
OCR GCSE IN HEALTH AND SOCIAL CARE (DOUBLE AWARD) (1493)

Foreword

This pack contains OCR's GCSE in Health and Social Care (Double Award) Specification for teaching from September 2002.

First certification will be available in June 2004 and every January and June thereafter.

This specification is approved by QCA, ACCAC and CCEA as a qualification covering Levels 1 and 2 of the National Qualifications Framework.

Qualification Accreditation Number 100/1970/4

Key Features

- A new broad-based qualification in Health and Social Care, equivalent to two GCSEs.
- Suitable for pre- and post-16 candidates of a wide ability range, studying either full- or part-time.
- Assessment based on one externally tested and two portfolio units.
- Written paper available in January and June.
- Portfolio Assessment available in January and June.
- Enables candidates to develop a valuable insight into the rapidly growing Health and Social Care sector and important related issues.
- No prior knowledge is required.
- Provides a progression route to further education and work in Health and Social Care.
- A natural successor to the popular Part One GNVQ.
- Opportunities for developing Key Skills are identified in the specification.
- Supported by OCR approved Heinemann Texts.

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Specification Summary

SCHEME OF ASSESSMENT

Candidates will study the following **three** mandatory units.

Unit	Title	Type of Assessment	Entry Code	Weighting
1	Health, social care and early years provision	Portfolio	4869	33.33%
2	Promoting health and well-being	Portfolio	4870	33.33%
3	Understanding personal development and relationships	External	4871	33.33%

TIERS

The scheme of assessment consists of one tier covering the whole of the ability range grades A*A* to GG. Candidates achieving less than the minimum mark for grade GG will be unclassified.

INTERNAL ASSESSMENT

All candidates take Units 1 **and** 2.

EXTERNAL ASSESSMENT

All candidates take Unit 3. This unit is assessed through an externally set paper.

The paper comprises structured questions and will be one and a half hours in length. Candidates attempt **all** questions.

AVAILABILITY

External assessment is available every January and June from January 2004.

Portfolio moderation is available every January and June from January 2004. Centres wishing to receive earlier feedback or advice on coursework may arrange with OCR to contact a Portfolio Consultant.

First certification will be available in June 2004 and every January and June thereafter.

1 Introduction

1.1 RATIONALE

This specification leads to a GCSE in Health and Social Care (Double Award) which covers both Levels 1 and 2 (Foundation and Intermediate Levels) of the National Framework of Qualifications and has been designed to raise attainment at these levels. Candidates study **three** units which provide a broad introduction to a wide range of vocational issues.

The specification builds upon the broad educational framework set out in the the criteria for GCSEs in vocational subjects from the Qualifications and Curriculum Authority. GCSEs in vocational subjects are broad based vocational qualifications designed to widen participation in vocationally-related learning pre-16 and to encourage post-16 candidates to try a vocationally-related course where maybe another programme has previously not proved appropriate for them.

GCSEs in vocational subjects have been designed to contribute to the quality and coherence of national provision. They have been developed following widespread consultation by QCA in the autumn of 2000 and are based on Part One GNVQs which received positive Ofsted reports. GCSEs in vocational subjects have a clear place in the Government's vision for secondary education for the next ten years.

The GCSE in Health and Social Care (Double Award) has been designed to form a qualification which provides the technical knowledge, skills and understanding associated with the subject at these levels so as to equip candidates with some of the skills they will need in the workplace or in further education or training. It allows candidates to experience vocationally-related learning so as to enable them to decide if it is suitable for them.

A GCSE (Double Award) is an ideal qualification for those candidates who want a broad background in Health and Social Care and the course of study prescribed by this specification can reasonably be undertaken by candidates entering this vocational area for the first time. It is designed to enable candidates to make valid personal choices upon completion of the qualification and to progress to further education, training or employment. It provides a suitable basis for further study in this subject or for related courses which could include GNVQs, VCEs, GCEs, NVQs or Modern Apprenticeships. It is designed to be delivered in full-time or part-time education.

Examples of appropriate employment to which a GCSE in Health and Social Care (Double Award) candidate might progress include: Nursery Nurse, Care Assistant, Childminder, Pre-school/Nursery School Assistant. The GCSE (Double Award) could contribute towards meeting the entry requirements for training for nursing and professions such as occupational therapy, physiotherapy, pharmacy for example. It could also contribute towards meeting the entry requirements for teaching and working with people with disabilities. Standards in training in health, social care and early years are set by the Care Consortium and Early Years Training Organisations.

Key Skills are integral to the specification and opportunities to provide evidence for the separate Key Skills qualification are signposted.

The fundamental philosophy of this specification is that, in order to understand the nature of health and social care, candidates must actively experience the health, social care and early years occupations. This can be achieved through a variety of approaches including work experience, links with local health, social care and early years employers, inviting occupational specialists into the Centre, case studies and research. Opportunities also exist to develop a practical approach through residential experience, for example, to the Winged Fellowship.

The GCSE in Health and Social Care (Double Award) has been designed to provide a range of teaching, learning and assessment styles to motivate candidates to achieve the best they can and to empower them to take charge of their own learning and development. Assessment is designed to give credit for what candidates can do as well as what they know. It is based both on portfolio evidence from assignments, set and assessed by the Centre and moderated by OCR, and an external assessment, which is set and marked by OCR.

This specification is supported by users as well as a range of professional institutes and Further and Higher Education Institutions including The Care Sector Consortium and the Early Years Training Organisation, the national training organisations for this vocational area.

‘Besides acquiring vocationally relevant knowledge and experience, candidates acquire added value skills of research techniques, presentation skills and the opportunity to work together as a team.’ (Source: Comment made to Chief Examiner).

OCR has taken great care in the preparation of this specification and assessment material to avoid bias of any kind.

1.2 CERTIFICATION TITLE

This specification will be shown on a certificate as:

OCR GCSE in Health and Social Care (Double Award).

1.3 LEVEL OF QUALIFICATION

This qualification is approved by QCA at Levels 1 and 2 of the National Qualifications Framework.

Candidates who gain grades GG to DD will have achieved an award at Level 1.

Candidates who gain grades CC to A*A* will have achieved an award at Level 2.

This qualification is of a standard which is broadly equivalent to two GCSEs at grades G to A*.

1.4 SPECIFICATION AIMS

- To prepare candidates for progression to employment and/or further training in the health, social care and early years sectors through the development of knowledge, skills and understanding needed for work in these sectors.
- To increase candidates' knowledge and understanding of the health, social care and early years sectors through the investigation and evaluation of a range of services and organisations.
- To develop candidates' awareness of the influences on an individual's health and well-being and to highlight the importance of motivation and support when improving health.
- To encourage candidates to recognise the importance of the stages of development of an individual and their relationships.
- To promote a critical and analytical approach to problem solving within the vocational context.

1.5 ASSESSMENT OBJECTIVES

Candidates for this qualification will be expected to demonstrate their ability to:

- AO1 recall and apply the knowledge, skills and understanding specified in the subject content in a range of vocationally-related situations;
- AO2 plan and carry out investigations and tasks in which they analyse vocationally-related issues and problems and gather, record and identify relevant information and evidence;
- AO3 evaluate evidence, make reasoned judgements and present conclusions accurately and appropriately.

The weightings for the assessment objectives over the whole qualification are:

AO1	30%
AO2	28%
AO3	42%

The weightings for the assessment objectives per unit are:

	Unit 1	Unit 2	Unit 3
AO1	25%	25%	40%
AO2	45%	40%	
AO3	30%	35%	60%
	100%	100%	100%

The external assessment (Unit 3) *must* address both AO1 and AO3.

1.6 RECOMMENDED PRIOR LEARNING

Candidates entering this course should have achieved a general educational level equivalent to Entry Level 3 in the National Qualifications Framework, or Level 3 of the National Curriculum.

Prior learning, skills and aptitudes particularly relevant include:

- basic proficiency in literacy;
- basic proficiency in numeracy;
- some aptitude for ICT;
- some motivation to work independently;
- basic ability to communicate with others.

There is however no prior knowledge required for this specification.

1.7 PROGRESSION

1.7.1 Progression into Employment

This specification is designed to enable candidates to enter employment at operative or trainee level within a wide range of health and social care environments. Such candidates would normally enter employment through a work-related training programme.

The health and social care sector is an important and fast growing area of employment and the well developed personal skills (e.g. initiative, teamwork, problem-solving) combined with work-related knowledge gained within a GCSE in Health and Social Care (Double Award) means that candidates are particularly suitable for recruitment in a range of employment categories, e.g. health, care or early years settings.

1.7.2 Progression to Further Qualifications

Candidates who achieve this qualification at Level 1 may wish to continue to courses such as a GNVQ award or NVQ Care at Level 1, or, if suitably qualified in other areas, could progress to courses such as Intermediate GNVQ in Health and Social Care or NVQ Child Care/Care at Level 2.

Candidates who achieve this qualification at Level 2 may wish to continue to courses such as an Intermediate GNVQ award or NVQ Care at Level 2, or, if suitably qualified in other areas, could progress to courses leading to the VCE or GCE in Health and Social Care or NVQ Care at Level 3.

This GCSE (Double Award) could be used to gain admission to other levels of training, for example, nursing, psychiatry, working with people with disabilities, teaching, research or social work. The skills acquired through the GCSE in Health and Social Care (Double Award) enable candidates to organise their own time, improve communication and presentation skills, acquire research techniques and undertake independent working, all of which are required for employment or if embarking on further courses of training.

A GCSE (Double Award) qualification may also be considered as equivalent to two GCSEs at grades A* to G for the purposes of admission to other level courses within the National Qualifications Framework, including GCSEs in other vocational areas.

1.8 RELATED QUALIFICATIONS

1.8.1 GCSEs/GNVQs

The units of this qualification have a significant overlap of content with the OCR GNVQs in Health and Social Care.

The content of the three units of the GCSE in Health and Social Care (Double Award) is very similar to that of Units 1, 2 and 3 of the six-unit GNVQs in Health and Social Care.

1.8.2 Relationship to NVQs

This specification broadly introduces the candidate to skills relevant to a range of Care NVQs, though the assessment methods are not designed to guarantee occupational competence. However, this qualification will support candidates working towards National Occupational Standards, detailed guidance for which will be issued by QCA in early 2002.

Unit 2: *Promoting health and well-being*, in particular, broadly contributes knowledge, understanding and skills for NVQ Care level 2.

1.8.3 Exclusions

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

Due to overlap of content, there are restrictions on entering candidates for the following qualifications: GNVQ Health and Social Care (Foundation or Intermediate); all GCSEs in Health and Social Care. Such restrictions, if not prevented at the point of entry, will be picked up both when funding is calculated and when results leading to points towards performance tables are aggregated, as all of the above qualifications will have the same classification code and so be discounted for funding and performance table purposes.

1.9 SPIRITUAL, MORAL, ETHICAL, SOCIAL AND CULTURAL ISSUES

Health and Social Care offers a wide range of opportunities for the exploration of spiritual, moral, ethical, social and cultural issues.

It is expected that this specification will be presented in ways which give scope for candidate centred learning, an activity approach to learning and that candidates will, as a result of their studies, acquire *added value* skills in improving their own performance, skills in research techniques, working with others and increased motivation.

Legal issues are addressed in each unit. These relate to European directives that influence health, social care and early years provision.

1.9.1 The Value Applied to Caring

The values relating to caring for others are derived from ideas about human rights. These values underpin all practical caring. It is putting into practice theory that underpins and ensures that clients and care workers are valued as individuals and which respects equality and diversity.

The Care Value Base and the underlying principles and values of the Early Years Sector are applied by care professionals in their day-to-day work. The national Care Consortium and Early Years Training Organisations have agreed these standards in order to set and maintain national standards of care.

The values and principles of the Early Years Sector include:

- making the welfare of the child paramount;
- keeping children safe and maintaining a healthy environment;
- working in partnership with parents/families;
- making sure that children are offered a range of experiences and activities that supports all aspects of their development;
- valuing diversity;
- providing equality of opportunity;
- maintaining confidentiality;
- ensuring anti-discriminatory practice;
- working with others.

Within the units, these values underpin all reference to early years work and should be considered and applied when working in or visiting settings within the sector.

The Care Value Base has been revised in 2000 by the Care Consortium. The values and principles of the care value base also set national standards of care in health and social care settings. These include:

- fostering/promoting equality and diversity;
- fostering individual rights and beliefs;
- maintaining confidentiality.

Candidates will, in each unit, need to understand the values that are an essential feature of all care practice and that care practitioners use these values to empower clients and to provide individualised care.

1.9.2 Signposting

The purpose of the following table is to signpost possible opportunities for delivering Spiritual, Moral, Ethical, Social and Cultural (SMESC) related issues.

Key:

Sp Spiritual **M** Moral **E** Ethical **So** Social **C** Cultural

Unit	Content	Sp	M	E	So	C
1	<ul style="list-style-type: none"> • Dealing with different groups of people and values. 	*	*	*	*	*
2	<ul style="list-style-type: none"> • The health and well-being of different groups of people introduces Sp So C issues. Sp issues can be reinforced by consideration of emotional factors. • M and E issues (see <i>What You Need To Learn</i> Section 7.2.3) are introduced, e.g. unprotected sex etc. 	*	*	*	*	*
3	<ul style="list-style-type: none"> • The health and well-being of different groups of people introduce Sp So C issues. Sp issues can be reinforced by consideration of emotional factors. • M and E issues can be covered (see <i>What You Need To Learn</i> Sections 8.2.3-5) under intimate personal and sexual relationships, sexual orientation and life experiences and relationship changes. 	*	*	*	*	*

1.10 CITIZENSHIP

From September 2002, the National Curriculum for England at Key Stage 4 includes a mandatory programme of study for Citizenship. Parts of the programme of study may be delivered through an appropriate treatment of other subjects.

This section offers guidance on opportunities for delivering knowledge, skills and understanding of citizenship issues during the course.

Signposting

The purpose of the following table is to signpost possible opportunities for delivering Citizenship related issues.

Unit	Content
1	<ul style="list-style-type: none">• The value bases of care work (see <i>What You Need To Learn</i> Section 6.2.5).• Health and social care issues and early years service(see <i>What You Need To Learn</i> Section 6.2.2): how such groups can make a contribution.
2	<ul style="list-style-type: none">• Factors positively influencing health and well-being will impact on an individual's ability to make an effective contribution (see <i>What You Need To Learn</i> Section 7.2.2).
3	<ul style="list-style-type: none">• How individuals grow and develop during their life in terms of what is expected of them as citizens at different stages of their lives (see <i>What You Need To Learn</i> Section 8.2.1).

1.11 ENVIRONMENTAL ISSUES

OCR has taken account of the 1988 Resolution of the Council of the European Community and the Report *Environmental Responsibility: An Agenda for Further and Higher Education*, 1993 in preparing this specification and associated specimen assessments.

Unit 2: *Promoting health and well-being* is specifically designed to consider the environmental issues associated with risks to the health and well-being of individuals.

Signposting

The purpose of the following table is to signpost further possible opportunities for delivering environment related issues.

Unit	Content
1	<ul style="list-style-type: none">The inclusion of coverage of complementary therapies (see <i>What You Need to Learn</i> Section 6.2.2) introduces environmental issues, as may the issues of a 'postcode lottery' (see <i>What You Need to Learn</i> Section 6.2.3) if environmental issues in the latter case is taken to include location.
2	<ul style="list-style-type: none">Explicitly under environmental pollution.
3	<ul style="list-style-type: none">Explicitly under environmental factors (see <i>What You Need to Learn</i> Section 8.2.2).

1.12 THE EUROPEAN DIMENSION

OCR has taken account of the 1988 Resolution of the Council of the European Community in preparing this specification and associated specimen assessments. European examples should be used where appropriate in the delivery of the subject content. Relevant European legislation is identified within the specification where applicable.

Whilst at this level, local and national issues will predominate, teachers are expected to take appropriate opportunities to consider issues in the European context. These will include legislation/directives relating to:

- human rights;
- equal opportunities.

Signposting

The purpose of the following table is to signpost further possible opportunities for delivering European related issues.

Unit	Content
1	<ul style="list-style-type: none">• The notation of social policy goals requires coverage of European issues, as do Resource barriers (see <i>What You Need to Learn</i> Section 6.2.3) and the legislative frameworks mentioned in <i>What You Need to Learn</i> Section 6.2.5 (anti-discriminatory practice and employment contracts).
2	<ul style="list-style-type: none">• European issues are potentially introduced through issues such as screening (see <i>What You Need to Learn</i> Section 7.2.2) and health improvement plans (see <i>What You Need to Learn</i> Section 7.2.5).
3	<ul style="list-style-type: none">• Considering the environmental factors (see <i>What You Need to Learn</i> Section 8.2.2) also gives rise to the opportunity to include coverage of European issues and the legislative framework governing pollution.

1.13 HEALTH AND SAFETY

Candidates are introduced to health and safety issues in the context of this sector and should be made aware of the significance of safe working practices. These include:

The Health and Safety at Work Act 1974

1.14 STATUS IN WALES AND NORTHERN IRELAND

This specification has been approved by ACCAC for use by Centres in Wales and by CCEA for use by Centres in Northern Ireland.

Candidates in Wales or Northern Ireland should not be disadvantaged by terms, legislation or aspects of government that are different from those in England. Where such situations might occur, including in the external assessment, the terms used have been selected as neutral, so that candidates may apply whatever is appropriate to their own situation.

OCR will provide specifications, assessments and supporting documentation in English. Further information concerning the provision of assessment materials in Welsh and Irish may be obtained from the Information Bureau at OCR (telephone 01223 553998)¹.

¹ The OCR Information Bureau is open to take your calls between 8.00am and 5.30pm. Please note that as part of our quality assurance programme your call may be recorded or monitored for training purposes.

2 Scheme of Assessment

2.1 NATURE OF ASSESSMENT

The assessment will be conducted in accordance with the GCSE, GCE, VCE and GNVQ Code of Practice. Two units will be assessed internally, through a teacher-assessed portfolio (see Section 2.3) and one unit will be assessed externally with the assessment set and marked by OCR (see Section 2.4). All internal assessment will be moderated by OCR.

2.2 UNITS

The content of each unit, together with detailed assessment evidence requirements, is described in Sections 5 to 8.

Candidates will study the following **three** mandatory units.

Unit	Title	Type of Assessment	Entry Code	Weighting
1	Health, social care and early years provision	Portfolio	4869	33.33%
2	Promoting health and well-being	Portfolio	4870	33.33%
3	Understanding personal development and relationships	External	4871	33.33%

External assessment is available every January and June from January 2004.

Portfolio moderation is available every January and June from January 2004.

First certification will be available in June 2004 and every January and June thereafter.

2.3 PORTFOLIO ASSESSMENT

2.3.1 Supervision and Authentication of Portfolios

OCR expects teachers to supervise and guide candidates who are producing portfolios. The degree of teacher guidance in candidates' work will vary according to the kind of work being undertaken. However, it should be remembered that candidates are required to reach their own judgements and conclusions.

When supervising candidates, teachers are expected to:

- offer candidates advice about how best to approach their tasks;
- exercise continuing supervision of work in order to monitor progress and to prevent plagiarism;
- ensure that the work is completed in accordance with the specification requirements and can be assessed in accordance with the specified marking criteria and procedures.

Work on portfolios may be undertaken outside the Centre and in the course of normal curriculum time. As with all internally assessed work, the teacher must be satisfied that the work submitted for assessment is the candidate's own work. This does not prevent groups of candidates working together in the initial stages, but it is important to ensure that the individual work of a candidate is clearly identified separately from that of any group in which they work.

Throughout the course, the teacher should encourage the candidate to focus on achieving the criteria listed in the *Assessment Evidence Grids*. Teachers may set internal deadlines for candidates submitting work to them. Teachers may comment on a candidate's unit portfolio and return it for redrafting without limit until the deadline for the submission of marks to OCR. Internal Assessors must record details of any assistance given and this must be taken into account when assessing candidates' work. Once the mark for the unit portfolio has been submitted to OCR, no further work may take place.

2.3.2 Production and Presentation of Portfolios

Candidates must observe the following when producing portfolios:

- Any copied material must be suitably acknowledged.
- Quotations must be clearly marked and a reference provided wherever possible.
- Work submitted for moderation must be marked with the:
 - Centre number;
 - Centre name;
 - candidate number;
 - candidate name;
 - specification code and title;
 - unit code.
- All work submitted for moderation should be removed from cardboard files, ring binders and plastic wallets. Work must be held together by using treasury tags or an appropriate alternative (not paper clips).
- Centres must complete the appropriate Assignment/Unit Recording Sheet in full and attach it to each piece of work sent for moderation.

2.3.3 Administering Portfolio Assessment

OCR will conduct all administration of the GCSEs in vocational subjects through the Examination Officer at the Centre. Teachers are strongly advised to liaise with their Examination Officer to ensure that they are aware of key dates in the administrative cycle.

Assessment Record materials, including full details of administrative arrangements for portfolio assessment, will be forwarded to Examination Officers in Centres in Autumn 2002, following receipt of provisional entries. At the same time the materials will be made available within the Teacher's Guide and on the OCR website (www.ocr.org.uk). The materials will include master copies of mandatory forms on which to record assessments and will also include optional recording materials for the convenience of Centres. Forms may be photocopied and used as required.

The Assessment Evidence Grids

Centres are required to carry out internal assessment of portfolios using the *Assessment Evidence Grids* in accordance with OCR procedures. The process of using these grids is described in Section 2.3.4. Candidates' marks are recorded on these grids. One grid should be completed for each candidate's unit portfolio. These grids should be attached to the front of the candidate's portfolio for the unit when sent to the Moderator.

When candidates are given their assignments, they should also be issued with a reference copy of the appropriate *Assessment Evidence Grid*.

Candidates' portfolios should be clearly annotated to demonstrate where, and to what level, criteria have been achieved. This will help in the moderation process. If teachers do this well it will be very much in the interests of their candidates. On completion of a unit, the teacher must complete the *Assessment Evidence Grid* and award a mark out of 50 for the unit. Details of this process are described in Section 2.3.4.

Internal Standardisation

It is important that all internal assessors, working in the same subject area, work to common standards. Centres are required to ensure that internal standardisation of marks across assessors and teaching groups takes place using an appropriate procedure.

This can be done in a number of ways. In the first year, reference material and OCR training meetings will provide a basis for Centres' own standardisation. In subsequent years, this, or Centres' own archive material, may be used. Centres are advised to hold a preliminary meeting of staff involved to compare standards through cross-marking a small sample of work. After most marking has been completed, a further meeting at which work is exchanged and discussed will enable final adjustments to be made.

Submission of Marks to OCR

The involvement of OCR begins on receipt of entries for a portfolio unit from a Centre's Examinations Officer. Entries for units to be included in any assessment session must be made by the published entry date from OCR. Late entries attract a substantial penalty fee.

By an agreed internal deadline the teacher submits the marks for the unit to the Examinations Officer. Marks will need to be available by the portfolio mark submission dates published by OCR and internal deadlines will need to reflect this. OCR will supply Centres with *MSI Internal Assessment Mark Sheets* to record the marks and instructions for completion. It is essential that Centres send the top copy of these completed forms to OCR, the second copy to the Moderator and keep the third copy for their own records.

Moderation

Moderation will take place by post in January and June. Shortly after receiving the marks, the Moderator will contact the Centre and inform them of the sample of candidates' work that will be required, as outlined in Section 2.3.5.

2.3.4 Applying the Assessment Criteria

Sources of Guidance

The starting point in assessing portfolios is the *Assessment Evidence Grid* within each unit. These contain levels of criteria for the skills, knowledge and understanding that the candidate is required to demonstrate. The *Guidance for Teachers* within the unit expands on these criteria and clarifies the level of achievement the assessor should be looking for when awarding marks.

Before the start of the course OCR will produce a *Handbook for Teachers*. At Inset sessions in the autumn term OCR will provide examples of candidates' work which help to exemplify standards at grades AA, CC and FF that have been agreed with QCA and the other Awarding Bodies.

In the Autumn and Spring terms OCR will hold training meetings on portfolio assessment led by senior GCSE Moderators. Details of these are in the OCR INSET booklets which are sent to Centres in the Summer term or they may be obtained from the Training and Customer Support Division on 01223 552950. They are also published on the OCR website (www.ocr.org.uk).

OCR also operates a network of Portfolio Consultants. Centres can obtain advice on assessment of portfolios from an OCR Portfolio Consultant. These are both subject specialists and senior Moderators. Details of these may be obtained from the OCR Subject Officer.

Determining a Candidate's Mark

Each unit portfolio should be marked by the teacher according to the criteria in the *Assessment Evidence Grid*. Each row in the grid comprises a strand showing the development of a given criterion and corresponds to a point (a, b, c etc.) in the banner.

Each column describes the work undertaken by a candidate working within a range of grades. The criterion in the first column describes typical attainment of a candidate working within the range of grades GG to EE. The second column describes the work of a typical candidate working at grades DD, CC and the lower half of grade BB whilst the third column describes the work of a typical candidate working at the upper half of grade BB, grades AA and A*A*.

The maximum mark for that strand is shown in the right hand column.

Teachers use their professional judgement and circle the mark that *best fits* the work of the candidate and also records it in the column headed *Mark*.

Centres should use the full range of marks available to them; Centres must award *full* marks in any band for work which fully meets the criteria. This is work which is 'the best one could expect from candidates working at GCSE (Double Award) level'.

Only one mark per strand/row will be entered. The final mark for the candidate is out of a total of 50 and is found by totalling the marks for each strand.

Centres may find it helpful to use the assessment criteria holistically when initially assessing candidates' work. The outcome can then be compared with the final grade awarded through the procedure outlined above. If these differ, an explanation should be sought and the differences resolved.

2.3.5 Portfolio Moderation

After the unit portfolio is internally marked by the teacher and marking has been internally standardised, marks are submitted to OCR by a specified date, published in the Key Dates poster, after which moderation takes place in accordance with OCR procedures.

The purpose of moderation is to ensure that the standard of the award of marks for internally assessed work is the same for each Centre and that each teacher has applied the standards appropriately across the range of candidates within the Centre.

It is essential that the rank order of marks supplied to a Moderator is correct. If Centre assessment is inconsistent, work will be returned to the Centre for re-assessment.

The sample of work which is presented to the Moderator for moderation must show how the marks have been awarded in relation to the marking criteria defined in the unit.

Moderation for all units will be available in the January and June sessions.

Principles of Moderation

The following principles, agreed by the Awarding Bodies and QCA, indicate, in broad terms, how portfolio units will be moderated. OCR has detailed procedures that Moderators will follow to implement the moderation process.

Centres submit unit marks to OCR and to the Moderator by the published OCR submission date.

The Moderator will select from each unit, a sample of candidates' portfolios which cover a range of grades.

If the work seen overall has been assessed accurately and consistently to agreed national standards, within agreed tolerances, all unit marks submitted by the Centre are accepted with no adjustments.

Adjustments, where required, will be carried out by OCR using its normal procedure. Centres are not required to amend marks except if administrative issues, errors or order of merit problems are discovered.

Whilst Moderators may seek clarification from a Centre, they cannot negotiate portfolio marks in any way. OCR will inform Centres of the outcome of the moderation process at the time of publication of results. This will include a written report on any significant issues that arose during this process.

2.4 EXTERNAL ASSESSMENT

2.4.1 Tiering

The scheme of assessment consists of one tier covering the whole of the ability range grades A*A* to GG. Candidates achieving less than the minimum mark for grade GG will be unclassified.

2.4.2 Nature of External Assessment

OCR has designed external assessments which allow candidates to apply the knowledge and understanding they have gained from teacher-designed activities and assignments based on the *What You Need to Learn* section of the units.

It should be emphasised that unit delivery should not be focused on preparing candidates solely for the external assessment with the result that wider learning opportunities are missed. The external assessment forms only a small proportion of the learning within the unit but the grade achieved through it is based on the GNVQ approach to learning which involves practical work, assignments and independent research.

Specimen assessment material is included with this specification.

2.4.3 Re-sits

Candidates will be permitted to re-sit each assessment unit once only with better mark counting towards the final grade. Candidates may, however, retake the whole qualification more than once. For the purposes of the re-sit rule, it is the results of, not the entry for, a unit that counts.

The shelf life of assessment unit results is limited only by the shelf life of the qualification.

2.5 ADMINISTRATIVE ARRANGEMENTS

All administrative arrangements regarding entries, submission of marks, moderation, receipt of results documentation etc. are to be made through Examinations Officers.

Please note that it is very important for Examinations Officers to register provisional entries for Centres since this is the mechanism which triggers the issue of assessment recording materials and pre-release materials etc. to Centres.

2.5.1 Unit and Certificate Entries

Note that entry for units will *not* generate a final certificate – a separate certification entry for code 1493 must be made. This will usually be along with the final unit entries.

A candidate who has completed all the units required for a qualification may enter for certification at a later examination series. For example, a candidate who has completed all the required units but who has not entered for certification may do so in the *same* examination series within a specified period after the publication of results.

First certification will be available in June 2004 and every January and June thereafter.

2.5.2 Unit Availability

External assessment is available every January and June from January 2004.
Portfolio moderation is available every January and June from January 2004.

2.5.3 Moderation Arrangements

Portfolio moderation is offered in January and June. Centres wishing to receive earlier feedback or advice on coursework may arrange with OCR to contact a Portfolio Consultant.

Centres submit unit marks to OCR and to the Moderator by the published OCR submission date.

2.5.4 Issue of Results

Individual assessment unit Statement of Results will be issued for all units (both portfolio units and external units) and will include, for each unit, the unit title, the unit UMS mark, information enabling UMS marks to be equated to GCSE (Double Award) grades and the date the unit was taken.

Candidates must be entered for certification code 1493 to claim their overall grade.

Note that entry for units will *not* generate a final certificate – a separate certification entry must be made at the appropriate time.

Certificates will include an explanatory note on the nature of double awards.

2.5.5 Fresh Start

To cater for candidates who need to restart a qualification, the Centre may request that all previous unit results relating to that qualification should be deleted. For example, a candidate may wish to make a *fresh start* after a period spent out of education. In such cases, OCR will use its discretion to decide whether such a request can be granted, given the time-scales involved and the need to uphold the integrity of the re-sit rules outlined above. Such requests will not normally be granted for whole cohorts of candidates.

2.6 GRADE DESCRIPTIONS

The following grade descriptions indicate the level of attainment characteristic of the given grade for this GCSE (Double Award). They give a general indication of the required learning outcomes at each specified grade. The descriptions should be interpreted in relation to the content outlined in 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 the assessment may be balanced by better performances in others.

Grade FF candidates recall knowledge and understanding of basic aspects of health and social care. They use information from primary and secondary sources. They recall basic vocational knowledge.

Candidates plan and carry out a range of investigations and tasks for which some support and guidance has been provided. They make use of information from a limited range of sources leading to some basic analysis. Candidates select and use a limited range of methods, sources, information and data in a restricted manner to find out about issues or topics. They collect a range of evidence, leading to restricted conclusions.

Grade CC candidates recall knowledge and understanding of relevant aspects of health and social care. They select appropriately and use information from primary and secondary sources. They recall and apply relevant vocational knowledge.

Candidates plan and carry out a range of investigations and tasks with only limited assistance. They make careful use of information selected from a wide range of sources leading to an analysis. Candidates select and use a range of methods, sources, information and data to find out about issues or topics, building in some opportunities for evaluation. They review some of the evidence available, presenting information clearly, with some evidence of accuracy and precision, leading to appropriate conclusions.

Grade AA candidates recall and apply knowledge and understanding of complex aspects of health and social care. They select appropriately and use complex information from primary and secondary sources. They recall and apply complex vocational knowledge competently.

Candidates plan and carry out independently a wide range of investigations and tasks. They demonstrate a high level of competence in the selection and use of a wide range of sources leading to a comprehensive analysis. Candidates select and use an appropriate range of methods, sources, information and data to find out about issues or topics, building in critical evaluation when appropriate. They review systematically the evidence available, presenting information clearly, accurately and precisely, leading to carefully reasoned and appropriate conclusions.

2.7 AWARDING AND REPORTING

A new section of the Code of Practice, for GCSE (Double Award) qualifications, is to be introduced in September 2002. The qualifications will comply with the grading, awarding and certification requirements of this section of the Code of Practice.

A uniform mark scale (UMS) will be used to aggregate individual assessment units to generate qualification grades.

2.7.1 Unit Grades

Teachers assess each portfolio unit and award a raw score on a scale of 0-50. The evidence required to support the award of marks is given in the *Assessment Evidence* section of each unit. The OCR awarding committee will consider portfolios and will determine the grade thresholds for each unit.

The following table indicates the notional thresholds for the unit, but these are subject to adjustment by the awarding committee.

Grade	A*A*	AA	BB	CC	DD	EE	FF	GG
Mark	45	40	35	30	25	20	15	10

The externally assessed unit will be marked by OCR. The maximum raw score will be stated on the front cover of the question paper.

2.7.2 Uniform Marks

Once the raw score for each unit has been established, it will be converted by OCR and reported to candidates as a Uniform Mark out of 100.

Uniform marks correspond to *unit* grades as follows:

	A*A*	AA	BB	CC	DD	EE	FF	GG
UMS (max 100)	90	80	70	60	50	40	30	20

Candidates who fail to achieve the standard for a grade GG will be awarded a Uniform Mark in the range 0-19 and will be recorded as UU (unclassified).

2.7.3 Overall Grade

The uniform marks awarded for each unit will be aggregated and compared to pre-set boundaries. Results for the qualification will be awarded on a scale of A*A* to GG and will be recorded twice on the certificate as such.

Uniform marks correspond to *overall* grades as follows:

	A*A*	AA	BB	CC	DD	EE	FF	GG
UMS (max 300)	270	240	210	180	150	120	90	60

2.8 SPECIAL ARRANGEMENTS

Candidates with special requirements must cover the assessment objectives. There may be more suitable ways of doing this than those used by the Centre with other candidates. Any Centre wishing to start candidates with special requirements on the course who might not be able to meet the requirements of the assessment must consult the Special Requirements Unit before doing so (telephone 01223 552505).

2.9 RESULTS ENQUIRIES AND APPEALS

Under certain circumstances, a Centre may wish to query the grade available to one or more candidates or to submit an appeal against the outcome of such an enquiry. Enquiries about unit results must be made immediately following the series in which the relevant unit was taken.

For procedures relating to enquiries on results and appeals, Centres should consult the Handbook for Centres and the document *Enquiries about Results and Appeals - Information and Guidance for Centres* produced by the Joint Council. Further copies of the most recent edition of this paper can be obtained from OCR.

3 Further Information and Training for Teachers

To support teachers using this specification, OCR will make the following materials and services available:

- a full programme of In-Service Training meetings arranged by its Training and Customer Support Division (telephone 01223 552950);
- a website that will include materials to assist with delivery (www.ocr.org.uk);
- teacher support material;
- exemplar candidate work;
- candidate guides;
- specimen assessments;
- past external examinations;
- a report on the examination, compiled by senior examining personnel after each examination session;
- individual feedback to each Centre on the moderation of portfolios;
- a portfolio consultancy service.

A Publications Catalogue may be obtained from OCR's publications department:

- tel. 0870 870 6622
- fax 0870 870 6621
- e-mail: publications@ocr.org.uk

The OCR Information Bureau:

- tel. 01223 553998
- e-mail: helpdesk@ocr.org.uk

The OCR website address is www.ocr.org.uk


The website contains copies of the specification, example assessments, support materials and current information of relevance to Centres.


4 Key Skills Guidance

Key Skills are central to successful employment and underpin future success in learning independently. Whilst they are certificated separately, the *Key Skills Guidance* for this qualification has been designed to support the teaching, learning and assessment of the vocational content, as well as that of the Key Skills. Opportunities for developing the Key Skills of *Communication, Application of Number, Information Technology, Working with Others, Problem Solving* and *Improving Own Learning and Performance* are indicated for each unit.

Key Skills and vocational achievement are interdependent, especially at Level 1. This guidance has been developed to show how vocational and Key Skills achievement can be successfully combined.




The guidance has been split into two sections: *Keys to Attainment* and *Signposts*. The two sections should be used in conjunction with, and are intended to complement, each other.







Keys to Attainment  show where the units contain clear opportunities for generating Key Skills portfolio evidence. A *Key to Attainment* does not negate the need for candidates to develop and practise the Key Skill during teaching and learning.

Signposts  show where the units contain opportunities for developing the Key Skill, and possibly for generating portfolio evidence if teaching and learning is focused on that aim.

Aspects of Key Skills are distributed throughout the units, usually as *Signposts* but sometimes as *Keys to Attainment*. This may appear repetitive, but occurs because some Key Skills may be achieved in several different ways (multiple *Signposts*), but others are genuinely key to the achievement of the vocational aspect (*Keys to Attainment*). For example, IT1.1 - ‘find, explore and develop information for **two** different purposes’, will appear more than once in any GCSE (Double Award) because the Key Skill needs to be achieved in **two** different contexts. Another example of where a Key Skill may be split between units is C1.1 - ‘take part in a *one-to-one* discussion and a *group* discussion...’, because the **two** discussions can be completely independent of each other.

KEY SKILLS MAPPING

-  the unit contains clear opportunities for generating Key Skills portfolio evidence.
-  the unit contains opportunities for developing the Key Skill, and possibly for generating portfolio evidence if teaching and learning is focused on that aim.
-  there are no obvious opportunities for the development or assessment of the Key Skill in the unit.

Key Skill (Level 2)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
C2.1a: Contribute to a discussion about a straightforward subject.	1		Group discussions and debate about how and why different client groups access different care services and what the barriers to access might be. Also group discussions about the values which underpin care practice.
	2		Group discussions and debate about the factors effecting health and well-being, and about how health can be improved through positive circumstances and health promotion.
	3		Group discussions and debate about the factors that affect personal development, including relationships. Also discussions about self-concept and social issues reflected in people's beliefs about themselves and others.
C2.1b: Give a short talk about a straightforward subject, using an image.	1		Presenting information on the care services available to different client groups, covering statutory, private, voluntary and informal care, representing how they work together and with other services by means of a simple diagram.
	2		Presenting information, to the class or others, on different risks to health and well-being, and/or ways of improving health.
	3		Presenting information on physical, social, intellectual and emotional development at each of the five stages identified.
C2.2: Read and summarise information from two extended documents about a straightforward subject. One of the documents should include at least one image.	1		Booklets from local authorities, NHS trusts, OT departments, charities etc., as well as text books, reports etc. Also, training and recruitment information for jobs in health, social care and early years. There must be evidence that information from such sources has been summarised in the candidate's work.
	2		Health promotion literature available from NHS trusts and local health authorities, textbooks, reports and newspaper supplements etc. There must be evidence that the information from such sources has been summarised in the candidate's work.
	3		Textbooks on growth and development, reports, support materials from local and health authorities e.g. on coping with bereavement or dealing with puberty.
C2.3: Write two different types of documents about straightforward subjects. One piece of writing should be an extended document and include at least one image.	1		Depends on format for describing the structure of care services for different client groups: types, access, barriers etc. Could include essays, leaflets, information boards, and the use of pictures, diagrams etc.
	2		Depends on format for describing health and well-being and positive and negative influences – could include essays, newspaper articles or letters, health promotion leaflets, posters etc, which could make use of photos, diagrams and/or drawings.
	3		Depends on format for describing growth and development and factors affecting them, and for describing relationships, self-concept and the effect of life events – could include essays on issues such as appearance or culture, case studies, newspaper articles on e.g. relevant local environmental and economic factors. Any of these could include photos or drawings or graphical information.










Key Skill (Level 2)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence	
		Note: these are illustrative only.	
N2.1: Interpret information from two different sources, including material containing a graph.	1	X	
	2	⊖	Interpreting measurements of blood pressure, peak flow, body mass index and pulse readings in graphical and other appropriate formats, also taking these measurements themselves.
	3	X	
N2.2a: Carry out calculations to do with amounts and sizes.	1	X	
	2	⊖	Measuring weight, height, pulse rate, diet etc, converting between systems e.g. stones to kilograms etc.
	3	X	
N2.2b: Carry out calculations to do with scales and proportions.	1	X	
	2	⊖	Calculating ratios of smokers to non-smokers in a given group of people, etc.
	3	X	
N2.2c: Carry out calculations to do with handling statistics.	1	X	
	2	⊖	Comparing large sets of measurement data statistically e.g. the average height of people in the class.
	3	X	
N2.2d: Carry out calculations to do with using formulae.	1	X	
	2	⊖	Calculating body mass index.
	3	X	
N2.3: Interpret the results of your calculations and present your findings. You must use at least one graph, one chart and one diagram.	1	X	
	2	⊖	Presenting results of measurements taken, and possibly statistical information relating to factors affecting health and well-being, accompanied by explanations and conclusions.
	3	X	

Key Skill (Level 2)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
IT 2.1: Search for and select information for two different purposes.	1	⊖	Using the internet, CD ROMS and care services databases to obtain information about local services and training, and also to access reports on them. www.nhsdirect.nhs.uk for instance is useful.
	2	⊖	Using the internet, CD ROMS and care services databases to identify sources of information, and to provide detail on e.g. health trends, health risks etc for use in extended document in C2.3 above. www.nhsdirect.nhs.uk for instance is useful.
	3	✗	
IT 2.2: Explore and develop information, and derive new information, for two different purposes.	1	✗	
	2	✗	
	3	✗	
IT 2.3: Present combined information for two different purposes. Your work must include at least one example of text, one example of images and one example of numbers.	1	⊖	Developing and reporting information in essays, leaflets, presentations etc using WP and the use of tables or flow charts and photos or drawings.
	2	⊖	Developing and reporting information in essays, leaflets, presentations using WP and the use of tables or flow charts and photos or drawings.
	3	⊖	Developing and reporting information in essays, leaflets, presentations using WP and the use of graphs, pictures or maps.

Key Skill (Level 2)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
WO2.1: Plan straightforward work with others, identifying objectives and clarifying responsibilities, and confirm working arrangements.	1	➡	Investigating services or jobs etc as a group activity, allocating responsibility for researching different aspects. Could fulfil the requirement for group working of this Key Skill.
	2	➡	Investigating health risks and health promotion for example, as a group activity, allocating responsibility for researching different risks, different factors affecting good health, means of improving health etc. Could fulfil the requirement for group working in this Key Skill.
	3	➡	Investigating the different stages of development, and the factors affecting growth and development, as a group activity, allocating responsibility for researching different stages and factors. Could fulfil the requirement for group working in this Key Skill.
WO2.2: Work co-operatively with others towards achieving identified objectives, organising tasks to meet your responsibilities.	1	➡	Allocating individual responsibilities for different tasks, which they must then progress themselves to meet the group's objectives e.g. to research local care services for the elderly, seeking advice as necessary. Could fulfil the requirement for one-to-one working for this Key Skill if work in pairs or have contact with a professional in the field, tutor etc.
	2	➡	Allocating individual responsibilities for different tasks, which they must then progress themselves to meet the group's objectives e.g. to report on particular health risks or to find out more about local or national health promotion initiatives, seeking advice as necessary. Could fulfil the requirement for one-to-one working in this Key Skill if work in pairs or speak to e.g. a professional in the field, tutor etc.
	3	➡	Allocating individual responsibilities for different tasks, which they must then progress themselves to meet the group's objectives e.g. to research a particular stage of development or the effect of economic factors on development, seeking advice as necessary. Could fulfil the requirement for one-to-one working for this Key Skill if working in pairs.
WO2.3: Exchange information on progress and agree ways of improving work with others to help achieve objectives.	1	➡	Planning the group's work is to allow for progress checking, feedback and brainstorming e.g. on ways to find information.
	2	➡	Planning the group's work to allow for progress checking, feedback and brainstorming e.g. on ways to find information.
	3	➡	Planning the group's work to allow for progress checking, feedback and brainstorming e.g. on ways to find information.

Key Skill (Level 2)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
PS2.1: Identify a problem and come up with two options for solving it.	1	X	
	2	⊖	Carrying out a physical health assessment and developing a health improvement plan for self or another person. Including identifying health risks and other factors affecting well-being and suggestions for tackling issues raised by the assessment.
	3	X	
PS2.2: Plan and try out at least one option for solving the problem, obtaining support and making changes to your plan when needed.	1	X	
	2	⊖	Implementing a health improvement plan and making adjustments to objectives and methods as necessary, and taking advice from e.g. a PE teacher, family members, tutor etc.
	3	X	
PS2.3: Check if the problem has been solved by applying given methods, describe results and explain your approach to problem solving.	1	X	
	2	⊖	Checking results by accurately measuring any changes – improvements or otherwise, explaining the different stages in the plan and why decisions were taken, evaluating decisions and making suggestions for improvements.
	3	X	

Key Skill (Level 2)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
LP2.1: Help set short-term targets with an appropriate person and plan how these will be met.	1	⊖	Planning work in such a way as to allow opportunities for target-setting and planning, on a one-to-one basis with the candidate.
	2	⊖	Planning work in such a way as to allow opportunities for target-setting and planning, on a one-to-one basis with the candidate.
	3	⊖	Planning work in such a way as to allow opportunities for target-setting and planning, on a one-to-one basis with the candidate.
LP2.2: Take responsibility for some decisions about your learning, using your plan and support from others to help meet targets. Improve your performance by: <ul style="list-style-type: none"> • Studying a straightforward subject • Learning through a straightforward practical activity. 	1	⊖	If the candidate takes responsibility for successfully executing the plan agreed in LP2.1, and chooses different approaches to finding out what they need to know, including a practical activity such as ringing the local NHS Trust or visiting a doctor's surgery, to find out about local services.
	2	⊖	If the candidate takes responsibility for successfully executing the plan agreed in LP2.1, and chooses different approaches to finding out what they need to know, including a practical activity such as monitoring blood pressure or setting health improvement targets for self or others.
	3	✗	
LP2.3: Review progress with an appropriate person and provide evidence of your achievements, including how you have used learning from one task to meet the demands of a new task.	1	⊖	Reviewing what has been learned and how they went about it, on a one-to-one basis with the candidate, e.g. in tutorials.
	2	⊖	Reviewing what has been learned and how they went about it, on a one-to-one basis with the candidate, e.g. in tutorials.
	3	⊖	Reviewing what has been learned and how they went about it, on a one-to-one basis with the candidate, e.g. in tutorials.

Key Skill (Level 1)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
C1.1: Take part in a one-to-one discussion and a group discussion about <i>different</i> straightforward subjects.	1		Group discussions and one-to-one debate about how and why different client groups access different care services and what the barriers to access might be. Also discussions about the values which underpin care practice.
	2		Group discussions and one-to-one debate about the factors affecting health and well-being, and about how health can be improved through positive circumstances and health promotion.
	3		Group discussions and one-to-one debate about the factors that affect personal development, including relationships. Also discussions about self-concept and social issues reflected in people's beliefs about themselves and others.
C1.2: Read and obtain information from two different types of documents about straightforward subjects, including at least one image.	1		Booklets from local authorities, NHS trusts, OT departments and charities etc as well as textbooks, reports etc. Also, training and recruitment information for jobs in health, social care and early years.
	2		Health promotion literature available from NHS trusts and local health authorities, textbooks, reports and newspaper supplements etc.
	3		Textbooks on growth and development, support materials from local and health authorities e.g. on coping with bereavement or dealing with puberty etc.
C1.3: Write two different types of documents about straightforward subjects. Include at least one image in one of the documents.	1		Essays, leaflets, information boards, and the use of pictures, diagrams etc for describing the structure of care services for different client groups: types, access, barriers etc.
	2		Essays, newspaper articles or letters, health promotion leaflets, posters etc, describing health and well-being and positive and negative influences – could make use of photos, diagrams and/or drawings.
	3		Essays on issues such as appearance or culture, case studies, newspaper articles on e.g. growth and development and factors affecting them, and for describing relationships, self-concept and the effect of life events. Any of these could include photos or drawings or graphical information.

Key Skill (Level 1)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence	
			Note: these are illustrative only.
N1.1: Interpret straightforward information from two different sources. At least one source should be a table, chart, diagram <i>or</i> line graph.	1	X	
	2	⊖	Interpreting measurements of blood pressure, peak flow, body mass index and pulse readings in graphical and other appropriate formats, also taking these measurements.
	3	X	
N1.2a: Carry out straightforward calculations to do with amounts and sizes.	1	X	
	2	⊖	Measuring weight, height, pulse rate, diet etc.
	3	X	
N1.2b: Carry out straightforward calculations to do with scales and proportion.	1	X	
	2	⊖	Calculating ratios of smokers to non-smokers in a given group of people, etc.
	3	X	
N1.2c: Carry out straightforward calculations to do with handling statistics.	1	X	
	2	⊖	Comparing sets of measurement data statistically e.g. the average height of people in the class.
	3	X	
N1.3: Interpret the results of your calculations and present your findings. You must use one chart and one diagram.	1	X	
	2	⊖	Presenting results of measurements taken, and possibly statistical information relating to factors affecting health and well-being, accompanied by descriptions of how and why the measurements were taken.
	3	X	

Key Skill (Level 1)	Unit		Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.
IT 1.1: Find, explore and develop information for two different purposes.	1	➡	Using given sources on the internet, CD ROMS, care services databases and other non-IT sources to obtain information about local services and training. Directed use of www.nhsdirect.nhs.uk for instance might be useful.
	2	➡	Using given sources on the internet, CD ROMS, care services databases and other non-IT sources to find information on e.g. health trends, health risks etc.
	3	✗	
IT 1.2: Present information for two different purposes. Your work must include at least one example of text, one example of images and one example of numbers.	1	➡	Developing and reporting information in essays, leaflets, presentations etc using WP and tables or flow charts and photos or drawings.
	2	➡	Developing and reporting information in essays, leaflets, presentations using WP and tables or flow charts and photos or drawings.
	3	➡	Developing and reporting information in essays, leaflets, presentations using WP and graphs, pictures or maps.

Key Skill (Level 1)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
WO1.1: Confirm what needs to be done to achieve given objectives, including your responsibilities and working arrangements.	1	➡	Investigating services or jobs etc as a group activity, where individual responsibilities and group objectives are given, e.g. for researching different aspects of a service. Could fulfil the group working requirement for this Key Skill.
	2	➡	Investigating health risks and health promotion as a group activity, where both group and individual responsibilities are allocated e.g. where individuals are given the job of researching different risks, or different factors affecting good health, or means of improving health etc. Could fulfil the group working requirement for this Key Skill.
	3	➡	Investigating the different stages of development, and of the factors affecting growth and development as a group activity with individual and group responsibilities (e.g. to research different stages and factors) allocated by an appropriate person and confirmed by the group. Could fulfil the group working requirement for this Key Skill.
WO1.2: Work with others towards achieving given objectives, carrying out tasks to meet your responsibilities.	1	➡	Individuals will be clear on how their responsibilities contribute to the group's objectives e.g. to research local care services for the elderly. They must show they can progress straightforward tasks, following given methods and working safely and effectively, asking for help and supporting other members of the group. If working in pairs, could satisfy the one-to-one working requirement for this Key Skill.
	2	➡	Individuals will be clear on how their responsibilities contribute to the group's objectives e.g. to report on particular health risks or to find out more about local or national health promotion initiatives. They must show they can progress straightforward tasks, following given methods and working safely and effectively, asking for help and supporting other members of the group. If working in pairs or speaking to e.g. a professional in the field, tutor etc., could satisfy the one-to-one working requirement for this Key Skill.
	3	➡	Individuals will be clear on how their responsibilities contribute to the group's objectives e.g. to research a particular stage of development or the effect of economic factors on development. They must show they can progress straightforward tasks, following given methods and working safely and effectively, asking for help and supporting other members of the group as appropriate. If working in pairs, could satisfy the one-to-one working requirement for this Key Skill.
WO1.3: Identify progress and suggest ways of improving work with others to help achieve given objectives.	1	➡	If group working is planned in such a way as to allow discussion of progress, identifying good ways of e.g. finding information, as well as problems and how they were dealt with, with a view to suggesting better ways of working together.
	2	➡	If group working is planned in such a way as to allow discussion of progress, identifying good ways of working, as well as problems and how they were dealt with, with a view to suggesting better ways of working together.
	3	➡	If group working is planned in such a way as to allow discussion of progress, identifying good ways of e.g. finding information, as well as problems and how they were dealt with, with a view to suggesting better ways of working together.

Key Skill (Level 1)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
PS1.1: Confirm your understanding of the given problem with an appropriate person and identify two options for solving it.	1	✗	
	2	⊖	With support from an appropriate person or people, identifying the issues to consider in carrying out a physical health assessment and developing a health improvement plan for self or another person. Including identifying health risks and other factors affecting well-being and coming up with suggestions for tackling issues raised by the assessment. Identifying which options are likely to work best.
	3	✗	
PS1.2: Plan and try out at least one option for solving the problem, using advice and support given by others.	1	✗	
	2	⊖	Developing a health improvement plan, taking advice from e.g. a PE teacher, family members, tutor etc. Identifying the sequence of activities, timescales etc for one approach to improving the health of the individual.
	3	✗	
PS1.3: Check if the problem has been solved by following given methods and describe the results including ways to improve your approach to problem solving.	1	✗	
	2	⊖	Checking results by accurately measuring any changes – improvements or otherwise, describing the nature of the problem the plan sought to tackle and results. Describing what went well and what didn't, and how problems were tackled. Also making suggestions for avoiding those problems
	3	✗	

Key Skill (Level 1)	Unit	Examples of opportunities for developing the Key Skill or for generating Key Skills portfolio evidence Note: these are illustrative only.	
LP1.1: Confirm understanding of your short-term targets and plan how these will be met, with the person setting them.	1	⊖	If the group's work is planned to allow an appropriate person to set individual targets and also to identify action points, deadlines, arrangements for reviewing progress, and who to ask for help.
	2	⊖	If the group's work is planned to allow an appropriate person to set individual targets and also to identify action points, deadlines, arrangements for reviewing progress, and who to ask for help.
	3	⊖	If the group's work is planned to allow an appropriate person to set individual targets and also to identify action points, deadlines, arrangements for reviewing progress, and who to ask for help.
LP1.2: Follow your plan, using support given by others to help meet targets. Improve your performance by: <ul style="list-style-type: none"> • Studying a straightforward subject • Learning through a straightforward practical activity. 	1	⊖	If the candidate follows the plan agreed in LP1.1, seeking support where necessary, and uses different approaches to learning, including a practical activity such as ringing the local NHS Trust or visiting a doctor's surgery to find out about local services. Also acting on suggestions for improvements.
	2	⊖	If the candidate follows the plan agreed in LP1.1, seeking support where necessary, and uses different approaches to learning, including a practical activity such as monitoring blood pressure or setting health improvement targets for self or others. Also acting on suggestions for improvements.
	3	✗	
LP1.3: Review your progress and achievements in meeting targets, with an appropriate person.	1	⊖	Reviewing what has been learned and how the candidate went about it, on a one-to-one basis, e.g. in tutorials, with encouragement to identify good work and bad, and suggest improvements.
	2	⊖	Reviewing what has been learned and how the candidate went about it, on a one-to-one basis, e.g. in tutorials, with encouragement to identify good work and bad, and suggest improvements.
	3	⊖	Reviewing what has been learned and how the candidate went about it, on a one-to-one basis, e.g. in tutorials, with encouragement to identify good work and bad, and suggest improvements.

5 Specification Units

Units will have some or all of the following sections:

About this unit	This includes a brief description for the candidate of the content, purpose and vocational relevance of the unit. It states whether the unit is assessed externally or through portfolio evidence.
What you need to learn	This specifies the underpinning knowledge, skills and understanding candidates need to apply in order to meet the requirements of the portfolio evidence or external assessment.
Assessment evidence	This specifies the portfolio evidence candidates need to produce in order to meet the requirements of each portfolio unit. It is divided into the following parts: <ul style="list-style-type: none">• <i>You need to produce</i> – this banner heading sets the context for providing the evidence, e.g. a report, an investigation, etc;• <i>A typical candidate at grades GG to EE etc. will:</i> – this describes the quality of the work a candidate needs to demonstrate in order to achieve the grades specified.
Guidance for teachers	This provides advice on teaching and assessment strategies. There will be advice on: <ul style="list-style-type: none">• the provision of the vocational context of the unit;• accurate and consistent interpretation of national standards;• the use of appropriate internal assessments, taking into account the full range of grades to be covered. There may also be advice on: <ul style="list-style-type: none">• exploiting local opportunities (e.g. information sources, events, work experience);• resources.
Key Skills guidance	This signposts opportunities for developing and assessing Key Skills within the unit.

6 Unit 1: Health, Social Care and Early Years Provision

6.1 ABOUT THIS UNIT

You will learn about:

- the range of care needs of major client groups;
- the types of services that exist to meet client group needs and how they are organised;
- the ways people can obtain care services and the barriers that can prevent people from gaining access to services;
- the main work roles and skills of people who provide health, social care and early years services;
- the values that underpin all care work with clients.

You will understand more about the work of health, social care and early years service providers by:

- understanding how services are developed in response to social policy goals and to meet the needs of individuals;
- knowing about the different services and job roles.

*You should be **selective** and include in your portfolio work from this unit that **meets the evidence requirements**.*

This unit is assessed solely through portfolio assessment.

6.2 WHAT YOU NEED TO LEARN

6.2.1 Care Needs of Major Client Groups

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

You should understand how care services are designed to meet the health, developmental, and social care needs of major client groups. You should understand that services are shaped to meet the needs of individual users. The major client groups are:

- babies and children;
- adolescents;
- adults;
- older people;
- disabled people.

You 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.

You 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.

You should also be able to identify and describe the reasons why individuals may require and seek to use health, social care and early years services.

6.2.2 Types of Care Services

Key issue: What types of care services are provided to meet client group needs?

You will need to find out about organisations and private practitioners that deliver health care, social care and early years services. You will need to identify the main types of care services that are offered to different client groups. Some examples are included in the table on the following page.

You must know who provides the services and where they are made available. You should understand that there may be national and regional variations. You 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).

You should also understand how the different service providers work together to meet client group needs.

You should also 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, pre-school 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, dentistry, 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, dentistry, mental health care, family planning clinics, 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/supported 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 (e.g. work-related and rehabilitative training schemes).	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 (e.g. life skills education and supported work schemes).	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.

6.2.3 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. You 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 (e.g. 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 (e.g. own employer or a teacher).

You should also be able to identify barriers that might prevent people from making use of the services that they need including:

- physical barriers - e.g. stairs, a lack of lifts and a lack of adapted toilet facilities can prevent access to premises by people with mobility problems;
- psychological barriers - e.g. 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 - e.g. charges and fees can deter and exclude people who do not have the money to pay for services they need;
- geographical barriers - e.g. in rural areas the location of an organisation or 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 to get there;
- cultural and language barriers - e.g. cultural beliefs about who should provide care and how illness and social problems should be dealt with, as well as difficulties in using English, may deter members of some communities from using care services;
- resource barriers - e.g. 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.

You should be able to identify ways in which services and the individuals they serve might overcome these barriers.

You should also understand that poor integration of services, rationing and the '*postcode lottery*' may affect availability of services in your local area.

6.2.4 The Main Jobs in Health, Social Care and Early Years Services

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

You should be able to compare the main work roles of care workers. You should understand the similarities and differences in the work roles of health, social care and early years workers. You should know about the roles of practitioners who deliver care directly and those whose work is more indirectly involved with care. Examples are:

- direct care: nurse, doctor, social worker, care assistant, nursery nurse;
- indirect care: medical receptionist, cleaner, porter.

You 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.

You should understand why care workers need good interpersonal skills. You should also know how care workers use communication skills to develop care relationships, provide and receive information and report on the work that they do with clients.

You 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. You should particularly recognise the differing communication needs of client groups using care services.

6.2.5 The Value Bases of Care Work

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

Services are all aiming to help people to develop or maintain their independence. You 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.

You should understand the values that are an essential feature of all care practice. You will appreciate and 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 individualised care.

You should know how these values are reflected in the behaviour and attitudes of care workers and how these values are incorporated into the codes of practice of different care professions and the policies, procedures and employment contracts of care organisations.

6.3 ASSESSMENT EVIDENCE FOR UNIT 1: HEALTH, SOCIAL CARE AND EARLY YEARS PROVISION

You need to produce a profile based on the study of **two** different health and/or social care and/or early years services. This must include coverage of:

- a** ways in which the services are organised and funded [7 marks];
- b** the roles of people who work in each service [9 marks];
- c** how the care value base is applied by care workers [8 marks];
- d** ways in which each service meets the care needs of individuals [11 marks];
- e** barriers that could prevent clients from using the services [15 marks].

A typical candidate at grades GG, FF, EE will:	A typical candidate at grades DD, CC, BB will:	A typical candidate at grades BB, AA, A*A* will:	Mark	Max
<p>a1 Identify how each service fits into the national framework, how they are funded and the care sector to which they belong. 0 1 2 3</p> <p>b1 Describe the roles of two direct care workers (one in each service), correctly describing the day-to-day tasks they would do. 0 1 2 3 4</p> <p>c1 List the features of the care value base. Describe how each care worker would apply the care value base in their day-to-day tasks. 0 1 2 3</p>	<p>a2 Use some of the information collected to define in detail how each service is funded at national and local level. 4 5</p> <p>b2 Make informed suggestions about the qualifications, qualities and skills that would be required by each care worker chosen. 5 6 7</p> <p>c2 Explain different ways that a range of features of the care value base is used to guide the care workers in their day-to-day tasks. 4 5 6</p>	<p>a3 Interpret information and draw logical conclusions to show how funding at national and local levels affects service provision. 6 7</p> <p>b3 Review and assess possible alternative routes to obtaining qualifications and skills required for the job roles chosen. 8 9</p> <p>c3 Compare ways that the care value base would be applied by each care worker, explaining the effects on the client if the care value base was not applied. 7 8</p>		7
				9
				8

d1 With help, carry out and record the different types of client groups that would use the services. Describe the main needs of each client group. 0 1 2 3 4 5	d2 Carry out and record in detail the different needs of client groups using each service, explaining how the service provides for their needs. 6 7 8	d3 Analyse how well each service meets the different needs of clients. Draw logical conclusions about the effects this may have on client groups. 9 10 11	11
e1 Produce a basic description of barriers that could prevent clients from using the services. 0 1 2 3 4 5 6 7	e2 Produce a detailed explanation of the barriers that could prevent clients from accessing services. Describe the effects on clients. 8 9 10 11	e3 Produce a comprehensive account to show how barriers to services could be overcome. Draw conclusions about how this would help to empower clients. 12 13 14 15	15
Total			50

Note: Although you will be given an interim mark out of 50 by your teacher, this might be adjusted by OCR to make sure that your mark is in line with national standards.

6.4 GUIDANCE FOR TEACHERS

6.4.1 Guidance on Delivery

This unit benefits from access to work experience, visits to observe care workers in practice and visiting occupational speakers.

Candidates can choose for their profile, two different services within the *same* sector, or two services from *different* sectors. For example, a Health Centre and a Hospital (NHS), or a Day Centre for older people (local authority) and a pre-school (private).

Care Needs of Major Client Groups

Surveys could be a means of gathering evidence, using questionnaires or client interviews to find out who are the users and their needs. Needs should include physical, intellectual, emotional and social requirements. Candidates will need to know how to construct questionnaires or interview questions in order to obtain relevant information.

Types of Care Services

Candidates will need to examine and understand diagrams showing the national organisation of health, social care and early years services in order to place the services they have chosen into a framework. However, they do not need to have any depth of understanding of the national framework. Candidates should be able to identify the relationship between the different organisations within the framework. They should be able to describe how services fit into the structure as a whole. They could use flow charts to help explain complex information.

It is important that candidates understand at a basic level that the way services are funded can affect individual client care in terms of where the service is offered, what service is offered and the time the client waits for the service. Candidates would probably find it helpful to work from local to national level. At local level, they could consider the amount of funding available through community charges, charges to the client etc. At national level, the candidate could consider the overall budget and its distribution to regions or local level.

Ways of Obtaining Care Services and Barriers to Access

Candidates will need to recognise that access to services can differ and that people can be referred to services through a range of methods. A case study approach demonstrating referral methods in different contexts and situations could be used.

Candidates could undertake a survey in the form of observation or a questionnaire to establish the barriers that prevent client access to services.

The Main Jobs in Health, Social Care and Early Years Services

If work experience is the method of sourcing this aspect of gathering information, candidates need to be provided with the opportunity of finding out about a range of direct care roles before deciding on **two** job roles on which to focus. Alternatively programmes such as Kudos or Career Information Data Bases could provide information. Candidates will need to record the main day-to-day tasks undertaken by the care workers chosen. This could be achieved by observation or through inviting specialists to the Centre. Candidates will need to be aware that there may be more than one route to achieving the qualifications and skills required for different roles.

The Value Base of Care Work

The care value base (often referred to as the Zero units in NVQ) underpins the work of all professional carers. Candidates should understand that the care value base is the basic tool used to empower and encourage trusting relationships between client and carer. It is an approach that demonstrates to the client that the carer values the client as an individual and recognises the need for equality and diversity. Using specialist speakers who are health, social care and early years professionals to introduce the topic could be helpful. Candidates could observe through their work experience, or visits to care settings, the different ways that the care value base is applied. Alternatively, different case studies/scenarios could be used to encourage candidates to think about ways the care value base could be applied in different contexts.

6.4.2 Guidance on Assessment

Each portfolio should be marked by the teacher according to the criteria in the *Assessment Evidence Grid* in Section 6.3 (exemplification for which is given later in this section). Photocopiable masters will be supplied and will be sent to Centres at the start of the course.

Each row in the grid comprises a strand showing the development of a given criterion, each row corresponding to a point (**a, b, c** etc.) in the banner.

Please note that the second column describes the work of a typical candidate working at grades DD, CC and *the lower half of grade BB* whilst the third column describes the work of a typical candidate working at *the upper half of grade BB*, grades AA and A*A*.

The maximum mark for each criteria strand is shown in the right hand column.

Teachers use their professional judgement and circle the mark that *best fits* the work of the candidate and also records it in the column headed *Mark*.

Centres should use the full range of marks available to them; Centres must award *full* marks in any band for work which fully meets the criteria. This is work which is 'the best one could expect from candidates working at GCSE (Double Award) level'.

Only one mark per strand/row will be entered. The final mark for the candidate is out of a total of 50 and is found by totalling the marks for each strand.

Example: For a candidate's work that comfortably satisfies criterion **b2** and may be perceived as equivalent to the work of a grade CC candidate, a mark of **6** should be awarded on the scale for this strand of 0-9.

A typical candidate at grades GG, FF, EE will:	A typical candidate at grades DD, CC, BB will:	A typical candidate at grades BB, AA, A*A* will:	Mark	Max
<p>b1 Describe the roles of two direct care workers (one in each service), correctly describing the day-to-day tasks they would do.</p> <p style="text-align: right;">0 1 2 3 4</p>	<p>b2 Make informed suggestions about the qualifications, qualities and skills that would be required by each care worker chosen.</p> <p style="text-align: right;">5 6 7</p>	<p>b3 Review and assess possible alternative routes to obtaining qualifications and skills required for the job roles chosen.</p> <p style="text-align: right;">8 9</p>	6	9

The further guidance below clarifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand. The marks should then be added to give a total mark out of 50. Section 2.7.1 explains how this mark will be converted to unit grades.

Criterion	Exemplification
a1	Map of the organisation services within the national framework which indicates where the services chosen fit within the structure. Brief notes to clarify diagram. Basic statement about how services are funded at local and national level. Statement or diagram showing the care sector to which each belongs.
a2	Detailed description about how both services are funded at national and local level. Examples will be given to illustrate the points being made. Diagrams may be used to help explain complex information.
a3	A detailed description will be given of the funding of each service chosen to show a high level of understanding. Some reference will be made to data from which logical conclusions will be drawn. There may be reference to theory or models or the opinions of others. There will be evidence of discussion that considers different perspectives to show how service provision is affected.
b1	A description of the main roles of both direct care workers clearly stating the type of care setting in which each works. A detailed programme of a typical day for each worker which accurately shows the main tasks that would be undertaken.
b2	Qualifications for each direct care worker will be accurately stated. Qualities and skills will be described and examples given of their use in the job role.
b3	A range of routes to obtaining qualifications and skills will be shown. This could include qualifying through experience and on the job learning as well as by the more accepted routes. The candidate will have planned and carried out a range of investigations in order to obtain the information. The candidate will discuss the advantages and disadvantages of the routes given.

Criterion	Exemplification
c1	A list of the main features (components) of the care value base will be given. At least three components will be given. Candidates will show how the care value base is applied in the day-to-day work of each care worker by giving examples. At least three examples are required.
c2	At least four examples of the ways in which the care value base is used by care workers will be given. Explicit reference to the care value base will be given and these will be accurately linked to the day-to-day tasks carried out by each care worker. A sound understanding of the principles of the care value base will be shown.
c3	Similarities and differences will have been examined for the ways in which care workers apply the care value base. Conclusions will be drawn. There will be evidence of synthesis within the work.
d1	Evidence that the candidate has conducted a survey to find out which clients use the services or interviews conducted with clients. The main needs across the two services should include physical, intellectual, emotional and social needs of clients. Information could be presented in the form of charts, pie charts, graphs. Conclusions should be drawn.
d2	The explanation should include how the service provides for the needs of clients. Examples could be used to demonstrate understanding of the points made.
d3	A detailed examination showing how the service meets the needs of clients should be presented. It is possible that a survey will have been used to present data to explain the points being made. Conclusions will be drawn.
e1	At least three barriers will be included. These should cover more than one group of barriers, for example, physical, psychological etc. For each barrier the description should include a short account with examples.
e2	Candidates should discuss, in detail, how the barriers prevent the client from accessing the service. The discussion will include consideration of the effects on the client of the barriers. Physical, intellectual, emotional and social effects should be included across the two services.
e3	The account will draw on information obtained from a range of sources and will include complex information. At least three realistic ways of overcoming barriers will be given. Candidates will show a high level of understanding when considering how overcoming the barriers could empower clients. There will probably be reference to theory or the opinions of others. The candidate will demonstrate the ability to synthesise information.

The following table indicates which criteria in the *Assessment Evidence Grid* meet which assessment objectives:

Criterion	AO1	AO2	AO3
a1	✓	x	x
a2	x	✓	x
a3	x	x	✓
b1	✓	✓	x
b2	x	✓	x
b3	x	x	✓
c1	✓	✓	x
c2	x	✓	x
c3	x	x	✓
d1	✓	✓	x
d2	x	✓	x
d3	x	x	✓
e1	✓	x	x
e2	x	✓	x
e3	x	x	✓

6.4.3 Resources

This specification is supported by OCR approved Heinemann Texts.

Wellard's NHS Handbook
The Pocket Guide to the NHS
What's Happening in the NHS

Peter Murray
Caroline Morris
Lesley Hallett



JMH Publishing;
NHS Confederation;
Emap Public Sector
Management;
JigCal;
Stanley Thornes;
























Job File
Social Welfare Alive
HMSO Government Internet Sites;
Kudos (an interactive programme);
Career Information Data base.

Stephen Moore

6.4.4 Key Skills Mapping

Details on delivery are given in Section 4.

-  this unit contains clear opportunities for generating Key Skills portfolio evidence.
-  this unit contains opportunities for developing the Key Skill, and possibly for generating portfolio evidence if teaching and learning is focused on that aim.
- x** there are no obvious opportunities for the development or assessment of the Key Skill in this unit.

Criterion	C	N	IT	WO	PS	LP
1.1		x			x	
1.2						
1.3						
2.1 (a) (b)	 	x			x	
2.2			x			
2.3						

7 Unit 2: Promoting Health and Well-being

7.1 ABOUT THIS UNIT

You will learn about:

- definitions of health and well-being;
- common factors that affect health and well-being and the different effects they can have on individuals and groups across the lifespan;
- methods used to measure an individual's physical health;
- ways of promoting and supporting health improvement for an individual or small group.

The knowledge that you gain from the unit will help you to look after your own health and well-being and understand ways of promoting health and well-being for others.

*You should be **selective** and include in your portfolio work from this unit that **meets the evidence requirements**.*

This unit is assessed solely through portfolio assessment.

7.2 WHAT YOU NEED TO LEARN

7.2.1 Understanding Health and Well-being

Key issue: What is health and well-being?

There are several different ways of thinking about health and well-being. You 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 can be described as being the result of a combination of physical, social, intellectual and emotional factors. This is a holistic definition of health and well-being.

You should also know that ideas about health and well-being change over time and vary between different cultures.

7.2.2 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. You should know about factors that contribute positively to health and well-being such as:

- a balanced diet;
- regular exercise;
- supportive relationships;
- adequate financial resources;
- stimulating work, education and leisure activity;
- use of health monitoring and illness prevention services (such as screening and vaccination);
- use of risk management to protect individuals and promote personal safety.

You will learn about the importance of these factors to individuals throughout their lives.

7.2.3 Risks to Health and Well-being

Key issue: What factors are risks to health and well-being and how do they have a damaging effect?

You should know about factors that put an individual's health and well-being at risk. You 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. You will learn that health and well-being can be affected by:

- genetically inherited diseases and conditions;
- substance misuse (including misuse of legal and illegal drugs, solvents, tobacco smoking and excessive alcohol intake);
- an unbalanced, poor quality or inadequate diet;
- too much stress;
- lack of personal hygiene;
- lack of regular physical exercise;
- unprotected sex;
- social isolation;
- poverty;
- inadequate housing;
- unemployment;
- environmental pollution.

You should understand how these factors can affect an individual's health and well-being.

7.2.4 Indicators of Physical Health

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

You will learn that some indicators of physical health can be measured. You will know how the measures listed below can be taken and are used to assess the state of an individual's physical health:

- blood pressure;
- peak flow;
- body mass index;
- resting pulse and recovery after exercise.

You should know that a person's age, sex and lifestyle have to be taken into account when interpreting the measurement that is recorded.

7.2.5 Health Promotion and Improvement Methods

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

You should know why physical health assessment and target setting should happen before a health improvement plan is produced for an individual. You will learn how realistic health improvement targets are established for others. You will understand how different health behaviours can help people achieve their targets.

You should also 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.

7.3 ASSESSMENT EVIDENCE FOR UNIT 2: PROMOTING HEALTH AND WELL-BEING

You need to produce a health plan for improving or maintaining the physical health and well-being of an individual (you may base the plan on yourself). This must include coverage of:		A typical candidate at grades BB, AA, A*A*:	Mark	Max
a	defining the health and well-being of the individual [7 marks];			
b	factors that have positively affected the individual's health and well-being [9 marks];			
c	risks to the individual's health and well-being [8 marks];			
d	interpreting physical measures of health for the individual [11 marks];			
e	ways in which the individual can be motivated and supported to maintain or improve their health and well-being [15 marks].			
A typical candidate at grades GG, FF, EE will:		A typical candidate at grades DD, CC, BB will:	A typical candidate at grades BB, AA, A*A*:	Mark
a1	Identify how the individual describes their own state of physical, intellectual, emotional and social state of health and well-being. 0 1 2 3	a2 Use some of the information collected to define the health and well-being of the individual. 4 5	a3 Interpret the information collected to define clearly the health and well-being of the individual. 6 7	7
b1	Describe factors that have positively affected the health and well-being of the individual. 0 1 2 3	b2 Make informed suggestions about ways in which factors have worked together positively to affect the health and well-being of the individual. 4 5 6	b3 Draw logical conclusions showing how a range of factors have worked together positively to affect the health and well-being of the individual. 7 8 9	9
c1	List possible risks to the individual's health and well-being. Describe how the risks may damage the health of the individual. 0 1 2 3 4	c2 Using the information collected, explain possible risks to health and well-being in the short term. 5 6	c3 Review and assess possible risks to health and well-being of the individual in the long term. 7 8	8

<p>d1 With help, carry out and record the correct use of one measure of health. Identify the individual's state of physical health. 0 1 2 3 4 5</p>	<p>d2 Carry out and record the use of two measures of physical health. Assess the individual's state of physical health. 6 7 8 9</p>	<p>d3 Analyse and interpret the results of the two measures of health. Evaluate the individual's physical state of health. 10 11</p>	<p>11</p>
<p>e1 Produce a basic plan for the individual based on your findings. Describe the targets to be set and show how the individual can be supported to maintain and/or improve their health. Draw simple conclusions with help about the effects the plan may have on the individual. 0 1 2 3 4 5 6 7</p>	<p>e2 Produce a detailed plan showing a variety of ways in which the individual can be motivated and supported to maintain and/or improve their health. Evaluate the effects the plan may have on the individual. 8 9 10 11</p>	<p>e3 Produce a comprehensive plan comparing alternative ways in which the individual can be motivated and supported to maintain or improve their health. Draw logical conclusions about the effects the plan may have on the individual. 12 13 14 15</p>	<p>15</p>
<p>Note: Although you will be given an interim mark out of 50 by your teacher, this might be adjusted by OCR to make sure that your mark is in line with national standards.</p>			<p>50</p>
<p>Total</p>			<p>50</p>

7.4 GUIDANCE FOR TEACHERS

7.4.1 Guidance on Delivery

The unit encourages candidates to look at the health and well-being of themselves or others, considering the feelings and pressures they experience. The person chosen must be accessible in order to obtain information. Health Promotion Units and Leisure/Fitness Centres could contribute to the building of underpinning knowledge and the gathering of evidence.

Understanding Health and Well-being

It is important that the candidate has knowledge and understanding of ‘what is good health’. This should include physical, intellectual, emotional and social health and well-being. Information about health status could be collected through personal interview or by using a questionnaire. It is important that candidates know how to compose questionnaires and interview questions in order to obtain relevant information.

Factors Positively Influencing Health and Well-being

Factors that have positively affected the individual could, for example, include supportive relationships, a balanced diet and adequate financial resources. It is important that candidates know *how* these influences have contributed. For example, a balanced diet could ensure the normal rate of growth and development, which could mean that the individual was less prone to illness as they had the correct nutrients, which may have helped them to feel good about themselves, giving self confidence and high self esteem. Candidates will need help to develop their thinking through several stages in order to link and combine the effects of factors on health and well-being.

Risks to Health and Well-being

When considering risks to health, candidates could undertake group work to research particular risks and share the information gathered. However, it is important that recording of the shared information is undertaken individually to avoid evidence looking similar. Research could be through use of the Internet, visiting speakers or visits to Alcohol and Drug Advisory Units and the Health Promotion Unit.

Indicators of Physical Health

Using a health professional to introduce the topic and to demonstrate how measurements are taken could be one approach teachers could use. Other sources of help could be a Leisure/Fitness Centre, or the Physical Education Department or the Biology Department within the Centre. Taking measurements before and after exercise would provide the opportunity for candidates to monitor and record measurements. Candidates will need to have knowledge about the *norms* of development in order to make judgements about the health status of their chosen individual.

Health Promotion and Improvement Methods

Candidates can identify targets for improving health and well-being by comparing the individual's needs with what is considered to be 'good health and well-being'. For example, candidates can use the National Advisory Committee on Nutrition and Education (NACNE) food tables when determining diet plans. The plan should be in a form that is useable by the person for whom it is intended. Teachers may find it more practicable to provide a large bank of promotional materials, rather than encouraging candidates to collect their own. Materials can be obtained from GPs, NHS, Health Education Centres, Health Promotion Units and local organisations.

7.4.2 Guidance on Assessment

Each portfolio should be marked by the teacher according to the criteria in the *Assessment Evidence Grid* in Section 7.3 (exemplification for which is given later in this section). Photocopiable masters will be supplied and will be sent to Centres at the start of the course.

Each row in the grid comprises a strand showing the development of a given criterion, each row corresponding to a point (**a**, **b**, **c** etc.) in the banner.

Please note that the second column describes the work of a typical candidate working at grades DD, CC and *the lower half of grade BB* whilst the third column describes the work of a typical candidate working at *the upper half of grade BB*, grades AA and A*A*.

The maximum mark for each criteria strand is shown in the right hand column.

Teachers use their professional judgement and circle the mark that *best fits* the work of the candidate and also records it in the column headed *Mark*.

Centres should use the full range of marks available to them; Centres must award *full* marks in any band for work which fully meets the criteria. This is work which is 'the best one could expect from candidates working at GCSE (Double Award) level'.

Only one mark per strand/row will be entered. The final mark for the candidate is out of a total of 50 and is found by totalling the marks for each strand.

Example: For a candidate's work that comfortably satisfies criterion **b2** and may be perceived as equivalent to the work of a grade CC candidate, a mark of **5** should be awarded on the scale for this strand of 0-9.

A typical candidate at grades GG, FF, EE will:	A typical candidate at grades DD, CC, BB will:	A typical candidate at grades BB, AA, A*A* will:	Mark	Max
<p>b1 Describe the roles of two direct care workers (one in each service), correctly describing the day-to-day tasks they would do.</p> <p style="text-align: right;">0 1 2 3</p>	<p>b2 Make informed suggestions about the qualifications, qualities and skills that would be required by each care worker chosen.</p> <p style="text-align: right;">4 5 6</p>	<p>b3 Review and assess possible alternative routes to obtaining qualifications and skills required for the job roles chosen.</p> <p style="text-align: right;">7 8 9</p>	5	9

The further guidance below clarifies the criteria in the *Assessment Evidence Grid* and will help you to determine the appropriate mark to be awarded for each strand. The marks should then be added to give a total mark out of 50. Section 2.7.1 explains how this mark will be converted to unit grades.

Criterion	Exemplification
a1	Questions asked during the interview or survey with the person chosen will be included. A copy of the results of the interview, with brief conclusions or summary of findings, will be present. The candidate should include physical, intellectual, emotional and social aspects of the person's health.
a2	A description/short account of the person's health status will be given. Conclusions will be drawn. Examples will be used to define (explain) the person's health and well-being.
a3	A detailed interpretation of the information collected will be included. There will be an examination and discussion of most of the individual's responses to the questions asked. Conclusions will be drawn about the person's physical, intellectual and emotional health status. Comparisons will be made with the <i>norms</i> .
b1	At least two positive factors will be described. These should be taken from more than one group, for example, diet and exercise. Only those factors that relate to the individual chosen will be addressed.
b2	At least three positive factors will be given. The emphasis will be on demonstrating how the factors have linked together to affect the development of the individual – how the individual has been influenced by the combined factors.
b3	Consideration will be given to at least four factors that have worked together positively to affect the health and well-being of the individual. When drawing logical conclusions the candidate will probably refer to theory or models or the opinions of others. There will be evidence of synthesis within the evidence.

Criterion	Exemplification
c1	The list will contain at least two that specifically apply to the individual. Brief notes will indicate how the risk may affect the person. For example, being overweight could lead to heart disease.
c2	Candidates will consider the short term risks to the person. At least three risks will be given. An example could be smoking which in the short term could cause the person to cough.
c3	At least three long term risks will be explored. Increasing depth and breadth of understanding will be shown. The candidate will produce evidence to show several stages in the process for each risk. For example, in the short term the person may begin to cough, but long term this could worsen and lead to respiratory problems which eventually, if smoking continues, could lead to lung cancer.
d1	One measure of health could be height/weight or breathing rate before/after exercise. The measure must be <i>used</i> to identify the person's state of physical health. For example, conclusions should be drawn, such as '...this shows the person is overweight and my plan will focus on making sure that he/she has a balanced diet.'
d2	The records of the two health measures will be accurately recorded. They will be used to make judgements about the individual's state of health. The candidate will include their opinions when making the judgements in order to <i>assess</i> the individual's state of physical health.
d3	A detailed examination of each of the two measures taken will be included. Conclusions will be drawn from the data collected. When evaluating, candidates will make judgements and comparisons against the norms of development.
e1	The plan will contain factual information about how the individual could improve their health. For example, if the person needs more exercise, a timetable across a week would be given, or if diet is the need, a suggested menu for the week or part of the week will be included. The plan should be in a form that can be used by the individual. Within the plan at least two targets will be set. Notes will show how the individual could be supported to maintain or improve their health. Conclusions drawn about the effects the plan will have on the individual will be at a basic level. For example, 'At the end of the first month the person will be able to move more easily as they will be fitter.'
e2	At least three ways of motivating the individual will be shown. When evaluating the effects the plan may have on the individual, the candidate will make judgements against given criteria and may include physical, intellectual, social and emotional effects.
e3	The plan will be very detailed and draw on a variety of complex information. At least two ways in which the individual can be supported and motivated to improve their health will be given. When drawing logical conclusions, candidates will demonstrate their ability to synthesise information from a range of sources.

The following table indicates which criteria in the *Assessment Evidence Grid* meet which assessment objectives:

Criterion	AO1	AO2	AO3
a1	✓	✓	x
a2	x	✓	x
a3	x	x	✓
b1	✓	✓	x
b2	x	✓	✓
b3	x	x	✓
c1	✓	x	x
c2	x	✓	x
c3	x	x	✓
d1	✓	✓	x
d2	✓	✓	✓
d3	x	x	✓
e1	✓	✓	x
e2	x	✓	✓
e3	x	x	✓

7.4.3 Resources

This specification is supported by OCR approved Heinemann Texts.

Health Sciences
Health Promotion

P Minett et al
Jennie Nadoo and
Jane Wills

Collins;
Bailliere Tindall Ltd;




Foundations for Practice;
Promoting Health
Local Health Promotion Units;
Local Drugs Advisory Services;
Action on Smoking and Health (ASH);
Alcoholics Anonymous;
Weight Watchers.





































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7.4.4 Key Skills Mapping

Details on delivery are given in Section 4.

-  this unit contains clear opportunities for generating Key Skills portfolio evidence.
-  this unit contains opportunities for developing the Key Skill, and possibly for generating portfolio evidence if teaching and learning is focused on that aim.
-  there are no obvious opportunities for the development or assessment of the Key Skill in this unit.

Criterion	C	N	IT	WO	PS	LP
1.1						
1.2						
1.3						
2.1 (a) (b)	 					
2.2						
2.3						

8 Unit 3: Understanding Personal Development and Relationships

8.1 ABOUT THIS UNIT

You will learn about:

- the stages and pattern of human growth and development;
- the different factors that can affect human growth and development;
- the development of self-concept and personal relationships;
- major life changes and how people deal with them;
- the role of relationships in personal development.

Health, social care and early years workers need to know about the different ways that people grow and develop during their lives. This unit will help you to find out about the process of human growth and development and the different factors that can affect an individual's experience.

This unit is assessed solely through an externally set test.

8.2 WHAT YOU NEED TO LEARN

8.2.1 Human Growth and Development

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

You 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. You should be able to describe the expected patterns of physical growth and change and the physical, 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+).

8.2.2 Factors that Affect 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?

You should understand, and be able to give examples of, factors that cause individual differences in patterns of growth and development. These include:

- physical factors including genetic inheritance, diet, amount and type of physical activity, experience of illness or disease;
- social and emotional factors including gender, family relationships, friendships, educational experiences, employment/unemployment, ethnicity and religion, life experiences such as birth, marriage, death and divorce;
- economic factors including income and material possessions;
- environmental factors including housing conditions, pollution, access to health and welfare services.

You should understand how these factors can interrelate and how they can affect a person's:

- self-esteem;
- physical and mental health;
- employment prospects;
- level of education.

8.2.3 Effects of Relationships on Personal Development

Key issue: What effect do relationships have on an individual's personal development?

Throughout their lives, people have many different sorts of relationship. These include:

- family relationships (e.g. with parents, siblings and as parents);
- friendships;
- intimate personal and sexual relationships;
- working relationships (including teacher/candidate, employer/employee, peers, colleagues).

You should know which relationships play a key part in an individual's social and emotional development during each life stage. You should be able to identify how these relationships can have a positive or negative effect on personal development. You will also need to identify what effect abuse, neglect and lack of support can have on personal development.

8.2.4 Self-concept

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

All people have a view of themselves, known as their self-concept. This is based on the beliefs that they have about themselves as a person and also on what they believe others think about them. You should know how a person's self-concept is affected by factors such as their:

- age;
- appearance;
- gender;
- culture;
- emotional development;
- education;
- relationships with others;
- sexual orientation;
- life experiences.

8.2.5 The Effects of Life Events on Personal Development

Key issue: How can life events affect an individual's personal development?

Life events are expected or unexpected experiences that can have a major impact on an individual's personal development. These may include events that result in:

- relationship changes (e.g. marriage, divorce, living with a partner, birth of a sibling or own child, death of a friend or relative);
- physical changes (e.g. puberty, accident or injury, menopause);
- changes in life circumstances (e.g. moving house, starting school, college or a job, retirement, redundancy or unemployment).

You should be able to identify and describe the effects that such examples of expected and unexpected life events can have on individuals' personal development. You should know how individuals adapt and use sources of support to cope with the effects of life events. Sources of support may include:

- partners, family and friends;
- professional carers and services;
- voluntary and faith-based services.

8.3 GUIDANCE FOR TEACHERS

8.4.1 Guidance on Delivery

The focus of the unit is to help develop candidate awareness of the norms of development and to apply and compare these to the development of individuals in the different lifestages.

Candidates will need to understand how factors can influence growth and development and contribute to the development of self concept. A variety of case studies could be the method used to achieve this. Candidates should be able to apply their knowledge and understanding to individuals and groups from different lifestages and different contexts.

Human Growth and Development

Candidates should not only focus on early years development, but should also recognise the importance of development within the other lifestages. However, candidates should be familiar with percentile charts and should be able to identify normal weight and height for a given age. When considering *later adulthood*, candidates should be encouraged not to portray all older people as being eligible for a nursing home as soon as they reach sixty five! Evidence gathering could include both primary and secondary research. It is possible that teachers may wish to use a group approach to this aspect of the unit. If using this approach, care should be taken to ensure that shared information is understood by individuals. This could be achieved by providing mini testing opportunities.

Factors that Affect Growth and Development

If case studies are used to illustrate the factors that affect development, it should be remembered that *single* factors should be kept to a minimum in order to provide candidates with the opportunity of considering how more than one factor can influence development and how factors can inter-relate. The emphasis is on the *effect* factors have on the development of the individual. For example, how will their attitude be affected? Or their growth and development?

Effects of Relationships on Personal Development

Candidates need to be aware that relationships can have both positive and negative effects on an individual's development. Candidates should also give consideration to the influences and effects of *multi-faceted* relationships. Teachers may need to help candidates explore this aspect as it is likely to be a new concept.

General understanding of the nature of relationships is a target for the unit. Candidates may be helped to understand this concept through the use of case studies, scenarios and visual representations. This can be done graphically, using diagrams or photographs to map relationship links, or by working as a group and physically representing the varying nature of relationships using distance, posture and body language.

Self Concept

Self concept refers to the ways in which a person sees themselves, including an understanding of the type of person individuals believe themselves to be. Self concept is also influenced by the views of others. Difficulties arise when self concept is negative. Candidates should be encouraged to consider both positive and negative aspects of self concept. They will need guidance by teachers to realise that changes in attitude and action can positively influence a person's self concept.

The Effect of Life Events on Personal Development

Candidates will need to be aware that life events can place considerable stress on people and that development is likely to be affected. Candidates should understand that some life changes can be *expected* experiences, while others, for example, redundancy, are often *unexpected* experiences. They will also need to understand that different people will react in different ways to experiences and will require different types of support to help them through the changes.



8.4.2 Resources


















This specification is supported by OCR approved Heinemann Texts.

Childcare and Development	Pamela Minett	John Murray;
Child Care and Education	Penny Tassoni	Heinemann;
An Introduction to Child	C C Davenport	Collins Educational;
Development		
Child care and Education	T Bruce & C Meggitt	Hodder & Stoughton;
A Textbook of Nursery Nursing	Patricia Gilbert	Stanley Thornes
NVQs In Nursing and	Linda Nazarko	Blackwell Science
Residential Homes		
Caring for Older People	Jacci Stoyle	Stanley Thornes

8.4.3 Key Skills Mapping

Details on delivery are given in Section 4.

-  this unit contains clear opportunities for generating Key Skills portfolio evidence.
-  this unit contains opportunities for developing the Key Skill, and possibly for generating portfolio evidence if teaching and learning is focused on that aim.
- x** there are no obvious opportunities for the development or assessment of the Key Skill in this unit.

Criterion	C	N	IT	WO	PS	LP
1.1		x	x		x	
1.2						
1.3						
2.1 (a) (b)	 	x	x		x	
2.2			x			
2.3	