score highly from their detailed responses to Q8 and 9b in particular.

Comments on individual questions/sections

Q.1 - (a, b, c)

Most candidates were able to achieve full marks within these AO1 questions. Doctors was accepted for a mark for question 1b; however, we do encourage candidates to use the term GP as the correct terminology.

Q.2 - (i, ii, iii, iv)

As per Q1, most candidates were able to achieve marks in this section of the paper and were able to identify the benefits of exercise on physical, mental, social and emotional health. A small minority confused some of the areas of health, with a few candidates simply stating that the areas would be improved, rather than using specific examples.

Q.3

In this question candidates were asked to identify services which could support the different individuals, Jac who has type 2 diabetes and Jemma who is pregnant. Most candidates found this question straight forward, however some candidates identified job roles as opposed to services. It is important that candidates read and respond to the questions correctly. Those who were able to identify services were also on the whole able to identify the type of support that the service could provide for the individuals.

Q.4

Candidate's continuing to show improved understanding of Active participation and is was pleasing to see that the majority of candidates were able to describe the benefits of active participation on individuals. There were a small minority of candidates still referring to the benefits of being more active on health and therefore lost marks on this question.

Q.5

For this question, candidates were asked to explain how one named unexpected life event could have an impact on an individual's life. The candidates therefore had to state the unexpected life event they were explaining. Whilst most candidates did this and gave a good response, a small minority of candidates gave a generic response without stating the unexpected life event, resulting in them losing marks. There were also a small minority of candidates who used examples that would be classed as expected life events, rather than unexpected. It is important that candidates are able to differentiate between the two.

Q.6 (a)

Many candidates showed some understanding of the First 1000 Days (F1000D) and were able to provide some valid points when discussing how the programme could support Branwen and Rhodi. There were however some candidates who didn't link their response back to the support the programme would give the parents in giving their baby the best start to life. Again, it is important that candidates read the question and understand what the response is requiring. Often a simple sentence at the end can be enough to link their answer back to the question, ensuring that it is relevant.

Q.6 (b)

Both the positive and negative effects of how becoming parents may affect Branwen and Rhodri were accepted. Most candidates performed well in this question. A small minority of candidates provided a list rather than a considered answer. Candidates should avoid doing this in order to reach the higher band marks.

Q.6 (c)

Whilst many candidates showed a clear understanding of the flying start initiative, there were also many who didn't and were therefore unable to explain how it may support the family. Many candidates referred to the free childcare but didn't go on to explain how that may support the family. Candidates need to make sure that they refer to the command word in order to achieve higher band marks.

Q7 (a, b)

Most candidates showed understanding of ACE's and scored at least one out of two marks for the definition. Most candidates were also able to outline how neglect can affect an individual's growth, development and well-being. Candidates who were able to achieve the higher marks here were those who referred to all three areas within the question (growth, development and well-being).

Q7 (c)

Most candidates performed well in this question and were able to give a good outline as to how being more resilient may help Hefin.

Q8 (a)

Many candidates showed good understanding of why screening programmes are an important method of intervention and prevention. There were candidates who referred only to breast screening within their answers. Whilst breast screening was used as the example, the question was more generic and referred to all screening programmes. Candidates who achieved higher marks here were able to provide broader answers by referring to screening programmes in general.

Q8 (b)

Whilst many candidates were able to provide strong answers which explained the features of ageing in Betsi's life stage, which was adulthood, there were also some candidates who referred to features which would usually be seen in later adulthood. Examples of this were lack of mobility, dementia, being in a care home etc. Whilst these all may be possible, they are not normally associated with adulthood.

Q9 (a, b)

Most candidates were able to name a guideline that could help Abbie to improve her physical health such as the Eatwell guide or 5 a day. A small minority simply stated 'eat more healthy' or 'exercise more' which resulted in lost marks here. For question 9b, most candidates showed some understanding of the ways in which a lack of exercise, poor diet and being overweight could affect Abbie's health and well-being. The candidates who received the higher band marks here were able to assess all the areas within the question and were also able to draw reasoned conclusions. E.g., How? What would be the short- and long-term impact? So what?

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UNIT 2: PROMOTING AND MAINTAINING HEALTH AND WELLBEING

Overview of the Unit

This was the first year the NEA was uploaded to IAMIS, work presented was of a good standard, showing further improvements from last year, centres have taken on board key points from the principal moderator's report and there was evidence of improved application of the specification.

Where possible it is advisable to reduce the number of uploaded files. Tasks should be collated into the assessment record sheet and one or two files per task which should be clearly labelled with the file name and candidate details.

Most centres showed an excellent understanding with a more varied approach to presenting both task one and two, highlighting candidate's strengths and a range of interests. There are still some candidates that are choosing the same life stage for both tasks. It is advised that they pick different life stages for each task to access a broad range of subject knowledge. Tasks were mostly word processed which allowed candidates to include charts, graphs and images and create more comprehensive promotion materials and activities. This year it was excellent to see blogs and videos uploaded as campaigns for task two.

The use of observation records or teacher comments included in the evaluation of task 2, section (e) aided the moderation process. Most centres provided annotations on candidates work and/or used assessment records to indicate where marks were awarded. This practice is encouraged, as it helps promote consistency both within individual centres and across different centres.

Administration – It is a requirement that all candidates sign their work along with the centre assessor. Assessment record sheets are to be fully completed with the marks included for all section and totals included. It is advised that this is cross checked before uploading to IAMIS.

Comments on individual questions/sections

Task 1: Service provision

(a) Investigate service provision locally and nationally to meet the needs of children, adolescents or adults

Candidates demonstrated a range of styles which allowed for more freedom in how their work was presented. Centres presenting work in a table format is still evident, and whilst this is not suitable for all tasks, it is suitable for this one, as it allows candidates the opportunity to meet the assessment objectives. Higher banded candidates demonstrated a variety of specific needs across a range of target groups, with a good amount of detail and extensive research taking place to investigate service provisions. Most candidates are providing source details, a requirement for this section with a range clearly identified to achieve the higher mark bands.

While most candidates have improved in including details about the regulatory body, some responses still lack the depth required for higher mark bands. e.g. Do they hold workers' registration? Are they responsible for inspections? What happens if a service does not meet the standards when regulated? Providing an understanding of how the regulation takes place.

(b) Investigate the job roles of two key professionals

As like last year this section was much stronger with evidence showing a greater understanding of the skills and qualities needed for these job roles. Some candidates however did not select roles that were linked to the services or life stage they had chosen, although this has improved on last year. Many candidates have demonstrated sound knowledge on multi-agency working with fewer candidates now giving generic descriptions showing improved focus on the contribution multi-agency working has to their target group. Some centres, however, are still entering candidates for higher mark bands when they have shown little or no evidence towards multi agency working. For higher band marks there needs to be a thorough, relevant explanation of how both key professionals may contribute to multi-agency working. How the key professionals can progress through their career is improving with many centres, a few demonstrating excellent responses giving specific progressions within the relevant area of work. There are still some instances, as mentioned last year, where sideways career options are identified.

(c) Analyse the task

The work produced in this section remains strong with centres analysing the availability of services and key professionals and whether these meet the needs of the target group mostly to an excellent standard. There are still some centres placing candidates in the top mark band but as this section assesses the quality of the candidate's communication, to be placed in the higher bands candidates must be able to produce work that is error free.

There is evidence of promoting questions with some candidates to guide answers, please be mindful with the conditions required for the NEA. There is often very little annotation on the candidates' work to identify issues with grammar and spelling, which may be hindering the assessor when deciding on the mark bands.

Task 2: Health promotion

(a) Selection of topic and target group

Following on from last year's report the responses to this section was generally very good with detailed reasons given for the choice of group and topic. There were some candidates who picked the same life stage for both task one and two, it is advised that they pick different life stages for each task to access a broad range of subject knowledge. It is also important to note that candidates are to select their own topic and group, a small selection of centres selected the tasks and group for their classes, this is not permitted.

Overall, it was good to see a larger variety of topics, not only within individual centres, but, across most centres. The responses that included statistical data to demonstrate the importance of the issue and how it relates to the target group showed candidates understanding of the task ahead. The use of images, charts and graphs supported candidates to reach the higher mark band as they supported reasons for the choice of topic. In the main, the justifications given were either good or very good with clear evidence that candidates had given this some consideration.

(b) Investigation of the chosen topic using a range of resources

This section again has been well attempted by candidates with responses that show an understanding of the relevant government guidelines and initiatives. Most centres demonstrated clear evidence that extensive research has taken place. This year the description of positive and negative influences on the health and well-being of the chosen target group was much improved with only some giving generic positive and negative influences on the target group that has no relevance to the topic they have chosen. Each section of the NEA should be meaningful and purposeful to support the promotional material the candidates produce. It is important that candidates understand the purpose of researching the positive and negative influences on the chosen group and topic so that it can then inform their considerations of campaign methods in section (c) and (d). A broad range of sources was demonstrated well with many candidates allowing them to reach the higher mark bands.

(c) Assessing existing health promotion materials

Candidates performed well in this section. There was an increase in the amount of relevant existing health promotional research achieved. However, with some candidates the aims and description of the promotion pieces they picked tended lacked in the depth needed to access to higher mark bands. All the relevant assessment criteria are needed to be addressed to reach the higher mark band as well as showing very good consideration and well-reasoned judgement on their suitability. Candidates need to analyse: What are the aims of the material? How suitable is it for the target group? How available is it to the target group? And what sources of support are available to the target group? Most of the work produced was relevant to the target group and the chosen topic which helped to support considerations made in section (d).

(d) Plan and production of a health promotion campaign or activity

This year it was excellent to see other methods such as blogs and videos uploaded, for the campaigns. It's good to note that not all file types are compatible, please check the file types are compatible before upload. The consideration of methods and techniques to make an effective campaign have been attempted by candidates much better this year, supporting choices made with more detailed justification as to why they would be or not be suitable. Still, most candidates choose PowerPoint presentations and leaflets, but with improved quality and detail has been noted this year. Boardgames were also a popular choice by candidates. The use of photographic evidence and witness statements has worked well this year to help aid the moderation process and ensure marks have been awarded appropriately. The methods of feedback have been considered by many more candidates this year, giving reasons for the methods they will use. Evidence of the planning aspect of the task has been demonstrated well by candidates, the use of a planning table supports both high and lower achieving candidates with costing, the resources needed and timescales of when certain parts of the task would be completed, this has worked successfully.

(e) Analyse and evaluate the task

Responses to this task improve year on year with candidates analysing the feedback they obtained to a very good standard, this impacted the quality of their evaluation positively. It is good to see a variety of feedback methods used to evidence their results. As in section (c) of task one, there are still some issues where mark band 4 is awarded when there are errors in spelling and grammar. Some centres are using questions to guide candidates in their evaluation, whilst this is supportive of lower banded candidates, it is best if it is used for differentiation as opposed to a blanket technique for the whole cohort.

Comments on approaches to internal marking

- Annotation on work and/or on the assessment record to comment on where candidates' marks have been awarded is to be continued and this supports the moderation process.
- Cross moderation within centres is a crucial step in ensuring the accuracy of marking and associated documentation, such as verifying the correct addition of marks and confirming that required signatures are present. This process helps minimise clerical errors when inputting data into IAMIS.
- Ensure sources are included to all areas of the task that require it.
- Candidates need to ensure that work is completed within the time allowance of 15 hours.
- The use of witness statements has greatly supported the candidates for certain promotional tasks, enabling marks to be awarded accurately, as supporting evidence is available.

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Unit 3: Health and Social Care and Childcare In The 21st Century

Overview of the Unit

As in previous years, candidates were able to draw on subject knowledge when answering AO1 questions. Most candidates scored highly on questions 1 and 2 in-particular. A generally good understanding of the command words was shown by many candidates. Most candidates were able to expand on their answers showing knowledge and understanding of a range of topics; however, a small minority didn't link their answers back to the question. An example of this was question 6c. Whilst many candidates showed good understanding around the impact of childhood obesity, some didn't link their response back to the impact on the provision of sustainable health and social care in Wales, resulting in them losing marks. Whilst it is pleasing that candidates are able to display subject knowledge around topics, they need to ensure that they are fully answering the question also for higher band marks. In certain questions, some candidates lacked detail and could have expanded their answers in order to access higher band marks. Overall, candidates showed good knowledge and understanding across a broad range of topics.

Comments on individual questions/sections

Q.1, Q.2

In general candidates found these AO1 questions fairly straight forward with a small minority ticking in-correct boxes for question 1a.

Q.3

The majority of candidates showed some good understanding around the Welsh Network of Healthy Schools schemes and discussed many key areas of the scheme including promoting healthy eating and exercise in schools. Although some good discussions were evident, at times candidates could have expanded on their answers further and linked their answer back to the impact that this has on the health and well-being of young people in Wales.

Q4 (a, b, c)

Question 4 had a focus on equality and inclusion. It was evident that this was a topic area that many candidates were comfortable with. There were many candidates who provided a really good discussion around how John's new workplace could promote equality and inclusion for him and likewise there were many good explanations of how the equality act can support individuals with disabilities. There was some repletion between answers, however this was to be expected due to the subject area within both a and b. Nearly all candidates were able to identify 3 characteristics protected by the Equality Act.

Q.5

Question 5 had a focus on neglect. Again, this was an area that candidates were able to demonstrate good subject knowledge. Almost all candidates were able to provide responses on possible signs of neglect in children and many understood how Cara's teacher should deal with a suspected case. A minority of candidates provided basic answers which needed expanding further in order to access higher band marks. Question 5c required candidates to describe the impact that neglect experienced in childhood many have on an individuals' health and well-being throughout their lifecycle. Again, there were many strong answers here, demonstrating good subject knowledge and understanding. Most candidates were able to name at least one current legislation of policy for safeguarding individuals and were also able to explain the key purposes of the legislation.

Q.6 (a, b)

These AO1 questions were straight forward for most candidates, almost all candidates were able to successfully provide information from the graph on the paper. Question 6c presented more of a challenge for some candidates. Whilst it was evident that they had very good subject knowledge around the impact of obesity, they didn't go to discuss the impact that childhood obesity may have on the provision of sustainable healthcare in Wales. This therefore lost them marks for not addressing the question correctly.

Q.7(a, b)

Many candidates were able to state one current legislation or policy for Welsh language and culture but a small minority found it more difficult to explain how the legislation or policy recognises and supports Welsh language and culture. Although some explanation was provided, at times there was repetition seen.

Q.8

Question 8 tested the candidate's knowledge and understanding of radicalisation. It was clear that this was something that they either had good knowledge and understanding of or no knowledge at all. Those who understood the term 'radicalisation' went on to provide a very good explanation of why some individuals may be more at risk of becoming radicalised, with most referring to vulnerable individuals.

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Unit 4: Promoting and Supporting Health and Well-being to achieve positive outcomes

Overview of the Unit

Work produced this year was to a high standard, most centres completed the authentication documents and submitted samples in a timely manner. Improvements from last year include, evidencing the sources used and greater adherence to the specification and mark bands throughout the assessment process. There was a range of activities produced by candidates this year that were much more considered and suitable for care settings, although some candidates did not evidence the activities through photographs and feedback forms. This is a good contribution to assist in the moderation process.

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

Task: An activity to meet a need

(a) Investigate how different types of care meet the specific needs of a chosen target group

A consistent improvement over the last few years where candidates are showing sound knowledge and understanding of the task, providing detailed investigations into their chosen target group. How holistic care can be provided, including the physical, intellectual, emotional and social needs of the chosen target group was clearly described. Again, as last year there was some improvement on the understanding of person-centred care. An excellent understanding needs to be demonstrated to reach the higher mark band. Some assessors are still annotating work with 'person-centred care' when there is no evidence of this in the candidates' work. Evidence of a broad range of sources has improved allowing candidates to access the higher mark bands.

(b) Analyse how local and national trends, demographics and government initiatives affect provision of care for the chosen target group

Mostly candidates showed a clear understanding of the task, less candidates referred to trends in other countries such as in the USA, which was pleasing to see. English data was however still referred too that had no relevance to Wales or Welsh initiatives. To correctly respond to the task and to reach the higher mark bands, data must be relevant. Application of knowledge and understanding on relevant initiatives and guidelines continues to be clearly identified, detailing how they relate to the health and well-being of the chosen target group. A table format is still commonly used to present work, which has restricted some candidates to reach the higher mark band for this section. The method is suitable for lower ability candidates but does not encourage candidates to fully expand on their analysis and evaluation of data. The addition of source information has further improved with most centres in this section.

(c) Investigate meaningful activities to meet a specific need of the chosen target group

The samples from a few centres showed that all candidates selected the same activities as each other to investigate, rather than candidates selecting their own. As the NEA is independent this should not be encouraged. However, there were some interesting activity options investigated this year by several candidates. Candidates demonstrated sound awareness of how the different activities relate to the principles of the Social Services and Well-being (Wales) Act 2014. Knowledge was demonstrated well on the main purpose of tasks and how they supported PIES for the target group's needs. There were less table formats used to display work for this section compared to last year, which supported candidates to write more detail allowing access to the higher mark bands. Most candidates demonstrated a clear understanding of the purpose of the activities chosen for target group.

(d) Plan and produce a meaningful activity to meet a specific need of the chosen target group which helps to promote self-identity, self-worth and sense of security or resilience

Many suitable activities were chosen; baking was a popular choice again this year. Samples from some centres showed that most of the cohort chose to carry out the same activity regardless of their target group. Overall, the choice of setting in which the activities took place was suitable with most centres, however some centres clearly did not adhere to the care setting environment. There is a clear effort by some centres to encourage activities in appropriate settings such as residential care homes, as seen in photographic evidence. Some candidates did not show evidence of completing the activities stated, this is challenging when moderating to see where marks have been awarded. This is the purpose of the assessment and therefore all centres should be producing evidence of the activities taking place in a type of care setting relevant to their target group. Where witness statements have been produced it has supported the moderation process. Some improvement from last year is how health and safety is assessed, but still very basic with some centres. Some candidates are still receiving high banded marks where there is little to no evidence of health and safety and planning, centres need to ensure the specification and mark bands are adhered to. To achieve the higher mark bands there needs to be thorough and effective planning and this needs to be clearly evidenced. Consideration of a range of strategies, techniques and approaches to gain appropriate feedback is lacking in many candidates work, with the indication of only one method common across majority of candidates this year.

(e) Analyse and evaluate the task

This section has been achieved well by many candidates this year, demonstrating knowledge and understanding of the task. A variety of formats have been used to show results including graphs, pie charts and tables with candidates analysing the results shown. Evidence of how candidates apply this feedback into their evaluation has been achieved well again this year. Some candidates that only achieve the lower mark bands have struggled with adding detail and depth to this section, giving strengths and weaknesses that show little to no consideration of the data gained from feedback given. Most of the assessor comment reflect this in the marks awarded. Realistic and appropriate suggestions for improvements were not achieved but some candidates, to reach the higher mark band this needs to be clearly described and fully justified. This section is marked based on the accuracy of spelling, grammar and punctuation; it was good to see the majority of centres marks were adhered to this.

Comments on approaches to internal marking

- Ensure candidates and teachers sign and date the declaration, please note that authentication of candidates' work is mandatory.
- To ensure accurate marking, ensure the marking guidelines and specification available on the WJEC website are used to ensure the correct mark bands are awarded.
- Sources of evidence should be clearly included for all tasks, and annotation of where
 marks have been awarded either on the front cover or on candidates work significantly
 aids the moderation process.
- Assessor witness statements and photographic evidence helps to ensure candidates have completed their activities.
- Care settings must be used; schools are education settings and cannot substitute care settings.

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

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.

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