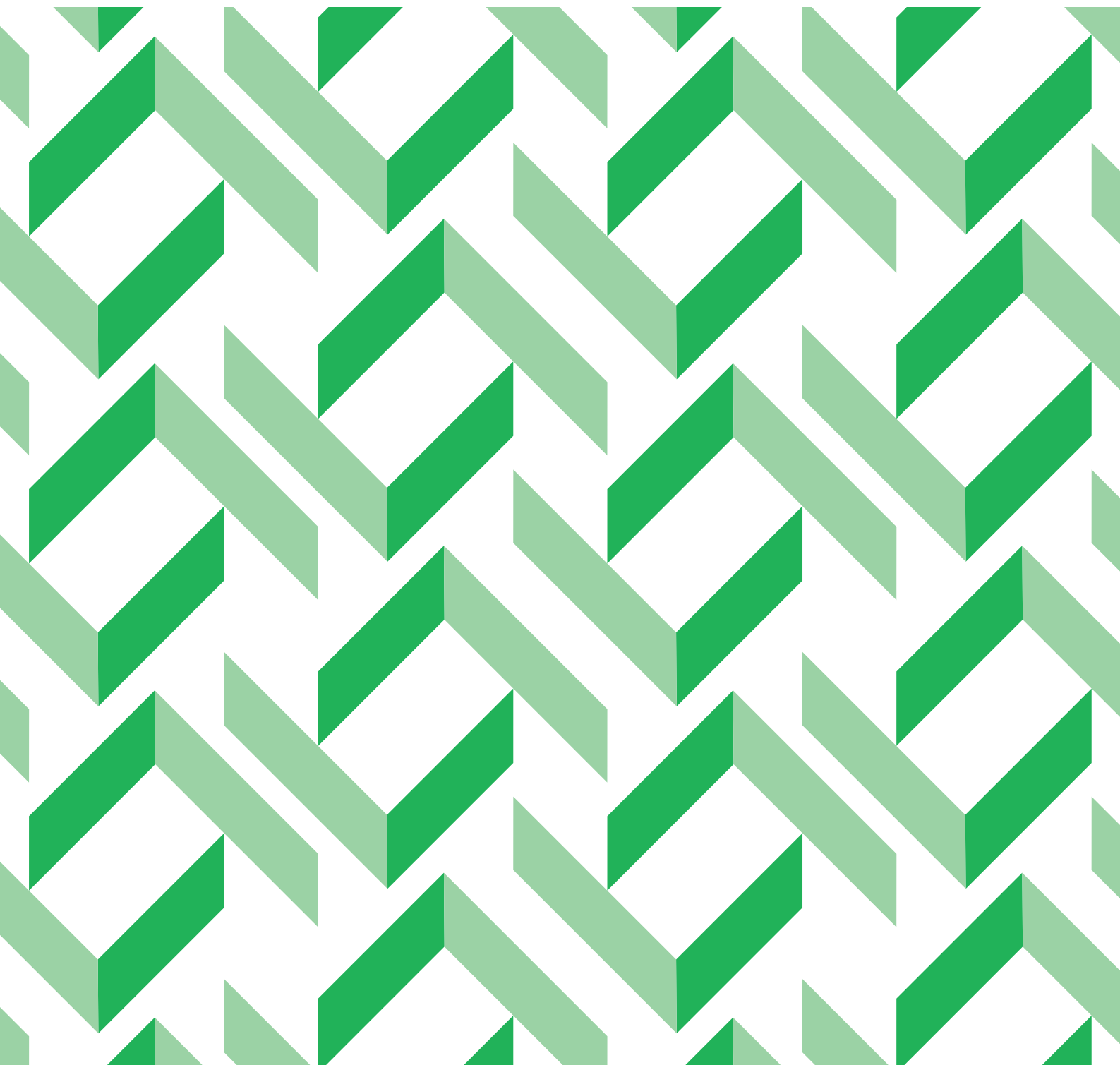




GCSE

Specifications for teaching from 2009

Health and Social Care
(Single & Double Award)



Contents

WJEC GCSE in HEALTH AND SOCIAL CARE (SINGLE AND DOUBLE AWARD)

For Teaching from 2009 For Award from 2011

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HEALTH AND SOCIAL CARE

SUMMARY OF ASSESSMENT

UNITS	ASSESSMENT INSTRUMENT	Weighting S Award	Weighting D Award
UNIT 1 Health, Social Care and Children's Services (Compulsory unit for Single and Double award)	Controlled assessment - Choice of tasks set by WJEC. Internally assessed using WJEC set criteria and externally moderated. 100 marks (120 UMS)	60%	30%
UNIT 2 Human Growth and Development (Compulsory unit for Single and Double award)	Written paper 1¼ hrs externally set and marked. All questions compulsory and targeted at the full range of GCSE grades. The paper will contain short-answer, structured and free response questions drawn from the unit. 80 marks (80 UMS)	40%	20%
UNIT 3 Maintaining Health and Well-being (Compulsory unit for Double Award)	Written paper 1¼ hrs externally set and marked. All questions compulsory and targeted at the full range of GCSE grades. The paper will contain short-answer, structured and free response questions drawn from the unit. 80 marks (80 UMS)		20%
UNIT 4 Promoting Health and Well-being (Compulsory unit for Double Award)	Controlled assessment - Choice of tasks set by WJEC. Internally assessed using WJEC set criteria and externally moderated. 100 marks (120 UMS)		30%

AVAILABILITY OF ASSESSMENT AND CERTIFICATION

	Entry Code		June 2010	Jan 2011 and each year thereafter	June 2011 and each year thereafter
	Subject	Option*			
Unit 1	4721	01 or W1	✓		✓
Unit 2	4722	01 or W1	✓	✓	✓
Unit 3	4723	01 or W1		✓	✓
Unit 4	4724	01 or W1			✓
Single Award	4720	SA or GU			✓
Double Award	4728	DA or DW			✓

* Option Codes

English Medium 01, Welsh Medium W1 - for units
English Medium SA, Welsh Medium GU - for single award
English Medium DA, Welsh Medium DW - for double award

N.B. First certification of both Single and Double Award is Summer 2011.

Qualification Accreditation Number: 500/4471/0 (Single); 500/4474/6 (Double)

HEALTH AND SOCIAL CARE

1 INTRODUCTION

1.1 Rationale

This specification provides a vocationally related qualification which covers Levels 1 and 2 of the National Qualification Framework. Students pursuing a course of study based on this specification will develop their knowledge and understanding of Health and Social Care in a vocational context. It is a suitable qualification for those who want a broad background in this area and also those who want to progress to higher education. It will offer valuable preparation for those entering the world of work.

The approach to the qualification is to give the candidates increasing ownership and responsibility as the work progresses. The approach to learning followed in this programme will allow candidates to contextualise the learning process in a meaningful way: they should be given opportunities to gather both primary and secondary evidence from vocational experiences within the Health and Social Care sectors and/or appropriate related organisations.

The unitisation of the programme allows candidates to become aware of the importance of each of the units, which are reported separately. However, the specification also encourages an appreciation of how the knowledge, understanding and skills developed in one unit relate to the others and an awareness that these inter-relationships exist in the 'real' world.

1.2 Aims and Learning Outcomes

Following a course in Health and Social Care should:

- encourage learners to be inspired, moved and changed by following a broad, coherent, satisfying and worthwhile course of study and gain an insight into related sectors
- prepare learners to make informed decisions about further learning opportunities and career choices.

GCSE Health and Social Care enables learners to:

- actively engage in the processes of health and social care, to develop as effective and independent learners
- understand aspects of personal development, and the health, social care and early years sectors, through investigation and evaluation of a range of services and organisations
- develop a critical and analytical approach to problem-solving within the health, social care and early years sectors

- examine issues which affect the nature and quality of human life, including an appreciation of diversity and cultural issues.

In addition following studying Health and Social Care as a double award enables learners to:

- develop their awareness of the influences on an individual's health and well-being
- understand the importance of motivation and support when improving health.

1.3 Prior Learning and Progression

Students embarking on a GCSE in *Health and Social Care (Single/Double Award)* should have achieved a general educational level equivalent to Level 3 of the National Curriculum or Entry Level 3 in the National Qualifications Framework. They would find the following learning skills and aptitudes helpful:

- basic proficiency in literacy
- basic proficiency in numeracy
- some aptitude for computers
- some motivation to work independently.

There is no specific prior knowledge required for this specification.

This specification is intended to offer opportunities for progression through a variety of routes in further education, (e.g. advanced level GCE, diplomas), training, (e.g. Modern Apprenticeships) or employment.

1.4 Equality and Fair Assessment

GCSEs often require assessment of a broad range of competences. This is because they are general qualifications and, as such, prepare candidates for a wide range of occupations and higher level courses.

The revised GCSE qualification and subject criteria have been reviewed to identify whether any of the competences required by the subject presented a potential barrier to any disabled candidates. If this was the case, the situation was reviewed again to ensure that such competences were included only where essential to the subject. The findings of this process were discussed with disability groups and with disabled people.

Reasonable adjustments are made for disabled candidates in order to enable them to access the assessments. For this reason, very few candidates will have a complete barrier to any part of the assessment. Information on reasonable adjustments is found in the Joint Council for Qualifications document *Regulations and Guidance Relating to Candidates who are eligible for Adjustments in Examinations*. This document is available on the JCQ website (www.jcq.org.uk).

Candidates who are still unable to access a significant part of the assessment, even after exploring all possibilities through reasonable adjustments, may still be able to receive an award. They would be given a grade on the parts of the assessment they have taken and there would be an indication on their certificate that not all of the competences have been addressed. This will be kept under review and may be amended in future.

1.5 Classification Codes

Every specification is assigned a national classification code indicating the subject area to which it belongs. The classification code for this specification is 0003.

Centres should be aware that candidates who enter for more than one GCSE qualification with the same classification code will have only one grade (the highest) counted for the purpose of the School and College Performance Tables.

Centres may wish to advise candidates that, if they take two specifications with the same classification code, schools and colleges are very likely to take the view that they have achieved only one of the two GCSEs. The same view may be taken if candidates take two GCSE specifications that have different classification codes but have significant overlap of content. Candidates who have any doubts about their subject combinations should check with the institution to which they wish to progress before embarking on their programmes.

2

CONTENT

Single Award (and Double Award):

Unit 1: Health, Social Care and Children's Services

Introduction

This unit will enable candidates to gain knowledge and understanding of the main health, social care and children's service provision available to meet individuals' needs.

Candidates will learn about:

- care needs of individuals;
- types of care services;
- the ways of obtaining care services and the barriers to access;
- the main work roles and skills of people who provide health, social care and children's services;
- the principles of care.

1. Care needs of individuals

Key issue: Who needs to use care services and why?

- Candidates should understand how care services are designed to meet the health, and social care needs of individual users.
 - babies and children
 - adolescents
 - adults
 - older people
 - disabled people
- Candidates should understand how services are developed and provided to meet social policy goals, such as reducing child poverty, homelessness and drug misuse in the population as a whole.
- Candidates should know that health authorities and local authorities assess the care needs of local populations in order to identify likely service demand in a local area.
- Candidates should be able to identify and describe the reasons why individuals may require and seek to use health, social care and children's services.
- Candidates should understand how individuals at different life stages have different care needs to help them grow, develop and maintain a healthy lifestyle and that these care needs may be met by themselves, formal care or informal care.

2. Types of care services

Key issue: What types of care services are provided to meet client group needs?
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- Candidates will need to find out about organisations and private practitioners that deliver health care, social care and children's services.
- Candidates will need to identify the main types of care services that are offered to different client groups. Some examples are included in the table overleaf.
- Candidates should know who provides the services and where they are made available.
- Candidates should understand that there may be national and regional variations in the provision of services across England, Wales and Northern Ireland.
- Candidates should be able to identify local and national examples of service providers who operate in the:
 - statutory care sector (*including NHS Trusts and local authority services*);
 - private care sector (*including private companies and self-employed practitioners*);
 - voluntary care sector (*including charities and local support groups using volunteers and not-for-profit organisations with paid employees*).
- Candidates should understand how the different service providers work together to meet client group needs.
- Candidates should know that informal carers (*family, friends and neighbours*) also provide a large amount of care.

Client group	Health care services	Social care services	Early years services
Babies and children	Primary health care (including maternity services, health visitors), general hospital services, mental health care, speech therapy, dentistry.	Foster care, residential care, child protection, child and family support group services.	Childminders, playgroups and nursery education, family centres, crèches, after school care, toy libraries, child guidance, parent and toddler support groups.
Adolescents	School medical services, primary health care, general hospital services, dental services, mental health care, health promotion (smoking, sexual health, drugs, alcohol).	Foster care, residential care, youth offending services, child protection, youth work, support group services.	
Adults	Primary health care (including community provision of district and community mental health nursing), general hospital services, mental health care, health promotion (smoking, sexual health, drugs, alcohol), complementary therapies, hospices.	Housing/homelessness services, residential care, refuges, day centres, counselling support (e.g. Samaritans), information and advice services, social work, support groups, service user organisations.	
Older people	Primary health care (including district and community mental health nursing), occupational therapy, complementary therapies, dentistry, chiropody/podiatry, specialist hospital services (general and mental health), nursing homes, hospices.	Sheltered/support housing, residential care, home helps, day centres, lunch clubs, information and advice services, social work, support group services, service user organisations.	
Disabled people (additional services)	Any of the above according to individual and local needs. Additionally, specialist medical and nursing services, physiotherapy, psychology, occupational therapy, complementary therapies, specialist education and training services (work-related and rehabilitative training schemes, for example).	Any of the above according to individual and local needs. Additionally, specialist support and provision through service user organisations, direct payment personal assistance, social education (life skills, education and supported work schemes, for example).	Any of the above according to individual and local needs. Separate, specialist education provision and support services are provided in addition to integration within mainstream provision.

3. Ways of obtaining care services and barriers to access

Key issue: How can people gain access to care services and what can prevent people from being able to use services they need?
--

The ways that people gain access to care services are known as methods of referral.

- Candidates should know about the different methods of referral that exist. These are:
 - self-referral – choose to ask for or go to the services by themselves;
 - professional referral – being put in contact with a service by a care practitioner such as a doctor, nurse, or social worker;
 - third-party referral – being put in contact with a service by a friend, neighbour, relative or another person who is not employed as a care practitioner (*for example, own employer or a teacher*).
- Candidates should be able to identify barriers that might prevent people from making use of the services that they need:
 - physical barriers – for example, stairs, a lack of lifts and a lack of adapted toilet facilities can prevent access to premises by people with mobility problems;
 - psychological barriers – for example, fear of losing independence, the stigma associated with some services and not wanting to be looked after can deter people from making use of care services. Mental health problems can also prevent those in need from accessing services;
 - financial barriers – for example, charges and fees can deter and exclude people who do not have the money to pay for services they need;
 - geographical barriers – for example, in rural areas the location of an organisation and practitioner may be a barrier to use if there is also a lack of public transport, or a long bus or car journey is required;
 - cultural and language barriers – for example, cultural beliefs about who should provide care and how illness and social problems should be dealt with, as well as difficulties in using language, may deter members of some communities from using care services;
 - resource barriers – for example, lack of staff, lack of information about services, lack of money to fund services or a large demand for services can prevent people from gaining access to services when they need or want them.
- Candidates should be able to identify ways in which services and the individuals they serve might overcome these barriers to ensure equality of service provision.
- Candidates should understand that poor integration of services, rationing and the 'postcode lottery' may affect availability of services in local areas.

4. **The main work roles and skills of people who provide health, social care and children's services**

Key issue: What does care work involve and what skills do care practitioners need to perform their work roles?

- Candidates should be able to compare the main work roles of care workers.
- Candidates should understand the similarities and differences in the work roles of health, social care and early years workers.
- Candidates should know about the main roles, responsibilities and skills of practitioners and how they may work individually and/or part of a team.
- Candidates should understand how changes in services and service provision can affect the job roles of care workers and change the skills required for those jobs.
- Candidate should understand why care workers need good interpersonal skills.
- Candidates should know how care workers use communication skills to develop care relationships, provide and receive information and to report on their work with clients.
- Candidates will need to know how effective communication can help support relationships with colleagues, clients and their families and how poor skills can reduce the effectiveness of care work or damage care relationships.
- Candidates should particularly recognise the differing communication needs of client groups using care services.
- Candidates should understand the need for care workers to address cultural diversity in their day-to-day work.

5. The principles of care

Key issue: What values do care workers promote through their work?

Services all aim to help people to develop or maintain their independence.

- Candidates should understand the balance that services have to achieve between getting involved in people's lives or not, including the risks to both individuals and society associated with both action and inaction.
- Candidates should understand the principles of care are an essential feature of all care practice to ensure quality of care.
- Candidates will understand that care practitioners use guidelines and codes of practice to empower clients by:
 - promoting anti-discriminatory practice
 - maintaining confidentiality of information
 - promoting and supporting individuals' rights to dignity, independence, health and safety
 - acknowledging individuals' personal beliefs and identity
 - protecting individuals from abuse
 - promoting effective communication and relationships
 - providing individual care.
- Candidates should know how these principles are reflected in the behaviour and attitudes of care workers and how these principles are incorporated into the codes of practice of different care professions and the policies, procedures and employment contracts of care organisations.

Unit 2: Human Growth and Development

Introduction

To provide effective care, workers within health, social care and children's services need to know about the different ways that people grow and develop during their lives. This unit will allow candidates to gain knowledge and understanding of the process of human growth and development and the different factors that can affect individuals.

Candidates will learn about:

- human growth and development;
- the factors affecting growth and development;
- the development of self concept;
- life changes and sources of support.

1. Human growth and development

Key issue: How do individuals grow and develop during each life stage?

- Candidates should know that growth refers to an increase in physical size (mass and height) and that development is concerned with the emergence and increase in sophistication of skills, abilities and emotions.
 - Candidates should be able to describe the expected patterns of physical growth and change and the social, intellectual and emotional developments that typically take place during each of the five main life stages. These are:
 - infancy (0–3)
 - childhood (4–10)
 - adolescence (11–18)
 - adulthood (19–65)
 - later adulthood (65+).
- To include an understanding of:*
- *the use of centile charts to record patterns of development in infancy, childhood and adolescence*
 - *gross and fine motor skills*
 - *expected patterns and sequence of development.*
- Candidates should understand how individuals at different life stages have different care needs to help them grow, develop and maintain a healthy lifestyle.

2. Factors affecting growth and development

Key issue: What factors affect human growth and development and how can they influence an individual's health, well-being and life opportunities?

- Candidates should understand, and be able to give examples of, factors that may have a positive and/or negative affect on health and well-being and how they cause differences in patterns of growth and development for individuals. These include:
 - Physical factors**, including:
 - genetic inheritance
 - diet
 - amount and type of physical activity
 - experience of illness or disease (*long or short term*).
 - Social and emotional factors**, including:
 - gender
 - family (family size and lifestyle)
 - relationships
 - family relationships (*with parents, siblings and as parents*)
 - friendships
 - intimate personal and sexual relationships
 - working relationships (*including teacher/student, employer/employee, peers, colleagues*)
 - abuse (*emotional, physical, sexual and verbal*)
 - neglect and lack of support
 - educational experiences
 - employment/unemployment
 - cultural and racial diversity
 - life experiences: these may be expected or unexpected experiences that can have a major impact on an individual's personal development. Candidates should be able to identify and describe the effects that such examples of expected and unexpected life events can have on individuals' personal development and well-being. These may include events that result in:
 - relationship changes (*marriage, divorce, living with a partner, birth of a sibling or own child, death of a friend or relative*);
 - physical changes (*for example, puberty, accident or injury, menopause*);
 - changes in life circumstances (*for example, moving house, starting school, college or a job, retirement, redundancy or unemployment*).
 - Economic factors**, including:
 - income and material possessions; (*to include wages/salary; benefits; savings; bills; debt; poverty*).
 - Environmental factors**, including:
 - housing conditions
 - pollution
 - access to health and welfare services. (*To include an understanding of the range of services available to support development*).
- Candidates should understand how these factors may inter-relate and how they can affect a person's:
 - self-esteem
 - physical and mental health and well-being
 - employment prospects
 - level of education.

3. The development of self concept

Key issue: What factors influence the development of a person's self-concept?

- Candidates should be able to explain how the self-concept is developed and should understand that an individual's self-concept is affected by their:
 - age
 - appearance
 - gender
 - culture
 - emotional development
 - education
 - relationships with others
 - sexual orientation
 - life experiences.

- Candidates need to be aware of the impact of the self concept on development.

4. Life changes and sources of support

Key issue: What support is available during life events?

- Candidates should know how individuals adapt and use sources of support throughout the different life stages to cope with factors affecting development. Sources of support may include:
 - informal care: partners, family and friends
 - formal care: professional carers and services
 - voluntary and faith based services.
- Candidates should know:
 - the correct names of services with an understanding of formal care provided by statutory, private and voluntary services
 - ways that support may be provided, i.e. medical support, advice/ counselling, companionship, practical assistance, financial help
 - the correct names of care professionals, e.g. G.P., Care Assistant, Social Worker, Practice Nurse, Midwife.

Double Award:

Unit 3: Maintaining Health and Well-being

Introduction

Candidates will understand how individuals can protect their well-being.

Candidates will learn about:

- protecting individuals;
- health guidelines;
- health promotion and improvement methods.

1. Protecting individuals

Key issue: What factors contribute to the safety and protection of individuals?

- Candidates should understand ways in which individuals may be protected and that this protection may be provided by others or by themselves. Ways include:
 - use of health monitoring and illness prevention services, to include:
 - screening – mammograms, cervical, prostate, TB
 - immunisation programmes – infancy, holidays, teenagers
 - services:
 - child health clinic
 - well woman clinic
 - family planning clinic
 - hospitals
 - mobile services, e.g. NHS Breast Screening Programme
 - GP/health centre
 - ante natal/post natal care.
- } check-ups, monitor weight
- Use of risk management techniques to protect individuals and promote personal safety to include:
 - safe lifting and handling -- Health and Safety Executive
 - basic first aid – St. Johns/Red Cross
 - car seats and seat belts – 2006 Seat Belt and Child Restraint Regulations
 - crossing the road – Arrive alive
 - self defence – C.P.S.
 - protective clothing – P.P.E. regulations
 - food safety – 2006 Food Hygiene Regulations.
 - Protection from ill treatment
 - candidates should understand that some individuals may be at risk from ill treatment, these include:
 - children
 - older individuals
 - individuals with disabilities
 - individuals with learning difficulties/mental illness
 - individuals in care settings
 - candidates should know the different types of ill treatment individuals may experience and their effect on health and well-being to include:
 - emotional
 - verbal
 - physical
 - sexual.

2. Health guidelines

Key issue: What government guidelines exist to promote the health and well-being of individuals?

- Candidates should know the targets that are set by the government for health and well-being.
- Candidates should understand the meaning behind the setting of the targets.
- Candidates should know the current guidelines and how they are related to the target audience.
 - diet e.g. obesity – Healthy Weight Healthy Lives
 - sexually transmitted diseases, e.g. National Chlamydia Screening Programme
 - alcohol and substance misuse, e.g. Safe, Sensible and Social
 - smoking – NHS support programme
 - healthy living – National Child Measurement Programme.

3. Health promotion and improvement methods

Key issue: How can individuals be motivated and supported to improve their health?

- Candidates should know that some conditions can be prevented.
- Candidates should understand how different health behaviours can help people achieve their targets.
- Candidates should know about the different types of health promotion materials that are used to inform, motivate and support people to improve their health and well-being.

Double Award:

Unit 4: Promoting Health and Well-being

Introduction

The knowledge and understanding that candidates will gain from this unit will help them look after their own health and well-being and understand ways of promoting health and well-being for others.

Candidates will learn about:

- definitions of health and well-being;
- factors positively influencing health and well-being;
- risks to health and well-being;
- indicators of physical health;
- planning for health improvement.

1. Definitions of health and well-being

Key issue: What is health and well-being?
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There are several different ways of thinking about health and well-being.

- Candidates should know that:
 - health and well-being can be described as the absence of physical illness, disease and mental distress. This is a negative definition of health and well-being
 - health and well-being can be described as the achievement and maintenance of physical fitness and mental stability. This is a positive definition of health and well-being
 - health and well-being as being the result of a combination of physical, social, intellectual and emotional factors. This is a holistic definition of health and well-being.
- Candidates should know that:
 - the ideas about health and well-being change over time and vary between different cultures and life stages.

2. Factors positively influencing health and well-being

Key issue: What factors contribute positively to health and well-being throughout the lifespan?

A person's health and well-being is affected by a number of different factors.

- Candidates should know about factors that contribute positively to health and well-being such as:
 - a balanced diet (*e.g. improved immunity, feeling healthy, controlling weight*)
 - adequate rest and sleep (*e.g. improved concentration, refreshes body, restores energy*)
 - regular exercise (*e.g. improved fitness, weight control, circulation, mobility*)
 - supportive relationships (*e.g. friends, family, professionals, improved self esteem, self worth*)
 - adequate financial resources (*e.g. social security benefits, free prescriptions, free dinners, pension, mobility allowance*)
 - stimulating work, education and leisure activity (*e.g. improve mental ability, valued*).
- Candidates should know about the importance of these factors to individuals throughout their lives.

3. Risks to health and well-being

Key issue: What factors are a risk to health and well-being and how do they have a damaging effect?
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- Candidates should be able to identify the lifestyle factors over which people have control and also the genetic, social and economic factors which people may not be able to change.
- Candidates should know the factors that put health and well-being at risk and how individuals are affected by them.
- The factors are:
 - genetically inherited diseases and conditions (*cystic fibrosis, Down's syndrome, heart condition*);
 - substance misuse – to include misuse of prescribed, legal and illegal drugs, solvents, tobacco smoking and excessive alcohol intake (*e.g. cancer, high blood pressure, heart disease, obesity, cirrhosis of the liver, death*)
 - an unbalanced, poor quality or inadequate diet (*e.g. obesity, heart disease, high blood pressure, illness*)
 - too much stress (*high blood pressure, heart disease, obesity*)
 - lack of personal hygiene (*social isolation, disease*)
 - lack of regular physical exercise (*e.g. obesity, heart disease, osteoporosis, joint problems*)
 - unprotected sex (*e.g. sexually transmitted infections (STI's) unwanted pregnancy, cervical cancer*)
 - social isolation (*e.g. bullying, stress on relationships*)
 - poverty (*e.g. poor diet, housing, hygiene*)
 - inadequate housing (*lower immunity, stress*)
 - unemployment (*e.g. poor diet, housing, stress*)
 - environmental pollution (*e.g. respiratory problems, illness*).
- Candidates need to understand that some conditions are due to lifestyle choices.

4. Indicators of physical health

Key issue: How can an individual's physical health be measured?

- Candidates should know about the following methods which are used to measure an individual's physical health:
 - blood pressure
 - peak flow
 - body mass index (formula)
 - waist/hip ratio
 - resting pulse and recovery after exercise(formula).
- Candidates should know that a person's age, sex and lifestyle have to be taken into account when interpreting the measurement that is recorded.
- Candidates need to know:
 - what is being measured
 - the normal range
 - how to apply any formulae
 - safety when carrying out measurements.

5. Planning for health improvement

Key issue: How can individuals be encouraged to improve health?

- Candidates should know how physical health assessment can be used to set targets to produce a health improvement plan for an individual.
- Candidates should know the importance of short and long term target setting.
- Candidates should be able to suggest ways of achieving set targets.

3**SCHEME OF ASSESSMENT**

Assessment for GCSE Health and Social Care is untiered, i.e. all units cater for the full range of ability and allow access to grades A*-G or A*A*-GG for the single and double awards respectively.

This is a unitised specification which allows for an element of staged assessment. However, a minimum of 40% of the overall assessment must be taken at the end of the course. In effect this means that at least one of the two units for a single award and two of the four units for a double award must be taken as 'terminal assessment'. Centres may determine which units are used to meet this rule; all units may be taken at the end of the course if so wished.

3.1 Single Award Structure

To obtain a single award in Health and Social Care candidates are required to complete units 1 and 2.

TITLE	STATUS	UNIT	ASSESSMENT WEIGHTING	ASSESSMENT METHOD
Health, Social Care and Children's Services	MANDATORY	1	60%	Controlled Assessment
Human Growth and Development	MANDATORY	2	40%	Written Paper

3.2 Double Award Structure

To obtain a double award in Health and Social Care candidates are required to complete units 1, 2, 3 and 4.

TITLE	STATUS	UNIT	ASSESSMENT WEIGHTING	ASSESSMENT METHOD
Health, Social Care and Children's Services	MANDATORY	1	30%	Controlled Assessment
Human Growth and Development	MANDATORY	2	20%	Written Paper
Maintaining Health and Well-being	MANDATORY	3	20%	Written Paper
Promoting Health and Well-being	MANDATORY	4	30%	Controlled Assessment

3.3 Assessment

The Assessment for each unit is:

Unit 1: Controlled Assessment (45 hours) 60% Single Award (30% double award)

Candidates will be expected to choose one of two tasks based on individual's needs and services.

The report will be internally assessed using WJEC set criteria and externally moderated. The work will include extended writing and will assess the quality of written communication.

Unit 2: Written paper (1¼ hours) 40% Single Award (20% double award)

An untiered paper, externally set and assessed. Candidates will be required to respond to short-answer, structured and free response questions drawn from all the areas of study of the unit.

Some questions will require extended writing and will assess the quality of written communication. The paper will be presented in the form of a question and answer booklet.

Unit 3: Written paper (1¼ hours) (20% double award)

An externally set and assessed untiered paper based on resource material provided.

Candidates will be required to respond to short-answer, structured and free response questions. Some questions will require extended writing and will assess the quality of written communication.

Unit 4: Controlled Assessment (45 hours) (30% double award)

Candidates will be expected to choose one of two tasks based on the health of the individual/group.

The report will be internally assessed using WJEC set criteria and externally moderated. The work will include extended writing and will assess the quality of written communication.

3.4 Assessment Objectives

Candidates will be required to demonstrate their ability to:

AO1	Recall, select and communicate their knowledge and understanding of a range of contexts
AO2	Apply skills, knowledge and understanding in a variety of contexts and in planning and carrying out investigations and tasks
AO3	Analyse and evaluate information, sources and evidence, make reasoned judgements and present conclusions

The weighting of assessment objectives across units is as follows (Double Award in brackets).

Unit Title	AO1	AO2	AO3	Total
Unit 1: Health, Social Care and Childrens' Services Controlled Assessment	10% (5%)	40% (20%)	10% (5%)	60% (30%)
Unit 2: Human Growth and Development Written Paper	25% (12.5%)	-	15% (7.5%)	40% (20%)
Unit 3: Maintaining Health and Well-being Written Paper	- (12.5%)	-	- (7.5%)	- (20%)
Unit 4: Promoting Health and Well-being Controlled Assessment	- (5%)	- (20%)	- (5%)	- (30%)
Total weighting	35% (35%)	40% (40%)	25% (25%)	100% (100%)

3.5 Quality of Written Communication

For units involving extended writing candidates will be assessed on the quality of their written communication within the overall assessment of that unit.

Mark schemes for these units include the following specific criteria for the assessment of written communication:

- legibility of text; accuracy of spelling, punctuation and grammar; clarity of meaning;
- selection of a form and style of writing appropriate to purpose and to complexity of subject matter;
- organisation of information clearly and coherently; use of specialist vocabulary where appropriate.

4

AWARDING, REPORTING AND RE-SITTING

The GCSE qualification in Health and Social Care can be gained as a Single or a Double Award.

GCSE Single Award qualifications are reported on an eight-point scale from A* to G, where A* is the highest grade. GCSE Double Award qualifications are reported on a fifteen point-grade scale (A*A*, A*A, AA etc. – GG) where A*A* is the highest grade. The attainment of candidates who do not succeed in reaching the lowest possible standard to achieve a grade is recorded as U (unclassified) and they do not receive a certificate.

Individual unit results are reported on a uniform mark scale (UMS) with the following grade equivalences:

GRADE		MAX.	A*	A	B	C	D	E	F	G
Unit 1	Controlled Assessment	120	108	96	84	72	60	48	36	24
Unit 2	Written Paper	80	72	64	56	48	40	32	24	16
Unit 3	Written Paper	80	72	64	56	48	40	32	24	16
Unit 4	Controlled Assessment	120	108	96	84	72	60	48	36	24
QUALIFICATION										
SINGLE AWARD		200	180	160	140	120	100	80	60	40

QUALIFICATION – DOUBLE AWARD Maximum Mark 400

A*A*	A*A	AA	AB	BB	BC	CC	CD	DD	DE	EE	EF	FF	FG	GG
360	340	320	300	280	260	240	220	200	180	160	140	120	100	80

This is an unitised specification which allows for an element of staged assessment. However, a minimum of 40% of the overall assessment must be taken at the end of the course. In effect this means that at least one of the two units for a single award and two of the four units for a double award must be taken as 'terminal assessment'. Centres may determine which units are used to meet this rule; all units may be taken at the end of the course if so wished.

Assessment may be re-taken once only (with the better result counting) before aggregation for the subject award. Results for a unit have a shelf-life limited only by the shelf-life of the specification.

5

ADMINISTRATION OF CONTROLLED ASSESSMENT

WJEC GCSE Health and Social Care specification meets all the regulations for controlled assessment as laid down by the regulatory authorities.

The controlled assessment tasks are worth 60% of the total marks available for the specification.

The controlled assessment tests all the assessment objectives for GCSE Health and Social Care, within the weightings, stipulated by the regulatory authorities.

The regulation of controlled assessment is split into three stages.

A. Task Setting

- Externally set by WJEC with centres being able to choose and contextualise within the assessment.

B. Task Taking

- Research – limited level of control. Research can take place outside the centre where appropriate.
- Analysis and evaluation – medium level of control, to be completed within the centre under supervision.

C. Task Marking

- Internally marked and externally moderated.

Tasks will be reviewed every two years.

5.1 Task Setting

Unit 1: Health, Social Care and Children's Services

Controlled Assessment

Local Health Boards and social care services are conducting a survey to investigate how local health and social care services are meeting the needs of different client groups.

Candidates should choose **one** of the following tasks in relation to the scenario, relating to **one** of the following client groups;

- Infants
- Children
- Adolescents
- Adults
- Older adults
- Individuals with disabilities

Task 1

Produce a report which shows how well local health and social care services are meeting the needs of a chosen individual.

Task 2

Produce a report which shows how well local health and social care services are meeting the needs of a chosen client group.

Your work should include the following:

1. **Planning the task** (5 hours) (15 marks)
 - Identify individual/group for investigation and justify choice. (7)
 - Aims and plan of investigation demonstrating an understanding of the investigation. (8)
2. **Carrying out the task** (30 hours) (60 marks)
 - Research and investigative procedures:
Primary and secondary research – local area health and social care provision. (25)
 - Data collection – services – access and barriers. (20)
 - Describe the roles, responsibilities and skills of two practitioners in the provision of care. (7)
 - Application of the principles of care in the day-to-day work of the chosen practitioners. (8)
3. **Evaluating the task** (10 hours) (25 marks)
 - Analyse the findings of the investigation. (10)
 - Assess how the relevant services meet the care needs of the individual/group. (10)
 - Suggest improvements in provision. (5)

Acknowledgement of resources used in investigation must be included in the presentation of work.

The investigation should be presented as a folio of work.

Unit 4: Promoting Health and Well-being

Controlled Assessment

Health professionals are encouraging people to look after their own health by improving their lifestyles and following recommended government guidelines.

Candidates should choose **one** of the following tasks in relation to the scenario, relating to **one** of the following client groups;

- Infants
- Children
- Adolescents
- Adults
- Older adults
- Individuals with disabilities

Task 1

Produce a health plan for an individual to help promote their health and well-being.

Task 2

Produce a health plan to help a specified client group improve their health and well-being.

Your work should include the following:

- 1. Planning the task** (5 hours) (15 marks)
 - Identify individual/group for investigation and justify choice. (7)
 - Aims and plan of investigation, demonstrating an understanding of the investigation. (8)
- 2. Carrying out the task** (30 hours) (60 marks)
 - Research the ways the individual/group defines health and well-being. (10)
 - Data collection
 - identify a range of positive and negative factors and how they affect the individual/group;
 - three physical measures of health and how they relate to the individuals age/sex/lifestyle. (25)
 - Identification of targets for health and well-being. (5)
 - Development of a health plan with short and long term targets. (15)
 - Identification of support available. (5)
- 3. Evaluating the task** (10 hours) (25 marks)
 - Review and assess the health plan and identify the possible effects on the individual/group's health and well-being. (15)
 - Realistic and achievable suggestions for overcoming any difficulties. (10)

5.2 Task Taking

Teachers are expected to supervise and guide candidates in the production of the controlled assessment. This will involve:

- ensuring that candidates are aware of the regulations for the production of work, e.g. the scope for planning, drafting and editing, acknowledgement of sources, presentation of work, dates for submission;
- ensuring that candidates are aware of the criteria for assessment, the levels of achievement against which work will be judged and the mark/grade scale to be used;
- advising candidates on how to approach their tasks and monitoring their progress;
- authenticating that the finally assessed portfolio is the candidate's own work and that any support given is within guidelines or informing WJEC where any malpractice is suspected.

Research may take place outside the centre. Teachers need to ensure that the research is used for the basis of further work and not the work itself. Tasks may be organised in groups, especially in the early stages, providing that each candidate is able to work to his or her level of ability and that each individual's work is clearly identifiable.

Teachers may comment on work in progress and return it for re-drafting but comments must be framed in such a way as to enable the candidate to take the initiative in developing the work further. Teachers should log comments for re-drafting.

Internal deadlines may be set for the submission of work. It should be made clear to candidates that once the final portfolio has been submitted for assessment no further work may take place. Regulations for subsequent resubmission following the grading of a unit will be provided.

Confidentiality

Candidates are required to produce portfolios of work for Units 1 and 4, which may raise issues of confidentiality. Unit 1 candidates are required to include individual details of the care needs of an individual or group and in Unit 4 to produce a health plan for an individual or group.

1. Candidates must always seek the permission of the individuals, preferably in writing, before interviewing them.
2. Candidates must always make clear to individuals that the information they may give may be included in portfolios that will be read by others, e.g. teachers and moderators.
3. Candidates must not pass on the information obtained to anyone else other than to those for whom it is intended.
4. Candidates must preserve the anonymity of the individuals referred to by using fictitious names both for the individual themselves and for other individuals referred to, and, where appropriate by changing place names or any other names and facts which might help to identify the individuals.
5. Candidates must not record information about individuals that may have legal implications.

Authentication of Controlled Assessments

Candidates are required to sign that the work submitted is their own and teachers/assessors are required to confirm that the work assessed is solely that of the candidate concerned and was conducted under the required conditions. A copy of the authentication form, which forms part of the coversheet for each candidate's work is provided in the Appendix. It is important to note that **all** candidates are required to sign this form, and not merely those whose work forms part of the sample submitted to the moderator. Malpractice discovered prior to the candidate signing the declaration of authentication need not be reported to WJEC but must be dealt with in accordance with the centre's internal procedures.

Before any work towards the Controlled Assessment is undertaken, the attention of candidates should be drawn to the relevant JCQ Notice to Candidates. This is available on the JCQ website (www.icq.org.uk) and included in *Instructions for Conducting Coursework/Portfolios*. More detailed guidance on the prevention of plagiarism is given in *Plagiarism in Examinations; Guidance for Teachers/Assesors* also available on the JCQ website.

5.3 Presentation

The following procedures must be followed:

- The sample sheet and the coversheet must be completed.
- Any sources, copied material, quotations, etc. must be acknowledged and reference provided where appropriate (this may be in the form of an appendix).
- Work submitted for moderation must be accessible, e.g. contained in an envelope folder or held together by treasury tags, and not placed in a series of plastic wallets or a bulky ring binder.
- Work may be submitted through ICT (e-folios).
- If placed in an envelope folder, this must be clearly marked with centre name and number, candidate name and number.

5.4 Time Control

The total time allocated to the tasks of the controlled assessment should be 45 hours for Unit 1 and 45 hours for Unit 4. This time span is designed to give maximum flexibility for the conducting the tasks and to accommodate the needs of those candidates who need extra time due to, for example, learning difficulties. (This complies with the JCQ document *Access Arrangements and Special Consideration*.)

5.5 Annotation of Controlled Assessment

This should be achieved by:

- (i) summative comments on the Controlled Assessment coversheets (HSC1 and HSC2).
- (ii) annotation of the candidates' Controlled Assessment, i.e. in the margin or in the text. This should be brief and to the point. Attention should be drawn where candidates provide evidence of attaining a certain level of performance in relation to the assessment objectives or where there are clear errors (e.g. errors of fact, interpretation, definition and theory) and where the work is irrelevant.

Annotation is to help the moderator understand more fully how the teacher has arrived at the mark awarded to the candidate.

5.6 Task Marking

Controlled Assessments will be assessed by the teacher and externally moderated. For details of assessment criteria, see Appendix.

5.7 Internal Standardising of Controlled Assessment

Centres must ensure that careful moderation is carried out where more than one teacher is responsible for the marking of the Controlled Assessment. This is necessary to ensure uniformity of standards within a centre. This may take a number of forms: marking of common folders using exemplar material provided by WJEC or the centre's own archive material; cross-marking elements of portfolios as they are produced; re-assessment of a sample of folders from each group at the end of the course.

Where internal moderation is necessary the teacher assuming overall responsibility for this process should provide a written outline of the procedures that have been adopted for the external moderator. Evidence of internal moderation will be welcomed by the moderator. The finally agreed mark(s) must be clearly indicated.

5.8 External Moderation of Controlled Assessment

The moderation of teacher assessment will be provided by inspection of the Controlled Assessment by WJEC. Centres will be informed of the submission date for the Controlled Tasks in the published Examinations Timetable and the name of their moderator will be issued in the spring term prior to accreditation.

Instructions for the administration of internally-assessed work are given in the WJEC *Internal Assessment Manual*.

As a result of the moderation, the marks of candidates may be adjusted to bring the centre's marks into line with the national standard. If required, the moderator will ask for additional samples of work and if necessary, the work of all candidates may be called for and externally moderated regardless of entry numbers. In this case, all of the Controlled Assessments will be posted to the moderator.

It assists the moderation process considerably if the final marks of all the candidates are submitted to the moderator in rank order. It is only if this is done that the moderator can be fully aware of the full impact of any scaling. It is not necessary to write out all the names on the form, an internally devised spreadsheet can fulfil this purpose.

In the event of concern over the awarding procedures, the normal appeals process will apply.

A report on each unit will be provided under the following headings:

Administration: the presentation of material and the provision of information for the moderator;

Assessment: the application of criteria, marking standards.

5.9 Recording of Controlled Assessment Marks

- (1) Candidates' marks will be recorded electronically.
- (2) Coversheets HSC1, HSC2 should accompany sample.

5.10 Submission of Controlled Assessment

The following should be submitted:

- copies of the tasks;
- general notes of guidance given to candidates;
- a list of resource materials given to candidates;
- the composite marksheet HSC3;
- the Controlled Assessment in soft covered binders or folders with the coversheet (HSC1, HSC2) placed at the front.

Material that candidates may have acquired in their research such as multiple copies of questionnaires and pre-printed material from businesses should not be submitted.

5.11 Return of Controlled Assessment

Work will be returned to centres by the moderator when the moderation process is complete. A sample of work will be sent to the Principal Moderator and may be retained for use at Awarding, CPD or as exemplar material.

5.12 Retention of Controlled Assessment

Centres need to retain the Controlled Assessments until the end of November following the Summer Examination.

6

GRADE DESCRIPTIONS

Grade descriptions are provided to give a general indication of the standards of achievement likely to have been shown by candidates awarded particular grades. The descriptions must be interpreted in relation to the content specified by the specification; they are not designed to define that content. The grade awarded will depend in practice upon the extent to which the candidate has met the assessment objectives overall. Shortcomings in some aspects of candidates' performance in the assessment may be balanced by better performances in others.

Grade A

Candidates recall, select and communicate detailed knowledge and thorough understanding of aspects of health, social care and early years provision.

They apply relevant knowledge, understanding and skills in a range of situations to plan and carry out investigations and tasks effectively.

They analyse and evaluate the evidence available, presenting information clearly and accurately. They make reasoned judgements and present substantiated conclusions.

Grade C

Candidates recall, select and communicate sound knowledge and understanding of aspects of health, social care and early years provision.

They apply knowledge, understanding and skills to plan and carry out investigations and tasks.

They review the evidence available, analysing and evaluating some information clearly, and with some accuracy. They make judgements and draw appropriate conclusions.

Grade F

Candidates recall, select and communicate knowledge and understanding of basic aspects of health, social care and early years provision.

They apply limited knowledge, understanding and skills to plan and carry out simple investigations and tasks.

They review their evidence and draw basic conclusions.

7 THE WIDER CURRICULUM

Key Skills

Key Skills are integral to the study of GCSE Health and Social Care and may be assessed through the course content and the related scheme of assessment as defined in the specification. The following key skills can be developed through this specification at levels 1 and 2:

- Communication
- Problem Solving
- Information and Communication Technology
- Working with Others
- Improving Own Learning and Performance

Mapping of opportunities for the development of these skills against Key Skills evidence requirement is provided in 'Exemplification of Key Skills for Health and Social Care', available on WJEC website.

Opportunities for Use of Technology

Candidates are expected to make effective use of ICT in ways that are appropriate to the needs of the subject. Opportunities will arise in the controlled assessment where they will be expected to find, select and synthesise information from a variety of primary and secondary sources. Opportunities will also arise during normal classroom activities to:

- use suitable database programs to interrogate pre-recorded information bases;
- use word processor and publishing packages;
- use graphic packages.

This work will generate evidence for assessing the ICT key skill.

Spiritual, Moral, Ethical, Social, Legislative, Economic and Cultural Issues

This specification provides a framework and includes specific content through which the course may address spiritual, moral, ethical, social, cultural and other issues.

The specification provides opportunities for candidates to make judgements and decisions and will contribute substantially to their understanding of these issues. There is ample scope for candidates to reflect on the significance and meaning of life; to recognise their own worth and value other individuals and communities; to express personal views and consider socially-accepted codes of behaviour within a culturally-diverse society.

Sustainable Development, Health and Safety Considerations and European Developments, consistent with international agreements

Sustainable Development

Opportunities for the consideration of environmental issues will occur in this specification through the study of environmental factors which influence development.

Health and Safety Considerations

Candidates should be made aware of health and safety issues within the specification and the significance of safe working practices. They should be encouraged to develop a sense of responsibility for health and safety of self and others especially during work undertaken in Unit 1 and Unit 4.

1. Candidates should not carry out work that is above their level of training and experience.
2. Candidates should not put themselves at risk of physical or moral danger.
3. Candidates should not endanger any of the subjects of the research.

European Developments

This specification where appropriate supports environmental education, the European dimension and health education, consistent with current EC agreements. The approach conforms with the aspirations expressed in the 1998 Resolutions of the European Community and the Ministers of Education meeting within the Council, concerning the European dimension in education and environmental education, particularly those intended at the level of member states.

APPENDIX

Unit 1 Assessment Grid

Unit 4 Assessment Grid

Coversheet UNIT 1

Coversheet UNIT 4

Time Log

Mark Sheet

UNIT 1 - Health, Social Care and Children's Services**Task 1 or 2 - Criteria for Assessment****(a) Planning the task****(15)**

Candidates will be expected to:

- select and justify the choice of target group (7) AO1
- produce aims and plans of action. (8) AO2

Levels of Achievement		Marks
A1	Target group identified with no reasons for choice. Little or no evidence of planning and aims. Information is poorly organised. Little or no use of specialist language and frequent errors in spelling, punctuation and grammar.	0–3
A2	Target group identified with restricted reasons for choice. Some evidence of basic planning with adequate expression of aims. Information shows evidence of structure. Limited use of specialist language, expression conveys meaning but errors are apparent in spelling, punctuation and grammar.	4–7
A3	Target group chosen with realistic justification for choice. Sound plan of action with clear aims. Information is well organised. Good use of specialist language with some errors in spelling, punctuation and grammar.	8–11
A4	Target group chosen and fully justified. Realistic, logical and detailed plan of action with well expressed aims. Information is well organised and presented in a highly appropriate manner. Very good use of specialist language with few errors in spelling, punctuation and grammar.	12–15

(b) Carrying out the task		(60)
Candidates will be expected to:		
<ul style="list-style-type: none"> • apply knowledge and understanding in order to research the local provision for chosen client group (25) AO2 • identify and describe access and barriers to the services (20) AO2 • select and communicate the roles, responsibilities and skills of two practitioners (7) AO1 • apply the principles of care to the work of the practitioners. (8) AO1 		
Levels of Achievement		Marks
B1	<p>Restricted or no research of the local provision. Little or no identification of access/barriers and not related to services. Basic description of the two main job roles. No referencing of principles of care. Information is poorly organised. Little or no use of specialist language and frequent errors in spelling, punctuation and grammar.</p>	0–15
B2	<p>Limited research of the local provision. Some identification of access/barriers with limited relationships to services. Clear description of the main roles of two practitioners. Limited reference to principles of care. Information shows evidence of structure. Limited use of specialist language, expression conveys meaning but errors are apparent in spelling, punctuation and grammar.</p>	16–30
B3	<p>Evidence of both primary and secondary research of the local provision. Describes access/barriers clearly and applies to services. Detailed description of the jobs, responsibilities and skills of two practitioners. Principles of care applied to the practitioners discussed. Information is well organised. Good use of specialist language with some errors in spelling, punctuation and grammar.</p>	31–45
B4	<p>Valid and detailed primary and secondary research of the local provision. Detailed description of access/barriers with accurate application to service and client groups. Detailed and comprehensive description of the jobs, responsibilities and skills of two practitioners. Detailed and accurate discussion of how the principles of care relate to and are used by the two practitioners. Information is well organised and presented in a highly appropriate manner. Very good use of specialist language with few errors in spelling, punctuation and grammar.</p>	46–60

(c) Evaluating the task**(25)**

Candidates will be expected to:

- | | | |
|--|------|-----|
| • analyse the findings of the investigation | (10) | AO3 |
| • assess how services meet the care needs | (10) | AO3 |
| • suggest improvements in provision of services. | (5) | AO3 |

Levels of Achievement	Marks
<p>C1 Findings stated but no attempt to analyse. Services identified but no attempt to assess how they meet care needs. Little or no attempt at suggesting improvements in provision. Information is poorly organised. Little or no use of specialist language and frequent errors in spelling, punctuation and grammar.</p>	0–6
<p>C2 Limited analysis of findings with superficial comments. Some attempt at assessing how the services meet the care needs. Limited suggestions for improvement in provision of services. Information shows evidence of structure. Limited use of specialist language, expression conveys meaning but errors are apparent in spelling, punctuation and grammar.</p>	7–12
<p>C3 A sound analysis of the findings with appropriate comments. Sound assessment of how the services meet the identified care needs. Realistic suggestions made for improvement in provision of services. Information is well organised. Good use of specialist language with some errors in spelling, punctuation and grammar.</p>	13–18
<p>C4 Comprehensive analysis of the findings with justified comments. Detailed and realistic assessment of how services meet the identified care needs. Detailed, practical and realistic suggestions made for improvement in provision of services. Information is well organised and presented in a highly appropriate manner. Very good use of specialist language with few errors in spelling, punctuation and grammar.</p>	19–25

UNIT 4 - Promoting Health and Well-being**Task 1 or 2 - Criteria for Assessment**

(a)	Planning the task	(15)
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Candidates will be expected to:		
<ul style="list-style-type: none"> • select and justify choice of individual/group (7) • produce a plan for the investigation. (8) 		AO1 AO2

Levels of Achievement		Marks
A1	Subject of investigation identified with no justification. Little or no evidence of planning. Information is poorly organised. Little or no use of specialist language and frequent errors in spelling, punctuation and grammar.	0–3
A2	Subject of investigation identified with restricted reasons for choice. Planning is brief and very basic. Information shows evidence of structure. Limited use of specialist language, expression conveys meaning but errors are apparent in spelling, punctuation and grammar.	4–7
A3	Subject of investigation identified with realistic reasons for choice. Planning is detailed and practical. Information is well organised. Good use of specialist language with some errors in spelling, punctuation and grammar.	8–11
A4	Subject of investigation identified with detailed and appropriate reasons for choice. Planning is detailed, appropriate and provides a path for the sound development of the investigation. Information is well organised and presented in a highly appropriate manner. Very good use of specialist language with few errors in spelling, punctuation and grammar.	12–15

(b) Carrying out the task		(60)
Candidates will be expected to:		
<ul style="list-style-type: none"> • research the ways individual/groups define health and well-being (10) • collect relevant data on factors affecting the individual/group and three physical measures of health (25) • identify targets (5) • produce a health plan (15) • identify support. (5) 	AO1 AO2 AO2 AO2 AO1	
Levels of Achievement		Marks
B1	Little or no research on definitions. One or two factors affecting the individual/group have been identified. Restricted number of physical measures mentioned. No realistic targets set. A poor structured outline of a health plan produced. Inappropriate resource material identified. Information is poorly organised. Little or no use of specialist language and frequent errors in spelling, punctuation and grammar.	0–15
B2	Restricted research on definitions and a limited number of factors affecting the individual/group has been identified. Number of targets set. A sensible health plan was produced with limited reference to the individual/group. Appropriate support material identified. Information shows evidence of structure. Limited use of specialist language, expression conveys meaning but errors are apparent in spelling, punctuation and grammar.	16–30
B3	Sound research on factors affecting the individual/group. The three physical measures described and applied. Targets set are realistic and practical. Health plan is appropriate to the individual/group with a clear and practical structure. Support material identified is appropriate to the target group. Information is well organised. Good use of specialist language with some errors in spelling, punctuation and grammar.	31–45
B4	Detailed and appropriate research on the factors affecting the individual/group. The three physical measures have been accurately explained and applied to the individual/group. Targets set are excellent as they are appropriate, well defined and realistically timed. Health plan is excellent as it clearly defines achievable steps and is detailed, logical and justified. Support material is clearly described and assessed and directly linked to the target group. Information is well organised and presented in a highly appropriate manner. Very good use of specialist language with few errors in spelling, punctuation and grammar.	46–60

(c) Evaluating the task**(25)**

Candidates will be expected to:

- review and assess the health plan and identify the possible effects on the individual/group's health and well-being (15) AO3
- produce suggestions for overcoming difficulties. (10) AO3

Levels of Achievement	Marks
<p>C1 General remarks about the health plan with no mention of possible effects. No practical suggestions given for overcoming difficulties. Information is poorly organised. Little or no use of specialist language and frequent errors in spelling, punctuation and grammar</p>	0–6
<p>C2 The good points of the health plan have been identified with limited reference to the possible effects on the individual/group. A restricted number of suggestions for overcoming difficulties have been made. Information shows evidence of structure. Limited use of specialist language, expression conveys meaning but errors are apparent in spelling, punctuation and grammar.</p>	7–12
<p>C3 A sound assessment of the health plan as been made identifying its strengths and weaknesses and a range of possible effects on the individual/group have been explored. Realistic and comprehensive suggestions made for overcoming difficulties. Information is well organised. Good use of specialist language with some errors in spelling, punctuation and grammar.</p>	13–18
<p>C4 An excellent assessment of the health plan has been made with strengths and weaknesses fully explored and a wide but appropriate range of possible effects on the individual/group has been fully explored. Realistic and appropriate suggestions for overcoming difficulties have been fully described and justified. Information is well organised and presented in a highly appropriate manner. Very good use of specialist language with few errors in spelling, punctuation and grammar.</p>	19–25

UNIT 1 – TASK 1 or 2

TASK 1 or 2	AO1	AO2	AO3	TOTAL	QWC
Planning the task	7	8		15	✓
Carrying out the task	15	45	-	60	✓
Evaluating the task	-	-	25	25	✓
TOTAL	22	53	25	100	

UNIT 4 – TASK 1 or 2

TASK 1 OR 2	AO1	AO2	AO3	TOTAL	QWC
Planning the task	7	8	-	15	✓
Carrying out the task	15	45	-	60	✓
Evaluating the task	-	-	25	25	✓
TOTAL	22	53	25	100	



GCSE: HEALTH AND SOCIAL CARE (SINGLE/DOUBLE AWARD)

CONTROLLED ASSESSMENT – UNIT 1

HSC1

COVERSHEET

Centre Name: _____

Centre Number: _____

Candidate's Name: _____

Candidate's Number: _____

Please tick the appropriate box

TASK 1 TASK 2

The folio should include details of:	Max. mark	Cand. mark	Comment/Justification (if needed)
Planning: <ul style="list-style-type: none"> • Select and justify (7) • Aims/plan (8) 			
Carrying out the task: <ul style="list-style-type: none"> • Research (25) • Data collection (20) • Two practitioners roles, responsibilities and skills (7) • Principles of care (8) 			
Evaluation: <ul style="list-style-type: none"> • Analysis (10) • Assessment (10) • Improvements (5) 			
TOTAL MARK	100		



GCSE: HEALTH AND SOCIAL CARE (DOUBLE AWARD)

CONTROLLED ASSESSMENT – UNIT 4

HSC2

COVERSHEET

Centre Name: _____ Centre Number: _____

Candidate's Name: _____ Candidate's Number: _____

Please tick the appropriate box

TASK 1 TASK 2

The folio should include details of:	Max. mark	Cand. mark	Comment/Justification (if needed)
Planning: <ul style="list-style-type: none"> • Select and justify (7) • Plan (8) 			
Carrying out the task: <ul style="list-style-type: none"> • Research (10) • Data collection (25) • Targets (5) • Health plan (15) • Support (5) 			
Evaluation: <ul style="list-style-type: none"> • Review and assessment of health plan (15) • Overcoming difficulties (10) 			
TOTAL MARK	100		



GCSE: HEALTH AND SOCIAL CARE

Unit 1

TIME LOG

Unit 4

The candidate must record below the date and time spent completing a task.

TIME	DATE

TIME	DATE

This form must accompany the candidate's controlled assessment task.

