



# **Level 3 Examiners' Report**

**Subject: Health and Social Care (EDUQAS)**

**Level: 3**

**Summer 2024**

## 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.<sup>1</sup>

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.	<a href="https://www.wjec.co.uk/home/professional-learning/">https://www.wjec.co.uk/home/professional-learning/</a>
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.	<a href="#">Portal by WJEC</a> or on the WJEC subject page
Grade boundary information	<p>Grade boundaries are the minimum number of marks needed to achieve each grade.</p> <p>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.</p> <p>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.</p>	For unitised specifications click here: <a href="#">Results, Grade Boundaries and PRS (wjec.co.uk)</a>

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

Exam Results Analysis	WJEC provides information to examination centres via the WJEC Portal. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.	<a href="#">Portal by WJEC</a>
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.	<a href="https://resources.wjec.co.uk/">https://resources.wjec.co.uk/</a>
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.	<a href="#">Portal by WJEC</a> 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.	<a href="#">Become an Examiner   WJEC</a>

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## Executive Summary

The vast majority of candidates attempted all the questions in both external units and there was no evidence of candidates being restricted by time. All candidates completed responses to questions at the end of the paper, which demonstrates good time management. This was similar to the previous series.

It was evident that candidates had been well prepared by centres for the external examination and the content of the syllabus had been covered. Many candidates wrote planning notes or used highlighters before attempting to answer the longer questions which helped focus the response and was evidence of good practice. Many candidates used subject specific terminology with confidence in their answers and were fairly concise in their answers. Where continuation sheets have been used candidates generally clearly indicated this by their answer.

With the Internal units most centres submitted work on time with the correct paperwork. Confirmation of authentication was signed and dated by the candidate and the centre assessor, as required by WJEC.

The annotation of candidates work aids the moderation process, but not all centres had annotated work or had only partially done so. Some centres had incorrectly identified the criteria on the candidates work.

Assessors had generally made comments on the mark sheets which also aids in the moderation process, but assessors should check the final mark awarded, as this series saw a number of clerical errors in the totalling of marks.

Areas for improvement	Classroom resources	Brief description of resource
Checking of final mark to avoid clerical errors	SPECIFICATION	Specification
Use of up-to-date Legislation and codes of practice.	GUIDANCE FOR TEACHING	Guidance for teaching
Candidates should be encouraged to reference all sources of information.	SPECIFICATION	Specification

## HEALTH AND SOCIAL CARE

### Level 3

#### Summer 2024

### UNIT 1 - CONTEMPORARY ISSUES IN HEALTH AND SOCIAL CARE

#### Overview of the Unit

The vast majority of candidates attempted all the questions and there was no evidence of candidates being restricted by time. All candidates completed response to questions at the end of the paper, which demonstrates good time management. This was similar to the previous series.

It was evident that candidates had been prepared by centres for the external examination and the content of the syllabus had been covered. Many candidates wrote planning notes or used highlighters before attempting to answer the longer questions which helped focus the response and was evidence of good practice.

Questions tested the candidate's knowledge of LO1: the inequalities that exist in health and social care, LO2: demographic changes in society and how these can be studied and used to plan for future health and social care provision, LO3: current issues in health and social care, including the role of informal carers, mental health issues and current legislation. Candidates demonstrated their ability to apply their knowledge and understanding to a range of scenarios.

Many candidates used subject specific terminology with confidence in their answers, although at times candidates appear to write all they know on a topic, rather than focusing on answering the specific question.

Some candidates were restricted from achieving the higher mark bands by not responding to key commands and not writing in enough detail and depth to show a comprehensive understanding of the question being asked. There was also repetition in some candidates' responses.

Most candidates were fairly concise in their answers and did not write excessively long answers. Where continuation sheets have been used candidates generally clearly indicated this by their answer.

#### Comments on individual questions/sections

**Q.1 (a)** Most candidates were able to interpret the data shown in the graph and the question was answered accurately. A small minority of candidates did not include data from both higher and lower managerial and professional occupations and gave an inaccurate answer.

**(b)(i)(ii)(iii)**

Candidates were asked to describe three possible reasons why only 1% of HE students are from the lowest socio-economic group. Candidates should provide three different reasons to gain full marks, but this question saw repetition in the answers given and candidates were only credited with each reason once.

- (c) Most candidates answered this question well and could explain how HE students from low socio-economic groups may experience inequality. There was good use of appropriate terminology, and many candidates qualified their responses with examples.
  - (d) Candidates were asked how data on HE students could be used for the planning of future education services. Some responses did not focus on data on HE students and were rather generic, covering planning of all education services, including nursery places and SEND provision.
  - (e) Candidates generally did not answer this question very well, often only achieving mark band 1 or low mark band 2. Most candidates made very general links to the changing roles of men and women and very few included disadvantages of part-time courses, thus limiting the marks that could be awarded.
- Q.2**
- (a)(i) All candidates were able to write a basic definition of the term 'discrimination', with many definitions being clear and detailed, gaining full marks.
  - (ii) Generally appropriate descriptions of how discrimination may be experienced were given, but again there was often repetition between the two examples and candidates were only credited once. Some responses were not linked to experiences of discrimination.
  - (b) Candidates showed good knowledge of mental health issues and could apply this to how they may be related to working from home.
  - (c) This question was not always answered correctly by candidates; the focus was on the economic benefits of working from home. However, many candidates wrote about the benefits to Arjun and Rea's son or how the couple could spend their disposable income.
  - (d) Very few candidates gained full marks on this question, which was surprising, as young people tend to be very good with modern technology. From the responses given candidates generally overlooked the obvious answers and looked at the benefits of technology on individuals and business organisations, rather than the recent technological changes which have taken place and made working from home possible.
- Q.3**
- (a)(i)(ii) Candidates were able to identify two different characteristics of Kelly's situation which could lead to inequality, but some responses were just one word without any description.
  - (b) Candidates showed understanding of the current issues which have led to the increase in children/young people becoming informal carers. This question was answered well.

- (c) Again, candidates showed a good understanding of the impact of being a young carer on health and well-being. To gain the higher mark bands candidates should be covering all aspects of health and well-being (PIES) and not just mental health. The question asked candidates to 'assess' and a few responses did also suggest positive impacts of being a young carer and gained full marks.
- (d)(i) The vast majority of candidates identified a suitable piece of legislation, generally either the Care Act or Equality Act was chosen by candidates.
- (ii) It was evident that in this series candidates had a much better knowledge and understanding of the legislation in the specification and were able to describe how the legislation identified in d(i) may protect and support Kelly and her family.
- (e) Although candidates were asked to discuss the benefits young carers have on society *and* the people in their care, many responses focused on either society or the people in their care. This limited the overall marks that could be awarded. Where both aspects had been covered in detail full marks were awarded.

### Summary of key points

- Candidates should read the questions carefully and respond to the command words.
- Practice questions and 'mock' examinations will assist candidates.
- Clear reference should be made to the scenario where appropriate.
- To gain the higher marks more detail, depth and exemplification, where appropriate, are required.
- Knowledge should be applied to the scenario or data supplied in the question.
- Candidates need to check they have answered the question and not just written everything they know on a topic.



## **HEALTH AND SOCIAL CARE NEA**

### **Level 3**

### **Summer 2024**

## **UNIT 2 - CORE VALUES AND SERVICES**

### **Overview of the Unit**

Most centres submitted work on time with the correct paperwork. Confirmation of authentication was signed and dated by the candidate and the centre assessor, as required by WJEC.

The list of the samples to be sent is now generated by the WJEC's internal assessment mark input system (IAMIS) and all centres sent in the correct sample.

The task sheets and candidates' notes do not need to be submitted. Some centres had submitted several pages of unnecessary notes and research.

The annotation of candidates work aids the moderation process, but not all centres had annotated work or had only partially done so. Some centres had incorrectly identified the criteria on the candidates work.

Assessors had generally made comments on the mark sheets which also aids in the moderation process, but assessors should check the final mark awarded, as this series saw a number of clerical errors in the totalling of marks.

Generally, candidates had attempted all the tasks and been prepared by centres for the assessment.

Tasks covered LO1: the principles of care and the 6C's of nursing, LO2: approaches to care planning and the stages of the care planning cycle, LO3: key legislation, policies and codes of practice which underpin the work of health and social care practitioners, LO4: current issues and trends in service provision. Candidates generally applied their responses to the case study very well.

### **Tasks**

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

Learning Objective 1: Understand the principles that underpin care provision.  
AC 1.1, AC 1.2

Candidates were able to describe the principles of care and give some examples. For mark band 1 candidates are still expected to include all seven principals of care. For the higher mark bands appropriate examples should be taken from a wide range of health and social care settings. Many candidates focused their work on either the community nurse or the General Practitioner (GP), which limited their work to mark band 2. The 6C's were identified and explained well by many candidates, but examples were limited. To gain the higher marks the 6C's should be explained using examples from within nursing and other NHS roles.

Learning Objective 2: Explain how services and practitioners meet individual needs throughout the life stages.

AC 2.1, AC 2.2

Most candidates seemed to know the four approaches to care planning and work was much more detailed than in the previous series. However, many candidates did not include the role of the patient in the planning process. The stages of care assessment planning were described, but many candidates did not achieve mark band 3 because work lacked detail. For higher marks candidates must include eligibility criteria (NHS, NAET, CAF), the role of direct payments and the multi-disciplinary team. Reference to NICE and NHS guidelines on care plans should also be included. Most candidates had attempted to produce a care plan for an individual and in many cases, these were detailed and well presented, using an appropriate format.

Learning Objective 3: Understand the role of legislation and policies.

AC 3.1, AC 3.2

This learning objective was completed much better again this year, with candidates identifying key policies and legislation which were usually up to date and relevant. This was either included in task 1 or completed as a separate section which allowed for a much more in-depth approach. For the higher mark band descriptions should be detailed and links should be made to how legislation can reduce inequality for specific individuals. Many candidates only briefly mentioned codes of practice and did not include how individuals who work in the sectors are protected by laws and codes of practice. This limited marks to mark band 2. A small minority of candidates achieved mark band 3 by including more detailed descriptions and including the role of professional bodies and the inspection process.

Learning Objective 4: Understand the relationship between current issues and trends and local, regional and national policy and legislation.

AC 4.1, AC 4.2

Responses to this section were once again very varied. There was evidence that some candidates had completed a great deal of research on service provision prior to the assessment and were able to explain current issues, particularly linked to dementia care provision in their own region. However, there was little reference made to demographic data or trends either regionally or nationally by most candidates. Some candidates made no distinction between AC4.1 and AC4.2. To achieve mark band 4 candidates must assess service provision, both in the present and future. Unfortunately, some candidates work was very vague, mainly descriptive and focused on local service provision only, which limited the marks that could be awarded.

## **Task marking**

### **Comments on approaches to internal marking**

Internal marking by centres was often slightly generous. This was particularly the case for AC4.1 and AC4.2. Assessors should ensure work has fully met mark band 1 before considering mark band 2 and so on. If candidates work has not fully met the criteria of the mark band, the mid-point of the mark band should be awarded.

Centres should consider internal moderation across assessors and double check the totalling of marks to avoid clerical errors.

### **Summary of key points**

- To aid accurate marking centres should refer to their own centre specific moderators report for guidance.
- Centres should try to adhere to the amount of time allowed for this assessment as some candidates had produced a considerable amount of work. There is no need for candidates to summarise the case study or include research notes.
- Candidates should proofread their work and check spelling and grammar carefully. Subject specific terminology should be correctly spelt.
- Legislation and codes of practice should be up to date and appropriate to the task.
- Candidates should be encouraged to reference all their sources of information and use an appropriate format for their bibliography.
- Centres should advise candidates to use information from the UK and not rely on American data or information.
- To gain the higher marks candidates must provide detailed explanations and assessments and use health and social care terminology fluently.
- Centres should prepare candidates for the assessment tasks and give sufficient time for research and preparation before beginning the tasks. Candidates who were well prepared achieved significantly higher marks.

**HEALTH AND SOCIAL CARE  
NEA**

**Level 3**

**Summer 2024**

**UNIT 3 - EMPLOYMENT WITHIN THE SECTORS**

**Overview of the Unit**

No candidates were entered for this unit in the Summer 2024 series

**Comments on individual questions/sections**

## **HEALTH AND SOCIAL CARE NEA**

### **Level 3**

#### **Summer 2024**

### **UNIT 4 - EXPERIENCE OF DISEASE, ILLNESS AND DISABILITY**

#### **Overview of the Unit**

Centres submitted work on time with the correct paperwork, including authenticity signatures from the candidate and centre assessor.

The list of the samples to be sent is now generated by the WJEC's internal assessment mark input system (IAMIS) and all centres sent in the correct sample. Centres should check the totalling of candidates marks as a number of clerical errors were made in this series.

Most centres had annotated the candidates work and written assessor comments on the mark sheets which aided the moderation process. Occasionally assessors had incorrectly identified the AC's on candidates work, particularly AC3.1 and AC3.2.

Candidates had attempted all the tasks and had produced leaflets and presentations in line with the assessment brief. Some of the PowerPoint presentation were interesting and engaging, but candidates should be encouraged to use the speaker notes section on PowerPoint so that the slide and corresponding speaker notes are printed together.

The higher achieving candidates had referenced their sources of information very well.

Tasks covered LO1: describing the causes, signs and symptoms of a common disease, illness or disability, their diagnosis and treatment, LO2: the care management process for an individual with the disorder, including safeguarding practices, LO3: concepts of research, data collection, presentation of data, analysis and evaluation. Candidates had generally chosen an appropriate disease, illness or disability to study.

#### **Tasks**

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

LO1: Understand different types of common disorders.

AC 1.1, AC 1.2, AC 1.3

All candidates had described the causes, signs and symptoms of a disease, illness or disability, however some of the disorders chosen made it difficult for candidates to access full marks. It was pleasing to see in this series there was more variety in the conditions studied by candidates within a centre. Most had also considered other causes of the disease, such as inheritance, lifestyle and the environment. Investigative and diagnostic procedures for the condition were described and some candidates made reference to the different types of referrals. However very few candidates described general measures of health. Treatments relevant to the condition were described, but the majority of candidates did not include how these treatments might be perceived by society which limited marks to mid mark band 2. Some candidates had also considered complementary and alternative treatments for the disorder.

LO2: Explain the care management for an individual with a common disorder.  
AC 2.1, AC 2.2

The seven stages of the care management process were described, and most candidates made some reference to the PIES of the individual with the chosen condition. Higher achieving candidates included the roles and responsibilities of professionals involved in the process. Safeguarding was generally explained well, and many candidates included pre-employment checks. However, many candidates focused their work on the safeguarding of the service user only and did not include the importance of safeguarding of the practitioners. Ways in which safeguarding can be promoted, including toolkits, codes of practice and whistle blowing, were not always included and candidates were limited in their discussion of safeguarding by not referring to a wider range of care settings.

LO3: Design research to investigate how far the needs of individuals are met by local services.  
AC 3.1, AC 3.2, AC 3.3, AC 3.4

Most candidates had attempted to research two services within their local community and had explained concepts of research, although justification of these was sometimes weak. Candidates had chosen a variety of methods for data collection, and these were generally suitable, although sometimes the method used limited the amount of data collected. This then made it difficult for the candidate to draw any meaningful conclusions. Presentation of data was also varied, with some candidates using a variety of methods to display their findings and others using only one. Candidates should be encouraged to use a professional approach to data presentation. Many candidates did not analyse the data very well and made very general observations, this limited the marks achieved. Again, AC3.4 was not completed to a high standard by many candidates as they did not evaluate their research methods, rather evaluating their results. The evaluation of the research methods lacked detail for many candidates and the effectiveness of the research methods used should be included to achieve the higher mark bands.

## **Task marking**

### **Comments on approaches to internal marking**

Internal marking by centres was slightly generous in some cases. This was particularly the case for AC3.4. Assessors should ensure work has fully met mark band 1 before considering mark band 2 and so on. If candidates work has not fully met the criteria of the mark band, the mid-point of the mark band should be awarded. Some centres included evidence of quality assurance and individual time logs for candidates which is good practice.

### **Summary of key points**

- Centres should refer to their own centre specific moderators report for guidance.
- Centres should try to adhere to the amount of time allowed for this assessment as some candidates had produced a considerable amount of work.
- Candidates should be encouraged to reference their sources of information and use an appropriate format for their bibliography.

- Some candidates still had repetition within their work, with the same information included on the PowerPoint, in a leaflet and in the write up. This should be avoided.
- Candidates should be encouraged to use the speaker notes section on PowerPoint presentations and keep information on each slide succinct.
- The use of bullet points can restrict candidates from achieving the top mark bands unless sufficient explanation and discussion is also included.



## **HEALTH AND SOCIAL CARE**

### **Level 3**

#### **Summer 2024**

### **UNIT 5 - HUMAN BEHAVIOUR AND DEVELOPMENT**

#### **Overview of the Unit**

Most of the candidates attempted all questions. Where continuation booklets were used, the candidates had clearly indicated the question numbers in most cases.

Continuation booklets were used by some candidates to write lengthy responses, however the content from these candidates generally lacked focus on the demands of the question.

Candidates should be encouraged to write concisely.

Candidates would benefit from reading questions carefully and to focus their responses on the care setting identified in the question.

Good spelling, grammar and punctuation was evident in most of the evidence, in line with expectations for a level 3 qualification.

Some evidence of confusion was seen where candidates had the opportunity to type their responses, these candidates sometimes missed out questions. This could be avoided in future by clearly ticking questions as they have been answered.

Evidence of good exam techniques were seen from some centres, highlighting key words, the use of planning and mind maps, mnemonics, and reminders. There was also clear evidence seen of candidates looking back over their responses and checking/ adding more detail.

It was pleasing to see that in most cases candidates demonstrated a good understanding of psychological theories. However, some candidates found difficulty in applying the psychological theories to the scenarios given in the questions. This restricted candidates from achieving the higher mark bands in some cases.

It is important that when applying the psychological theories, chosen examples should be suitable for the life stage and situation of individuals described in the scenario.

Candidates should be encouraged to use the indicated marks available, and the command words used in the question to guide the depth and detail of their responses.

## Comments on individual questions/sections

- Q.1**
- (a)** Most candidates achieved good marks for describing the influence of genetic and inherited factors. Candidates described similar traits such as eye colour and personality.  
More detailed responses described disorders.
  - (b)** The biological approach was explained well, candidates using subject terminology such as neurochemistry and predetermined / inherited accessed the top mark band. Reference to the work of Eysenck and Cattell was also given credit.
  - (c)** The required response to this question recognised that there was a neurological cause for Tourette's syndrome and described treatments in the form of medication and relaxation techniques to reduce and manage the effects.
  - (d)** To access the top mark band, candidates were required to assess the use of biological and behavioural therapies. It was important that the assessment was balanced, considering a range of advantages and disadvantages for each therapy.  
  
Some candidates lost marks by describing the therapies with no assessment or choosing activities that were not age appropriate. It was important to note the scenario was based on a 15-year-old boy and chosen treatments should be age appropriate.
  - (e)** Family therapy was described well by most candidates as a type of talking therapy from the behaviourist approach. Candidates were awarded top marks for explaining that having the support of his family would help understanding, provide tools and strategies to support Jaiden and raise his self-esteem.
- Q.2**
- (a)** It was pleasing to see that many candidates could define the term cognitive development. However, candidates should be reminded of the importance of being aware of the marks available for each question. This was a two-mark response requiring a detailed definition, simple responses such as 'thinking' were only awarded one mark.
  - (b)** It was very pleasing to see that many candidates could correctly identify and explain Piaget's four stages of cognitive development using the correct terminology and age ranges.  
These candidates were awarded top band marks.
  - (c)** There were some confused responses for Bowlby's attachment theory. Some candidates were unclear and described monotropy as having negative effects on the child, instead of the basis of positivity and confidence in the nursery situation.  
  
The candidates could explain Skinner's operant conditioning, most giving detailed accounts of his famous rat box experiment. However, it was important to apply the theory to the methods used in the nursery setting for top marks.

- (d) Bandura's social learning was explained by most candidates, but the focus was often limited to just one strategy of modelling, limiting the marks awarded. This was an eight-mark question and an assessment of a range of strategies was required to achieve top mark band

**Q.3** Overall candidates scored well in Question 3, humanistic approach psychology is popular with learners and the concept readily understood in most cases.

- (a) This question required candidates to outline the effects of bereavement in later adulthood. Most candidates were awarded top marks, but some responses were repetitive, losing marks.
- (b) Credit was given for responses that could identify some of Erikson's stages and describe how they could influence John's behaviour in later adulthood. In some scripts, candidates confused Erikson with Maslow and explained hierarchy of needs.
- (c) Candidates could explain Maslow's hierarchy of needs in most cases. For top mark band, it was important to correctly identify each level, using the correct terminology and apply to the support offered in the sheltered accommodation.
- (d) Candidates provided good responses in relation to John's self-concept, popular responses were negative, explaining John may think he is a burden, abandoned and incapable of performing daily tasks. Candidates who explained possible positive effects on John's self-concept, such as he may feel psychologically secure in the new accommodation were awarded top marks.
- (e) Most candidates wrote detailed responses on encounter groups. Basic responses confused an encounter group with a social group, suggesting perhaps going on an outing. Excellent responses provided detailed evaluation of pros and cons of encounter groups and recognised that John as a later adult male, may find it difficult to speak and share his thoughts in such a group.

### **Summary of key points**

In most cases performance on this exam was positive and credit should be given to centres for their guidance through this unit.

Candidates found it challenging to apply the theories. (The how and why style questions). It is recommended that learners should practise applying the theories, strategies, and treatments in a range of care settings.

It is important that when applying the theories, chosen examples should be suitable for the life stage and situation of individuals described in the scenario.

It is recommended that candidates should practise using the correct terminology and subject specific vocabulary to achieve the higher band marks.

## **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: [hsc@edugas.co.uk](mailto:hsc@edugas.co.uk)

Qualification webpage: [Health and Social Care Level 3 | Eduqas](#)

See other useful contacts here: [Useful Contacts | WJEC](#)

### **CPD Training / Professional Learning**

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

Please find details for all our courses here: <https://www.wjec.co.uk/home/professional-learning/>

### **WJEC Qualifications**

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