



Health and Social Care

GCSE 2012

Health and Social Care

Specification

J406 – Single Award

J412 – Double Award

Version 1

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1.1 Overview of GCSE Health and Social Care J406

For GCSE Health and Social Care candidates must take units A911 and A912.

<p>Unit A911 <i>Health, Social Care and Early Years Provision</i></p> <ul style="list-style-type: none"> • The range of care needs of major client groups • The ways people can obtain services and the possible barriers that could prevent people from gaining access to services • The types of services that exist to meet client group needs and how they are organised • The principles of care that underpin all care work • The main work roles and skills of people who provide health, social care and early years services 	<p>60 marks</p> <p>60% of the total GCSE marks</p> <p>Controlled assessment task</p> <p>This unit is internally assessed and externally moderated</p>
+	
<p>Unit A912 <i>Understanding Personal Development and Relationships</i></p> <ul style="list-style-type: none"> • 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 different types of relationships • Major life changes and sources of support 	<p>60 marks</p> <p>40% of the total GCSE marks</p> <p>1 hour written paper</p> <p>Question Paper:</p> <p>4 questions</p> <p>Candidates answer all questions</p> <p>This unit is externally assessed</p>

1.2 Overview of GCSE (Double Award) Health and Social Care J412

For GCSE (Double Award) candidates must take units A911, A912, A913 and A914.

GCSE units as above: Unit A911 <i>Health, Social Care and Early Years Provision</i> Unit A912 <i>Understanding Personal Development and Relationships</i>	Unit A911 60 marks 30% of the total GCSE (Double Award) marks Unit A912 60 marks 20% of the total GCSE (Double Award) marks
+	
Unit A913 <i>Promoting Health and Wellbeing</i> <ul style="list-style-type: none"> • Defining the health and wellbeing of individuals • Interpreting physical measures of health • Factors that positively affect health and wellbeing • Risks to health and wellbeing • Health promotion and improvement methods 	60 marks 30% of the total GCSE (Double Award) marks Controlled assessment task This unit is internally assessed and externally moderated
+	
Unit A914 <i>Safeguarding and Protecting Individuals</i> <ul style="list-style-type: none"> • Safeguarding Individuals • Infection control • First aid practice • How to recognise potential risks to safety and how to reduce risks in settings 	60 marks 20% of the total GCSE marks 1 hour written paper Candidates answer all questions This unit is externally assessed

1.3 Guided learning hours

GCSE Health and Social Care requires 120–140 guided learning hours in total.

GCSE (Double Award) Health and Social Care requires 240–280 guided learning hours in total.

1.4 Aims and Learning Outcomes

These GCSE specifications in health and social care should encourage learners to be inspired, moved and changed by following a broad, coherent, satisfying and worthwhile course of study and gain an insight into related sectors. They should prepare learners to make informed decisions about further learning opportunities and career choices.

These GCSE specifications in health and social care enable learners to:

- actively engage in the processes of health and social care to develop as effective and independent learners
- understand aspects of personal development, and the health, social care and early years sectors through investigation and evaluation of a range of services and organisations
- develop a critical and analytical approach to problem-solving within the health, social care and early years sectors
- examine issues that affect the nature and quality of human life including an appreciation of diversity and cultural issues.

The GCSE (Double Award) specification in health and social care additionally enables learners to:

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

1.5 Prior Learning/Attainment

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

2.1 Unit A911: Health, Social Care and Early Years Provision

Assessment and information

This internally assessed unit will be supported by a controlled assessment task, which will be revised every two years.

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

For their evidence, candidates are able to focus on services that are from one of the health, social care or early years sectors, for example:

- health, e.g. health centre or hospital (private hospital or NHS)
- social care, e.g. day centre for older people (local authority) or residential home (private)
- early years, e.g. an organisation focusing on 0–8 years, e.g. nursery, paediatric service, children's centre.

2.1.1 The range of care needs of major client groups

Key issue: *who needs to use care services and why?*

You need to understand how care services are designed to meet the health, developmental and social care needs of major client groups.

You need to understand how services are shaped to meet the needs of people who use them.

The major client groups are:

- babies and children
- adolescents
- adults
- older people
- people with disabilities.

You have to:

- understand how universal services are developed and targeted services meet social policy goals, such as reducing child poverty, homelessness, drug misuse in the population and transforming the lives of children and young people in care
- 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
- know why individuals may require and seek to use health, social care and early years services
- understand how services provide equality and meet the needs of a diverse cultural population.

Guidance

Surveys could be a means of gathering evidence, using questionnaires or client interviews to find out who are the users, what their needs are and how those needs are met.

Developmental needs should include physical, intellectual, emotional and social requirements. Candidates need to address that the service may also provide for the needs of clients in terms of health and/or social care.

Candidates will need to know how to construct questionnaires or interview questions in order to obtain relevant information.

2.1.2 The ways people can obtain services and the possible barriers that could prevent people from gaining access to services

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, i.e. choosing to ask for or go to the services by themselves
- professional referral, i.e. being put in contact with a service by a care practitioner (e.g. GP, nurse, social worker)
- third-party referral, i.e. 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, a teacher, a daughter).

You should know about legislation that protects individuals' right to the access of services they require. *Human Rights Act 1998 (updates 2000); Mental Health Act 2007; Children Act 2004; Disability Discrimination Act 2005; Nursing and Residential Care Homes Regulations 1984 (amended 2002); Equality Act 2010.*

You should understand that removing barriers empowers an individual to take control of his or her life rather than relying on other people.

You need to be able to identify possible barriers that could 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, which 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, which 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, which 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, which 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, e.g. cultural beliefs about who should provide care and how illness and social problems should be dealt with

- language barriers as well as difficulties in using English, which 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, which can prevent people from gaining access to services when they need or want them.

You should be able to suggest ways in which services and the individuals they serve ensure equality of care and might overcome these barriers. You should also understand that poor integration of services, demand pressures, rationing and the postcode lottery may affect availability of services in your local area.

Guidance

Candidates will need to recognise that access to services can differ and that people can be referred to services through a range of methods.

Using specialist speakers who are health, social care or early years practitioners to introduce the topic would be useful.

Candidates could undertake a survey in the form of observation or a questionnaire to establish the barriers that could prevent a client from accessing the service.

2.1.3 The types of services that exist to meet client group needs and how they are developed and organised

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
- understand the mainstream (universal) services that are offered to different client groups and the targeted services that support delivery
- know who provides the services and where they are made available
- know how these services are organised
- understand how different services work together to meet needs.

You must be able to identify local and national examples of service providers who operate in the:

- statutory care sector, e.g. NHS Trusts and local authority services
- private care sector, e.g. private companies and self-employed practitioners
- third sector, e.g. charities and local support groups using volunteers and not-for-profit organisations with paid employees.

You must also know that informal carers (family, friends and neighbours) also provide a large amount of care and understand the increasing importance of the 'third sector'.

Guidance

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 service they have chosen into a framework. However, they do not need to have any depth of understanding of the national framework. Candidates must be able to identify the relationship between different organisations within the framework. They must be able to describe how a service fits into the structure as a whole. They could use flow charts to help explain complex information.

2.1.4 The principles of care that underpin all care work

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

You will understand that care practitioners use guidelines and codes of practice to empower clients by:

- promoting equality and diversity of people who use services
- promoting individual rights and beliefs
- maintaining confidentiality.

With young people care practitioners follow the Every Child Matters agenda and ensure that they:

- make the welfare of the child paramount
- keep children safe and maintain a healthy environment
- work in partnership with families and/or parents
- make sure that children are offered a range of experiences and activities that supports all aspects of their development
- value diversity
- promote equal opportunity
- maintain confidentiality
- ensure anti-discriminatory practice
- work with others
- are a reflective practitioner.

You will 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.

Guidance

Candidates must understand that care values are the basic tool used to empower and encourage trusting relationships between client and carer. These values underpin the work of all professional carers and there is an understanding that these values are derived from Human Rights. 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 cultural diversity and is backed by the following legislation:

- *Race Relations Act 2000*
- *Sex Discrimination Act 1975*
- *Disability Discrimination Act 1995*
- *Human Rights Act 1998*
- *Equality Act 2010.*

Candidates should know the impact upon clients if care practitioners do not adhere to the care values. An understanding of the value of codes of practice and organisational policies is required, with respect to the quality of care provision and methods of redress.

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 values are applied, the charters they follow, and how care workers may be influenced by government policies and specific organisational policies. Alternatively, different case studies/scenarios could be used to encourage candidates to think about ways the care values could be applied in different contexts.

2.1.5 The main work roles and skills of people who provide health, social care and early years services

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

You need to know about the roles of practitioners who deliver care in services:

- primary practitioners, e.g. nurses, GPs, social workers, care assistants and nursery nurses, who work directly with people providing care
- secondary practitioners that support care work indirectly, e.g. medical receptionists and porters.

You need to:

- understand the qualities, qualifications and skills needed for main work roles of care workers and how these may be achieved academically and vocationally
- understand how changes in services and service provision can affect the job roles of care workers and change the skills required for those jobs
- understand why care workers need good interpersonal skills
- 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
- 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
- understand the differing communication needs of client groups using care services in a multicultural society.

Guidance

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 primary care roles in the chosen service before deciding on which job role to focus.

Alternatively, programmes such as Kudos or Career Information Databases could provide information.

Candidates will need to record the main day-to-day tasks undertaken by the care worker 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.

2.2 Unit A912: Understanding Personal Development and Relationships

Assessment and information

This externally assessed unit contributes to the assessment of the Single Award specification, along with Unit A911.

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 life stages. 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.

2.2.1 The stages and pattern of 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+).

Guidance

Candidates should not only focus on early years development, but should also recognise the importance of development within the other life stages. 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.

2.2.2 The different factors that can affect human growth and development

Key issue: *what factors affect human growth and development and how can they influence an individual's health, wellbeing 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, sexual health, 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.

You will also need to identify what effect abuse and neglect can have on personal development.

Guidance

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(s) and growth and development be affected?

2.2.3 The development of self-concept and different types of relationships

Key issue: *what factors influence the development of a person's self-concept and what effect do relationships have on an individual's personal development?*

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.

You need to be aware of how self-concept can impact on development.

Throughout their lives, people have many different types 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 intellectual, emotional and social development during each life stage. You should be able to identify how these relationships can have a positive or negative effect on personal development.

Guidance

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. An awareness of self-image and self-esteem is required, along with the impact of these on personal development.

2.2.4 Major life changes and sources of support

Key issue: *how can life events affect an individual's personal development and what support is available to them during these times?*

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

- changes in relationships (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 work, retirement, redundancy or unemployment).

You should be able to identify and describe the effects that 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 (third sector) and faith-based services.

Guidance

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.

Candidates will need to be aware that life events can place considerable stress on people and that development is likely to be affected. 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.

2.3 Unit A913: Promoting Health and Wellbeing

Assessment and information

This internally assessed unit will be supported by a controlled assessment task, which will be revised every two years. This unit contributes to the (Double Award) specification only.

The unit encourages candidates to look at the health and wellbeing of themselves or others, considering the feelings and pressures they experience.

The person chosen must be accessible in order to obtain the information, have the scope for the candidate to discuss the positive and negative factors about the person's health, and someone who needs to maintain or improve their health.

The plan may be based on the candidate.

Health promotion units and leisure/fitness centres could contribute to the building of underpinning knowledge and the gathering of evidence.

2.3.1 Defining the health and wellbeing of individuals

Key issue: *what is health and wellbeing?*

There are several different ways of thinking about health and wellbeing. You should know that:

- health and wellbeing can be described as the absence of physical illness, disease and mental distress, a negative definition of health and wellbeing
- health and wellbeing can be described as the achievement and maintenance of physical fitness and mental stability, a positive definition of health and wellbeing
- health and wellbeing can be described as being the result of a combination of physical, social, intellectual and emotional factors, a holistic definition of health and wellbeing.

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

Guidance

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 wellbeing.

Information about health status could be collected through a 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.

Candidates must know about nationally recommended measurements of health, e.g. DRVs; exercise routines; sleep patterns; units of alcohol etc.

2.3.2 Interpreting physical measures of 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
- height and weight/body mass index
- waist to hip ratio
- 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.

Guidance

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, 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 expected development of individuals in order to make judgements about the health status of their chosen individual and how these can be linked to setting targets for individuals.

2.3.3 Factors that positively affect health and wellbeing

Key issue: *what factors contribute positively to health and wellbeing throughout a person's life?*

A person's health and wellbeing are affected by a number of different factors. You should know about factors that contribute positively to health and wellbeing such as:

- a balanced diet
- regular exercise
- sufficient sleep
- personal hygiene
- supportive relationships
- adequate financial resources
- stimulating work
- education
- leisure activity
- work–life balance
- use of health monitoring and illness prevention services (such as screening and vaccination)
- use of risk management to protect individuals and promote personal safety (such as sun protection, road crossing, sexual health care).

You will learn about the importance of these factors to individuals throughout their lives and how research has been important in making us aware of these factors.

Guidance

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 to the development of an individual. 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 wellbeing. Examples from evidence collected from the questionnaire must be used.

Reference to theorists, e.g. Maslow, Bandura, Piaget, etc., could be used. Recommendations from national bodies, e.g. Sleep Council, could be used. Opinions found in research articles and models of health could also be used.

2.3.4 Risks to health and wellbeing

Key issue: *what factors are risks to health and wellbeing and how do they have a damaging effect?*

You should know about factors that put an individual's health and wellbeing at risk.

You should be able to identify the lifestyle factors over which people have control and also the genetic, social and economic factors that people may not be able to change.

You will learn that health and wellbeing 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
- lack of sleep
- unprotected sex
- social isolation
- poverty
- inadequate housing
- unemployment
- poor work–life balance
- environmental pollution.

You should understand how these factors can affect an individual's health and wellbeing as well as understanding how these risks can have an impact on our wider society. The wider society should include health and social care service provision, incidents of crime, economic implications, impact on families and the environment.

Guidance

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 and only those risks to health relevant to the individual should be included in coursework evidence.

Candidates should be aware of the impact of these risks on the wider society and this could be through class discussions and visiting speakers. For example, a crime prevention officer could explain how the misuse of drugs has had an impact on incidents of crime.

Research could be through use of the internet, visiting speakers or visits to Alcohol and Drug Advisory Units and Health Promotion Unit.

2.3.5 Health promotion and improvement methods

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

You will:

- know why physical health assessment and target setting should happen before a health improvement plan is produced for an individual
- learn how realistic health improvement targets are established for others
- understand how different health behaviours can help people achieve their targets
- know about the different types of health promotion materials that are used to inform, motivate and support people to improve their health and wellbeing.

Guidance

Candidates need to be able to identify the Government Health Improvement Targets for improving health and wellbeing and link these to individual plans for health. They need to compare the individual's needs with what is considered to be good health and wellbeing. For example, when determining diet plans, candidates could use physical measures of health from height and weight ratios and food tables produced by The Food Standards Agency – Choosing Health.

The plan must be in a form that is useable by the person for whom it is intended.

Candidates need to be aware of health risks for different groups of people and how promotional material targets certain groups of people. It is important that during the delivery teachers make reference to recent legislation and publications available.

*When considering motivation, existing materials could be used as candidates are not given credit for producing their own materials. These materials should be referenced in the portfolio work but **not** included in their entirety as they are bulky and costly to post for moderation.*

Teachers may find it more practicable to provide a large bank of health 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. For example: when determining diet plans, candidates could use advice from the Department for Health or Food Standards Agency.

2.4 Unit A914: Safeguarding and Protecting Individuals

Assessment and information

This externally assessed unit contributes to the assessment of the (Double Award) specification only.

The focus of this unit is to help develop candidate awareness on safeguarding and protecting individuals. When considering who needs protecting, candidates need to think about 'who is at risk?' They also need to think about 'why' people are ill-treated. Abusers can be professional care workers, informal carers, parents, visitors or organisations. Those who do ill-treat people are often called the 'perpetrator'.

When considering regulatory frameworks throughout the unit, candidates need to:

- know the name of the act/regulation and its purpose
- be aware of the key features of the act/regulation
- understand how the act/regulation affects the work place practice in settings, e.g. what actually happens in a setting as a result of the act/regulation.

Candidates should understand the need to protect individuals and groups from different risks in a variety of contexts.

There is no requirement for candidates to undertake first aid in the context of this qualification. First aid qualifications are regulated by the HSE and those offering first aid must be trained and operate within this regulatory framework. This unit does not constitute a recognised first aid course but achievement of a first aid qualification could be possible if the centre wished to do this concurrently with the achievement of the unit.

2.4.1 Safeguarding Individuals

Key issue: *who requires safeguarding and the consequences of a lack of safeguarding.*

You need to understand that people in care settings are often vulnerable because they have to rely on others. They can feel distressed because they do not feel that they are in control of themselves or their environment. Vulnerable people could include:

- children
- children in care
- older people
- people with disabilities
- people with learning difficulties
- people with mental illness
- people who reside in care settings.

Situations where individuals may need to be safeguarded could include:

- being emotionally ill-treated by being deprived of love or physical contact
- verbal abuse by being regularly shouted at
- having to witness violent scenes, e.g. at home

- having parents who are unable to put the child's needs before their own
- being physically neglected, e.g. lack of food, personal hygiene
- being left to look after themselves without adult protection
- bullying at school or by neighbours or family
- a carer who psychologically ill-treats a person by swearing, humiliating or harassing them
- being physically abused, e.g. hit, slapped
- forcible isolation, where a carer denies a person access to the outside world or to a particular facility or service
- sexual abuse
- financial ill-treatment, which could involve theft of money or property or exploitation.

The effects of lack of safeguarding can cause a person to turn their anger against themselves and to blame themselves for everything that has happened to them. Other effects of a lack of protection from ill-treatment can include:

- lack of confidence
- withdrawal
- demonstrating abusive behaviour towards others
- low self-esteem/self-concept
- having difficulty communicating with others
- a change in personality.

You need to be aware of which legislation and guidance contributes to safeguarding.

Legislation to include:

- The Children Act 2004
- Mental Health Act 2007
- Disability Discrimination Act 2005
- NHS and Community Care Act 1990
- Equality Act 2010.

Guidelines and regulations to include:

- Protection of Vulnerable Adults (POVA)
- Every Child Matters
- CRB checks.

You should consider the consequences of how ill-treatment can affect both the individual and the wider society.

Guidance

Candidates need to be aware about the reasons for ill-treatment of people, for example, when staff are poorly trained or there is no supervision or support, if staff are working in isolation or if there is an inadequate number of staff or informal carers to look after people who use services; if security arrangements are not in place, people who use services will feel unprotected; if staff relationships with people who use services are poor, ill-treatment could result.

People who use services need to be protected from ill-treatment. Children are currently protected through the Children Act 2004. This is the basis for current child protection work ('Working together to safeguard children') and ensures that information is shared amongst agencies. For older people, there is a set of guidelines called 'Protection of Vulnerable Adults' (POVA). These guidelines state that older people have specific rights, which include being treated with respect and being able to live without fear of physical or emotional violence or harassment.

Mind-mapping exercises could be a way of thinking about 'who' and 'why' people who use services require protecting. This could be followed by watching some TV documentaries that have shown ill-treatment of older people, followed by discussion. Inviting a social worker or other specialist to talk to the group or a third sector organisation, e.g. NSPCC, VOICE UK, Action on Elderly Abuse, who provide support for those who have been ill-treated, could provide a useful base for this study. These organisations provide very useful training materials and publications.

2.4.2 Infection control

Key issue: preventing the spread of infection.

Preventing infections is one way of protecting people who use services; it is important for care settings to follow measures that will help to reduce the risk of the spread of infection in care settings. Basic procedures to prevent the spread of infection should include:

- personal hygiene – dress, hair care, footwear and oral hygiene
- wearing personal protective clothing – apron, gloves, masks
- following standard precautions
- washing hands correctly.

It is important that all who work in care settings understand ways to clean and sterilise an environment to include:

- general cleaning
- disinfecting
- sterilising
- dealing with spillages
- disposal of hazardous waste
- disposal of medication.

You need to understand that in care settings the following need to be reported:

- diseases and illnesses – to include, malaria, tetanus, typhoid, typhus, measles, salmonella
- conditions – to include overflowing drains, chemicals, gases.

You also need to know how vaccinations/immunisation can help to prevent the spread of infection.

Care workers may from time-to-time be required to prepare a snack for a person who uses services, and they must be able to recognise good food hygiene practices required by care settings. These include:

- food preparation area, e.g. surfaces
- equipment used for food preparation, e.g. chopping boards
- cooking food
- storing food
- date stamping, e.g. sell-by, best before, use by.

You need to understand the general purpose of legislation that underpins prevention of the spread of infection and its purpose, to include:

- Health and Safety At Work Act 1974
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Act 1995 (RIDDOR)
- Food Safety Act 1990
- The Food Safety (General Food Hygiene) Regulations 2006.

Guidance

For 2.4.2, candidates need to start by thinking about, 'what are the basic procedures to prevent the spread of infection?'. They need to think about how the spread of infection can be prevented by the personal hygiene of the care workers who are looking after the person using the service and to think of the consequences of not having good personal hygiene. The school nurse can often provide relevant information, particularly about good personal hygiene and the prevention of the spread of infection.

Many centres may wish to deliver this section of the course in conjunction with the 'Food Hygiene' Certificate. Alternatively the Environmental Health Officer could be invited to the centre to give a talk/show DVDs/carry out experiments to cover all the topics within this section.

With regard to legislation the 'Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995' (RIDDOR) candidates need to know:

- *which accidents employers must report*
- *which injuries are covered*
- *which diseases must be reported.*

A specialist from the local hospital or from a nursing home could be invited to the centre to discuss methods of sending specimens to the laboratory and the disposal of waste materials.

2.4.3 First aid practice

Key issue: *how to use first aid to deal with minor emergencies.*

You will need to know about basic first aid practices and procedures for injuries and health emergencies that could occur in settings. These will include:

- the principles of first aid
- the responsibilities of the first aider
- casualty management and how to prioritise needs
- information that should be given when calling the emergency services.

You should be able to recognise the key signs and symptoms of common health emergencies and know how to carry out procedures for dealing with them. Health emergencies will include:

- burns and scalds
- wounds and bleeding
- fractures relating to limbs and body
- loss of consciousness
- breathing difficulties, e.g. asthma, anaphylactic shock, choking.

You should be aware of the importance of first aid procedures with regard to preventing the spread of infection, for example, wearing gloves and making sure wounds are kept clean.

Relevant legislation for this section is, 'The Health and Safety (First Aid) Regulations 1981'. Candidates need to know its general purpose and be able to understand its impact on care settings.

Guidance

Candidates must know the responsibilities of the first aider, how to manage the casualties, and how to prioritise treatment.

For each of the health emergencies/first aid procedures candidates will need to know:

- *the key signs and symptoms, and the difference between these*
- *how the condition should be treated*
- *how to prevent infection (if applicable).*

When considering The Health and Safety (First Aid) Regulation 1981 candidates need to know the extent of the provision and that risk assessments should be carried out to determine the level of first aid provision required. This includes:

- *having an appointed person*
- *details of the first aid kit that must be available – the minimum requirements of the content*
- *the procedures that must be in place for recording accidents.*

There is no requirement for candidates to undertake first aid in the context of this qualification. First aid qualifications are regulated by the HSE and those offering first aid must be trained and operate within this regulatory framework. This unit does not constitute a recognised first aid course but achievement of a first aid qualification could be possible if the centre wished to do this concurrently with the achievement of the unit.

2.4.4 How to recognise potential risks to safety and how to reduce risks in settings

Key issues: *How to recognise potential risks to people who use services and care workers and how to provide protection for those using the setting.*

You need to understand the importance of identifying potential risks in care settings, which are:

- fire
- flood
- electricity
- gas leaks
- unsafe equipment
- unsafe furnishings and fittings
- unsafe electrical fittings and fixtures
- unsafe storage of hazardous substances.

The areas in care settings where risks often occur are:

- community rooms/lounge
- bedrooms
- kitchens
- community areas, e.g. halls, entrances, stairs
- play areas
- bathrooms.

You need to explore how safety features could help to reduce the risks, how to follow safety procedures and how to use safety equipment. You should be able to recognise safety features that are used to help protect people who use services and care workers and have knowledge of their purpose. Safety features include:

- fire fighting equipment, e.g. extinguishers, blankets
- emergency procedures, e.g. evacuation in the event of a fire
- smoke alarms
- fire exits
- staff training
- security, e.g. electronic pads on doors, window guards, handles on doors placed at a high level, CCTV, visitors book, swipe cards, security locks
- safety/warning signs, e.g. first aid, exits, prohibited areas, no smoking.

You should recognise how and when these safety features are used and be able to give reasons about why their use helps to keep individuals safe.

You need to know how to conduct a risk assessment and the reasons why this action will help to protect individuals.

You need to understand the importance of maintaining safety and security in health, social care and early years settings. This will include:

- knowing the five key stages and the associated purpose of each
- how to keep written records of the risk assessment
- how to conduct a risk assessment
- the reasons for conducting a risk assessment.

Helping individuals within the setting to feel safe and protected is an important part of a care workers role. You should know how to:

- evacuate a building in the case of a fire or other emergency
- protect individuals against intruders such as:
 - burglars
 - unwanted visitors
 - safety of possessions
 - privacy.

You need to recognise the legislation and regulations that help to protect people who use services and care workers in the work place, to include:

- The Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health 2005 Regulations (COSHH).

You should also understand the role of the Health and Safety Executive (HSE), and the Care Quality Commission, and their responsibilities.

Guidance

For section 2.4.4, candidates need to be able to identify potential risks to people in settings. Areas that need to be included are community rooms/lounge, bedrooms, kitchens, halls, entrances, stairs, play areas (inside and outside) and bathrooms. This could be achieved by supplying diagrams where they can indicate the risks and use a colour code system to highlight potential risks. Posters could also be used showing potential risks and asking candidates to identify the risk and to suggest a safety feature to help reduce the risk. Alternatively a visit could be made to a setting to investigate the potential risks or a professional care worker could be invited to the centre to talk about the potential risks. Risks could include fire, electric shock, trips, falls, blocked exits, too little space for movement or equipment and ergonomics.

Candidates should be able to identify the method for storing potentially harmful substances in care settings. They should also be able to give a short explanation of why it is important to store harmful substances correctly. Examples of harmful substances are cleaning agents, disinfectants and soiled linen. Candidates should also be familiar with looking at labels on the containers to find out if the substance fits the hazardous category.

The regulations relating to The Control of Substances Hazardous to Health 2005 (COSHH) requires employers to control exposure to hazardous substances at work. This means that employers must meet the requirements for the storing of hazardous substances. All settings must have a COSHH file that lists all hazardous substances being used in that particular setting. Candidates need to know what must be contained within the file and the reasons for carrying out an assessment, knowing which could be a hazardous substance, e.g. soiled linen and how to deal with it. All cleaning materials must also be covered.

Safety features will include fire and smoke alarms, the importance and reason for having fire exits, fire fighting equipment, evacuation procedures, having a safety policy and procedures, the different types of fire extinguishers, warning/safety signs and their purpose. Additionally, security fixtures will be included, for example: electronic pads on doors, window guards, handles on doors at the correct height for the setting. Candidates will need to be aware that different settings have different needs but that all settings will have common features. A visit could be made to a setting to find out about the safety features that are in place. Alternatively professional care worker(s) could be invited to the centre to talk about the subject. Diagrams could be distributed to the group and they could indicate by drawing in the safety features that would be necessary. This activity could be linked with the exercise on risks.

Candidates need to understand that a risk assessment must be carried out by law. The aim of a risk assessment is to ensure that no one in a setting is hurt or injured. Risks assessment involves examining what could cause harm to individuals and deciding if enough has been done to prevent possible injury.

Candidates need to be aware that there are five key stages in a risk assessment. These are:

- Stage 1: Look for hazards
- Stage 2: Assess who may be harmed
- Stage 3: Consider the risk – whether existing precautions are adequate
- Stage 4: Document the findings
- Stage 5: Review the assessment and revise if necessary

The external assessment will require candidates to study a diagram or illustration in order to carry out a risk assessment, using a stated number of stages from risk assessment.

Security arrangements taken by different settings will be included in the external assessment. For example, in preventing unwanted visitors in residential and nursing homes and preventing early years toddlers and children from leaving a nursery or playgroup. Additionally the candidates will need to know how to take actions to prevent burglary both to buildings and to individuals in care setting.

The Health and Safety at Work Act 1974 requires employers to carry out actions that are reasonable and practicable in order to protect their workforce. Candidates do not need to know the Act in detail but will need to be aware that the Health and Safety at Work Act:

- is the umbrella legislation under which other regulations are formed
- which regulations are covered by the act.

They must also know:

- what must be covered by employers under the Health and Safety at Work Act
- what must be covered by employees under the Health and Safety at Work Act.

The Health and Safety Executive (HSE) is the main body responsible for enforcing legislation and providing guidance on health and safety in the workplace. Candidates need to be aware of what the abbreviation HSE represents and should have a broad outline of the work that they do. For example, candidates need to know that the HSE can:

- *enter premises*
- *conduct investigations*
- *take samples and photographs*
- *ask questions*
- *give advice*
- *issue instructions that must be carried out by law*
- *prosecute those who break the law*
- *issue Improvement and Prohibition Notices.*

It would be helpful to obtain a copy of the health and safety law poster, which is published by the Health and Safety Executive and for candidates to be aware of the detail that is included in the poster. For example:

- *the name of an employee representative*
- *the name of the manager representative – this could be an employer in a small company*
- *the contact details of the enforcing authority.*

Candidates also need to be aware that the law states that:

- *a person in the workplace who can take charge in an emergency needs to be identified*
 - *a first aid box must be available*
 - *a trained first aider and first aid room should be available, if the workplace gives rise to special hazards*
 - *the Health and Safety Policy document sets out the employer's general policy in respect of health and safety and describes the settings arrangements for carrying out that policy.*
-

3.1 Overview of the assessment in GCSE Health and Social Care

For GCSE Health and Social Care candidates must take units A911 and A912.

GCSE Health and Social Care J406

Unit A911: *Health, Social Care and Early Years Provision*

60% of the total GCSE
Controlled assessment (up to 18 hours
research and up to 26 hours writing up)
60 marks

Candidates complete a controlled assessment task.
This unit is internally assessed and externally moderated.

Unit A912: *Understanding Personal Development and Relationships*

40% of the total GCSE
1 hour written paper
60 marks

This question paper is based on *Understanding Personal Development and Relationships* and consists of **four** questions involving identification, description, explanation, analysis and evaluation.
Candidates answer **all** questions.
This unit is externally assessed.

3.2 Overview of the assessment in GCSE (Double Award) Health and Social Care

For GCSE (Double Award) candidates must take units A911, A912, A913 and A914.

GCSE (Double Award) Health and Social Care J412

GCSE units as above: Unit A911 being 30% and Unit A912 being 20% of the total GCSE (Double Award) marks.

Unit A913: *Promoting Health and Wellbeing*

30% of the total GCSE
Controlled assessment (up to 18 hours
research and up to 26 hours writing up)
60 marks

Candidates complete a controlled assessment task.
This unit is internally assessed and externally moderated

Unit A914: *Safeguarding and Protecting Individuals*

20% of the total GCSE
1 hour written paper
60 marks

This question paper is based on *Safeguarding and Protecting Individuals* and consists of a combination of question styles involving identification, description and explanation.
Candidates answer all questions.
This unit is externally assessed.

3.3 Assessment Objectives (AOs)

Candidates are expected to demonstrate their ability to:

AO1	recall, select, use and apply their knowledge and understanding of health and social care
AO2	plan and carry out tasks in which they analyse issues and problems; and identify, gather and record relevant information and evidence
AO3	analyse and evaluate information sources and evidence, make reasoned judgements and present conclusions.

3.3.1 AO weightings – GCSE

The relationship between the units and the assessment objectives of the scheme of assessment is shown in the following grid:

Unit	% of GCSE			Total
	AO1	AO2	AO3	
Unit A911: <i>Health, Social Care and Early Years Services</i>	20	20	20	60%
Unit A912: <i>Understanding Personal Development and Relationships</i>	10	20	10	40%
Total	30	40	30	100%

3.3.2 AO weightings – GCSE (Double Award)

The relationship between the units and the assessment objectives of the scheme of assessment is shown in the following grid:

Unit	% of GCSE			Total
	AO1	AO2	AO3	
Unit A911: <i>Health, Social Care and Early Years Services</i>	10	10	10	30%
Unit A912: <i>Understanding Personal Development and Relationships</i>	5	10	5	20%
Unit A913: <i>Promoting Health and Wellbeing</i>	10	10	10	30%
Unit A914: <i>Safeguarding and Protecting Individuals</i>	5	10	5	20%
Total	30	40	30	100%

3.4 Grading and awarding grades

Both GCSE and GCSE (Double Award) results are awarded on the scale A* to G (A*A* to GG). Units are awarded a* to g. Grades are indicated on certificates. However, results for candidates who fail to achieve the minimum grade (G, GG or g) will be recorded as *unclassified* (U, UU or u) and this is **not** certificated.

Most GCSEs are unitised schemes. When working out candidates' overall grades OCR needs to be able to compare performance on the same unit in different series when different grade boundaries may have been set, and between different units. OCR uses a Uniform Mark Scale to enable this to be done.

A candidate's uniform mark for each unit is calculated from the candidate's raw mark on that unit. The raw mark boundary marks are converted to the equivalent uniform mark boundary. Marks between grade boundaries are converted on a pro rata basis.

When unit results are issued, the candidate's unit grade and uniform mark are given. The uniform mark is shown out of the maximum uniform mark for the unit, e.g. 40/60.

The specification is graded on a Uniform Mark Scale. The uniform mark thresholds for each of the assessments are shown below:

(GCSE) Unit Weighting	Maximum Unit Uniform Mark	Unit Grade								
		a*	a	b	c	d	e	f	g	u
60/30%	90	81	72	63	54	45	36	27	18	0
40/20%	60	54	48	42	36	30	24	18	12	0

A candidate's uniform marks for each unit are aggregated and grades for the specification are generated on the following scale:

GCSE Health and Social Care

Max Uniform Mark	Qualification Grade								
	A*	A	B	C	D	E	F	G	U
150	135	120	105	90	75	60	45	30	0

GCSE (Double Award) Health and Social Care

Max Uniform Mark	Qualification Grade															
	A*A*	A*A	AA	AB	BB	BC	CC	CD	DD	DE	EE	EF	FF	FG	GG	UU
300	270	255	240	225	210	195	180	165	150	135	120	105	90	75	60	0

The written papers will have a total weighting of 40% and controlled assessment a weighting of 60%.

A candidate's uniform mark for each paper will be combined with the uniform mark(s) for the controlled assessment(s) to give a total uniform mark for the specification. The candidate's grade will be determined by the total uniform mark.

3.5 Grade descriptions

Grade descriptions are provided to give a general indication of the standards of achievement likely to have been shown by candidates awarded particular grades. The descriptions must be interpreted in relation to the content in these specifications; 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 performance in others.

The grade descriptors have been produced by the regulatory authorities in collaboration with the awarding bodies.

3.5.1 Grade F

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

Candidates plan and carry out a range of investigations and tasks for which support and guidance have 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 use a limited range of information from primary and secondary sources. They recall basic vocational knowledge to identify basic aspects of the main issues and problems affecting services organisations and the quality of human life.

They review their evidence and draw restricted conclusions.

3.5.2 Grade C

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

With only limited assistance, they plan and carry out investigations and tasks. They make careful use of information selected from a 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 select appropriately and use information from primary and secondary sources. They recall and apply relevant vocational knowledge to issues and problems affecting services, organisations and the quality of human life.

They review some of the evidence available, presenting information clearly, with some evidence of accuracy and precision. They make judgements based on the main findings and draw generally appropriate conclusions.

3.5.3 Grade A

Candidates recall accurately and apply detailed knowledge, skills and thorough understanding of aspects of health, social care and early years provision in a range of contexts. They demonstrate a critical appreciation of the principles of care (and for the (Double Award), knowledge and understanding of promoting health and wellbeing).

They plan and carry out independently a wide range of investigations and tasks. They use a range of appropriate methods to identify, gather and record and effectively analyse information from a wide range of appropriate primary and secondary sources. They identify and detail and perceptively evaluate the range of issues and problems affecting services and organisations .and those impacting on the quality of human life.

They systematically evaluate the evidence available, presenting information clearly, accurately and precisely, leading to carefully reasoned judgements and presenting substantiated and appropriate conclusions.

3.6 Quality of written communication

Quality of written communication is assessed in all units and is integrated in the marking criteria.

Candidates are expected to:

- ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear
- present information in a form that suits its purpose
- use an appropriate style of writing and, where applicable, specialist terminology.

This section provides general guidance on controlled assessment: what controlled assessment tasks are, when and how they are available; how to plan and manage controlled assessment and what controls must be applied throughout the process. More support can be found on the [OCR website](#).

Teaching and Learning

Controlled assessment is designed to be an integral part of teaching and learning. Activities which develop skills take place regularly in the classroom, using a variety of appropriate resources. These opportunities allow candidates to practise a wide range of tasks, and teachers can discuss and comment on performance as appropriate. However, once a candidate embarks on a controlled assessment task teacher intervention is limited to general advice and guidance.

When all necessary teaching and learning has taken place and teachers feel that candidates are ready for assessment, candidates can be given the/should choose an appropriate controlled assessment task.

4.1 Controlled assessment tasks

All controlled assessment tasks are set by OCR.

Every two years, controlled assessment tasks, for the internally assessed units A911 and A913, will be revised. The controlled assessment tasks are written in such a way as to allow candidates to focus on the sector of their choice and will not direct them towards, health, social care or early years, although centres may wish to restrict candidates' choice.

Controlled assessment tasks, will be available on Interchange from 1 June, for certification in following academic year. Guidance on how to access controlled assessment tasks from Interchange is available on the [OCR website](#).

Wherever possible, centres are encouraged to focus candidates' study on their local area, exploring services/practitioners which are accessible and relevant to their location. These services may be statutory or third sector; there is also the possibility of using services available within the centre such as on-site nurseries, school nurse, etc. Where it is not possible to access services/practitioners locally, there is no restriction on accessing information further afield if the centre deems it necessary to do so, i.e. in rural areas. Centres are not able to amend the tasks as set.

Centres must ensure that candidates undertake a task applicable to the correct year of the examination by checking carefully the examination dates of the tasks on Interchange.

Each controlled assessment will consist of a number of tasks which will be reviewed every two years to ensure that they are relevant to the work environment of the sectors. Centres are encouraged to ensure that the resources they use for delivery are as up-to-date as possible, bearing in mind that the health and social care arena is constantly evolving. Reference to the sector skills councils' websites for each of the areas covered by this qualification will assist centres when checking current industry standards and working practices.

4.2 Planning and managing controlled assessment

Controlled assessment tasks are available at an early stage to allow planning time. It is anticipated that candidates will spend a total of about 44 hours in researching and producing the work for unit A911 and about 44 hours in producing the work for unit A913. Candidates should be allowed sufficient time to complete the tasks.

Suggested steps and timings are included below, with guidance on regulatory controls at each step of the process. Teachers must ensure that the control requirements indicated below are met throughout the process.

4.2.1 Preparation and research time

Preparation (informal supervision)

Informal supervision ensures that the work of the individual candidates is recorded accurately and that plagiarism does not take place. Assessable outcomes may be informed by group work, but must be an individual response.

Includes choice of tasks, possible approaches and sources of evidence, time allocations, programmes of work and deadlines, methods of working, control requirements.

Research (limited supervision)

Limited supervision means that candidates can undertake this part of the process without direct teacher supervision and outside the centre as required. Candidates are also able to work in collaboration during this stage. However, when producing their final piece of work, candidates must complete and/or evidence all work individually.

- Research/collection of evidence **18 hours**

During the research phase candidates can be given support and guidance.

Teachers **can**

- explain the task
- advise on how the task could be approached
- advise on resources
- alert the candidate to key things that must be included in the final piece of work.

Teachers **must not**

- comment on or correct the work
- practise the task with the candidates
- provide templates, model answers or feedback on drafts

Research material can include fieldwork, internet- or paper-based research, questionnaires, audio and video files etc. Candidates must be guided on the use of information from other sources to ensure that confidentiality and intellectual property rights are maintained at all times. It is essential that any material directly used from a source is appropriately and rigorously referenced.

4.2.2 Producing the final piece of work

Producing the final piece of work (formal supervision)

Formal supervision means under direct teacher supervision: teachers must be able to authenticate the work and there must be acknowledgement and referencing of any sources used. If writing up is carried out over several sessions, work must be collected in between sessions.

When supervising tasks, teachers are expected to:

- exercise continuing supervision of work in order to monitor progress and to prevent plagiarism
- exercise continuing supervision of practical work to ensure essential compliance with Health and Safety requirements
- 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.

Candidates must work independently to produce their own final piece of work.

4.2.3 Presentation of the final piece of work

Candidates must observe the following procedures when producing their final piece of work for the controlled assessment tasks:

- tables, graphs and spreadsheets may be produced using appropriate ICT. These should be inserted into the report at the appropriate place
- any copied material must be suitably acknowledged i.e. charts, graphs, etc.
- quotations must be clearly marked and a reference provided wherever possible
- work submitted for moderation or marking must be marked with the:
 - centre number
 - centre name
 - candidate number
 - candidate name
 - unit code and title
 - assignment title.

Work submitted in digital format (CD or online) for moderation or marking must be in a suitable file structure as detailed in Appendix A at the end of these specifications. Work submitted on paper must be secured by treasury tags.

4.3 Marking and moderating controlled assessment

All controlled assessment units are marked by the centre assessor(s) using OCR marking criteria and guidance and are moderated by the OCR-appointed moderator. External moderation is either e-moderation where evidence is supplied in a digital format or postal moderation.

4.3.1 Applying the marking criteria

The starting point for marking the tasks is the marking criteria. The criteria identify levels of performance for the skills, knowledge and understanding that the candidate is required to demonstrate. OCR provides exemplification through real or simulated candidate work which will help to clarify the level of achievement the assessors should be looking for when awarding marks.

4.3.2 Use of 'best fit' approach to marking criteria

The assessment task(s) for each unit should be marked by teachers according to the given marking criteria within the relevant unit using a 'best fit' approach. For each of the assessment criteria, teachers select one of the three band descriptors provided in the marking grid that most closely describes the quality of the work being marked.

Marking should be positive, rewarding achievement rather than penalising failure or omissions. The award of marks **must be** directly related to the marking criteria.

Teachers use their professional judgement in selecting the band descriptor that best describes the work of the candidate.

To select the most appropriate mark within the band descriptor, teachers should use the following guidance:

- where the candidate's work *convincingly* meets the statement, the highest mark should be awarded
- where the candidate's work *adequately* meets the statement, the most appropriate mark in the middle range should be awarded
- where the candidate's work *just* meets the statement, the lowest mark should be awarded.

Teachers should use the full range of marks available to them and award *full* marks in any band for work which fully meets that descriptor. This is work which is 'the best one could expect from candidates working at that level'. Where there are only two marks within a band the choice will be between work which, in most respects, meets the statement and work which just meets the statement. For wider mark bands the marks on either side of the middle mark(s) for 'adequately met' should be used where the standard is lower or higher than 'adequate' but **not** the highest or lowest mark in the band.

Only one mark per assessment criteria will be entered. The final mark for the candidate for each of the controlled assessment unit(s) is out of a total of 60 and is found by totalling the marks for each of the marking criteria strands.

There should be clear evidence that work has been attempted and some work produced. If a candidate submits no work for the internally assessed unit(s), then the candidate should be indicated as being absent from that unit. If a candidate completes any work at all for an internally assessed unit, then the work should be assessed according to the marking criteria and the appropriate mark awarded, which may be zero.

4.3.3 Annotation of candidates' work

Each piece of internally assessed work should show how the marks have been awarded in relation to the marking criteria.

The writing of comments on candidates' work, and coversheet, provides a means of communication between teachers during the internal standardisation and with the moderator if the work forms part of the moderation sample.

4.3.4 Authentication of work

Teachers must be confident that the work they mark is the candidate's own. This does not mean that a candidate must be supervised throughout the completion of all work but the teacher must exercise sufficient supervision, or introduce sufficient checks, to be in a position to judge the authenticity of the candidate's work.

Wherever possible, the teacher should discuss work-in-progress with candidates. This will not only ensure that work is underway in a planned and timely manner but will also provide opportunities for assessors to check authenticity of the work and provide general feedback.

Candidates must not plagiarise. Plagiarism is the submission of another's work as one's own and/or failure to acknowledge the source correctly. Plagiarism is considered to be malpractice and could lead to the candidate being disqualified. Plagiarism sometimes occurs innocently when candidates are unaware of the need to reference or acknowledge their sources. It is therefore important that centres ensure that candidates understand that the work they submit must be their own and that they understand the meaning of plagiarism and what penalties may be applied. Candidates may refer to research, quotations or evidence but they must list their sources. The rewards from acknowledging sources, and the credit they will gain from doing so, should be emphasised to candidates as well as the potential risks of failing to acknowledge such material. Candidates may be asked to sign a declaration to this effect. Centres should reinforce this message to ensure candidates understand what is expected of them.

Please note: Centres must confirm to OCR that the evidence produced by candidates is authentic. The Centre Authentication Form, CCS160, declaration for assessors to sign and is available from the [OCR website](#) and [OCR Interchange](#). Centres are required to complete one CCS160 per controlled assessment unit.

4.3.5 Internal standardisation

It is important that all internal assessors, working in the same subject area, work to common standards. Centres must ensure that the 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 preliminary meetings 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.

4.3.6 Moderation

All work for controlled assessment units A911 and A913 is marked by the teacher and internally standardised by the centre. Marks are then submitted to OCR, after which moderation takes place in accordance with OCR procedures: refer to the OCR website for submission dates of the marks to OCR. The purpose of moderation is to ensure that the standard of the award of marks for work is the same for each centre and that each teacher has applied the standards appropriately across the range of candidates within the centre.

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.

Each candidate's work should have a cover sheet attached to it with a summary of the marks awarded for the task. If the work is to be submitted in digital format, this cover sheet should also be submitted electronically within each candidate's files.

4.4 Submitting the moderation samples via the OCR Repository

The OCR Repository is a secure website for centres to upload candidate work and for assessors to access this work digitally. Centres can use the OCR Repository for uploading marked candidate work for moderation.

Centres can access the OCR Repository via OCR Interchange, find their candidate entries in their area of the Repository, and use the Repository to upload files (singly or in bulk) for access by their moderator.

The OCR Repository allows candidates to send evidence in electronic file types that would normally be difficult to submit through postal moderation; for example multimedia or other interactive unit submissions.

The OCR GCSE Health and Social Care units A911 and A913 can be submitted electronically to the OCR Repository via Interchange: please check Section 7.4.1 for unit entry codes for the OCR Repository.

There are three ways to load files to the OCR Repository:

- 1 Centres can load multiple files against multiple candidates by clicking on 'Upload candidate files' in the Candidates tab of the Candidate Overview screen.
- 2 Centres can load multiple files against a specific candidate by clicking on 'Upload files' in the Candidate Details screen.
- 3 Centres can load multiple administration files by clicking on 'Upload admin files' in the Administration tab of the Candidate Overview screen.

The OCR Repository is seen as a faster, greener and more convenient means of providing work for assessment. It is part of a wider programme bringing digital technology to the assessment process, the aim of which is to provide simpler and easier administration for centres.

Instructions for how to upload files to OCR using the OCR Repository can be found on [OCR Interchange](#).

5.1 Free resources available from the OCR website

The following materials will be available on the OCR website:

- GCSE Health and Social Care Specification
- [Specimen assessment materials for each unit](#)
- [Guide to controlled assessment](#)
- [Teacher's Handbook](#)
- [Sample schemes of work and lesson plans.](#)

5.2 Other resources

OCR offers centres a wealth of high quality published support with a choice of 'Official Publisher Partner' and 'Approved Publication' resources, all endorsed by OCR for use with OCR specifications.

5.2.1 Publisher partners

OCR works in close collaboration with publisher partners to ensure you have access to:

- published support materials available when you need them, tailored to OCR specifications
- high quality resources produced in consultation with OCR subject teams, which are linked to OCR's teacher support materials.



Hodder Education is the publisher partner for OCR GCSE Health and Social Care and the following resources are available:

OCR Health and Social Care for GCSE

By Hilary Thomson and Sylvia Aslangul

ISBN: 9780340975084

OCR Health and Social Care for GCSE Teacher Resource CD-ROM

By Sylvia Aslangul, Hilary Thomson and Beatrice Dyer

ISBN: 9780340985366

5.2.2 Endorsed publications

OCR endorses a range of publisher materials to provide quality support for centres delivering its qualifications. You can be confident that materials branded with OCR's 'Official Publishing Partner' or 'Approved publication' logos have undergone a thorough quality assurance process to achieve endorsement. All responsibility for the content of the publisher's materials rests with the publisher.



These endorsements do not mean that the materials are the only suitable resources available or necessary to achieve an OCR qualification.

5.3 Training

OCR will offer a range of support activities for all practitioners throughout the lifetime of the qualification to ensure they have the relevant knowledge and skills to deliver the qualification.

Please see [Event Booker](#) for further information.

5.4 OCR support services

5.4.1 Active Results

Active Results is available to all centres offering OCR's GCSE Health and Social Care specifications.

activeresults

Active Results is a free results analysis service to help teachers review the performance of individual candidates or whole schools.

Data can be analysed using filters on several categories such as gender and other demographic information, as well as providing breakdowns of results by question and topic.

Active Results allows you to look in greater detail at your results:

- richer and more granular data will be made available to centres including question level data available from e-marking
- you can identify the strengths and weaknesses of individual candidates and your centre's cohort as a whole
- our systems have been developed in close consultation with teachers so that the technology delivers what you need.

Further information on Active Results can be found on the [OCR website](#).

5.4.2 OCR Interchange

OCR Interchange has been developed to help you to carry out day-to-day administration functions online, quickly and easily. The site allows you to register and enter candidates online. In addition, you can gain immediate and free access to candidate information at your convenience. Sign up on the [OCR website](#).

6 Equality and Inclusion in GCSE Health and Social Care

6.1 Equality Act information relating to GCSE Health and Social Care

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

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

Reasonable adjustments are made for disabled candidates in order to enable them to access the assessments and to demonstrate what they know and can do. For this reason, very few candidates will have a complete barrier to the assessment. Information on reasonable adjustments is found in *Access Arrangements, Reasonable Adjustments and Special Consideration* by the Joint Council www.jcq.org.uk.

Candidates who are unable to access part of the assessment, even after exploring all possibilities through reasonable adjustments, may still be able to receive an award based on the parts of the assessment they have taken.

The access arrangements permissible for use in these specifications are in line with Ofqual's GCSE subject criteria equalities review and are as follows:

	Yes/No	Type of Assessment
Readers	Y	All written examinations
Scribes	Y	All written examinations
Practical Assistants	Y	All written examinations
Word Processors	Y	All written examinations
Transcripts	Y	All written examinations
Oral language modifiers	Y	All written examinations
BSL Signers	Y	All written examinations
Modified question papers	Y	All written examinations
Extra Time	Y	All written examinations

6.2 Arrangements for candidates with particular requirements (including Special Consideration)

All candidates with a demonstrable need may be eligible for access arrangements to enable them to show what they know and can do. The criteria for eligibility for access arrangements can be found in the JCQ document *Access Arrangements, Reasonable Adjustments and Special Consideration*.

Candidates who have been fully prepared for the assessment but who have been affected by adverse circumstances beyond their control at the time of the examination may be eligible for special consideration. As above, centres should consult the JCQ document *Access Arrangements, Reasonable Adjustments and Special Consideration*.

7 Administration of GCSE Health and Social Care

In December 2011 the GCSE qualification criteria were changed by Ofqual. As a result, all GCSE qualifications have been updated to comply with the new regulations.

The most significant change for all GCSE qualifications is that, from 2014, unitised specifications must require that 100% of the assessment is terminal.

The sections below explain in more detail the rules that apply from the June 2014 examination series onwards.

Please note that there are no changes to the terminal rule and re-sit rules for the January 2013 and June 2013 examination series:

- at least 40% of the assessment must be taken in the examination series in which the qualification is certificated
- candidates may re-sit each unit once before certification, i.e. each candidate can have two attempts at a unit before certification.

For full information on the assessment availability and rules that apply in the January 2013 and June 2013 examination series, please refer to the previous version of these specifications, GCSE Health and Social Care and GCSE (Double Award) Health and Social Care (July 2009), available on the [OCR website](#).

7.1 Availability of assessment from 2014

There is one examination series available each year in June (all units are available each year in June).

GCSE Health and Social Care certification is available in June 2014 and each June thereafter.

GCSE (Double Award) Health and Social Care certification is available in June 2014 and each June thereafter.

	Unit A911	Unit A912	Unit A913	Unit A914	Certification availability
June 2014	✓	✓	✓	✓	✓
June 2015	✓	✓	✓	✓	✓

7.2 Certification rules

For GCSE Health and Social Care from June 2014 onwards, a 100% terminal rule applies. Candidates must enter for all their units in the series in which the qualification is certificated.

For GCSE (Double Award) Health and Social Care, from June 2014 onwards, where a candidate is taking GCSE (Double Award) for the first time and where they have not previously been awarded GCSE Health and Social Care, a 100% terminal rule applies. Candidates must enter for all their units in the series in which the qualification is certificated.

From June 2014, candidates who have already been awarded GCSE Health and Social Care and decide to move on to GCSE (Double Award) Health and Social Care have three options available to them for certification of the double award:

- re-take all of the GCSE Health and Social Care units alongside the additional units required for GCSE (Double Award) Health and Social Care. The new results for the units that have been re-taken will then be used in the calculation of the GCSE (Double Award) Health and Social Care grade. Any results previously achieved will not be re-used
- re-take the externally assessed unit A912 alongside the additional units required for GCSE (Double Award) Health and Social Care and carry forward the result for the controlled assessment unit A911 that was previously used towards GCSE Health and Social Care. The new result for the externally assessed unit A912 will then be used in the calculation of the GCSE (Double Award) Health and Social Care grade
- take just the additional units required for GCSE (Double Award) and carry forward the result for GCSE Health and Social Care.

Candidates must choose which of these options they want to follow before entries for the double award are made. All new and re-taken units must be entered in the series in which the double award is certificated.

Where a candidate decides to carry forward a result for the controlled assessment unit A911 they must be entered for this unit in the series in which the double award is certificated, using the entry code for the carry forward option (see section 7.4).

Where a candidate decides to carry forward the complete result for GCSE Health and Social Care they must be entered for the carry forward unit code A910 in the series in which the double award is certificated.

GCSE Health and Social Care and GCSE (Double Award) Health and Social Care can be certificated concurrently if all units are taken in the same series.

7.3 Rules for re-taking a qualification

Candidates may enter for each qualification an unlimited number of times.

Where a candidate re-takes a qualification, **all** units must be re-entered and all externally assessed units must be re-taken in the same series as the qualification is re-certificated. The new results for these units will be used to calculate the new qualification grade, any results previously achieved will not be re-used.

For each of the controlled assessment units, candidates who are re-taking a qualification can choose either to re-take that controlled assessment unit or to carry forward the result for that unit that was used towards the previous certification of the same qualification.

- Where a candidate decides to re-take the controlled assessment, the new result will be the one used to calculate the new qualification grade. Any results previously achieved will not be re-used.
- Where a candidate decides to carry forward a result for controlled assessment, they must be entered for the controlled assessment unit in the re-take series using the entry code for the carry forward option (see section 7.4).

For any further advice on rules for re-taking a qualification, please contact OCR.

7.4 Making entries

7.4.1 Unit entries

Centres must be approved to offer OCR qualifications before they can make any entries, including estimated entries. It is recommended that centres apply to OCR to become an approved centre well in advance of making their first entries. Centres must have made an entry for a unit in order for OCR to supply the appropriate forms and administrative materials.

It is essential that correct unit entry codes are used when making unit entries.

For the controlled assessment units, centres can decide whether they want to submit candidates' work for moderation through the OCR Repository or by post. Candidates submitting controlled assessment must be entered for the appropriate unit entry code from the table below. Candidates who are re-taking the qualification and who want to carry forward the controlled assessment should be entered using the unit entry code for the carry forward option.

Centres should note that controlled assessment tasks can still be completed at a time which is appropriate to the centre/candidate. However, where tasks change from year to year, centres would have to ensure that candidates had completed the correct task(s) for the year in which they enter the work for assessment.

Unit entry code	Component code	Assessment method	Unit titles
A911A	01	Moderated via OCR Repository	<i>Health, Social Care and Early Years Provision</i>
A911B	02	Moderated via postal moderation	
A911C	80	Carried forward	
A912	01	Written Paper	<i>Understanding Personal Development and Relationships</i>
A913A	01	Moderated via OCR Repository	<i>Promoting Health and Wellbeing</i>
A913B	02	Moderated via postal moderation	
A913C	80	Carried forward	
A914B	02	Written Paper	<i>Safeguarding and Protecting Individuals</i>
A910	80	Carried forward	GCSE Health and Social Care (J406) result carried forward

7.4.2 Certification entries

Candidates must be entered for qualification certification separately from unit assessment(s). If a certification entry is **not** made, no overall grade can be awarded.

Candidates may be entered for one or both of the following:

- GCSE Health and Social Care certification (entry code J406).
- GCSE (Double Award) Health and Social Care certification (entry code J412).

7.5 Enquiries about results

Under certain circumstances, a centre may wish to query the result issued to one or more candidates. Enquiries about results for GCSE units must be made immediately following the series in which the relevant unit was taken and by the relevant enquiries about results deadline for that series.

Please refer to the JCQ *Post-Results Services* booklet and the OCR *Admin Guide: 14–19 Qualifications* for further guidance on enquiries about results and deadlines. Copies of the latest versions of these documents can be obtained from the OCR website at www.ocr.org.uk.

7.6 Prohibited qualifications and classification code

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

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

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

8.1 Overlap with other qualifications

There is no significant overlap between the content of these specifications and that for other GCSE qualifications.

8.2 Progression from these qualification

GCSE qualifications are general qualifications which enable candidates to progress either directly to employment, or to proceed to further qualifications.

Progression to further study from GCSE will depend upon the number and nature of the grades achieved. Broadly, candidates who are awarded mainly Grades D to G at GCSE could either strengthen their base through further study of qualifications at Level 1 within the National Qualifications Framework or could proceed to Level 2. Candidates who are awarded mainly Grades A* to C at GCSE would be well prepared for study at Level 3 within the National Qualifications Framework.

8.3 Avoidance of bias

OCR has taken great care in preparation of these specifications and assessment materials to avoid bias of any kind. Special focus is given to the 9 strands of the Equality Act with the aim of ensuring both direct and indirect discrimination is avoided.

8.4 Regulatory requirements

These specifications comply in all respects with the current: *General Conditions of Recognition; GCSE, GCE, Principal Learning and Project Code of Practice; GCSE Controlled Assessment regulations* and the *GCSE subject criteria for Health and Social Care*. All documents are available on the [Ofqual website](#).

8.5 Language

These specifications and associated assessment materials are in English only. Only answers written in English will be assessed.

8.6 Spiritual, moral, ethical, social, legislative, economic and cultural issues

By its very nature, health and social care offers a wide range of opportunities for the exploration of spiritual, moral, ethical, social, legislative, economic and cultural issues.

It is expected that these specifications will be presented in ways that 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.

8.7 Sustainable development, health and safety considerations and European developments, consistent with international agreements

These specifications support these issues, consistent with current EU agreements, in the following topics:

- A914 Safeguarding and Protecting Individuals: this unit focuses on health and safety related issues, within the context of a Health and Social Care qualification at Levels 1 and 2.

8.8 Key Skills

These specifications provide opportunities for the development of the Key Skills of *Communication, Application of Number, Information and Communication Technology, Working with Others, Improving Own Learning and Performance* and *Problem Solving* at Levels 1 and/or 2. However, the extent to which this evidence fulfils the Key Skills criteria at these levels will be totally dependent on the style of teaching and learning adopted for each unit.

The following table indicates where opportunities may exist for at least some coverage of the various Key Skills criteria at Levels 1 and/or 2 for each unit.

Unit	C		AoN		IT		WwO		IoLP		PS	
	1	2	1	2	1	2	1	2	1	2	1	2
A911	✓	✓			✓	✓	✓		✓	✓	✓	✓
A912	✓	✓			✓	✓			✓	✓	✓	✓
A913	✓	✓			✓	✓			✓	✓	✓	✓
A914	✓	✓	✓	✓	✓	✓	✓					

8.9 ICT

In order to play a full part in modern society, candidates need to be confident and effective users of ICT. Where appropriate, candidates should be given opportunities to use ICT in order to further their study of health and social care.

Opportunities for ICT include:

- gathering information from the internet and CD-ROMs
- using software to present ideas and information.

8.10 Citizenship

Since September 2002, the National Curriculum for England at Key Stage 4 has included a mandatory programme of study for Citizenship. Parts of this Programme of Study may be delivered through an appropriate treatment of other subjects.

This section offers guidance on opportunities for developing knowledge, skills and understanding of citizenship issues during the course. These opportunities are also indicated within the content of:

- A911, the care values that underpin all work in the sectors, and the contribution made by health, social care and early years groups
- A912, how individuals grow and develop during their life in terms of what is expected from them as citizens at different stages of their lives
- A913, factors that positively influence health and wellbeing will impact on an individual's ability to make an effective contribution to society
- A914, the need of vulnerable people for protection from harm and abuse and the role that is played by society in ensuring that such people are recognised and treated with respect.

Appendix A: Guidance for the production of electronic controlled assessment

A

The controlled assessment work in units A911 and A913 each form a controlled assessment portfolio, stored electronically.

Structure for evidence

A controlled assessment portfolio is a collection of folders and files containing the candidate's evidence. Folders should be organised in a structured way so that the evidence can be accessed easily by a teacher or moderator. This structure is commonly known as a folder tree. It would be helpful if the location of particular evidence is made clear by naming each file and folder appropriately and by use of an index called 'Home Page'.

There should be a top level folder detailing the candidate's centre number, candidate number, surname and forename, together with the relevant unit code, either A911 or A913, so that the portfolio is clearly identified as the work of one candidate.

Each candidate produces an assignment for controlled assessment. The evidence should be contained within a separate folder within the portfolio. This folder may contain separate files.

Each candidate's controlled assessment portfolio should be stored in a secure area on the centre's network. Prior to submitting the controlled assessment portfolio to OCR, the centre should add a folder to the folder tree containing controlled assessment and summary forms.

Data formats for evidence

In order to minimise software and hardware compatibility issues it will be necessary to save candidates' work using an appropriate file format.

Candidates must use formats appropriate to the evidence that they are providing and appropriate to viewing for assessment and moderation. Open file formats or proprietary formats for which a downloadable reader or player is available are acceptable. Where this is not available, the file format is not acceptable.

Electronic controlled assessment is designed to give candidates an opportunity to demonstrate what they know, understand and can do using current technology. Candidates do not gain marks for using more sophisticated formats or for using a range of formats. A candidate who chooses to use only word documents will not be disadvantaged by that choice.

Evidence submitted is likely to be in the form of word processed documents, PowerPoint presentations, digital photos and digital video.

To ensure compatibility, all files submitted must be in the formats listed below. Where new formats become available that might be acceptable, OCR will provide further guidance. OCR advises against changing the file format that the document was originally created in. It is the centre's responsibility to ensure that the electronic portfolios submitted for moderation are accessible to the moderator and fully represent the evidence available for each candidate.

Accepted File Formats**Movie formats for digital video evidence**

MPEG (*.mpg)

QuickTime movie (*.mov)

Macromedia Shockwave (*.aam)

Macromedia Shockwave (*.dcr)

Flash (*.swf)

Windows Media File (*.wmf)

MPEG Video Layer 4 (*.mp4)

Audio or sound formats

MPEG Audio Layer 3 (*.mp3)

Graphics formats including photographic evidence

JPEG (*.jpg)

Graphics file (*.pcx)

MS bitmap (*.bmp)

GIF images (*.gif)

Animation formats

Macromedia Flash (*.fla)

Structured markup formats

XML (*.xml)

Text formats

Comma Separated Values (.csv)

PDF (.pdf)

Rich text format (.rtf)

Text document (.txt)

Microsoft Office suite

PowerPoint (.ppt)

Word (.doc)

Excel (.xls)

Visio (.vsd)

Project (.mpp)

YOUR CHECKLIST

Our aim is to provide you with all the information and support you need to deliver our specifications.

- Bookmark www.ocr.org.uk/gcse2012
- Be among the first to hear about support materials and resources as they become available. Register for email updates at www.ocr.org.uk/updates.
- Book your inset training place online at www.ocreventbooker.org.uk
- Learn more about active results at www.ocr.org.uk/activeresults
- Join our physical education social network community for teachers at www.social.ocr.org.uk

NEED MORE HELP?

Here's how to contact us for specialist advice:

Phone: **01223 553998**

Email: general.qualifications@ocr.org.uk

Online: <http://answers.ocr.org.uk>

Fax: **01223 552627**

Post: **Customer Contact Centre, OCR, Progress House,
Westwood Business Park, Coventry CV4 8JQ**

WHAT TO DO NEXT

Become an approved OCR centre – if your centre is completely new to OCR and has not previously used us for any examinations, visit www.ocr.org.uk/centreapproval to become an approved OCR centre.

Contact us

Keep up to date with the latest news by registering to receive e-alerts at www.ocr.org.uk/updates

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