



GCE AS MARKING SCHEME

SUMMER 2023

**AS
HEALTH AND SOCIAL CARE AND CHILDCARE –
UNIT 1
2570U10-1**

INTRODUCTION

This marking scheme was used by WJEC for the 2023 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

GCE HEALTH AND SOCIAL CARE AND CHILDCARE – UNIT 1

SUMMER 2023 MARK SCHEME

Guidance for examiners

Positive marking

It should be remembered that candidates are writing under examination conditions and credit should be given for what the candidate writes, rather than adopting the approach of penalising him/her for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

For questions that are objective or points-based, the mark scheme should be applied precisely. Marks should be awarded as indicated and no further subdivision made.

Mark schemes often list points which may be included in candidates' answers. The list is not exhaustive. *The inclusion of 'Credit any other valid response.'* (or similar instruction) within mark schemes allows for the possible variation in candidates' responses. Credit should be given according to the accuracy and relevance of candidates' answers.

Appropriate terminology is reflected in exemplar responses in mark schemes. However, unless there is a specific requirement within a question, candidates may be awarded marks where the answer is accurate but expressed in their own words.

Banded mark schemes

For band marked questions, mark schemes are in two parts, the indicative content and the assessment grid.

The indicative content suggests the range of points and issues which may be included in candidates' answers. It can be used to assess the quality of the candidate's response. As noted above, indicative content is not intended to be exhaustive and candidates do not have to include all the indicative content to reach the highest level of the mark scheme.

However, in order to reach the highest level of the mark scheme a candidate must meet the requirements of the highest mark band. Where a response is not creditworthy, that is, it contains nothing of any significance to the mark scheme, or where no response has been provided, no marks should be awarded.

In GCE Health and Social Care, and Childcare, each question will address one or more assessment objectives: from AO1, AO2 or AO3. Where appropriate, the assessment grid subdivides the total mark that may be allocated for a question into individual assessment objectives. These are shown in bands in the mark scheme. For each assessment objective, descriptors will indicate the different skills and qualities at the appropriate level.

Candidates' responses to questions are assessed against the relevant assessment objectives. Where a question addresses more than one assessment objective, candidates may achieve different bands within that question. In these cases, a mark will be awarded for each assessment objective then totalled to give an overall mark for the question.

The marking of banded mark questions should always be positive. This means that, for each candidate's response, marks are accumulated for the demonstration of relevant skills, knowledge and understanding: they are not deducted from a maximum on the basis of errors or omissions.

Examiners should first read and annotate the candidate's answer to pick out the evidence that is being assessed in that question. The mark scheme can then be applied. This is done as a two-stage process.

Stage 1 – Deciding on the band

Beginning at the lowest band, examiners should look at the candidate's answer and check whether it matches the descriptors for that band. If the descriptors at the lowest band are satisfied, examiners should move up to the next band and repeat this process for each band until the descriptors match the answer.

If an answer covers different aspects of different bands within the mark scheme, a 'best fit' approach should be adopted to decide on the band and then the candidate's response should be used to decide on the mark within the band. For instance, if a response is mainly in band 2 but with a limited amount of band 3 content, the answer would be placed in band 2, but the mark awarded would be close to the top of band 2 as a result of the band 3 content.

Examiners should not seek to mark candidates down as a result of small omissions in minor areas of an answer.

Stage 2 – Deciding on the mark

During standardising (the marking conference), detailed advice from the Principal Examiner on the qualities of each mark band will be given. Examiners will then receive examples of answers in each mark band that have been awarded a mark by the Principal Examiner. Examiners should mark the examples and compare their marks with those of the Principal Examiner.

When marking, examiners can use these examples to decide whether a candidate's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

| Question | | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|-----|---|-----|-----|-----|------------|
| 1. | (a) | <p><i>Mr Williams believes in the negative definition of health and well-being based on him feeling healthy and being without disease or illness. Mr Williams has been a smoker most of his adult life, and doesn't think that this has an impact on his health.</i></p> <p><i>Describe how knowledge of the positive and holistic definitions of health and well-being could help Mr Williams to improve his long-term health and well-being.</i></p> | 8 | | | 8 |
| | | <p>Answers may refer to the:</p> <ul style="list-style-type: none"> • Positive definition: the achievement and maintenance of physical fitness and mental stability. Mr Williams could be more pro-active in looking after his current and future health and well-being. • Holistic definition: a state of complete physical, mental and social well-being and not just the absence of disease or infirmity. Mr Williams could consider all PIES (physical, intellectual/mental, emotional and social health and well-being) and spiritual elements to life. <p>Description may include the following (and may also include examples):</p> <ul style="list-style-type: none"> • The positive definition means that Mr Williams makes the effort to improve his health and well-being by adopting a healthy lifestyle e.g. by diet and exercise. • The positive definition means that Mr Williams makes use of screening and vaccination programmes available to him and seeks to improve his health and well-being, takes advice on health issues e.g. stopping smoking. • The holistic definition means that Mr Williams looks after his mental health so for example, he maintains regular social contacts and is aware of support groups for depression and anxiety, if required. • The holistic definition considers the whole person and how they interact with their environment - an approach to life considering mental as well as physical health and well-being. • The negative definition gives the ownership of Mr Williams' health to health professionals only when he requires treatment for ill health or disease. The other two approaches give him more ownership and control over his long-term health, both physical and mental. <p>Credit any other valid response.</p> | | | | |

| Band | AO1 |
|------|--|
| 4 | <p style="text-align: center;">7-8 marks</p> <p>An excellent description which:</p> <ul style="list-style-type: none"> • Shows thorough knowledge and understanding of the positive and the holistic definitions of health and well-being • Provides clear detail which shows understanding about how the positive and holistic definitions of health and well-being could help to improve Mr Williams' long-term health and well-being |
| 3 | <p style="text-align: center;">5-6 marks</p> <p>A good description which:</p> <ul style="list-style-type: none"> • Shows good knowledge and understanding of the positive and holistic definitions of health and well-being • Provides some detail which shows understanding about how the positive and holistic definitions of health and well-being could help to improve Mr Williams' long-term health and well-being |
| 2 | <p style="text-align: center;">3-4 marks</p> <p>A basic description which:</p> <ul style="list-style-type: none"> • Shows sound knowledge and understanding of at least the positive and/or the holistic definitions of health and well-being • Provides basic detail which shows understanding about how the positive and/or holistic definitions of health and well-being could help to improve Mr Williams' long-term health and/or well-being |
| 1 | <p style="text-align: center;">1-2 marks</p> <p>A limited description which:</p> <ul style="list-style-type: none"> • Shows some knowledge and understanding of at least one of the positive or the holistic definitions of health and well-being • Provides little detail which shows limited understanding about how the positive or holistic definitions of health and well-being could help to improve health and/or well-being |
| | <p style="text-align: center;">0 marks Response not creditworthy or not attempted.</p> |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|---|-----|-----|-----|------------|
| (b) | <p><i>Mrs Williams wants her husband to stop smoking.</i></p> <p><i>Discuss how the societal approach to promoting health and well-being focuses on anti-smoking health promotion.</i></p> <p>Answers may refer to:</p> <ul style="list-style-type: none"> • A definition of the societal approach: <ul style="list-style-type: none"> ○ Focus on government intervention re: legislation, restrictions and policies ○ Focuses on the broader influences on health rather than disease and injury so encouraging a community approach to prevent diseases and illnesses – smoking is seen as anti-social and environmentally unfriendly • Reference to appropriate examples: <ul style="list-style-type: none"> ○ Smoking ban in public places (2007) – illegal to smoke in any pub, restaurant, nightclub and most workplaces; less opportunity to smoke socially indoors, no advertising (billboards etc) no sponsorship and hidden from view in shops • Law: people deterred from breaking it due to resulting punishment/fines • 2020 ban on the sale of menthol cigarettes in all shops • Cost: increased tax on cigarettes, making smoking an expensive habit • Health warnings on packets of cigarettes; large clear text that stands out and covers large parts of the packaging; different health warnings such as passive smoking effects on children • Positive health promotion – showing the benefits of giving up/not smoking <p>Credit any other valid response.</p> | | | 6 | 6 |

| Band | AO3 |
|------|---|
| 3 | <p style="text-align: center;">5-6 marks</p> <p>A good discussion which demonstrates:</p> <ul style="list-style-type: none"> • reasoned judgements about how the societal approach to promoting health and well-being may focus on anti-smoking health promotion • thorough engagement with the societal approach to health promotion |
| 2 | <p style="text-align: center;">3-4 marks</p> <p>A basic discussion which demonstrates:</p> <ul style="list-style-type: none"> • generally valid judgements about how the societal approach to promoting health and well-being may focus on anti-smoking health promotion • straightforward engagement with the societal approach to health promotion |
| 1 | <p style="text-align: center;">1-2 marks</p> <p>A limited response which demonstrates:</p> <ul style="list-style-type: none"> • some valid judgements about how one societal approach to promoting health and/or well-being may focus on anti-smoking health promotion • little/no reference to the societal approach to health promotion. |
| | <p style="text-align: center;">0 marks</p> <p style="text-align: center;">Response not creditworthy or not attempted.</p> |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|---|--------------|-----|-----|------------|
| 2. | <p><i>Prudent Healthcare principles should underpin everything that is done in NHS Wales.</i> (Source: www.prudenthealthcare.wales)</p> <p>Outline three principles of the Prudent Healthcare strategy.</p> | 6 [2,2,2] | | | 6 |
| | <p>Award up to 2 marks per relevant principle:</p> <p>Award 1 mark for an identification of a relevant principle. Award 2 marks for an outline of a relevant principle showing clear knowledge and understanding.</p> <p>Answers may refer to:</p> <p>Prudent Healthcare principles:</p> <ul style="list-style-type: none"> • to achieve health and well-being working with the public, patients and professionals as equal partners through co-production. Involvement and empowerment for service users. • to prioritise and care for those with greatest health needs first, making the most effective use of all skills and resources. Triage system prioritising in A and E in hospitals. • do only what is needed – no more, no less so reduces waste and harm. Healthcare that brings little/no benefit should be stopped. • services must provide the best possible care using the limited financial resources available to meet the needs and circumstances of service users • reduce inappropriate variation/inequality using evidence-based approaches/practices consistently and transparently. Awareness of disadvantaged/vulnerable groups who may not be able to assertively request support. | | | | |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|--|-----|-----|-----|------------|
| 3. | <p><i>Explain the benefits of one Welsh Government initiative or campaign which targets the health, well-being and resilience of children and/or young people in Wales.</i></p> | | 8 | | 8 |
| | <p>Responses may refer to:</p> <p>Flying Start: available in targeted (disadvantaged) areas supporting all families to give 0–3-year-olds a “flying start” in life e.g. free quality, part-time childcare for 2-3 year olds, enhanced Health visiting service, access to Parenting Programmes, Early language development</p> <p>The First 1000 Days programme: early intervention by focusing on infants and very young children as healthy children are more likely to become healthy adults</p> <p>Welsh Network of Healthy School Schemes (WNHSS): achieved through school policy, strategic planning, staff development, curriculum, ethos, physical environment and community relations. Topics covered e.g. food and fitness, mental and emotional health and well-being, personal development and relationships, substance use and misuse, environment, safety and hygiene.</p> <p>Health Challenge Wales: Focus on health and lifestyle concerns e.g. smoking, alcohol, drugs, food and fitness and mental health. Advice directed to organisations as well as for individuals so employers are encouraged to look after the health of staff and customers.</p> <p>Designed to Smile: to improve the oral health of children in Wales, a preventative programme from birth e.g. encouraging going to the dentist before the child’s first birthday.</p> <p>Thinking Positively: (Emotional health and wellbeing in schools and Early Years settings): summary of key information including examples of current practice in Wales, signposting resources and sources of support for best practice.</p> <p>Child Poverty Strategy for Wales: sets out vision and goals with children’s rights at the centre. Tackling poverty also reduces inequalities. Targets at risk groups.</p> | | | | |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|---|-----|-----|-----|------------|
| | <p>NHS Wales: specific health and well-being advice and guidance e.g. for anti-smoking, obesity, alcohol, drugs.</p> <p>Specific Welsh and UK National campaigns for specific health issues e.g. Healthy Weight: Healthy Wales, Change4Life</p> <p>Credit any other valid response.</p> | | | | |

| Band | AO2 |
|----------|---|
| 4 | <p>7-8 marks</p> <p>An excellent explanation which demonstrates:</p> <ul style="list-style-type: none"> detailed knowledge and understanding of an appropriate national initiative/campaign confident grasp of the benefits of the initiative/campaign for the health, well-being and resilience of children and/or young people in Wales |
| 3 | <p>5-6 marks</p> <p>A very good explanation which demonstrates:</p> <ul style="list-style-type: none"> sound knowledge and understanding of an appropriate national initiative/campaign secure grasp of the benefits of the initiative/campaign for the health, well-being and resilience of children and/or young people in Wales |
| 2 | <p>3-4 marks</p> <p>A good explanation which demonstrates:</p> <ul style="list-style-type: none"> generally clear knowledge and understanding of an appropriate national initiative/campaign generally secure grasp of the benefits of the initiative/campaign for the health, well-being and/or resilience of children and/or young people in Wales |
| 1 | <p>1-2 marks</p> <p>A basic explanation which demonstrates:</p> <ul style="list-style-type: none"> some knowledge and understanding of an appropriate national initiative/campaign some grasp of the benefits of the initiative/campaign for the health/well-being/resilience of children and/or young people in Wales |
| | <p>0 marks</p> <p>Response not creditworthy or not attempted.</p> |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|---|-----|-----|-----|------------|
| 4. | <p><i>Mind Cymru and Mental Health Matters Wales and charitable organisations supporting mental health in Wales.</i></p> <p><i>Analyse the benefits and limitations for charitable organisations working within the health, social care and childcare sectors.</i></p> | | | 8 | 8 |
| | <p>Candidates may refer to a named charitable organisation, including Mind Cymru and Mental Health Matters Wales, but may give more generic responses.</p> <p>Answers may refer to how the charitable organisations receive attention and meet individual needs:</p> <p>Benefits:</p> <ul style="list-style-type: none"> • public awareness that charitable organisations can help individuals in a variety of situations • raising public awareness of various issues • bringing communities together • free to use, offering a 'safe place' • funding research • making individuals feel empowered e.g. by raising money for charities • service user involvement, meaning that there is a good representation of individual needs • organisations may support the work of statutory organisations such as the NHS and social services • public recognition and trust since seen as doing social good • will attract funding and donations since seen as a good cause • tax relief – do not pay income/corporation tax, capital gains tax or stamp duty. Gifts to charities are free of inheritance tax • many volunteers and an unpaid board so wage costs are low • low business rates on buildings and sometimes the local authority gives 100% rates relief. Charity shops often on High Street and in public view • charities can raise funds from the public, grant-making trusts and local government more easily than non-charitable bodies • can reclaim GIFT AID money on many donations received from private individual so encourages more people to donate re tax benefits • charities give public assurance that they are being regulated by the Charity Commission in Wales | | | | |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|--|-----|-----|-----|------------|
| | <ul style="list-style-type: none"> • relief funding given during times of crisis e.g. COVID-19 pandemic (coronavirus) given by the Welsh Government <p>Limitations:</p> <ul style="list-style-type: none"> • advice given may not be person centred, e.g. generic advice offered on a website • have no prior knowledge of the individual accessing the charity • information provided may not be accurate, appropriate or up to date • because they are a charity, may not have resources • effects of e.g., COVID-19 pandemic (coronavirus) donations stopped and charity shops closed and their fundraising activities so many charities lost large amounts of potential income • the charity must have exclusive charitable purposes so would have to stop non-charitable activities • strict rules that apply to trade by charities (Charity Commission's guidelines) • if incorporated as a company have to deal with the Regulators – Charity Commission and Companies House • trustees not allowed to receive financial benefits from the charity unless approved by the governing document of the charity. No more than 50% of the Trustees can be paid, rest have to be volunteers • trustees need to avoid situations where charitable and personal interests conflict • limits to the extent of political or campaigning activities which a charity can take on • charity law imposes certain financial reporting requirements depending on the size of the charity • increase in number of local and national charities means some charitable organisations do not attract enough funding to continue e.g. Mind has only a few offices in Wales. <p>Credit any other valid response.</p> | | | | |

| Band | AO3 |
|----------|--|
| 4 | <p style="text-align: center;">7-8 marks</p> <p>An excellent analysis which demonstrates:</p> <ul style="list-style-type: none"> • detailed knowledge and understanding of the benefits and the limitations facing appropriate charitable organisations • a confident and balanced response including reasoned judgements, covering both benefits and limitations |
| 3 | <p style="text-align: center;">5-6 marks</p> <p>A good analysis which demonstrates:</p> <ul style="list-style-type: none"> • knowledge and understanding of the benefits and limitations facing appropriate charitable organisations • a secure grasp including reasoned judgements with more bias towards either benefits or limitations |
| 2 | <p style="text-align: center;">3-4 marks</p> <p>A basic analysis which demonstrates:</p> <ul style="list-style-type: none"> • some knowledge of benefits and/or limitations facing appropriate charitable organisations • straightforward consideration including some judgements showing limited evidence |
| 1 | <p style="text-align: center;">1-2 marks</p> <p>A limited response which demonstrates:</p> <ul style="list-style-type: none"> • little knowledge and understanding of either benefits or limitations facing a charitable organisation • some grasp of a benefits or limitations with little evidence of judgements |
| | <p>0 marks</p> <p>Response not creditworthy or not attempted.</p> |

| Question | | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|-----|--|-----|-----|-----|------------|
| 5. | (a) | <i>Describe how inequalities in health and well-being can result from an individual's sex.</i> | 6 | | | 6 |
| | | <p>Answers may refer to:</p> <ul style="list-style-type: none"> • females more likely to visit their GP regularly and attend screening, so illness and disease are diagnosed and treated earlier • male psychology of health: less likely to ask for help for mental or physical ill health • males have higher occupational risks from injury or accidents • pay inequality affecting income to support health and well-being • males tend to eat less healthy diets so have an increased risk of heart disease and strokes. CHD deaths 5x higher for males • males have a shorter life expectancy than females (average 79.2 years for males and 82.9 years for females) • males fall ill at a younger age than females and have more chronic illness • common male health problem from abdominal aortic aneurysm aged 60+ • variations in sex related cancers e.g. only females get ovarian cancer and only males get prostate and testicular cancer • more females develop breast cancer than males • males more likely to get cancer (14% more) and die from it (37%): higher risk of exposure to carcinogens, lack of awareness of risks and late presentation when signs or symptoms develop • males more likely to die from COVID-19 than females • females can be affected by discrimination related to pregnancy and menopause <p>Credit any other valid response</p> | | | | |

| Band | AO1 |
|------|---|
| 3 | <p style="text-align: center;">5-6 marks</p> <p>A very good description which shows:</p> <ul style="list-style-type: none"> • Thorough knowledge and understanding of male/female variations resulting from genetics or behaviour for health and well-being • Confident grasp of health and well-being inequalities resulting from an individual's sex |
| 2 | <p style="text-align: center;">3-4 marks</p> <p>A good description which shows:</p> <ul style="list-style-type: none"> • Sound knowledge and understanding of male/female variations resulting from genetics or behaviour for health and well-being • Some grasp of health and well-being inequalities resulting from an individual's sex |
| 1 | <p style="text-align: center;">1-2 marks</p> <p>A basic response which shows:</p> <ul style="list-style-type: none"> • Some knowledge and understanding of a male/female variation resulting from genetics or behaviour for health and well-being • little grasp of health and well-being inequalities resulting from an individual's sex |
| | <p style="text-align: center;">0 marks Response not creditworthy or not attempted.</p> |

| Question | | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|-----|--|------------|-----|-----|------------|
| 5. | (b) | <p><i>Summarise two other socio-economic determinants which may affect individual's living in deprived areas.</i></p> | 6 [3,3] | | | 6 |
| | | <p>Award up to 3 marks per relevant socio-economic determinant:</p> <p>Award 1 mark for an identification of a relevant determinant Award 2 marks for a comment on a relevant determinant showing some knowledge and understanding Award 3 marks for summary of a relevant determinant showing clear knowledge and understanding</p> <p>Answers may refer to:</p> <ul style="list-style-type: none"> • personal characteristics: age, ethnic group, and hereditary factors • age – older, retired people; students • ethnicity – minority ethnic groups; • extended families and households; • refugee populations; • migrant workers • hereditary factors • lifestyle factors: including behaviours such as diet, smoking, alcohol use, substance misuse and exercise • personal and family resilience: including dealing with adversity, adverse childhood experiences (ACEs) • social and community networks: including family and wider social circles, possible link to gangs • living and working conditions: including access and opportunities in relation to jobs, housing, education and care services • socio-economic, cultural and environmental conditions <ul style="list-style-type: none"> ○ socioeconomic: including factors such as poverty, disposable income, availability of work, high reliance on state benefits/ food banks/ charitable support ○ cultural: language (bi-lingual, multilingual), ○ environmental conditions: living conditions – more renting; social housing; overcrowded or small homes/flats, higher crime rates and youth offending ○ values, beliefs and attitudes towards health and well-being: including cultural and religious beliefs; more single parent households limited access to education, health and care services • discrimination: including direct, indirect, by association <p>Credit any other valid response.</p> | | | | |

| Question | | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|-----|---|-----|-----|-----|------------|
| 6. | (a) | <p><i>Gareth is 11 years old. Following a road accident, he has limited mobility.</i></p> <p><i>The social model of health, disability and well-being suggests that some individuals are excluded by barriers in society.</i></p> <p><i>Explain how such barriers may exclude Gareth, who will always need to use a wheelchair.</i></p> | | 8 | | 8 |
| | | <p>Answers may include:</p> <p>The social model identifies that it is the barriers in society that exclude Gareth to make life harder for him as opposed to his 'disability' being the problem.</p> <p>Barriers for Gareth could include:</p> <ul style="list-style-type: none"> • physical e.g. doorways too narrow for his wheelchair; lack of ramps or lifts • lack of access to assistive technology resources; funding and cost factors influence provision • lack of suitable transport • socially he is excluded from certain services or activities since there is no disability support provision; reduction in support services in school, may be excluded from school trips and playground activities • negative attitudes and perceptions e.g. assuming Gareth cannot do certain activities because of his disability; assuming lower academic potential because of his physical disability e.g. participation in sport/exercise • Gareth's career and job prospects may be negatively affected by systemic barriers and social exclusion • Gareth's family may overprotect him because of his disability leading to dependency and limiting his independence • Gareth's family have to make decisions on behalf of him because of his age; he has less control over what happens to him, so may become disempowered • organisational, social, environmental, political and economic factors influence the provision of clean, safe, high quality physical environments which are needed to promote his health and well-being <p>Credit any other valid response.</p> | | | | |

| Band | AO2 |
|------|--|
| 4 | <p style="text-align: center;">7-8 marks</p> <p>An excellent explanation which demonstrates:</p> <ul style="list-style-type: none"> • Detailed knowledge and understanding of a range of barriers identified by the social model • Confident grasp of how such barriers may exclude Gareth |
| 3 | <p style="text-align: center;">5-6 marks</p> <p>A good explanation which demonstrates:</p> <ul style="list-style-type: none"> • Sound knowledge and understanding of the barriers identified by the social model • A secure grasp of how such barriers may exclude Gareth |
| 2 | <p style="text-align: center;">3-4 marks</p> <p>A basic explanation which demonstrates:</p> <ul style="list-style-type: none"> • Generally clear knowledge and understanding of some barriers identified by the social model • A generally secure grasp of how some barriers may exclude Gareth |
| 1 | <p style="text-align: center;">1-2 marks</p> <p>A limited response which demonstrates:</p> <ul style="list-style-type: none"> • Some knowledge and understanding at least one barrier identified by the social model • Limited/no grasp of how at least one barrier may exclude Gareth |
| | <p style="text-align: center;">0 marks</p> <p style="text-align: center;">Response not creditworthy or not attempted.</p> |

| Question | | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|-----|--|-----|-----|-----|------------|
| 6. | (b) | <p><i>Evaluate how physical health could affect an individual's well-being.</i></p> <p>Answers should refer to both positive and negative effects of how physical health could affect an individual's well-being.</p> <p>Answers may include, and may be presented as follows:</p> <p>Intellectual effects: Positive/Negative</p> <ul style="list-style-type: none"> link between physical and mental health: e.g. poor physical health can lead to an increased risk of developing mental health problems/good physical health promotes good mental health and improves intellectual performance <p>Social effects: Positive/Negative</p> <ul style="list-style-type: none"> individuals may socialise less often and interact with fewer people, become withdrawn if they have poor physical health may lose autonomy social exclusion and isolation may result from poor physical health good physical health means that individuals move around and socialise more, communicating with others <p>Emotional effects: Positive/Negative</p> <ul style="list-style-type: none"> negative emotional effects from social exclusion or isolation good physical health can lead to inclusion in sports which promotes more positive moods, less likely to have anxiety and depression; lowers tension and stress levels increased social activity with others improves emotional well-being, raises self-esteem and reduces the risk of illness <p>Moral and spiritual: Positive/Negative</p> <ul style="list-style-type: none"> good physical health may mean that an individual has the opportunity to join a religious/community group to support moral and spiritual beliefs giving more opportunity to interact and socialise with others, therefore improving mental health and well-being religion, meditation and prayer can contribute to improved emotional health and well-being, less aggressive behaviours and more contentment | | | 10 | 10 |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|--|-----|-----|-----|------------|
| | <ul style="list-style-type: none"> • improving spiritual health can help individuals to feel better about themselves, raising self-esteem and self-concept • less vulnerable to physical ill health such as depression, hypertension, less stressed and better able to handle stress <p>Candidates could offer a range of examples, but do not also reward inverse comments twice e.g. good physical health promotes good mental health OR poor physical health can lead to poor mental health.</p> <p>Credit any other valid response.</p> | | | | |

| Band | AO3 |
|------|--|
| 4 | <p style="text-align: center;">9-10 marks</p> <p>An excellent evaluation demonstrating:</p> <ul style="list-style-type: none"> • Perceptive and informed judgements of how physical health could affect an individual's well-being; both positively and negatively • Confident and detailed engagement with how physical health could affect well-being |
| 3 | <p style="text-align: center;">6-8 marks</p> <p>A good evaluation demonstrating:</p> <ul style="list-style-type: none"> • Reasoned judgements of how physical health could affect an individual's well-being; both positively and negatively • Thorough engagement with how physical health could affect well-being |
| 2 | <p style="text-align: center;">3-5 marks</p> <p>A basic evaluation demonstrating:</p> <ul style="list-style-type: none"> • Generally valid judgements of how physical health could affect an individual's well-being; positively and/or negatively • Straightforward engagement with how physical health could affect well-being |
| 1 | <p style="text-align: center;">1-2 marks</p> <p>A limited evaluation demonstrating:</p> <ul style="list-style-type: none"> • Little evidence of judgements of how physical health could affect an individual's health and well-being • Little engagement with how physical health could affect well-being |
| | <p style="text-align: center;">0 marks</p> <p style="text-align: center;">Response not creditworthy or not attempted.</p> |

| Question | | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|-----|--|-----|-----|-----|------------|
| 6. | (c) | <p><i>Gareth is at risk of becoming obese.</i></p> <p><i>Describe the risks of childhood obesity and consider how health and social care and childcare practitioners could help children to maintain a healthy body weight.</i></p> | 6 | | 8 | 14 |
| | | <p>Answers may include:</p> <p>Risks of childhood obesity: Childhood obesity is associated with a higher chance of various health risks, such as:</p> <ul style="list-style-type: none"> • high blood pressure, which can lead to cardiovascular disease and stroke • diabetes, which can cause eye, nerve, and kidney damage • asthma, which can cause breathing difficulties and inflammation of the lungs • sleep disorders, which can affect mood, concentration, and growth • joint problems, including wear and tear (osteoarthritis) and separation of the ball of the hip joint from the upper end of the thigh bone. Obese children are also more likely to develop bow legs and are more likely to have fractures of bones. • obesity is associated with poor psychological and emotional health, and many children experience bullying linked to their weight • children living with obesity are more likely to become adults living with obesity and have a higher risk of morbidity, disability and premature mortality in adulthood • going through puberty early • breathing problems, including worsening of asthma, difficulties with a child's breathing whilst they are asleep (obstructive sleep apnoea) and feeling out of breath easily when they are exercising • developing iron deficiency and vitamin D deficiency • being overweight or obese as a child or teenager can also have psychological effects for some • can lead to low self-esteem and a lack of confidence. A child may be subject to bullying because of their weight. They may become withdrawn and avoid social contact. It may lead to low mood and, in severe cases, depression • mentally, obesity can lead to a poorer self - concept, poor self-image, low self-esteem and confidence can affect relationships with family and friends producing anxiety and depression | | | | |

| Question | Answer | AO1 | AO2 | AO3 | Total Mark |
|----------|---|-----|-----|-----|------------|
| | <p>Health education and health promotion specialists: provide posters and leaflets, website support</p> <p>School Nurse: weighs and works out his BMI, offers advice and referral to a dietitian / nutritionist</p> <p>Allied health professionals: dietitian appointment and menu planning</p> <p>Paediatrician: face to face, assessment and treatment e.g. diet and exercise plan</p> <p>Child psychotherapist: face to face advice for mental and physical health</p> <p>Psychotherapist: family therapy, CBT to change negative patterns of thinking/behaviour</p> <p>School Counsellor: offers holistic advice</p> <p>Family support worker: works with the whole family re health and well-being, identifying additional resources/support needed</p> <p>Community health care worker: works with the whole family</p> <p>Social care worker: supports a vulnerable child with disabilities and their family to get them the grants and benefits they are entitled to so there could be more money available to buy healthier foods</p> <p>Teacher/classroom assistant/ learning support assistant: health curriculum supported in school; focus on improving and offering regular physical activity per week.</p> <p>Child/youth worker: social and physical activity programmes</p> <p>How health and social care and childcare practitioners could help children maintain a healthy and body weight:</p> <ul style="list-style-type: none"> • Community weight management group • Local community support: managing obesity is about improving overall health, not just obesity • Role of media e.g. posters, leaflets, face to face support, websites, social media (twitter, Facebook, Instagram), telephone, text, promotional events • Local early intervention services • School food /healthy eating menus/healthy school programme • Support may be person-centred, educational or medical • The child has to want to lose weight so takes some ownership of the process and empowerment • The family will need to be involved so meal plans and exercise programmes are possible <p>Credit any other valid response</p> | | | | |

| Band | AO1 | AO3 |
|------|--|---|
| 4 | <p>There are no Band 4 marks for this assessment objective. 6 marks are awarded as for Band 3.</p> | <p>7-8 marks</p> <p>An excellent response which demonstrates:</p> <ul style="list-style-type: none"> • perceptive and informed consideration about how a range of health and social care and childcare practitioners can help children to maintain a healthy body weight • confident and detailed engagement with the role of health and social care and childcare practitioners <p>The candidate's response is clearly expressed and shows accurate use of a broad range of terminology. Writing is very well structured and highly organised using accurate grammar, punctuation and spelling.</p> |
| 3 | <p>5-6 marks</p> <p>A very good description which shows thorough knowledge and understanding of a range of the risks of childhood obesity</p> | <p>5-6 marks</p> <p>A good response which demonstrates:</p> <ul style="list-style-type: none"> • reasoned consideration about how health/social care and/or childcare practitioners can help children to maintain a healthy body weight • good engagement with the role of health and social care and childcare practitioners <p>The candidate's response is clearly expressed and shows accurate use of terminology. Writing is well structured using mostly accurate grammar, punctuation and spelling.</p> |

| Band | AO1 | AO3 |
|------|---|--|
| 2 | <p style="text-align: center;">3-4 marks</p> <p>A good description which shows generally secure knowledge and understanding of some risks of childhood obesity</p> | <p style="text-align: center;">3-4 marks</p> <p>A basic response which demonstrates:</p> <ul style="list-style-type: none"> • generally valid consideration about how health/social care and/or childcare practitioners can help children to maintain a healthy body weight • some awareness of the role of health and social care and childcare practitioners <p>The candidate's response is adequately expressed and shows appropriate use of terminology. Writing is mainly well structured using reasonably accurate grammar, punctuation and spelling.</p> |
| 1 | <p style="text-align: center;">1-2 marks</p> <p>A limited description which shows little knowledge and understanding of the risk(s) of childhood obesity</p> | <p style="text-align: center;">1-2 marks</p> <p>A limited response which demonstrates:</p> <ul style="list-style-type: none"> • Little evidence of consideration about how health/social care and/or childcare practitioners can help children to maintain a healthy body weight • Limited/no awareness of the role of health and social care and childcare practitioners <p>The candidate's response shows basic use of terminology. Writing shows some evidence of structure but with some errors in grammar, punctuation and spelling.</p> |
| | <p style="text-align: center;">0 marks</p> <p>Response not creditworthy or not attempted.</p> | <p style="text-align: center;">0 marks</p> <p>Response not creditworthy or not attempted.</p> |

| Question | | Specification content (main focus) | | | | Mark allocation | | | |
|--------------------|-----|------------------------------------|-----------|-----------|------|-----------------|-----------|-----------|-----------|
| | | Section | | | Part | Total Marks | AO1 Marks | AO2 Marks | AO3 Marks |
| | | 2.1.1 | 2.1.2 | 2.1.3 | | | | | |
| 1. | (a) | 8 | | | (a) | 8 | 8 | 0 | 0 |
| | (b) | | | 6 | (d) | 6 | 0 | 0 | 6 |
| 2. | | | 6 | | (c) | 6 | 6 | 0 | 0 |
| 3. | | | | 8 | (e) | 8 | 0 | 8 | 0 |
| 4. | | | | 8 | (f) | 8 | 0 | 0 | 8 |
| 5. | (a) | | 6 | | (a) | 6 | 6 | 0 | 0 |
| | (b) | | 6 | | (a) | 6 | 6 | 0 | 0 |
| 6. | (a) | 8 | | | (b) | 8 | 0 | 8 | 0 |
| | (b) | 10 | | | (c) | 10 | 0 | 0 | 10 |
| | (c) | | 6 | | (b) | 14 | 6 | 0 | 0 |
| | | | 8 | (f) | 0 | | 0 | 8 | |
| Total marks | | 26 | 26 | 30 | | 80 | 32 | 16 | 32 |