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AQA Logistics Centre (Manchester)
Unit 2
Wheel Forge Way
Ashburton Park
Trafford Park
Manchester
M17 1EH

or you can download it from our website [http://www.aqa.org.uk](http://www.aqa.org.uk)

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Registered address AQA, Devas Street, Manchester M15 6EX.
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1 Introduction

1.1 Why choose AQA?

AQA is the UK’s favourite exam board and more candidates receive their academic qualifications from AQA than from any other board. But why is AQA so popular?

AQA understands the different requirements of each subject by working in partnership with teachers. Our GCSEs:

- enable candidates to realise their full potential
- contain engaging content
- are manageable for schools and colleges
- are accessible to candidates of all levels of ability
- lead to accurate results, delivered on time
- are affordable and value for money.

AQA provides a comprehensive range of support services for teachers:

- access to subject departments
- training for teachers including practical teaching strategies and approaches that really work presented by senior examiners
- personalised support for Controlled Assessment
- 24 hour support through our website and online Ask AQA
- past question papers and mark schemes
- comprehensive printed and electronic resources for teachers and candidates

AQA is an educational charity focused on the needs of the learner. All our income goes towards operating and improving the quality of our specifications, examinations and support services. We don’t aim to profit from education – we want you to.

If you are an existing customer then we thank you for your support. If you are thinking of moving to AQA then we look forward to welcoming you.

1.2 Why choose Health and Social Care?

AQA GCSE Health and Social Care candidates have, for the first time, the choice of studying for a Single or a Double award. The Double Award includes the same concepts as the Single Award. Each award focuses on the fundamental principles of Health and Social Care.

There are many similarities in the subject content with the previous AQA GCSE Health and Social Care Double Award specification, although the content is arranged differently, across two units only for the Single Award and four units for the Double Award.

The changes in content have been brought about by the introduction of new subject criteria, which all awarding bodies must follow and include as a minimum in their specifications.

This specification includes some specific examples that have to be studied, but there is also extra flexibility for teachers and candidates to focus on their own studies of examples, such as those in their own localities.

60% of the subject content for each award will be completed under controlled conditions, assessed internally by teachers and moderated by AQA.

40% of the subject content will be assessed externally.

AQA GCSE Health and Social Care provides a useful platform of learning for any of the following options:

- training leading to employment;
- AQA GCE Health and Social Care;
- higher education.
1.3 How do I start using this specification?

Already using the existing AQA Health and Social Care specification?

- Register to receive further information, such as mark schemes, past question papers, details of teacher support meetings, etc., at [http://www.aqa.org.uk/rn/askaqa.php](http://www.aqa.org.uk/rn/askaqa.php). Information will be available electronically or in print, for your convenience.
- Tell us that you intend to enter candidates. Then we can make sure that you receive all the material you need for the examinations. This is particularly important where examination material is issued before the final entry deadline. You can let us know by completing the appropriate Intention to Enter and Estimated Entry forms. We will send copies to your Exams Officer and they are also available on our website ([http://www.aqa.org.uk/admin/p_entries.php](http://www.aqa.org.uk/admin/p_entries.php)).

Not using the AQA specification currently?

- Almost all centres in England and Wales use AQA or have used AQA in the past and are approved AQA centres. A small minority is not. If your centre is new to AQA, please contact our centre approval team at [centreapproval@aqa.org.uk](mailto:centreapproval@aqa.org.uk).

1.4 How can I find out more?

Ask AQA

You have 24-hour access to useful information and answers to the most commonly-asked questions at [http://www.aqa.org.uk/rn/askaqa.php](http://www.aqa.org.uk/rn/askaqa.php). If the answer to your question is not available, you can submit a query for our team. Our target response time is one day.

Teacher Support

Details of the full range of current Teacher Support and CPD courses are available on our website at [http://web.aqa.org.uk/qual/cpd/index.php](http://web.aqa.org.uk/qual/cpd/index.php). There is also a link to our fast and convenient online booking system for all of our courses at [http://coursesandevents.aqa.org.uk/training](http://coursesandevents.aqa.org.uk/training).
2 Specification at a Glance

Health and Social Care (Single Award) 4822

Unit 1: Understanding Personal Development and Relationships (48201)
Written Paper – 1 hour 15 mins – 70 marks – 40%
Stages of physical growth and intellectual/social/emotional development
External examination

Health and Social Care (Double Award) 4824

Unit 1: Understanding Personal Development and Relationships (48201)
Written Paper – 1 hour 15 mins – 70 marks – 20%
Stages of physical growth and intellectual/social/emotional development
External examination

Unit 2: Health, Social Care and Early Years Provision (48202)
Controlled internal assessment – 20 hours – 80 marks – 60%
Needs of client groups, access and barriers to provision, work roles

Unit 3: The Nature of Health and Well-Being (48203)
Written Paper – 1 hour 15 mins – 70 marks – 20%
Definitions, common positive and negative factors
External examination

Unit 4: Promoting Health and Well-Being (48204)
Controlled internal assessment – 20 hours – 80 marks – 30%
Measurements of health and well-being; promotion and support for improvement

The Controlled Assessment for units 2 and 4 each requires the completion of two tasks. These will be internally assessed and externally moderated. Further details can be found in Section 3.11.

The External Assessment for units 1 and 3 will be a mixture of short-answer, structured and free-response questions.

There is no tiering.

For assessments and subject awards after June 2013 there is a requirement that 100% of the assessment is terminal.
### 3.1 Unit 1 Understanding Personal Development and Relationships

<table>
<thead>
<tr>
<th>Topic areas</th>
<th>Candidates will learn about:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• the stages and pattern of human growth and development</td>
</tr>
<tr>
<td></td>
<td>• the different factors that can affect human growth and development</td>
</tr>
<tr>
<td></td>
<td>• the development of self-concept and personal relationships</td>
</tr>
<tr>
<td></td>
<td>• major life changes and how people deal with them</td>
</tr>
<tr>
<td></td>
<td>• the role of relationships in personal development.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Human growth and development</th>
<th>Candidates should know that growth refers to an increase in physical size (mass and height) and that development is concerned with the emergence and increase in sophistication of skills, abilities and emotions. They 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:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• infancy (0–3) years</td>
</tr>
<tr>
<td></td>
<td>• childhood (4–10) years</td>
</tr>
<tr>
<td></td>
<td>• adolescence (11–18) years</td>
</tr>
<tr>
<td></td>
<td>• adulthood (19–65) years</td>
</tr>
<tr>
<td></td>
<td>• Later adulthood (65+) years</td>
</tr>
</tbody>
</table>
### Factors that affect growth and development

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

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

Candidates 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.

### Effects of relationships on personal development

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

- Family relationships (with parents, siblings and as parents, for example.)
- Friendships
- Intimate personal and sexual relationships
- Working relationships (including teacher/student, employer/employee, peers, colleagues)

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

### Self-concept

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

- Age
- Appearance
- Gender
- Culture
- Emotional development
- Education
- Relationships with others
- Sexual orientation
- Life experiences.
3.1 Unit 1 Understanding Personal Development and Relationships (continued)

| The effects of life events on personal development | Life events are expected or unexpected experiences that can have a major impact on an individual's personal development. These may include events that result in:  
- relationship changes (marriage, divorce, living with a partner, birth of a sibling or own child, death of a friend or relative)  
- physical changes (for example, puberty, accident or injury, menopause)  
- changes in life circumstances (for example, moving house, starting school, college or a job, retirement, redundancy or unemployment).  
Candidates should be able to identify and describe the effects that such examples of expected and unexpected life events can have on individuals’ personal development. They should know how individuals adapt and use sources of support to cope with the effects of life events. Sources of support may include:  
- partners, family and friends  
- professional carers and services.  
- voluntary and faith-based services |

3.2 External Assessment Unit 1

This unit is assessed externally by a written examination and no controlled assessment evidence is required.

The questions will require a mixture of short-answer, structured and free-response responses and will be marked out of 70. There is no tiering and all candidates will sit the same paper with grades A* to G being available.
## 3.3 Unit 2 Health, Social Care and Early Years Provision

<table>
<thead>
<tr>
<th>Topic areas</th>
<th>Candidates will learn about:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care needs of major client groups</td>
<td>Candidates should understand how services are designed to meet the health, developmental, and social care needs of major client groups. They should understand that services are shaped to meet the needs of individual users. The major client groups are:</td>
</tr>
<tr>
<td></td>
<td>• Infancy (0–3) years</td>
</tr>
<tr>
<td></td>
<td>• Childhood (4–10) years</td>
</tr>
<tr>
<td></td>
<td>• Adolescence (11–18) years</td>
</tr>
<tr>
<td></td>
<td>• Adulthood (19–65) years</td>
</tr>
<tr>
<td></td>
<td>• Later adulthood (65+) years</td>
</tr>
<tr>
<td></td>
<td>• Disabled people</td>
</tr>
<tr>
<td></td>
<td>Candidates should also be able to identify and describe the reasons why individuals, use health, social care and early years’ services.</td>
</tr>
<tr>
<td>Types of care service</td>
<td>Candidates will need to find out about organisations that deliver health care, social care and early years’ care and education services. They will need to identify the main types of care services that are offered to different client groups. Some examples are included in the table on pages 10 – 11.</td>
</tr>
<tr>
<td></td>
<td>Candidates must know who provides the services and where they are made available.</td>
</tr>
<tr>
<td></td>
<td>They should understand that there may be national and regional variations and should be able to identify local and national examples of partnership working which operate in the:</td>
</tr>
<tr>
<td></td>
<td>• statutory care sector (including NHS Trusts and local authority services)</td>
</tr>
<tr>
<td></td>
<td>• private care sector (including private companies and self-employed care workers)</td>
</tr>
<tr>
<td></td>
<td>• voluntary care sector (including charities and local support groups using volunteers and not-for-profit organisations with paid employees).</td>
</tr>
</tbody>
</table>
### 3.3 Unit 2 Health, Social Care and Early Years Provision (continued)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Health Care Services</th>
<th>Social Care Services</th>
<th>Early Years Care and Education Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infancy</strong></td>
<td>Primary health care, (including health visitors), general hospital services.</td>
<td>Foster care, residential care, child protection, child and family support group services.</td>
<td>Childminders, playgroups and nursery education, family centres, crèches, toy libraries, child guidance, parent and toddler support groups.</td>
</tr>
<tr>
<td><strong>Childhood</strong></td>
<td>Mental health care, speech therapy, dentistry.</td>
<td>Foster care, residential care, child protection, child and family support group services.</td>
<td>Childminders, pre-schools, playgroups, nursery education, family centres, voluntary groups, after school care, toy libraries, child guidance.</td>
</tr>
<tr>
<td><strong>Adolescence</strong></td>
<td>School medical services, primary health care, general hospital services, dental services, mental health care, health promotion (smoking, sexual health, drugs, alcohol).</td>
<td>Foster care, residential care, youth offending services, child protection, youth work, support group services.</td>
<td></td>
</tr>
<tr>
<td><strong>Adulthood</strong></td>
<td>Primary health care (including community provision of district and community mental health nursing), general hospital services, mental health care, family planning clinics, maternity services, health promotion (smoking, sexual health, drugs, alcohol), complementary therapies, hospices.</td>
<td>Housing/homelessness services, residential care, refuges, day centres, counselling support (e.g. Samaritans), information and advice services, social work, support groups. Service user organisations.</td>
<td></td>
</tr>
<tr>
<td><strong>Later adulthood</strong></td>
<td>Primary health care (including district and community mental health nursing), occupational therapy, complementary therapies, dentistry, chiropody/podiatry, specialist hospital services (general and mental health), nursing homes, hospices.</td>
<td>Sheltered/supported housing, residential care, domiciliary (home) care, day centres, lunch clubs, information and advice services, social work, support group services, service user organisations.</td>
<td></td>
</tr>
</tbody>
</table>
Disabled people

Any of the above according to individual and local needs.
Additionally, specialist medical and nursing services, physiotherapy, psychology, occupational therapy, complementary therapies, specialist education and training services (work-related and rehabilitative training schemes, for example).

Any of the above according to individual and local needs.
Additionally, specialist support and provision through service user organisations, direct payment personal assistance, social education (life skills education and supported work schemes, for example).

Any of the above according to individual and local needs.
Separate, specialist education provision and support services are provided in addition to integration within mainstream provision.

Ways of obtaining care services and barriers to access

The ways that people gain access to care services are known as methods of referral. Candidates should know about the different methods of referral that exist. These are:

- **self-referral**: choose to ask for or go to the services by themselves
- **professional referral**: being put in contact with a service by a care professional such as a GP, nurse, or social worker, for example
- **third-party referral**: being put in contact with a service by a friend, neighbour, relative or another person who is not employed as a care worker (for example, own employer or a teacher).

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

- **physical barriers** – for example, stairs, a lack of lifts and a lack of adapted toilet facilities can prevent access to premises by people with mobility problems
- **psychological barriers** – for example, fear of losing independence, the stigma associated with some services and not wanting to be looked after can deter people from making use of care services. Mental health problems can also prevent those in need from accessing services
- **financial barriers** – for example, charges and fees can deter and exclude people who have not got the money to pay for the services that they need
- **geographical barriers** – for example, in rural areas the location of an organisation and practitioner may be a barrier to use if there is also a lack of public transport, or a long car journey is required to get there
- **cultural and language barriers** – for example, cultural beliefs about who should provide care and how illness and social problems should be dealt with, as well as difficulties in using English, may deter members of some communities from using care services
- **resource barriers** – for example, lack of staff, lack of information about services, lack of money to fund services or a large demand for services can prevent people from gaining access to services when they need or want them.

Candidates should be able to identify ways in which services and the individuals they serve might overcome these barriers. They should also understand that poor integration of services, rationing and the ‘postcode lottery’ may affect availability of services in the local area.
### The main jobs in health, social care and early years services

Candidates should be able to compare the main work roles of care workers and understand the similarities and differences in the work roles of health, social care and early years’ care and education workers. They should also know about the roles of practitioners who provide care and those whose work is not indirectly involved with the care of service users. Examples are:

- **Providers:** nurse, GP, social worker, care assistant, early years practitioner (e.g. paediatrician, nursery nurse)
- **Support Staff:** medical receptionist, cleaner, porter.

### The principles of care

Services all aim to help people to develop or maintain their independence. Candidates should understand the balance that services have to achieve between getting involved in people’s lives or not, including the risks to both individuals and society associated with both action and inaction.

Candidates should understand the principles that are an essential feature of all care and understand that care practitioners use guidelines and codes of practice to empower clients by:

- promoting anti-discriminatory practice
- maintaining confidentiality of information
- promoting and supporting individuals’ rights to dignity, independence, health and safety
- acknowledging individuals’ personal beliefs and identity
- protecting individuals from abuse
- promoting effective communication and relationships
- providing individualised care.

Candidates should know how these values are reflected in the behaviour and attitudes of care workers and how these they are further incorporated into the codes of practice of different care professions and the policies, procedures and employment contracts of care organisations.
3.4 Controlled Assessment Unit 2 (for general regulations, please refer to Section 3.11 below).

Each candidate is required to produce two assignments based on how the needs of an identified individual may be met by service providers in the local area. Taken together, these assignments should occupy approximately 20 hours’ time and will be marked out of 80.

Assignment 1

This must include the following:

- Identification of the needs of a client chosen from one of the major client groups.
- A description of the local services which the client uses to meet their current needs.
- Identification of any local and national partnership working to ensure the integration of services for the client.
- A description of how s/he obtains the services identified.
- Identification of potential barriers s/he may have to access these services.
- An interpretation and evaluation of how the client’s needs are met as a result of obtaining the services.

Assignment 2

This must include the following:

- A description of the roles of three care workers.
- A description of the skills these care workers need (including communication).
- For each role, an explanation of how the principles of care underpin their work (linking codes of practice/principles of care) should be given.

3.5 Assessment Criteria Unit 2

Organising the Assessment Criteria in this way is intended to enable assessors to adhere closely to the assessment criteria as the skills assessed by each criterion are clearly related. It also allows the allocation of marks for each criterion to follow a level of response approach.
### 3.5.1 Recall, select and communicate knowledge and understanding

<table>
<thead>
<tr>
<th>0 marks</th>
<th>1–6 marks</th>
<th>7–12 marks</th>
<th>13–18 marks</th>
<th>19–24 marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No work worthy of credit.</td>
<td>Work shows limited recall of factual knowledge at a minimal level of understanding of the needs of the client, the organisation and services, partnership working and the roles of the people who work in them to meet these needs.</td>
<td>Work will show recall of knowledge but will lack breadth and detailed understanding of the needs of the client, the organisation of services, partnership working and the roles of the people who work in them to meet these needs.</td>
<td>Work will exhibit a significant amount of accurate and relevant knowledge of the needs of the client, the organisation of services, partnership working and the roles of the people who work in them to meet these needs.</td>
<td>Work will show sound knowledge and clear understanding of the needs of the client, the organisation of services, partnership working and the roles of the people who work in them to meet these needs.</td>
</tr>
<tr>
<td>There will be little evidence of the use of appropriate specialist Health and Social Care terminology.</td>
<td>There will be an ability to use specialist Health and Social Care terms but some inaccuracy in their use when showing how the principles of care underpin work in supporting the client.</td>
<td>There will be good use of specialist Health and Social Care terminology when showing how the principles of care underpin work in supporting the client.</td>
<td>Specialist Health and Social Care terms will be used with accuracy and understanding when showing how the principles of care underpin work in supporting the client.</td>
<td></td>
</tr>
<tr>
<td>There will also be scant evidence of opinions relating to the use of codes of practice.</td>
<td>Opinions on how codes of practice are relevant to the care of clients will lack some detail and coherence.</td>
<td>There will be some evidence of the ability to formulate coherent and logical opinion of how codes of practice are relevant to the care of the clients.</td>
<td>There will be sound evidence of the ability to formulate coherent and logical opinion of how codes of practice are relevant to the care of clients.</td>
<td></td>
</tr>
<tr>
<td>There will be minimal evidence relating to the use of communication skills.</td>
<td>There will be restricted evidence of a limited range of communication skills used to support the client.</td>
<td>There will be some evidence of how different types of communication skills are used to support the client.</td>
<td>There will be detailed evidence of how a variety of different types of communication skills is used to support the client.</td>
<td></td>
</tr>
</tbody>
</table>
### 3.5.2 Apply skills, knowledge and understanding. Plan and carry out investigations and tasks.

<table>
<thead>
<tr>
<th>0 marks</th>
<th>1–9 marks</th>
<th>10–18 marks</th>
<th>19–27 marks</th>
<th>28–36 marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No work worthy of credit.</td>
<td>The candidate carries out the planned investigations/tasks on how the needs of the individual may be met with frequent assistance.</td>
<td>The candidate carries out the planned investigations/tasks on how the needs of the individual may be met with only occasional assistance.</td>
<td>The candidate carries out the planned investigations/tasks on how the needs of the individual may be met mainly independently. The candidate can identify and analyse the main aspects of the investigations/tasks</td>
<td>The candidate carries out the planned investigations and tasks on how the needs of the individual may be met in an independent manner. The candidate can identify and analyse all aspects of the investigation/tasks clearly and concisely.</td>
</tr>
<tr>
<td>The candidate has gathered a limited amount of information on some of the following:</td>
<td>The candidate has gathered information from more than one source on some or all of the following:</td>
<td>The candidate can identify and analyse the main aspects of the investigations/tasks. The candidate has gathered information from a variety of sources on all of the following:</td>
<td>The candidate has gathered information from a wide range of relevant resources on all of the following:</td>
<td>Evidence of identifying and recording relevant information on how the individual’s needs may be met will be minimal. Evidence of identifying and recording relevant information on how the individual’s needs may be met will be limited. A good attempt has been made to identify and record relevant information on how the individual’s needs may be met using appropriate techniques. A high standard of presentation and organisation on how the individual’s needs may be met has been demonstrated using a wide range of appropriate techniques.</td>
</tr>
<tr>
<td>• the organisation of services and the roles of people working in them; • how the services are obtained and the potential barriers to access identified; • how the principles of care underpin work; • relevant codes of practice; • how communication skills are used for support.</td>
<td>• the organisation of services and the roles of people working in them; • how the services are obtained and the potential barriers to access identified; • how the principles of care underpin work; • relevant codes of practice; • how communication skills are used for support.</td>
<td>• the organisation of services and the roles of people working in them; • how the services are obtained and the potential barriers to access identified; • how the principles of care underpin work; • relevant codes of practice; • how communication skills are used for support.</td>
<td>• the organisation of services and the roles of people working in them; • how the services are obtained and the potential barriers to access identified; • how the principles of care underpin work; • relevant codes of practice; • how communication skills are used for support.</td>
<td></td>
</tr>
</tbody>
</table>
### 3.5.3 Analyse and evaluate information, sources and evidence. Make reasoned judgements and present conclusions.

<table>
<thead>
<tr>
<th>0 marks</th>
<th>1–5 marks</th>
<th>6–10 marks</th>
<th>11–15 marks</th>
<th>16–20 marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No work worthy of credit.</td>
<td>Evidence of interpretation and evaluation of how the individual’s needs are met will be minimal.</td>
<td>Evidence of interpretation and evaluation of how the individual’s needs are met will be limited.</td>
<td>A good attempt has been made to interpret and evaluate the individual’s needs and how they are met.</td>
<td>Interpretation and evaluation of the individual’s needs and how they are met are thorough and objective.</td>
</tr>
<tr>
<td>The attempt to present conclusions to how the individual’s needs may be met by service providers may be simplistic and cover limited aspects only.</td>
<td>The presentation of conclusions to how the individual’s needs may be met by service providers may be limited and cover some aspects only.</td>
<td>Conclusions to how the individual’s needs may be met by service providers are presented covering most aspects, some in detail.</td>
<td>Critical and effective conclusions to how the individual’s needs may be met by service providers are presented covering all aspects in detail.</td>
<td></td>
</tr>
<tr>
<td>The candidate’s reasoned judgements may be limited in application and some decisions may not be appropriate in relation to some of the following:</td>
<td>The candidate has made an attempt to make reasoned judgements and taken some decisions which may not always be logical on some or all of the following:</td>
<td>The candidate has made some reasoned judgements and taken some logical decisions on all of the following:</td>
<td>The candidate has made clear, reasoned judgements and taken logical decisions throughout on all of the following:</td>
<td></td>
</tr>
<tr>
<td>• the organisation of services and the roles of people working in them;</td>
<td>• the organisation of services and the roles of people working in them;</td>
<td>• the organisation of services and the roles of people working in them;</td>
<td>• the organisation of services and the roles of people working in them;</td>
<td></td>
</tr>
<tr>
<td>• how the principles of care underpin work;</td>
<td>• how the principles of care underpin work;</td>
<td>• how the principles of care underpin work;</td>
<td>• how the principles of care underpin work;</td>
<td></td>
</tr>
<tr>
<td>• relevant codes of practice;</td>
<td>• relevant codes of practice;</td>
<td>• relevant codes of practice;</td>
<td>• relevant codes of practice;</td>
<td></td>
</tr>
<tr>
<td>• how communication skills are used for support.</td>
<td>• how communication skills are used for support.</td>
<td>• how communication skills are used for support.</td>
<td>• how communication skills are used for support.</td>
<td></td>
</tr>
</tbody>
</table>
3.6 Unit 3 The Nature of Health and Well-Being

<table>
<thead>
<tr>
<th>Topic areas</th>
<th>Candidates will learn about:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• definitions of health and well-being;</td>
</tr>
<tr>
<td></td>
<td>• common factors that effect health and well-being and the different effects they can have on individuals and groups across the lifespan.</td>
</tr>
</tbody>
</table>

The knowledge gained from this unit will help candidates look after their own and others’ health and well-being.

<table>
<thead>
<tr>
<th>Understanding health and well-being</th>
<th>There are several different ways of thinking about health and well-being. Candidates should know that:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• health and well-being can be described as the absence of physical illness, disease and mental distress. This is a negative definition of health and well-being.</td>
</tr>
<tr>
<td></td>
<td>• health and well-being can be described as the achievement and maintenance of physical fitness and mental stability. This is a positive definition of health and well-being.</td>
</tr>
<tr>
<td></td>
<td>• health and well-being are the result of a combination of physical, social, intellectual and emotional factors. This is a holistic definition of health and well-being.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Factors positively influencing health and well-being</th>
<th>A person’s health and well-being is affected by a number of different factors. Candidates should know about factors that contribute positively to health and well-being such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• a balanced diet</td>
</tr>
<tr>
<td></td>
<td>• regular exercise</td>
</tr>
<tr>
<td></td>
<td>• supportive relationships</td>
</tr>
<tr>
<td></td>
<td>• adequate financial resources</td>
</tr>
<tr>
<td></td>
<td>• stimulating work, education and leisure activity</td>
</tr>
<tr>
<td></td>
<td>• use of health monitoring and illness prevention services (such as screening and vaccination)</td>
</tr>
<tr>
<td></td>
<td>• use of risk management to protect individuals and promote personal safety.</td>
</tr>
</tbody>
</table>

Candidates will learn about the importance of these factors to individuals throughout their lives.
Factors negatively influencing health and well-being

Candidates should know about factors that put an individual’s health and well-being at risk. They should be able to identify the lifestyle factors over which people have control and also the genetic, social and economic factors which people may not be able to change. They will learn that health and well-being can be affected by:

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

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

3.7 External Assessment Unit 3

This unit is assessed externally by a written examination and no controlled assessment evidence is required.

The questions will require a mixture of short-answer, structured and free-response responses and will be marked out of 70. There is no tiering and all candidates will sit the same paper with grades A* to G being available.
3.8 Unit 4 Promoting Health and Well-Being

<table>
<thead>
<tr>
<th>Topic areas</th>
<th>Candidates will learn about:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• methods used to measure an individual’s physical health</td>
</tr>
<tr>
<td></td>
<td>• factors positively and negatively influencing health and well-being</td>
</tr>
<tr>
<td></td>
<td>• ways of promoting and supporting health improvement for an individual or small group.</td>
</tr>
<tr>
<td></td>
<td>The knowledge gained from this unit will help candidates look after their own and others’ health and well-being.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Understanding health and well-being</th>
<th>There are several different ways of thinking about health and well-being. Candidates should know that:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• health and well-being can be described as the absence of physical illness, disease and mental distress. This is a negative definition of health and well-being.</td>
</tr>
<tr>
<td></td>
<td>• health and well-being can be described as the achievement and maintenance of physical fitness and mental stability. This is a positive definition of health and well-being.</td>
</tr>
<tr>
<td></td>
<td>• health and well-being are the result of a combination of physical, social, intellectual and emotional factors. This is a holistic definition of health and well-being.</td>
</tr>
<tr>
<td></td>
<td>Candidates should also know that ideas about health and well-being change over time and vary between different cultures.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators of physical health</th>
<th>Candidates will learn that some indicators of physical health can be measured. In addition, they will know how the measures listed below can be taken and are used to assess the state of an individual’s physical health:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• blood pressure</td>
</tr>
<tr>
<td></td>
<td>• peak flow</td>
</tr>
<tr>
<td></td>
<td>• Body Mass Index</td>
</tr>
<tr>
<td></td>
<td>• resting pulse and recovery after exercise.</td>
</tr>
<tr>
<td></td>
<td>They should know that a person’s age, sex and lifestyle have to be taken into account when interpreting the measurement that is recorded.</td>
</tr>
</tbody>
</table>
## 3.8 Unit 4 Promoting Health and Well-Being (continued)

| Factors positively influencing health and well-being | A person’s health and well-being is affected by a number of different factors. Candidates should know about factors that contribute positively to health and well-being such as:  
- supportive relationships  
- stimulating work, education and leisure activity  
- use of health monitoring and illness prevention services (such as screening and vaccination)  
- use of risk management to protect individuals and promote personal safety  
Candidates will learn about the importance of these factors to individuals throughout their lives. |
| Factors negatively influencing health and well-being | Candidates should know about factors that put an individual’s health and well-being at risk. They should be able to identify the lifestyle factors over which people have control and also the social and economic factors which people may not be able to change. They will learn that health and well-being can be affected by:  
- substance misuse (including misuse of legal and illegal drugs, solvents, tobacco and alcohol intake)  
- an unbalanced, poor quality or inadequate diet  
- too much stress  
- lack of regular physical exercise  
- social isolation  
- poverty.  
Candidates should understand how these factors can affect an individual’s health and well-being. |
| Health promotion and improvement methods | Candidates should know why physical health assessment and target setting should happen before a health improvement plan is produced for an individual. They will learn how realistic health improvement targets are established for others and understand how different health behaviours can help people achieve their targets.  
They should also know about the different types of health promotion materials that are used to inform, motivate and support people to improve their health and well-being. |
3.9 Controlled Assessment Unit 4 (for general regulations on controlled assessment, please refer to Section 3.11 below)

Each candidate is required to produce two assignments based on the analysis and evaluation of the health needs of an individual in order to produce a tailored plan for the promotion/maintenance of health. Taken together, these assignments should occupy approximately 20 hours’ time and will be marked out of 80.

Assignment 1
This must include the following:
- Identification of a specified individual.
- A description of how the four methods to measure his/her physical health have been carried out by the candidate.
- An analysis and evaluation of the results.

Assignment 2
This must include the following:
- Identification of an individual with 3 areas for improvement of physical health (choose any 3 from diet, exercise, relationships, substance use (work/education/leisure).
- Descriptions of the 3 areas for improvement.
- Suggestions of how to promote and support health improvement for this individual by producing a health plan covering appropriate targets and health promotion methods.
- Explanation of why each suggestion is important.
- Explanation of the change the plan might have.

3.10 Assessment Marking Criteria Unit 4

Organising the Assessment Criteria in this way is intended to enable assessors to adhere closely to the assessment criteria as the skills assessed by each criterion are clearly related. It also allows the allocation of marks for each criterion to follow a level of response approach.
3.10.1 Recall, select and communicate knowledge and understanding

<table>
<thead>
<tr>
<th>0 marks</th>
<th>1–6 marks</th>
<th>7–12 marks</th>
<th>13–18 marks</th>
<th>19–24 marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No work worthy of credit.</td>
<td>Work shows limited recall of factual knowledge at a minimal level of understanding of the factors affecting the individual’s health and well-being and the 4 methods used to measure physical health.</td>
<td>Work will show recall of knowledge but will lack breadth and detailed understanding of the factors affecting the health and well-being of the individual and the 4 methods used to measure physical health.</td>
<td>Work will exhibit a significant amount of accurate and relevant knowledge of the factors affecting the health and well-being of the individual and the 4 methods used to measure physical health.</td>
<td>Work will show sound knowledge and clear understanding of the factors affecting the health and well-being of the individual and the 4 methods used to measure physical health.</td>
</tr>
<tr>
<td></td>
<td>There will be little evidence of specialist health and social care terminology.</td>
<td>There will be an ability to use specialist health and social care terms but some inaccuracy in their use.</td>
<td>There will be good use of specialist health and social care terminology.</td>
<td>Specialist health and social care terms will be used with accuracy and understanding.</td>
</tr>
<tr>
<td></td>
<td>Opinions of the changes the plan may have on the individual will include minimal detail and may not be supported with reasoning.</td>
<td>Opinions of the changes the plan may have on the individual will include some detail but there will be limited use of reasoned evidence to support them.</td>
<td>Opinions of the changes the plan may have on the individual will include relevant detail and there will be wide use of reasoned evidence to support them.</td>
<td>Coherent and logical opinions of the changes the plan may have on the individual will be founded on detailed, reasoned evidence.</td>
</tr>
</tbody>
</table>
3.10.2 Apply skills, knowledge and understanding. Plan and carry out investigations and tasks.

<table>
<thead>
<tr>
<th>0 marks</th>
<th>1–9 marks</th>
<th>10–18 marks</th>
<th>19–27 marks</th>
<th>28–36 marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No work worthy of credit.</td>
<td>The candidate carries out the planned investigations/tasks in producing a health improvement plan with frequent assistance.</td>
<td>The candidate carries out the planned investigations/tasks on producing a health improvement plan with only occasional assistance.</td>
<td>The candidate carries out the planned investigations/tasks on producing a health improvement plan mainly independently. The candidate can identify and analyse the main aspects of the investigations/tasks.</td>
<td>The candidate carries out the planned investigations and tasks on producing a health improvement plan in an independent manner. The candidate can identify and analyse all aspects of the investigation/tasks clearly and concisely.</td>
</tr>
<tr>
<td>The candidate has gathered a limited amount of information on some of the following:</td>
<td>The candidate has gathered information from more than one source on some or all of the following:</td>
<td>The candidate has gathered information from a variety of sources on all of the following:</td>
<td>The candidate has gathered information from a wide range of relevant resources on all of the following:</td>
<td></td>
</tr>
<tr>
<td>• areas of improvement affecting health and well-being of the individual;</td>
<td>• areas of improvement affecting health and well-being of the individual;</td>
<td>• areas of improvement affecting health and well-being of the individual;</td>
<td>• areas of improvement affecting health and well-being of the individual;</td>
<td>• areas of improvement affecting health and well-being of the individual;</td>
</tr>
<tr>
<td>• description of the three areas for improvement;</td>
<td>• description of the three areas for improvement;</td>
<td>• description of the three areas for improvement;</td>
<td>• description of the three areas for improvement;</td>
<td>• description of the three areas for improvement;</td>
</tr>
<tr>
<td>• changes the plan might have on the individual.</td>
<td>• changes the plan might have on the individual.</td>
<td>• changes the plan might have on the individual.</td>
<td>• changes the plan might have on the individual.</td>
<td>• changes the plan might have on the individual.</td>
</tr>
<tr>
<td>Evidence of identifying and recording relevant information about the use of four measures will be minimal.</td>
<td>Evidence of identifying and recording relevant information about the use of four measures will be in limited detail.</td>
<td>A thorough attempt has been made to identify and record relevant information about the use of four measures in good detail.</td>
<td>A high standard of presentation and organisation has been demonstrated about the use of four measures in very good detail.</td>
<td></td>
</tr>
</tbody>
</table>
### 3.10.3 Analyse and evaluate information, sources and evidence. Make reasoned judgements and present conclusions.

<table>
<thead>
<tr>
<th>0 marks</th>
<th>1–5 marks</th>
<th>6–10 marks</th>
<th>11–15 marks</th>
<th>16–20 marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>No work worthy of credit.</td>
<td>Evidence of interpretation and evaluation within the health plan will be minimal. The candidate's reasoned judgements may be limited in application and some decisions taken may not be appropriate in relation to some of the following:</td>
<td>Evidence of interpretation and evaluation within the health plan will be limited. The candidate has made an attempt to make reasoned judgements and taken some decisions which may not always be logical in relation to some or all of the following:</td>
<td>A good attempt has been made to interpret and evaluate the health plan. The candidate has made some reasoned judgements and taken some logical decisions in relation to all of the following:</td>
<td>Interpretation and evaluation of the health plan are thorough and objective. The candidate has made clear reasoned judgements and taken logical decisions throughout in relation to all of the following:</td>
</tr>
<tr>
<td>- areas for improvement affecting health and well-being of the individual;</td>
<td>- areas for improvement affecting health and well-being of the individual;</td>
<td>- areas for improvement affecting health and well-being of the individual;</td>
<td>- areas for improvement affecting health and well-being of the individual;</td>
<td>- areas for improvement affecting health and well-being of the individual;</td>
</tr>
<tr>
<td>- the analysis and evaluation of the results of four measures of health.</td>
<td>- the analysis and evaluation of the results of four measures of health.</td>
<td>- the analysis and evaluation of the results of four measures of health.</td>
<td>- the analysis and evaluation of the results of four measures of health.</td>
<td>- the analysis and evaluation of the results of four measures of health.</td>
</tr>
<tr>
<td>The attempt to present conclusions on changes the plan may have on the individual will cover limited aspects only and may be simplistic.</td>
<td>The attempt to present conclusions on changes the plan may have on the individual will cover some aspects only and may be limited.</td>
<td>Reasonable conclusions on changes the plan may have on the individual are presented, covering most aspects.</td>
<td>Critical and effective conclusions to changes the plan may have on the individual are presented, covering all aspects.</td>
<td></td>
</tr>
<tr>
<td>Explanations of why each improvement is important will be in minimal detail.</td>
<td>Explanations of why each improvement is important will be in limited detail.</td>
<td>Explanations of why each improvement is important will be detailed and reasoned.</td>
<td>Explanations of why each improvement is important will be very detailed and well reasoned.</td>
<td></td>
</tr>
</tbody>
</table>
### 3.11 Controlled Assessment

The skills assessed by the AQA GCSE Health and Social Care controlled assessment units 2 and 4 as prescribed by QCA, are those covered by Assessment Objectives AO1, AO2 and AO3.

Controlled assessment advisers will be available to provide guidance to centres.

The task for each controlled assessment unit consists of two sub-task elements.

**Marks**

Controlled assessment marks for units 2 and 4, are allocated as follows:

Raw marks: 80

- AO1: 24
- AO2: 36
- AO3: 20

Regulations for controlled assessment in health and social care are defined for the three stages of the assessment:

- task setting
- task taking
- task marking.

The levels of control and supervision of learning required for each of the three stages of each controlled assessment task are:

1. **Task setting**: high level of control

   Each task is specified by AQA. For each of units 2 and 4, candidates choose tasks from the choice given to suit their local, specific circumstances. The supervision of candidates by centres must ensure that they complete the tasks as set by AQA and as contextualised by the centre.

2. **Task taking**: medium level of control

   Controls are placed on the authenticity of candidates’ work, the feedback that may be given by the teacher, the time that the candidate may spend on producing the outcome of each task, the degree of collaboration permissible between candidates and resources that candidates may use.

   **Authenticity control.**

   Research may be undertaken with limited supervision (low level of control). Candidates need not be under the direct supervision of staff at all times.

   However, they are required to complete all of the work other than research under informal supervision. This means that the centre must ensure that:

   - plagiarism does not take place
   - the sources used by candidates are clearly recorded
   - each candidate’s preparation for the final production of the work is her/his own
   - access to the Internet should not be allowed during research under controlled conditions.
Feedback control

Teachers may review candidates’ work and may provide advice at a general level. Teachers, however, must not provide detailed and specific advice on how the draft may be improved to meet the assessment criteria. The nature of any guidance provided and the details of any feedback given must be clearly recorded. Candidates may be guided as to the approach they might adopt but the outcome must remain their own. Likewise feedback may evaluate progress to date and propose suggested broad approaches for improvement but the detailed correction or annotation of work for feedback purposes is not allowed.

Time control (externally defined)

The complete controlled assessment for units 2 and 4 should take approximately 20 hours to complete, including preparation, but not including additional time for the teaching and learning of the content of the unit. Examinations Officers should contact AQA’s Centre and Candidate Services for advice on any candidates who may need special consideration.

Collaboration control

The work of individual candidates may be informed by working with others, for example in undertaking research, but candidates must provide an individual response in the task outcome.

Resources

Candidates’ access to resources is determined by those available to their centre. Examinations Officers should contact AQA’s Centre and Candidate Services for advice on any candidates who may require special consideration.

3. Task marking: medium level of control

Teachers mark the controlled assessment tasks using the assessment criteria provided.

Centres will forward a sample of marked tasks for moderation as required by AQA (see section 7).
4 Scheme of Assessment

4.1 Aims and learning outcomes

GCSE courses based on this specification should encourage candidates to:

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

The GCSE course based on this specification must enable candidates to:

• actively engage in the processes of health and social care to develop as effective and independent learners

• understand aspects of personal development, and the health, social care and early years sectors through investigation and evaluation of a range of services and organisations

• develop a critical and analytical approach to problem-solving within the health, social care and early years sectors

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

The GCSE double award course based on this specification must additionally enable candidates to:

• develop their awareness of the influences on an individual’s health and well-being

• understand the importance of motivation and support when improving health.

4.2 Assessment Objectives (AOs)

The assessment units will assess the following assessment objectives in the context of the content and skills set out in Section 3 (Subject Content).

<table>
<thead>
<tr>
<th>Assessment Objectives</th>
<th>% Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>AO1 Recall, select and communicate their knowledge and understanding of a range of contexts</td>
<td>30</td>
</tr>
<tr>
<td>AO2 Apply skills, knowledge and understanding in a variety of contexts and in planning and carrying out investigations and tasks</td>
<td>45</td>
</tr>
<tr>
<td>AO3 Analyse and evaluate information, sources and evidence, make reasoned judgements and present conclusions</td>
<td>25</td>
</tr>
</tbody>
</table>

Quality of Written Communication (QWC)

Quality of Written Communication (QWC)

In GCSE specifications which require candidates to produce written material in English, candidates must:

• ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear

• select and use a form and style of writing appropriate to purpose and to complex subject matter

• organise information clearly and coherently, using specialist vocabulary when appropriate.

In this specification QWC will be assessed in Unit 1, questions 4(b) and 5, Unit 3, questions 5(a) and 6.

The quality of written communication is incorporated into the assessment criteria as follows:

• 3.5.1 2nd paragraph Strand 3; 3.5.2 final paragraph Strands 1 and 2; 3.5.3 1st paragraph Strand 3.

• 3.10.1 2nd paragraph Strand 3; 3.10.2 final paragraph Strands 1 and 2; 3.10.3 final paragraph Strand 3.
Weighting of Assessment Objectives for GCSE Single Award

The table below shows the approximate weighting of each of the Assessment Objectives in the GCSE units.

<table>
<thead>
<tr>
<th>Assessment Objectives</th>
<th>Unit Weightings (%)</th>
<th>Overall weighting of AOs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unit 1</td>
<td>Unit 2</td>
</tr>
<tr>
<td>AO1</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>AO2</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>AO3</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Overall weighting of units (%)</td>
<td>40</td>
<td>60</td>
</tr>
</tbody>
</table>

Weighting of Assessment Objectives for GCSE Double Award

The table below shows the approximate weighting of each of the Assessment Objectives in the GCSE units.

<table>
<thead>
<tr>
<th>Assessment Objectives</th>
<th>Unit Weightings (%)</th>
<th>Overall weighting of AOs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unit 1</td>
<td>Unit 2</td>
</tr>
<tr>
<td>AO1</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>AO2</td>
<td>9</td>
<td>13.5</td>
</tr>
<tr>
<td>AO3</td>
<td>5</td>
<td>7.5</td>
</tr>
<tr>
<td>Overall weighting of units (%)</td>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

4.3 National criteria

This specification complies with the following.
- The Subject Criteria for Health and Social Care including the rules for Controlled Assessment
- Code of Practice
- The GCSE Qualification Criteria
- The Arrangements for the Statutory Regulation of External Qualifications in England, Wales and Northern Ireland: Common Criteria
- The requirements for qualifications to provide access to Levels 1 and 2 of the National Qualification Framework.

4.4 Prior learning

There are no prior learning requirements.
However, any requirements set for entry to a course following this specification are at the discretion of centres.
4.5 Access to assessment: diversity and inclusion

GCSEs often require assessment of a broader 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 to identify whether any of the competences required by the subject presented a potential barrier to any candidates regardless of their ethnic origin, religion, gender, age, disability or sexual orientation. If this was the case, the situation was reviewed again to ensure such competences were included only where essential to the subject. The findings of this process were discussed with groups who represented the interests of a diverse range of candidates.

Reasonable adjustments are made for disabled candidates in order to enable them to access the assessments. For this reason, very few candidates will have a complete barrier to any part of the assessment. Further details are given in Section 5.4.
5 Administration

5.1 Availability of assessment units and certification

Examinations and certification for this specification are available as follows:

<table>
<thead>
<tr>
<th>Availability of Units</th>
<th>Availability of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4</td>
<td>Single Award</td>
</tr>
<tr>
<td>June 2012</td>
<td>✓</td>
</tr>
<tr>
<td>Jan 2013</td>
<td></td>
</tr>
<tr>
<td>June 2013</td>
<td>✓</td>
</tr>
<tr>
<td>Jan 2014</td>
<td></td>
</tr>
<tr>
<td>June 2014</td>
<td>✓</td>
</tr>
</tbody>
</table>

Ofqual’s revisions to the Code of Practice mean that from June 2014: assessments (both external assessments and moderation of controlled assessment) will only be available once a year in June with 100% of the assessment being taken in the examination series in which the qualification is awarded.

5.2 Entries

Please refer to the current version of Entry Procedures and Codes for up to date entry procedures. You should use the following entry codes for the units and for certification.

- Unit 1 – 48201
- Unit 2 – 48202
- Unit 3 – 48203
- Unit 4 – 48204

GCSE Single Award – 4822
GCSE Double Award – 4824

Candidates have to enter all the assessment units at the end of the course, at the same time as they enter for the subject award.

5.3 Private candidates

This specification is available to private candidates. Private candidates should write to AQA for a copy of Supplementary Guidance for Private Candidates.

Arrangements must be agreed with AQA for the assessment and authentication of controlled assessment.
5.4 Access arrangements and special consideration

We have taken note of equality and discrimination legislation and the interests of minority groups in developing and administering this specification.

We follow the guidelines in the Joint Council for Qualifications (JCQ) document: Access Arrangements, Reasonable Adjustments and Special Consideration: General and Vocational Qualifications. This is published on the JCQ website (http://www.jcq.org.uk) or you can follow the link from our website (http://www.aqa.org.uk).

Access arrangements

We can make arrangements so that candidates with special needs can access the assessment. These arrangements must be made before the examination. For example, we can produce a Braille paper for a candidate with a visual impairment.

Special consideration

We can give special consideration to candidates who have had a temporary illness, injury or indisposition at the time of the examination. Where we do this, it is given after the examination.

Applications for access arrangements and special consideration should be submitted to AQA by the Examinations Officer at the centre.

5.5 Language of examinations

We will provide units for this specification in English only.

5.6 Qualification titles

Qualifications based on this specification are:

- AQA GCSE in Health and Social Care
- AQA GCSE Double Award in Health and Social Care

5.7 Awarding grades and reporting results

The GCSE and GCSE short course qualifications will be graded on an eight-grade scale: A*, A, B, C, D, E, F and G. Candidates who fail to reach the minimum standard for grade G will be recorded as U (unclassified) and will not receive a qualification certificate.

The GCSE Double Award qualification will be graded on a 15 grade scale: A*A*, A* A, AA, AB, BB, BC, CC, CD, DD, DE, EE, EF, FF, FG, GG. Candidates who fail to reach the minimum standard for grade GG will be recorded as U (unclassified) and will not receive a qualification certificate.

We will publish the minimum raw mark for each grade, for each unit, when we issue candidates’ results. We will report a candidate’s unit results to centres in terms of uniform marks and qualification results in terms of uniform marks and grades.
For each unit, the uniform mark corresponds to a grade as follows.

### Unit 1 (external examination)
(maximum uniform mark = 80)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Uniform Mark Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A*</td>
<td>72–80</td>
</tr>
<tr>
<td>A</td>
<td>64–71</td>
</tr>
<tr>
<td>B</td>
<td>56–63</td>
</tr>
<tr>
<td>C</td>
<td>48–55</td>
</tr>
<tr>
<td>D</td>
<td>40–47</td>
</tr>
<tr>
<td>E</td>
<td>32–39</td>
</tr>
<tr>
<td>F</td>
<td>24–31</td>
</tr>
<tr>
<td>G</td>
<td>16–23</td>
</tr>
<tr>
<td>U</td>
<td>0–15</td>
</tr>
</tbody>
</table>

### Unit 3 (external examination)
(maximum uniform mark = 80)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Uniform Mark Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A*</td>
<td>72–80</td>
</tr>
<tr>
<td>A</td>
<td>64–71</td>
</tr>
<tr>
<td>B</td>
<td>56–63</td>
</tr>
<tr>
<td>C</td>
<td>48–55</td>
</tr>
<tr>
<td>D</td>
<td>40–47</td>
</tr>
<tr>
<td>E</td>
<td>32–39</td>
</tr>
<tr>
<td>F</td>
<td>24–31</td>
</tr>
<tr>
<td>G</td>
<td>16–23</td>
</tr>
<tr>
<td>U</td>
<td>0–15</td>
</tr>
</tbody>
</table>

### Unit 2 (controlled assessment)
(maximum uniform mark = 120)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Uniform Mark Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A*</td>
<td>108–120</td>
</tr>
<tr>
<td>A</td>
<td>96–107</td>
</tr>
<tr>
<td>B</td>
<td>84–95</td>
</tr>
<tr>
<td>C</td>
<td>72–83</td>
</tr>
<tr>
<td>D</td>
<td>60–71</td>
</tr>
<tr>
<td>E</td>
<td>48–59</td>
</tr>
<tr>
<td>F</td>
<td>36–47</td>
</tr>
<tr>
<td>G</td>
<td>24–35</td>
</tr>
<tr>
<td>U</td>
<td>0–23</td>
</tr>
</tbody>
</table>

### Unit 4 (controlled assessment)
(maximum uniform mark = 120)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Uniform Mark Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A*</td>
<td>108–120</td>
</tr>
<tr>
<td>A</td>
<td>96–107</td>
</tr>
<tr>
<td>B</td>
<td>84–95</td>
</tr>
<tr>
<td>C</td>
<td>72–83</td>
</tr>
<tr>
<td>D</td>
<td>60–71</td>
</tr>
<tr>
<td>E</td>
<td>48–59</td>
</tr>
<tr>
<td>F</td>
<td>36–47</td>
</tr>
<tr>
<td>G</td>
<td>24–35</td>
</tr>
<tr>
<td>U</td>
<td>0–23</td>
</tr>
</tbody>
</table>
We calculate a candidate's total uniform mark by adding together the uniform marks for the relevant units. We convert this total uniform mark to a grade as follows.

**Single award** (maximum uniform mark = 200)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Uniform Mark Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A*</td>
<td>180–200</td>
</tr>
<tr>
<td>A</td>
<td>160–179</td>
</tr>
<tr>
<td>B</td>
<td>140–159</td>
</tr>
<tr>
<td>C</td>
<td>120–139</td>
</tr>
<tr>
<td>D</td>
<td>100–119</td>
</tr>
<tr>
<td>E</td>
<td>80–99</td>
</tr>
<tr>
<td>F</td>
<td>60–79</td>
</tr>
<tr>
<td>G</td>
<td>40–59</td>
</tr>
<tr>
<td>U</td>
<td>0–39</td>
</tr>
</tbody>
</table>

**Double award** (maximum uniform mark = 400)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Uniform Mark Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A<em>A</em></td>
<td>360–400</td>
</tr>
<tr>
<td>A*A</td>
<td>340–359</td>
</tr>
<tr>
<td>AA</td>
<td>320–339</td>
</tr>
<tr>
<td>AB</td>
<td>300–319</td>
</tr>
<tr>
<td>BB</td>
<td>280–299</td>
</tr>
<tr>
<td>BC</td>
<td>260–279</td>
</tr>
<tr>
<td>CC</td>
<td>240–259</td>
</tr>
<tr>
<td>CD</td>
<td>220–239</td>
</tr>
<tr>
<td>DD</td>
<td>200–219</td>
</tr>
<tr>
<td>DE</td>
<td>180–199</td>
</tr>
<tr>
<td>EE</td>
<td>160–179</td>
</tr>
<tr>
<td>EF</td>
<td>140–159</td>
</tr>
<tr>
<td>FF</td>
<td>120–139</td>
</tr>
<tr>
<td>FG</td>
<td>100–119</td>
</tr>
<tr>
<td>GG</td>
<td>80–99</td>
</tr>
<tr>
<td>U</td>
<td>0–79</td>
</tr>
</tbody>
</table>

### 5.8 Examination series

Candidates have to enter all the assessment units at the end of the course, at the same time as they enter for the subject award.

As a consequence of the move to linear assessment, candidates will be allowed to carry forward their controlled assessment unit result(s) following the initial moderation and aggregation during the lifetime of the specification.

Candidates will be allowed to carry forward unit results where those units have already been used to aggregate to a GCSE single award and a candidate wishes to re-use the unit result to aggregate to a double award in the same subject.
6 Controlled Assessment Administration

The Head of Centre is responsible to AQA for ensuring that controlled assessment work is conducted in accordance with AQA's instructions and JCQ instructions.

6.1 Authentication of controlled assessment work

In order to meet the requirements of Code of Practice AQA requires:

- **candidates** to sign the Candidate Record Form to confirm that the work submitted is their own
- **teachers/assessors** to confirm on the Candidate Record Form that the work assessed is solely that of the candidate concerned and was conducted under the conditions laid down by the specification
- **centres** to record marks of zero if candidates cannot confirm the authenticity of work submitted for assessment.

The completed Candidate Record Form for each candidate should be attached to his/her work. All teachers who have assessed the work of any candidate entered for each component must sign the declaration of authentication.

If teachers/assessors have reservations about signing the authentication statements, the following points of guidance should be followed.

- If it is believed that a candidate has received additional assistance and this is acceptable within the guidelines for the relevant specification, the teacher/assessor should award a mark which represents the candidate's unaided achievement. The authentication statement should be signed and information given on the relevant form.
- If the teacher/assessor is unable to sign the authentication statement for a particular candidate, then the candidate's work cannot be accepted for assessment.

If, during the external moderation process, there is no evidence that the work has been properly authenticated, AQA will set the associated mark(s) to zero.

6.2 Malpractice

Teachers should inform candidates of the AQA Regulations concerning malpractice.

Candidates must **not**:

- submit work which is not their own
- lend work to other candidates
- allow other candidates access to, or the use of, their own independently sourced source material (this does not mean that candidates may not lend their books to another candidate, but candidates should be prevented from plagiarising other candidates' research)
- include work copied directly from books, the internet or other sources without acknowledgement and attribution
- submit work typed or word processed by a third person without acknowledgement.

These actions constitute malpractice, for which a penalty (for example disqualification from the examination) will be applied.

If malpractice is suspected, the Examinations Officer should be consulted about the procedure to be followed.

Where suspected malpractice in controlled assessments is identified by a centre after the candidate has signed the declaration of authentication, the Head of Centre must submit full details of the case to AQA at the earliest opportunity. The form JCQ/M1 should be used. Copies of the form can be found on the JCQ website [http://www.jcq.org.uk/](http://www.jcq.org.uk/).

Malpractice in controlled assessments discovered prior to the candidate signing the declaration of authentication need not be reported to AQA, but should be dealt with in accordance with the centre's internal procedures. AQA would expect centres to treat such cases very seriously. Details of any work which is not the candidate's own must be recorded on the Candidate Record Form or other appropriate place.
6.3 Teacher standardisation

AQA will hold annual standardising meetings for teachers, usually in the autumn term, for controlled assessment. At these meetings we will provide support in contextualising the tasks and using the marking criteria.

If your centre is new to this specification, you must send a representative to one of the meetings. If you have told us you are a new centre, either by submitting an intention to enter and/or an estimate of entry or by contacting the subject team, we will contact you to invite you to a meeting.

AQA will also contact centres if:
- the moderation of controlled assessment work from the previous year has identified a serious misinterpretation of the controlled assessment requirements or
- a significant adjustment has been made to a centre's marks.

In these cases, centres will be expected to send a representative to one of the meetings. For all other centres, attendance is optional. If a centre is unable to attend and would like a copy of the written materials used at the meeting, they should contact the subject administration team at health-andsocialcare@aqa.org.uk

It is likely that during the lifetime of this specification AQA will move to online teacher standardisation.
6.7 Factors affecting individual candidates

Teachers should be able to accommodate the occasional absence of candidates by ensuring that the opportunity is given for them to make up missed controlled assessments. An alternative supervised, time session may be organised for candidates who are absent at the time which the centre originally arranged.

If work is lost, AQA should be notified immediately of the date of the loss, how it occurred, and who was responsible for the loss. Centres should use the JCQ form JCQ/LCW to inform AQA Centre and Candidate Support Services of the circumstances.

Where special help which goes beyond normal learning support is given, AQA must be informed through comments on the Candidate Record Form so that such help can be taken into account when moderation takes place.

Candidates who move from one centre to another during the course sometimes present a problem for a scheme of controlled assessment work. Possible courses of action depend on the stage at which the move takes place. If the move occurs early in the course the new centre should take responsibility for controlled assessment work. If it occurs late in the course it may be possible to arrange for the moderator to assess the work through the ‘Educated Elsewhere’ procedure. Centres should contact AQA at the earliest possible stage for advice about appropriate arrangements in individual cases.

6.8 Retaining evidence

The centre must retain the work of all candidates, with Candidate Record Forms attached, under secure conditions, from the time it is assessed, to allow for the possibility of an enquiry about results. The work may be returned to candidates after the deadline for enquiries about results. If an enquiry about a result has been made, the work must remain under secure conditions in case it is required by AQA.

Candidates who repeat the examination may carry forward their moderated controlled assessment marks.
7 Moderation

7.1 Moderation procedures

Moderation of the controlled assessment work is by inspection of a sample of candidates’ work, sent by post or electronically through the e-Portfolio system from the centre to a moderator appointed by AQA. The centre marks must be submitted to AQA and to the moderator by the specified deadline (see http://www.aqa.org.uk/deadlines.php). Centres entering fewer candidates than the minimum sample size and centres submitting through the e-Portfolio system should submit the work of all of their candidates. Centres entering larger numbers of candidates will be notified of the candidates whose work will be required in the sample to be submitted for moderation.

Following the re-marking of the sample work, the moderator’s marks are compared with the centre marks to determine whether any adjustment is needed in order to bring the centre’s assessments into line with standards generally. In some cases it may be necessary for the moderator to call for the work of additional candidates in the centre. In order to meet this possible request, centres must retain under secure conditions and have available the controlled assessment work and Candidate Record Forms of every candidate entered for the examination and be prepared to submit it on demand. Mark adjustments will normally preserve the centre’s order of merit, but where major discrepancies are found, AQA reserves the right to alter the order of merit.

7.2 Consortium arrangements

If there is a consortium of centres with joint teaching arrangements (i.e. where candidates from different centres have been taught together but where they are entered through the centre at which they are on roll), the centres must inform AQA by completing the JCQ/CCA form.

The centres concerned must nominate a consortium co-ordinator who undertakes to liaise with AQA on behalf of all centres in the consortium. If there are different co-ordinators for different specifications, a copy of the JCQ/CCA form must be submitted for each specification.

AQA will allocate the same moderator to each centre in the consortium and the candidates will be treated as a single group for the purpose of moderation.

7.3 Post-moderation procedures

On publication of the results, we will provide centres with details of the final marks for the controlled assessment work.

The candidates’ work will be returned to the centre after the examination. The centre will receive a report, at the time results are issued, giving feedback on the accuracy of the assessments made, and the reasons for any adjustments to the marks.

We may retain some candidates’ work for awarding, archive or standardising purposes.
Appendices

A 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 should be interpreted in relation to the content outlined in the specification; they are not designed to define that content.

The grade awarded will depend in practice upon the extent to which the candidate has met the assessment objectives (see Section 4) overall. Shortcomings in some aspects of the candidates’ performance may be balanced by better performances in others.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Candidates recall, select and communicate detailed knowledge and thorough understanding of aspects of health, social care and early years provision. They apply relevant knowledge, understanding and skills in a range of situations to plan and carry out investigations and tasks effectively. They analyse and evaluate the evidence available, presenting information clearly and accurately. They make reasoned judgements and present substantiated conclusions.</td>
</tr>
<tr>
<td>C</td>
<td>Candidates recall, select and communicate sound knowledge and understanding of aspects of health, social care and early years provision. They apply knowledge, understanding and skills to plan and carry out investigations and tasks. They review the evidence available, analysing and evaluating some information clearly, and with some accuracy. They make judgements and draw appropriate conclusions.</td>
</tr>
<tr>
<td>F</td>
<td>Candidates recall, select and communicate knowledge and understanding of basic aspects of health, social care and early years provision. They apply limited knowledge, understanding and skills to plan and carry out simple investigations and tasks. They review their evidence and draw basic conclusions.</td>
</tr>
</tbody>
</table>
B  Spiritual, Moral, Ethical, Social, Legislative, Sustainable Development, Economic and Cultural Issues, and Health and Safety Considerations

AQA has taken great care to ensure that any wider issues, including those particularly relevant to the education of students at Key Stage 4, have been identified and taken into account in the preparation of this specification. They will only form part of the assessment requirements where they relate directly to the specific content of the specification and have been identified in Section 3: Content.

European Dimension
AQA has taken account of the 1988 Resolution of the Council of the European Community in preparing this specification and associated specimen units.

Environmental Education

Avoidance of Bias
AQA has taken great care in the preparation of this specification and specimen units to avoid bias of any kind.
C Overlaps with other Qualifications

Content may overlap with GCSE Home Economics
Child Development, GCSE Home Economics
Food and Nutrition and GCSE Human Health and Physiology.
D  Wider Key Skills

The replacement of Key Skills with Functional Skills

The Key Skills qualifications have been replaced by the Functional Skills. However, centres may claim proxies for Key Skills components and/or certification in the following series: January, March and June 2012. The Administration Handbook for the Key Skills Standards 2012 has further details. All Examination Officers in centres offering AQA Key Skills and Wider Key Skills have been sent a letter outlining the details of the end dates of these subjects. Copies of the letters have also been sent to the Head of Centre and Key Skills coordinator. This is a brief outline of that information. It is correct as at August 2011 and replaces the information on the same subject found in other documents on the AQA website:

- **Key Skills Levels 1, 2 and 3 Test and Portfolio**
  The final opportunity for candidates to enter for a level 1, 2 or 3 Key Skills test or portfolio was June 2011 with the last certification in 2012.

- **Key Skills Level 4**
  The last series available to candidates entering for the Key Skills Level 4 test and portfolio was June 2010 with the last certification in the June series 2012.

- **Basic Skills Adult Literacy Levels 1 and 2, Adult Numeracy Levels 1 and 2**
  AQA Basic Skills qualifications will now be available until, at least, the June 2012 series.

Funding

We have received the following advice on the funding of learners undertaking these qualifications:

- **Currently the Skills Funding Agency** funds Basic Skills in literacy and numeracy for adult, 19 plus, learners only. There are various support funds for learners aged 16-18 administered by the Young People’s Learning Agency (YPLA). These include EMA (until the end of the 2010/11 academic year), Care to Learn and discretionary learner support hardship funding for learners living away from home.

- **This information is correct at the time of publication. If you would like to check the funding provision post-June 2011, please call the Skills Funding Agency helpdesk on 0845 377 5000.**

- **Wider Key Skills** The AQA Wider Key Skills qualifications are no longer available. The last portfolio moderation took place in June 2011.

Further updates to this information will be posted on the website as it becomes available.

http://web.aqa.org.uk/qual/keyskills/wider_noticeboard.php
GCSE Health and Social Care Teaching from September 2012

Qualification Accreditation Number: 500/4607/X and 500/4426/6 (Double Award)

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

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

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

To obtain free specification updates and support material or to ask us a question register with Ask AQA:
www.aqa.org.uk/ask-aqa/register

Support meetings are available throughout the life of the specification.

Further information is available at:
http://events.aqa.org.uk/ebooking