



# **GCE AS MARKING SCHEME**

**SUMMER 2024**

**AS  
HEALTH AND SOCIAL CARE AND CHILDCARE  
UNIT 1: PROMOTING HEALTH AND WELL-BEING  
2570U10-1**

---

## About this marking scheme

The purpose of this marking scheme is to provide teachers, learners, and other interested parties, with an understanding of the assessment criteria used to assess this specific assessment.

This marking scheme reflects the criteria by which this assessment was marked in a live series and was finalised following detailed discussion at an examiners' conference. A team of qualified examiners were trained specifically in the application of this marking scheme. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners. It may not be possible, or appropriate, to capture every variation that a candidate may present in their responses within this marking scheme. However, during the training conference, examiners were guided in using their professional judgement to credit alternative valid responses as instructed by the document, and through reviewing exemplar responses.

Without the benefit of participation in the examiners' conference, teachers, learners and other users, may have different views on certain matters of detail or interpretation. Therefore, it is strongly recommended that this marking scheme is used alongside other guidance, such as published exemplar materials or Guidance for Teaching. This marking scheme is final and will not be changed, unless in the event that a clear error is identified, as it reflects the criteria used to assess candidate responses during the live series.

---

# **GCE HEALTH AND SOCIAL CARE AND CHILDCARE**

## **UNIT 1 – PROMOTING HEALTH AND WELL-BEING**

### **SUMMER 2024 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.	<i>Describe what is meant by 'health promotion' and how it may benefit the health, well-being and resilience of individuals.</i>	6			6
	<p>Answers may refer to:</p> <p><b>Description of health promotion</b>  World Health Organisation definition: health promotion is the process of enabling individuals to increase control over, their health and to improve their health.</p> <ul style="list-style-type: none"> <li>• Purpose of health promotion is to influence positively the health behaviour of individuals and communities as well as the living and working conditions that influence their health.</li> <li>• Health promotion is a behavioural social science to promote health and prevent disease through education-driven voluntary behaviour change.</li> </ul> <p><b>Benefits to the health, well-being and resilience of individuals:</b></p> <ul style="list-style-type: none"> <li>• helps individuals' knowledge and understanding by raising awareness of health conditions and well-being issues, such as for chronic disease awareness and prevention</li> <li>• providing accurate, up to date health and well-being information to inform healthy lifestyles</li> <li>• to prevent injury and violence, such as promotions raising awareness of domestic abuse</li> <li>• improving the quality of life for individuals by focusing on key aspects of health, such as nutrition, exercise and obesity prevention</li> <li>• reducing rates of illness and disease, such as by discouraging tobacco use and substance abuse</li> <li>• reducing the risk of premature death from unhealthy lifestyles, injury or disease</li> <li>• supporting mental and behavioural health by talking about it, such as 'Time to Talk Day' organised by MIND in Wales</li> <li>• improving resilience by empowering individuals to make healthy lifestyle choices and making positive adaptations, to reduce risks and enhance health and well-being</li> </ul> <p>Credit any other valid response.</p>				

Band	AO1
3	<p style="text-align: center;"><b>5-6 marks</b></p> <p>A very good description which demonstrates:</p> <ul style="list-style-type: none"> <li>• a sound understanding what is meant by 'health promotion'</li> <li>• a confident grasp on how health promotion may benefit the health, well-being and resilience of individuals</li> </ul>
2	<p style="text-align: center;"><b>3-4 marks</b></p> <p>A good description which demonstrates:</p> <ul style="list-style-type: none"> <li>• an understanding on what is meant by 'health promotion'</li> <li>• a generally secure grasp on how health promotion may benefit the health, well-being and resilience of individuals</li> </ul>
1	<p style="text-align: center;"><b>1-2 marks</b></p> <p>A limited description which demonstrates:</p> <ul style="list-style-type: none"> <li>• a brief understanding what is meant by 'health promotion'</li> <li>• a little grasp on how health promotion may benefit the health, well-being and resilience of individuals</li> </ul>
	<p style="text-align: center;"><b>0 marks</b></p> <p>Response not creditworthy or not attempted</p>

Question		Answer	AO1	AO2	AO3	Total mark
2.	(a)	<p><i>Sanjay is 28 years old. Sanjay's brother and father both live with Type 2 diabetes.</i></p> <p><i>Explain how Sanjay may be able reduce his risk factors for developing Type 2 diabetes by following a positive approach to his health and well-being.</i></p>		8		8
		<p>A positive approach means that Sanjay takes responsibility for his own physical fitness, mental stability, and health and well-being, so reducing his modifiable risk factors for developing Type 2 diabetes.</p> <p>Answers may refer to:</p> <p>Lifestyle changes:</p> <p>He could:</p> <ul style="list-style-type: none"> <li>• watch/monitor his weight to avoid being overweight or obese; as the more fattier tissue he has then the more resistant his cells become to insulin</li> <li>• follow a healthy diet - reduce fat, refined carbohydrates and sugars/ eat 5 portions a day of fruit and vegetables to lower his calorie intake</li> <li>• take daily exercise, work out regularly to improve insulin sensitivity</li> <li>• not smoke, as people who smoke are more at risk of developing diabetes</li> <li>• drink water as a main beverage, to reduce sugar intake from soft drinks, sweetened tea/coffee, juices and milk which is linked to a higher risk of developing type 2 diabetes. The body quickly digests the sugar in these drinks, which can cause blood sugar to spike rapidly and contribute to insulin resistance</li> <li>• limit alcohol intake, as alcohol can affect blood sugar levels. While alcohol is being processed by the liver, it stops releasing glucose. Blood sugar levels can drop quickly, leading to low blood sugar (hypoglycaemia).</li> </ul> <p>Medical support:</p> <ul style="list-style-type: none"> <li>• since he has a genetic pre-disposition to diabetes, he could visit his GP/surgery: <ul style="list-style-type: none"> <li>- for diabetes screening. A doctor can use blood tests to measure blood glucose (sugar) levels to diagnose diabetes and prediabetes</li> <li>- to get a referral to HSC professional services such as a dietitian, a weight loss clinic, an exercise programme, smoking cessation support.</li> </ul> </li> </ul> <p>Credit any other valid response.</p>				

<b>Band</b>	<b>AO2</b>
<b>4</b>	<p><b>7-8 marks</b></p> <p>An excellent explanation which shows:</p> <ul style="list-style-type: none"> <li>• a confident grasp of how Sanjay may be able to reduce his risk factors for developing Type 2 diabetes</li> <li>• detailed knowledge and understanding of a positive approach to health and well-being</li> </ul>
<b>3</b>	<p><b>5-6 marks</b></p> <p>A very good explanation which shows:</p> <ul style="list-style-type: none"> <li>• a secure grasp of how Sanjay may be able to reduce his risk factors for developing Type 2 diabetes</li> <li>• good knowledge and understanding of a positive approach to health and well-being</li> </ul>
<b>2</b>	<p><b>3-4 marks</b></p> <p>A good explanation which shows:</p> <ul style="list-style-type: none"> <li>• a generally secure grasp of how Sanjay may be able to reduce his risk factors for developing Type 2 diabetes</li> <li>• generally clear knowledge and understanding of a positive approach to health and well-being</li> </ul>
<b>1</b>	<p><b>1-2 marks</b></p> <p>A basic explanation which shows:</p> <ul style="list-style-type: none"> <li>• some grasp of how Sanjay may be able to reduce his risk factors for developing Type 2 diabetes</li> <li>• some knowledge and understanding of a positive approach to health and well-being</li> </ul>
	<p><b>0 marks</b></p> <p>Response not creditworthy or not attempted</p>



Question		Answer	AO1	AO2	AO3	Total mark
	(b)	<p><i>Sanjay has lived in Wales for two years. He speaks English as an additional language.</i></p> <p><i>Describe <b>three</b> methods that are used to provide health promotion information to individuals who speak English as an additional language.</i></p>	6 [2,2,2]			6
		<p><b>Award up to 2 marks</b> for each appropriate method.</p> <p><b>Award 1 mark</b> for a basic description showing some knowledge and understanding of an appropriate method.</p> <p><b>Award 2 marks</b> for a good description showing clear knowledge and understanding of an appropriate method.</p> <p>Answers may refer to:</p> <ul style="list-style-type: none"> <li>• leaflets are provided in different languages, information clearly understood e.g. first language Welsh, can take home</li> <li>• posters - visual representation, no language necessary, available for the general public in public places</li> <li>• materials using pictures, photos and diagrams, fewer words to read, easier and quicker to understand specific medical terminology</li> <li>• social media, used by more younger people, sharing information within families to support medical intervention</li> <li>• community health mentors and centres/ community befriending services, community group support, encourages individuals to take medical advice – health ambassadors/ advocates/ translators/ alternative health professionals available (telephone or face -to-face), providing the opportunity to ask questions, clarifying medical actions needed</li> <li>• specialist promotional community events, reaching more people in the community, entertaining/motivating individuals to take medical advice</li> <li>• promotion advertisements including famous representatives from different community groups produce TV health, e.g. COVID-19 vaccinations/ providing accurate information, encouraging positive behaviours</li> </ul> <p>Credit any other valid response.</p>				

Question		AO1	AO2	AO3	Total mark
3.	<i>Describe the characteristics of the biomedical model of health, disability and well-being.</i>	8			8
	<p>The biomedical model assumes the existence of illness or disease. It emphasises the medical approach using clinical diagnosis and medical intervention in the treatment of disease or its symptoms.</p> <p>Answers may refer to:</p> <p>Focus on physical health rather than overall well-being. The individual is passive since it is the health specialists who make the diagnosis and treatment/intervention</p> <ul style="list-style-type: none"> <li>• Examples of this model include scans, blood tests X-rays, surgery and hospitalisation a focus on how medical diagnoses and treatments reduces morbidity and premature mortality rates</li> <li>• dependence on medical knowledge and medical practitioners, not lay people</li> <li>• targets whole population for a specific health issue e.g. high blood pressure in reference to heart disease or high-risk groups such as B.A.M.E. for COVID-19</li> <li>• increases medical interventions e.g. immunisation, screening, blood/urine testing</li> <li>• prevention and early treatment of diseases is cheaper in the longer term than treating a large number of cases of the disease</li> <li>• focuses on purely biological factors so ignores psychological, environmental and social influences affecting overall well-being</li> <li>• Suggests that health problems relate to the individual, ignores the social causation factors</li> <li>• other models such as the social and biopsychosocial models address overall well-being more effectively</li> </ul> <p>By addressing physical health and well-being, also Improves mental well-being, economic well-being and emotional well-being.</p> <p>Clinical diagnosis and medical interventions seen as the solution to ill health so promoting wellness to improve overall quality of life for an individual.</p> <p>The focus is on 'fixing' the individual rather than adapting and supporting an individual's holistic well-being.</p> <p>Credit any other valid response.</p>				

<b>Band</b>	<b>AO1</b>
<b>4</b>	<p><b>7-8 marks</b></p> <p>An excellent description which demonstrates:</p> <ul style="list-style-type: none"> <li>• thorough knowledge and understanding of the biomedical model</li> <li>• a confident grasp of the characteristics of the biomedical model of health, disability and well-being</li> </ul>
<b>3</b>	<p><b>5-6 marks</b></p> <p>A good description which demonstrates:</p> <ul style="list-style-type: none"> <li>• generally secure knowledge and understanding of the biomedical model</li> <li>• generally secure grasp of the characteristics of the biomedical model of health, disability and well-being</li> </ul>
<b>2</b>	<p><b>3-4 marks</b></p> <p>A basic description which demonstrates:</p> <ul style="list-style-type: none"> <li>• some knowledge and understanding of the biomedical model</li> <li>• some grasp of the characteristics of the biomedical model of health, disability and well-being</li> </ul>
<b>1</b>	<p><b>1-2 marks</b></p> <p>A limited description which demonstrates:</p> <ul style="list-style-type: none"> <li>• little knowledge and understanding of the biomedical model</li> <li>• little grasp of the biomedical model of health, disability and well-being</li> </ul>
	<p><b>0 marks</b></p> <p>Response not creditworthy or not attempted</p>

Question	Answer	AO1	AO2	AO3	Total mark
4.	<i>Explain how the 'More than just words' framework may benefit Welsh speaking children and adults when accessing health and social care and childcare services.</i>		8		8
	<p>Answers may refer to:</p> <ul style="list-style-type: none"> <li>actively asking language preference and offering services in Welsh so Welsh speakers can get access to information and services in their first language – it is their right (Equality Act 2010) so they can actively participate in their own care</li> <li>creating a culture that puts the active offer of communicating in Welsh at the centre of health, social and childcare services, so the language used and communication activities do not create barriers and stop people from accessing services</li> <li>the responsibility to actively offer Welsh language communication lies with the service provider and not with the service user so more vulnerable people can instantly get the advice and support needed e.g. older individuals, people with dementia or a stroke, or young children who may only speak Welsh</li> <li>care and language go together, so effective communication using an individual's first language provides a key health and social care principle taken from the care value base</li> <li>this is the follow-on strategic framework, building on the original strategy to strengthen Welsh language services in the HSCC sectors</li> </ul> <p>Credit any other valid response.</p>				

<b>Band</b>	<b>AO2</b>
<b>4</b>	<p><b>7-8 marks</b></p> <p>An excellent explanation demonstrating:</p> <ul style="list-style-type: none"> <li>• detailed knowledge and understanding of the 'More than just words' initiative</li> <li>• confident grasp of how this initiative benefits Welsh speaking children and adults when accessing health and social care, and childcare services</li> </ul>
<b>3</b>	<p><b>5-6 marks</b></p> <p>A very good explanation demonstrating:</p> <ul style="list-style-type: none"> <li>• sound knowledge and understanding of the 'More than just words' initiative</li> <li>• secure grasp of how this initiative benefits Welsh speaking children and adults when accessing health and social care, and childcare services</li> </ul>
<b>2</b>	<p><b>3-4 marks</b></p> <p>A good explanation demonstrating:</p> <ul style="list-style-type: none"> <li>• generally secure knowledge and understanding of the 'More than just words' initiative</li> <li>• a generally secure grasp of how this initiative benefits Welsh speaking children and adults when accessing health and social care, and childcare services</li> </ul>
<b>1</b>	<p><b>1-2 marks</b></p> <p>A basic explanation demonstrating:</p> <ul style="list-style-type: none"> <li>• some knowledge and understanding of the 'More than just words' initiative</li> <li>• some grasp of how this initiative benefits Welsh speaking children and adults</li> </ul>
	<p><b>0 marks</b></p> <p>Response not creditworthy or not attempted</p>

Question	Answer	AO1	AO2	AO3	Total mark
5.	<p><i>Analyse how the Child Poverty Strategy for Wales may contribute to improvements in the health, well-being and resilience of children in Wales.</i></p> <p>Answers may refer to the strategy:</p> <ul style="list-style-type: none"> <li>• gives a clear direction for the Welsh Government to work towards the reduction of child poverty in Wales (published in 2011)</li> <li>• gives a clear summary of what the Welsh Government should achieve in helping to reduce poverty; special focus on the education and economic outcomes for low-income families (during 2011-14)</li> <li>• provides an approach with a strategic focus on reducing child poverty in Wales and highlighting the need for urgent action; setting targets and timescales</li> <li>• identifies the need to reduce the number of children living in workless households, increasing skills and reducing inequalities in health, education and economic outcomes</li> <li>• measures progress using quantifiable outcomes such as: % children living in relative income poverty, % of children in workless households, % 7-year-olds eligible for free meals, % babies born with a low birth weight, % young people aged 16-18 NEET</li> <li>• aims to make sure no child was living in poverty by 2020, but this was not achieved. Wales has the highest rate of child poverty of any nation in the UK. (In 2020, 3 in 10 children living in poverty in Wales even before the effects of coronavirus)</li> <li>• the strategy focusses on education and health to reduce inequalities in geographical areas of deprivation e.g. school essentials grants, free school meals, EMA, free prescriptions, food banks, childcare offer etc.</li> <li>• may include reference to other supporting legislation</li> </ul> <p>Credit any other valid response.</p>			6	6

Band	AO3
3	<p style="text-align: center;"><b>5-6 marks</b></p> <p>A very good analysis which demonstrates:</p> <ul style="list-style-type: none"> <li>• reasoned judgements about how the Child Poverty Strategy for Wales contributes to improvements in the health, well-being and resilience of children in Wales</li> <li>• thorough engagement with the Child Poverty Strategy for Wales</li> </ul>
2	<p style="text-align: center;"><b>3-4 marks</b></p> <p>A good analysis which demonstrates:</p> <ul style="list-style-type: none"> <li>• a generally valid judgements about how the Child Poverty Strategy for Wales contributes to improvements in the health, well-being and resilience of children in Wales</li> <li>• straightforward engagement with the Child Poverty Strategy for Wales</li> </ul>
1	<p style="text-align: center;"><b>1-2 marks</b></p> <p>A limited analysis which demonstrates:</p> <ul style="list-style-type: none"> <li>• little judgement about how the Child Poverty Strategy for Wales contributes to improvements in the health, well-being and resilience of children in Wales</li> <li>• little engagement with the Child Poverty Strategy for Wales</li> </ul>
	<p style="text-align: center;"><b>0 marks</b></p> <p>Response not creditworthy or not attempted</p>

Question	Answer	AO1	AO2	AO3	Total mark
6.	<p><i>Discuss the benefits of the Welsh Network of Healthy School Schemes (WNHSS).</i></p> <p>Answers may refer to the WNHSS:</p> <ul style="list-style-type: none"> <li>• promoting the link between health, behaviour and achievement so healthy and happy children and young people have been shown to do better in learning, and in life</li> <li>• providing a focus on actively promoting and protecting the physical, intellectual, emotional and social welfare of children and young people in Wales</li> <li>• reducing health and well-being inequalities for children/young people and promoting social inclusion</li> <li>• encouraging the development of local healthy school schemes within a national framework opportunity, so that all children and young people are given equal opportunities and access to resources</li> <li>• supporting a whole school/college approach for all those who learn, work and play within school provides an organisational focus based on WNHSS health education</li> <li>• putting responsibility to focus on the positive health and well-being ethos regarding policies and practices for every school/college</li> <li>• covering a wide range of areas to empower children and young people with special focus on the following aspects of health and well-being which are most relevant to children/young people: <ul style="list-style-type: none"> <li>○ food and fitness / nutrition and physical activity</li> <li>○ mental and emotional health and well-being</li> <li>○ personal development and relationships (including sex and relationship education)</li> <li>○ substance use and misuse including alcohol, smoking and drug use and misuse</li> <li>○ environmental concerns, especially for ecological sustainability</li> <li>○ safety, including child protection, sun safety, internet safety and first aid</li> <li>○ hygiene across educational and non-educational settings</li> </ul> </li> <li>• developing individual school/college health and well-being programmes e.g. healthy eating, e.g. school meals providing a range of different foods for children and young people to try, healthy lunchbox guidance</li> <li>• encouraging feedback, so children and young people express their views and are empowered to take responsibility for their health and well-being</li> </ul> <p>Credit any other valid response.</p>			8	8



Band	AO3
4	<p style="text-align: center;"><b>7-8 marks</b></p> <p>An excellent discussion which demonstrates:</p> <ul style="list-style-type: none"> <li>• perceptive and informed judgements about a range of benefits of the Welsh Network of Healthy School Schemes (WNHSS)</li> <li>• confident and detailed engagement with the Welsh Network of Healthy School Schemes (WNHSS)</li> </ul>
3	<p style="text-align: center;"><b>5-6 marks</b></p> <p>A good discussion which demonstrates:</p> <ul style="list-style-type: none"> <li>• reasoned judgements about a range of benefits of the Welsh Network of Healthy School Schemes (WNHSS)</li> <li>• thorough engagement with the Welsh Network of Healthy School Schemes (WNHSS)</li> </ul>
2	<p style="text-align: center;"><b>3-4 marks</b></p> <p>A basic discussion which demonstrates:</p> <ul style="list-style-type: none"> <li>• generally valid judgements about a range of benefits of the Welsh Network of Healthy School Schemes (WNHSS)</li> <li>• straightforward engagement the Welsh Network of Healthy School Schemes (WNHSS)</li> </ul>
1	<p style="text-align: center;"><b>1-2 marks</b></p> <p>A limited response which demonstrates:</p> <ul style="list-style-type: none"> <li>• some valid judgements about a range benefits of the Welsh Network of Healthy School Schemes (WNHSS)</li> <li>• little engagement with the Welsh Network of Healthy School Schemes (WNHSS)</li> </ul>
	<p style="text-align: center;"><b>0 marks</b></p> <p>Response not creditworthy or not attempted.</p>

Question	Answer	AO1	AO2	AO3	Total mark
7.	<p><i>Recent studies have predicted that by 2025 there will be a population change resulting in more than 20% of the population in Wales being over the age of 65.</i></p> <p><i>Consider how an ageing population may create challenges for health and well-being service provision in Wales.</i></p>			10	10
	<p>Answers may refer to:</p> <ul style="list-style-type: none"> <li>• increase in population, since the population is living longer puts more pressure on health, social care and well-being resources</li> <li>• older individuals may have more difficulty accessing health and well-being services meaning there may be more mobility/transport services, and communication support/ /advocates needed</li> <li>• there may not be enough funding for increased provision of health and care services to meet the needs of older people so there may be more strain on existing services</li> <li>• funding priorities; could negatively affect the provision of services for other age groups</li> <li>• depending on prioritisation, older people may not receive the care and support they need</li> <li>• increase in older population can affect the dependency ratio, so there may be a reduction in the working population who provide finance to support non-working older and younger individuals</li> <li>• financial cost to society – decreases in disposable income following increased taxes for the working population (needed to fund an increasing demand for health and social care services for a larger population) affects health and well-being of the working population</li> <li>• there is a link between an ageing population and decrease in economic productivity, so could lead to a reduction in the wealth and finance needed for health and well-being services</li> <li>• increased stress on NHS; more hospital beds needed for more older individuals, longer waiting lists, older individuals more susceptible to falls – minor injuries adding to the pressure on services</li> <li>• increased building of supported housing needed to accommodate more older individuals</li> <li>• has prompted a Government review of the health and social care provision for older individuals to provide a more joined-up service linking health and social care provision</li> <li>• an increase in service provision may lead to more training and job opportunities in the health and social care sectors being created for the working population</li> <li>• older individuals may have reduced social networks, so family and friends not available to provide personal care in the home. This domiciliary care has to be provided by agencies, which are often short of staff and have a high turnover of care workers.</li> </ul>				

Question	Answer	AO1	AO2	AO3	Total mark
	<ul style="list-style-type: none"> <li>increased dependence on unpaid carers e.g. family, friends, neighbours. Carer stress may be an issue.</li> <li>however, the availability of more older individuals available to work and support voluntary health and social care services can be beneficial, such as hospital volunteers</li> </ul> <p>Credit any other valid response.</p>				
Band	AO3				
<b>4</b>	<p><b>9-10 marks</b></p> <p>An excellent response which shows:</p> <ul style="list-style-type: none"> <li>perceptive and informed interpretation of how an ageing population may create challenges for health and well-being service provision in Wales</li> <li>confident and detailed consideration of a range of the effects of these challenges on service provision</li> </ul>				
<b>3</b>	<p><b>6-8 marks</b></p> <p>A good response which shows:</p> <ul style="list-style-type: none"> <li>reasoned interpretation of how an ageing population may create challenges for health and well-being service provision in Wales</li> <li>thorough consideration of the effects of these challenges on service provision</li> </ul>				
<b>2</b>	<p><b>3-5 marks</b></p> <p>A basic response which shows:</p> <ul style="list-style-type: none"> <li>generally valid interpretation of how an ageing population may create challenges for health and well-being service provision in Wales</li> <li>straightforward consideration of some of the effects of these challenges on service provision</li> </ul>				
<b>1</b>	<p><b>1-2 marks</b></p> <p>A limited response which shows:</p> <ul style="list-style-type: none"> <li>some valid interpretation of how an ageing population may create challenges for health and well-being service provision in Wales</li> <li>little consideration of at least one effect of these challenges on service provision</li> </ul>				
	<p><b>0 marks</b></p> <p>Response not creditworthy or not attempted</p>				

Question		Answer	AO1	AO2	AO3	Total mark
8.	(a)	<p><i>Rosie is 5 years old and she receives her annual influenza vaccination in the form of a nasal spray. Her grandfather, Dafydd, also receives an annual influenza vaccination.</i></p> <p><i>Outline <b>three</b> ways in which the 'Beat Flu' campaign may contribute to improvements in the health and well-being of all individuals in Wales.</i></p>	6 [2,2,2]			6
		<p><b>Award up to 2 marks</b> for each way in which the 'Beat Flu' campaign contributes to improvements in the health and well-being of individuals in Wales.</p> <p><b>Award 1 mark</b> for a basic outline showing some knowledge and understanding of appropriate ways.</p> <p><b>Award 2 marks</b> for a good outline showing clear knowledge and understanding of appropriate ways.</p> <p>Answers may refer to:</p> <ul style="list-style-type: none"> <li>• alerts issued in autumn (starting in October) which is the best time to give the vaccine before the onset of high winter infection rates</li> <li>• programme runs to March so people can still get a later vaccination</li> <li>• vaccination is the best protection against flu; herd immunity to flu increases as more people have the vaccine</li> <li>• since winter 2020 the vaccine has been offered to people aged 50+ free of charge further increasing the herd immunity population (<i>this was because of COVID-19 and may not be the case when the paper is sat</i>)</li> <li>• free for those most at risk such as Rosie/children with a health risk, encourages higher uptake</li> <li>• annual vaccination addresses the regular influenza mutations/strains so a different flu vaccine is offered every year</li> <li>• reduces morbidity and mortality rates reduces the stress on the NHS in winter /so more hospital beds are freed up</li> <li>• automatic text/telephone alerts provided by GP surgeries</li> <li>• set up vaccination appointments</li> <li>• information available in different formats (leaflets, tv, radio, electronic - websites and twitter etc.) to reach a larger audience</li> <li>• information available in Welsh/bilingual so raises awareness across more communities in Wales</li> </ul> <p>Credit any other valid response.</p>				

Question		Answer	AO1	AO2	AO3	Total mark
	(b)	<p><i>A nurse practitioner at Dafydd's GP surgery has been trained in Care Navigation.</i></p> <p><i>Describe Care Navigation as a strategy and analyse the health and social care services available to support older individuals, such as Dafydd.</i></p>	6		8	14
		<p><b>Care Navigation</b> is a person-centred approach using signposting and information to help primary care patients and their carers to move through the health and social care system as smoothly as possible to ensure that unmet needs are met. This strategy aims for patients to be seen by the right person at the right place at the right time.</p> <p>Answers may refer to:</p> <ul style="list-style-type: none"> <li>the care navigator will get specific training e.g. triage to decide on the order of treatment for a large number of people such as in a hospital A and E Department</li> <li>this is a social prescription/link worker strategy to connect service users to community groups and statutory HSC services</li> <li>holistic approach to support physical and mental health and well-being of service users; practical and emotional support can be provided</li> <li>providing options for care</li> <li>providing information, so informed choices can be made; empowerment</li> <li>providing access to care to best meet Dafydd's individual needs</li> <li>Dafydd can be seen by the right person at the right time</li> <li>this system makes best use of appointments and resources within GP practices</li> <li>care navigators can help patients set up appointments for doctor visits and medical tests; can also assist in directing patients needing financial, legal and social support</li> <li>care navigators give access to primary care services for patients, so reducing pressure on GP services</li> <li>a range of trained professionals can act as care navigators such as nurses, social workers, mental health professionals, Age UK representatives, talking therapists and physical therapists</li> </ul>				

Question	Answer	AO1	AO2	AO3	Total mark
	<p><b>Health and social care services may include:</b>  GP  Dental care  Allied health professionals e.g. pharmacist/chemist  Community health care – community nurse  Social care</p> <p>These are all important in the general health and well-being of older individuals and are foremost in service provision, these are statutory services and should be available to all and mainly free of charge. They are interlinked and aim to provide continuous care for older individuals.</p> <p><b>Preventative and early intervention services</b> – not all available in every area and may involve cost to the individual.</p> <p><b>Befriending services:</b> available through local Age UK services; a volunteer befriends by contacting and talking an older person (telephone, electronic, face to face); often in own home, can accompany to doctor/hospital appointments or for social/leisure activities preventing loneliness, and social isolation.</p> <p><b>House adaptations for independent living:</b> can get financial assistance with the costs. Adaptations include grab rails, bath lifts, sit down showers so bathing is safer; widening doorways for wheelchair access; lowering kitchen worktops so the service user can use kitchen equipment safely; stair lifts, outdoor ramps, step rails to support independent mobility. This will allow individuals such as Dafydd to remain in their own homes for as long as possible.</p> <p><b>Shop mobility:</b> lending wheelchairs and mobility scooters to people with limited mobility will allow older individuals to maintain independence to shop and visit leisure and commercial facilities within town/ shopping centres as they chose.</p> <p><b>Telecare systems:</b> provide 24/7 monitoring in the home; can be a lifeline pendant worn by the individual or a base unit with a range of sensors placed around the home to support independent living. This helps as the system alerts the carer/family/ medical services if there is a problem in the home such as a fall, inactivity, fire, flood or gas leaks so keeping the individual safe and they will receive assistance quickly if needed and also provides reassurance for the family.</p> <p><b>Appropriate housing:</b> depending on individual needs. Some housing is age exclusive such as for over 60s and totally independent. More supportive housing could be sheltered housing with a warden, each home has an</p>				

Question	Answer	AO1	AO2	AO3	Total mark
	<p>emergency alarm system, but care is not provided. Next stage, Home care gives independence in the home and offers personal care such as washing, dressing, toileting and taking medication, this involves financial contribution which is means tested. Final stage could be full residential care outside the home and nursing care to meet medical needs. Again, for many individuals this comes at a cost although for some, social services will provide funding.</p> <p><b>Access to public transport/ special mobility transport</b> so older/disabled individuals have the transport to attend appointments. Free bus passes for over 60s help with financial issues to allow older individuals to travel and visit friends and family to reduce isolation.</p> <p><b>Access to broadband</b> to provide affordable and fast digital linking, especially for isolated rural locations this could help overcome loneliness, and social isolation, however, some older individuals are not used to technology and may be unable/afraid to use it.</p> <p><b>Nutrition and hydration support/referral to a dietitian or nutritionist</b> re: preventative and intervention referrals such as diabetes prevention programmes. Intervention can be diet and exercise support for self-management and self-monitoring to ensure individual responsibility for weight management and for receiving adequate nutrition through following a healthy diet.</p> <p><b>Being socially and intellectually engaged:</b> Day centres support individuals by providing activities such as singing, music, memory reminiscence support, quizzes and gentle exercise specialist care services can be offered such as cooked meals, assisted bathing, hairdressing and foot care. These are helpful, but often spaces may be limited and only available for a limited amount of time.</p> <p>In conclusion, in theory there are many services available to support older individuals, but their accessibility/availability depends on a number of factors, such as political and economic determinants of funding, austerity / cost of living crises and prioritising demographic groups.</p> <p>Credit any other valid response.</p>				

Band	AO1	AO3
4	There are no Band 4 marks for this assessment objective. 4 marks are awarded as for Band 3.	<p><b>7-8 marks</b></p> <p>An excellent response which demonstrates:</p> <ul style="list-style-type: none"> <li>perceptive and informed judgements about health and social care services available to support individuals such as Dafydd</li> <li>confident and detailed engagement with how these services support individuals such as Dafydd</li> </ul> <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><b>5-6 marks</b></p> <p>A very good description which shows thorough knowledge and understanding of the key features of the Care Navigation strategy.</p>	<p><b>5-6 marks</b></p> <p>A good response which demonstrates:</p> <ul style="list-style-type: none"> <li>reasoned judgements about preventative and health and social care available to support individuals such as Dafydd</li> <li>thorough engagement with how these services support individuals such as Dafydd</li> </ul> <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>
2	<p><b>3-4 marks</b></p> <p>A good description which shows generally secure knowledge and understanding of some features of the Care Navigation strategy.</p>	<p><b>3-4 marks</b></p> <p>A basic response which demonstrates:</p> <ul style="list-style-type: none"> <li>generally valid judgements about health and/or social care services available to support individuals such as Dafydd</li> <li>straightforward engagement with how these services support individuals such as Dafydd</li> </ul> <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><b>1-2 marks</b></p> <p>A basic description which shows knowledge and understanding in general terms of the features of the Care Navigation strategy.</p>	<p><b>1-2 marks</b></p> <p>A limited response which demonstrates:</p> <ul style="list-style-type: none"> <li>some judgements about health and/or social care services available to support individuals</li> <li>little engagement with how these services support individuals</li> </ul> <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><b>0 marks</b></p> <p>Response not creditworthy or not attempted.</p>	<p><b>0 marks</b></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.					6	(b) (c)	6	6	0	0
2.	(a)		8			(a)	8	0	8	0
	(b)				6	(d)	6	6	0	0
3.			8			(b)	8	8	0	0
4.				8		(c)	8	0	8	0
5.					6	(e)	6	0	0	6
6.					8	(e) (f)	8	0	0	8
7.				10		(a)	10	0	0	10
8.	(a)				6	(e)	6	6	0	0
	(b)				6 8	(e) (a)	14	6 0	0 0	0 8

Total marks	16	18	46		80	32	16	32
-------------	----	----	----	--	----	----	----	----