Candidate Name	Centre Number					Candidate Number				

GCE AS and A LEVEL
HEALTH AND SOCIAL CARE, AND CHILDCARE

UNIT 1

PROMOTING HEALTH AND WELL-BEING

SAMPLE ASSESSMENT MATERIALS

2 hours

DRAFT

INSTRUCTIONS FOR CANDIDATES

Answer **ALL** questions.

Write your name, centre number and candidate number in the spaces provided at the top of this page.

Write your answers in the spaces provided in this booklet.

Use black ink or black ball-point pen.

Do not use pencil or gel pen.

Do not use correction fluid.

INFORMATION FOR CANDIDATES

The number of marks is given in brackets at the end of each question or part question. You are advised to divide your time accordingly.

The total number of marks available is 80.

You are reminded of the need for good English and orderly, clear presentation in your answers. The quality of your written communication, including appropriate use of punctuation and grammar, will be assessed in your answer to question 7.

*Answer **all** questions.*

1. The Social Services and Well-being (Wales) Act 2014 is one example of legislation designed specifically for Wales.

Describe the main principles of the Social Services and Well-being (Wales) Act 2014. [8]

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2. (a) Outline the meaning of well-being, with specific reference to children, as defined in the Social Services and Well-being (Wales) Act 2014. [6]

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(b) There are several models of health, disability and well-being.

Contrast the social model and the biomedical model of heath, disability and well-being. [6]

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3. Immunisation programmes are one form of preventative measure.

Consider how preventative measures may be supported by local and national strategies, and lifestyle choices. [10]

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4. Flying Start is one example of a Welsh Government initiative designed to contribute to improvements in the health, well-being and resilience of the population in Wales.

Explain the role of Flying Start in improving the health, well-being and resilience of children in Wales. [8]

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5 (a) One approach to promoting health, well-being and resilience is described as ‘primary’ as it aims to reduce the risk to the entire population. [6]

(i) Describe two other approaches to health, well-being and resilience promotion, giving an example of each.

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(ii) Outline how current trends and patterns of health, well-being and resilience of the population of Wales, support the need for health and well-being campaigns. [6]

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(b) Discuss the main benefits and limitations of health promotion roles in relation to the promotion of health, well-being and resilience. [8]

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6. Obesity is one example of a modifiable risk factor in relation to health, well-being and resilience.

Explain how **two** other modifiable risk factors may impact on health, well-being and resilience. [8]

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7. Describe the main features of holistic concepts of health and well-being and consider how social and economic determinants contribute to inequalities in outcome focused care. [14]

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For continuation only

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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.

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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.

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Question	Answer	AO1	AO2	AO3	Total Mark
1.	*The Social Services and Well-being (Wales) Act 2014 is one example of legislation designed specifically for Wales.* *Describe the main principles of the Social Services and Well-being (Wales) Act 2014.*	8			8
	Answers may refer to: • supporting people who have care and support needs to achieve well-being • providing a legal framework for improving the well-being of people who need care and support and carers who need support, and for transforming social services in Wales • empowering those who deliver health and social care and childcare services to co-produce solutions with individuals who need care and support and carers who need support • promoting the prevention of escalating need, ensuring the right help is available at the right time • helping to ensure that carers have an equal right to assessment as those they care for • helping to ensure easy access information and advice is available to all. The legislation is there to support: • physical and mental health and emotional well-being • protection from abuse and neglect • education, training and recreation • domestic, family and personal relationships • contribution made to society • securing rights and entitlements • social and economic well-being • suitability of living accommodation • physical, intellectual (cognitive), emotional, social and behavioural development of children • welfare of children • control over day to day life for adults • participation in work for adults. Answers may make reference to how the Act promotes health, well-being and resilience. Credit any other valid response.				

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Band	AO1
4	**7-8 marks** An excellent description which shows: • thorough knowledge and understanding of the main principles of the Social Services and Well-being (Wales) Act 2014 • confident grasp of key concepts, i.e. a focus on people who need care and support, empowerment, co-production, partnerships.
3	**5-6 marks** A good description which shows: • generally secure knowledge and understanding of the main principles of the Social Services and Well-being (Wales) Act 2014 • generally secure grasp of key concepts, i.e. a focus on people who need care and support, empowerment, co-production, partnerships.
2	**3-4 marks** A basic description which shows: • some knowledge and understanding of some of the main principles of the Social Services and Well-being (Wales) Act 2014 • some grasp of key concepts, i.e. a focus on people who need care and support, empowerment, co-production or partnerships.
1	**1-2 marks** A limited description which shows: • little knowledge and understanding of the Social Services and Well-being (Wales) Act 2014 • little grasp of key concepts, such as a focus on people who need care and support.
	0 marks Response not creditworthy or not attempted.

DRAFT

Question		Answer	AO1	AO2	AO3	Total Mark
2	(a)	*Outline the meaning of well-being, with specific reference to children, as defined in the Social Services and Well-being (Wales) Act 2014.*	6			6
		Well-being, in relation to a child (as defined in the Social Services and Well-being (Wales) Act 2014) means well-being in relation to any of the following: • physical and mental health and emotional well-being • protection from abuse and neglect • education, training and recreation • domestic, family and personal relationships • contribution made to society • securing rights and entitlements • social and economic well-being • suitability of living accommodation. Specifically, with reference to children: • physical, intellectual (cognitive), emotional, social and behavioural development • 'welfare' as interpreted for the purposes of the Children Act 1989.				

Band	AO1
3	**5-6 marks** A very good outline which: • shows thorough knowledge and understanding of how the Social Services and Well-being (Wales) Act 2014 defines the meaning of well-being • clearly focuses on what well-being means for children.
2	**3-4 marks** A good outline which: • shows generally secure knowledge and understanding of how the Social Services and Well-being (Wales) Act 2014 defines the meaning of well-being • mainly focuses on what well-being means for children.
1	**1-2 marks** A basic outline which: • shows some knowledge and understanding of how, in general terms, the Social Services and Well-being (Wales) Act 2014 defines the meaning of well-being • is general in nature rather than focusing on what well-being means for children.
	0 marks Response not creditworthy or not attempted**.**

DRAFT

Question		Answer	AO1	AO2	AO3	Total Mark
2	(b)	*There are several models of health, disability and well-being.* *Contrast the social model and the biomedical model of heath, disability and well-being.*			6	6
		Note that marks are awarded for contrasting the two models, not comparing them, so the focus of the response should be on differences not similarities. Answers may refer to: **The social model**: • individuals are excluded by barriers in society, not by health, impairment or difference • barriers can be physical or attitudinal • barriers make life harder for individuals. **The biomedical model**: • assumes existence of illness or disease • emphasises clinical diagnosis and medical intervention in the treatment of disease or its symptoms. Comments may include the following (and may also include examples): • Biomedical model – emphasises treating individuals separately from their lifestyle/living conditions, concentrating on the disease, illness or disability and returning the individual to their pre-ill state. Reasons for illness are not at the centre of the biomedical model. • Social model addresses broader issues around health, using a 'community approach' to prevent illness. The social model goes beyond life-style and behaviour and promotes the need for social change. • Social model is based on the idea that for improvements to occur, there must be a change in social, environmental and economic factors. The biomedical model assumes that a health professional will be able to treat an illness/disease and the individual will take a passive role. • Biomedical model does not promote a healthy lifestyle e.g. if an individual is leading an unhealthy lifestyle to no ill effects, they should continue, whereas the social model actively encourages individuals to lead a healthy lifestyle. Credit any other valid response.				

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Band	AO3
3	**5-6 marks** A very good response which: • considers a range of features of the social model and the biomedical model of health, disability and well-being which clearly illustrates the differences between the two models • includes detailed consideration of the ways in which the two models contrast.
2	**3-4 marks** A good response which: • considers features of the social model and the biomedical model of health, disability and well-being which illustrates the differences between the two models • includes general consideration of the ways in which the two models contrast.
1	**1-2 marks** A basic response which: • considers, in simple terms, some features of the social model and the biomedical model of health, disability and well-being • includes basic consideration of the ways in which the two models contrast.
	0 marks Response not creditworthy or not attempted.

DRAFT

Question	Answer	AO1	AO2	AO3	Total Mark
3.	*Immunisation programmes are one form of preventative measure.* *Consider how preventative measures may be supported by local and national strategies, and lifestyle choices.*			10	10
	Answers may refer to: How preventative measures may be supported by: Individuals making healthier lifestyle choices, for example: • stopping/reducing smoking: avoiding or engagement in cessation services • stopping/reducing alcohol intake: avoiding misuse • eating a healthy diet: adequate nutrition and hydration; following healthy eating guidelines • taking regular exercise: outdoor activities, team sports, exercise groups or taking gym memberships • practising safe sex, sexual experiences/relationships • engaging in screening • engagement in stress management/relaxing programmes • engagement in social activities: to avoid isolation • ensuring good work/life balance. Individuals engaging in preventative measures, including: • screening programmes • vaccination programmes • cardiovascular risk programmes • reducing the impact of smoking • reducing the impact of alcohol misuse • reducing the occurrence and impact of falls in older adults • smoking cessation services • companies offering employees health benefits such as private healthcare • support groups and networks. Local and national strategies by, for example: • raising awareness of risks of certain behaviours in relation to health issues. Local and national strategies including: • health campaigns – posters/billboards/TV and social media advertising. Strategies aim to: • influence the wider determinants of health • improve physical and mental well-being and build resilience • promoting healthy behaviours • secure a healthy future for the next generation through a focus on early years • protect the public from infection and environmental threats to health • support the development of a sustainable health and care system focused on prevention and early intervention • build and mobilise knowledge and skills to improve health and well-being across Wales. Credit any other valid response.				

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Band	AO3
4	**9-10 marks** An excellent response which demonstrates: • perceptive and informed judgements about how preventative measures may be supported by local and national strategies, and lifestyle choices • confident and detailed consideration of how local and national strategies, and lifestyle choices may contribute to the overall impact of the preventative measures.
3	**6-8 marks** A good response which demonstrates: • reasoned judgements about how preventative measures may be supported by local and national strategies, and lifestyle choices • thorough consideration of how local and national strategies, and lifestyle choices may contribute to the overall impact of the preventative measures.
2	**3-5 marks** A basic response which demonstrates: • generally valid judgements about how preventative measures may be supported by local and/or national strategies, and lifestyle choices • straightforward consideration of how local and/or national strategies, and lifestyle choices may contribute to the overall impact of the preventative measures.
1	**1-2 mark** A limited response which demonstrates: • some valid judgements about how preventative measures may be supported by local or national strategies, and/or lifestyle choices • little consideration of how local or national strategies, and/or lifestyle choices may contribute to the overall impact of the preventative measures.
	0 marks Response not creditworthy or not attempted.

DRAFT

Question	Answer	AO1	AO2	AO3	Total Mark
4.	*Flying Start is one example of a Welsh Government initiative designed to contribute to improvements in the health, well-being and resilience of the population in Wales.* *Explain the role of Flying Start in improving the health, well-being and resilience of children in Wales.*		8		8
	Answers may refer to: Flying Start is a Welsh Government programme which provides a range of services to help children to get the best start in life; actively supporting children in disadvantaged areas, providing intensive support for children and their families. Flying Start can help promote the health, well-being and resilience of children in Wales. Families are entitled to receive support, such as: • quality part-time childcare (mostly free of charge), for two - three year olds and provision of wrap around care when children start nursery as part of the 30 hours free childcare offer to enable parents to work • enhanced health visiting to support risk assessments • an opportunity for parents to attend settings with their children and work alongside them • support on parenting and access to parenting programmes, and to 'network' with other parents • quicker access to allied health professionals e.g. for speech and language services - support for children to learn to talk and communicate, and dieticians - support with nutrition and hydration. Credit any other valid response.				

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Band	AO2
4	**7-8 marks** An excellent explanation which shows: • detailed knowledge and understanding of the role of Flying Start in improving the health, well-being and resilience of children in Wales • a confident grasp of a range of ways Flying Start can contribute to the improvement of children's health, well-being and resilience.
3	**5-6 marks** A very good explanation which shows: • sound knowledge and understanding of the role of Flying Start in improving the health, well-being and resilience of children in Wales • a secure grasp of the ways Flying Start can contribute to the improvement of children's health, well-being and resilience.
2	**3-4 marks** A good explanation which shows: • generally clear knowledge and understanding of the role of Flying Start in improving the health, well-being and resilience of children in Wales • a generally secure grasp of some ways Flying Start can contribute to the improvement of children's health, well-being and resilience.
1	**1-2 marks** A basic explanation which shows: • some knowledge and understanding of the role of Flying Start in improving the health, well-being and resilience of children in Wales • some grasp of at least one way Flying Start can contribute to the improvement of children's health, well-being and resilience.
	0 marks Response not creditworthy or not attempted.

DRAFT

Question		Answer	AO1	AO2	AO3	Total Mark
5.	*One approach to promoting health, well-being and resilience is described as 'primary' as it aims to reduce the risk to the entire population.*					
	(a)(i)	*Describe two other approaches to health, well-being and resilience promotion, giving an example of each.*	6			6
		Award up to **3 marks** for each approach **Award 1 mark** for a basic description showing some knowledge and understanding of an approach to health, well-being and resilience promotion. **Award 2 marks** for a good description showing clear knowledge and understanding of an approach to health, well-being and resilience promotion. **Award 1 mark** for an appropriate/relevant example. Answers may refer to: **Secondary**: aimed at reducing risk factors for those already at risk, preventative measures that lead to early diagnosis and prompt treatment of a disease, illness or injury. Relevant secondary examples may include: • routine screening for cancers • regular hearing tests for those who work in noisy environments • smoking cessation services. **Tertiary:** aimed at reducing the impact of a condition and to improve quality of life and preventing a problem from becoming worse. Relevant tertiary examples may include: • rehabilitation programmes • support groups • self-management programmes. Credit any other valid response.				

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Question		Answer	AO1	AO2	AO3	Total Mark
5.	(a)(ii)	*Outline how current trends and patterns of health, well-being and resilience of the population of Wales support, the need for health and well-being campaigns.*	6			6
		Current trends in Wales could relate to any of the following: • alcohol/smoking/drugs misuse • increase in cardiovascular disease/cancer/dementia/ teenage pregnancy • healthy eating/physical activity/obesity/malnutrition • mental health and well-being • communicable diseases and immunisation uptake • maternal and child health/screening uptake • housing/homelessness/employment/unemployment • adverse childhood experiences • safeguarding/children in need/looked after children • community cohesion/loneliness and isolation • uptake of care at home services. Current trends support the need for campaigns because: • they highlight that early intervention and education is a positive way of improving health and well-being • campaigns can be preventative – people are living longer so health concerns that were prevalent previously may be diminished • campaigns can help ensure sustainability of health services and forward planning • despite campaigns/initiatives being introduced, issues still arise with the health and well-being of individuals in Wales • the population is generally living longer which is introducing additional health and well-being concerns • poverty is still a major issues in some areas in Wales which affects: mental health and well-being, nutrition, access to recreation and leisure, housing conditions, heating. Credit any other valid response.				

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Band	AO1
3	**5-6 marks** A very good outline which: • shows thorough knowledge and understanding of current trends and patterns of health, well-being and resilience of the population of Wales • clearly illustrates how a range of current trends and patterns support the need for relevant health and well-being campaigns.
2	**3-4 marks** A good outline which: • shows generally secure knowledge and understanding of current trends and patterns of health, well-being and resilience of the population of Wales • illustrates how some current trends and patterns support the need for relevant health and well-being campaigns.
1	**1-2 marks** A basic outline which: • shows some knowledge and understanding, in general terms, of current trends and patterns of health, well-being and resilience of the population of Wales • illustrates how one or two current trends and patterns support the need for health and well-being campaigns.
	0 marks Response not creditworthy or not attempted.

DRAFT

Question		Answer	AO1	AO2	AO3	Total Mark
5.	(b)	*Discuss the main benefits and limitations of health promotion roles in relation to the promotion of health, well-being and resilience.*			8	8
		Answers may refer to: the main benefits and limitations of the roles in relation to the promotion of health, well-being and resilience including: Benefits • expertise/knowledge: have extensive and up-to-date training and access to resources that allow for a personalised service to be provided; detailed knowledge and experience of the sectors involved and services available • captive audience: incentives for individuals to engage with the professionals, do not have to actively recruit or e.g. knock on doors • knowledge of the individual: will have a working relationship with an individual and can ensure that any referrals are appropriate to the individual's unique needs. Limitations • time constraints, financial constraints: may not have enough time to give to each individual as much support as required, may miss out important information; not have access to appropriate finances to actively support individuals • can give advice but cannot force the individual to follow it (individual's resistance to change): may not have the opportunity to explore alternatives due to time and financial constraints – linked to the above • may not be able to target everyone in need: linked to the issues above, there may not be the opportunity to gain access to all those in need of help and assistance • 'one size' does not fit all: the constraints mentioned above will sometimes mean that only one option is offered, and this may not be suitable for everyone. Answers should make reference to key health and social care and childcare practitioners that have a role in promoting health, well-being and resilience. Credit any other valid response.				

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Band	AO3
4	**7-8 marks** An excellent discussion which demonstrates: • perceptive and informed judgements about a range of benefits and limitations of health promotion roles in relation to the promotion of health, well-being and resilience • confident and detailed engagement with the possible contributions of key health and social care and childcare practitioners to the promotion of individuals' health, well-being and resilience.
3	**5-6 marks** A good discussion which demonstrates: • reasoned judgements about the benefits and limitations of health promotion roles in relation to the promotion of health, well-being and resilience • thorough engagement with the possible contributions of key health and social care and childcare practitioners to the promotion of individuals' health, well-being and resilience.
2	**3-4 marks** A basic discussion which demonstrates: • generally valid judgements about some benefits and/or limitations of health promotion roles in relation to the promotion of health, well-being and resilience • straightforward engagement with the possible contributions of health and social care and/or childcare practitioners to the promotion of individuals' health, well-being and resilience
1	**1-2 mark** A limited response which demonstrates: • some valid judgements about a small number of benefits or limitations of health promotion roles in relation to the promotion of health, well-being and resilience • little engagement with the possible contributions of practitioners to the promotion of individuals' health, well-being and resilience.
	0 marks Response not creditworthy or not attempted.

DRAFT

Question	Answer	AO1	AO2	AO3	Total Mark
6.	*Obesity is one example of a modifiable risk factor in relation to health, well-being and resilience.* *Explain how **two** other modifiable risk factors may impact on health, well-being and resilience.*		8		8

	Answers may refer to:
	
	• alcohol misuse – a risk when individuals regularly exceed recommended safe limits. Alcohol misuse increases the risk of conditions such as: heart disease, stroke, liver disease and a range of cancers which may be fatal. Other risks include accidents caused whilst intoxicated which may cause life-limiting injuries or choking on vomit which can be fatal.
	
	• substance misuse – may lead to addiction and potentially to overdose. Responses may include reference to:
	  • accidents caused whilst under the influence of drugs – which may cause life limiting injuries or be fatal
	  • accidental overdose
	  • health issues such as paranoia, heart problems, memory loss, risk of infection if needles are shared.
	
	• smoking – can cause life limiting diseases such as lung cancer and other cancers, it also:
	  • damages the heart and blood circulation, increasing the risk of: coronary heart disease, heart attack, stroke
	  • damages the lungs, increasing the risk of: chronic obstructive pulmonary disease (COPD), bronchitis, emphysema and pneumonia
	  • can worsen or prolong respiratory conditions such as asthma
	
	all of which can be fatal as well as causing life-limiting situations as individuals may be unable to participate in physical activity/may not be able to walk far due to breathlessness.
	
	• infectious diseases – potentially caused by individuals not being immunised or not following hygiene/safety guidelines, viruses can result in an infectious disease which may have long term effects or death e.g. AIDS, Hepatitis B, Hepatitis C, meningitis, measles, tuberculosis (TB).
	
	• loneliness and social isolation – may lead to individuals not taking care of themselves properly and could lead to mental health issues, depression and suicide.
	
	Credit any other valid response.				

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Band	AO2
4	**7-8 marks** An excellent explanation which shows: • detailed knowledge and understanding of two modifiable risk factors and the potential impact of each on health, well-being and resilience • a confident grasp of a range of ways in which each modifiable risk factor could impact on an individual's health, well-being and resilience.
3	**5-6 marks** A good explanation which shows: • sound knowledge and understanding of two modifiable risk factors and the potential impact of each on health, well-being and resilience • a secure grasp of the ways in which each modifiable risk factor could impact on an individual's health, well-being and resilience.
2	**3-4 marks** A basic explanation which shows: • generally clear knowledge and understanding of two modifiable risk factors, or sound knowledge and understanding of one modifiable risk factor, and the potential impact of each/it on health, well-being and resilience • a generally secure grasp of some ways in which each modifiable risk factor, or a secure grasp of the ways in which a single modifiable risk factor, could impact on an individual's health, well-being and resilience.
1	**1-2 marks** A limited explanation which shows: • some knowledge and understanding of two modifiable risk factors, or generally clear knowledge and understanding of one modifiable risk factor, and the potential impact of each/it on health, well-being and resilience • some grasp of at least one way in which each modifiable risk factor, or two ways in which a single modifiable risk factor, could impact on an individual's health, well-being and resilience.
	0 marks Response not creditworthy or not attempted.

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Question	Answer	AO1	AO2	AO3	Total Mark
7.	*Describe the main features of holistic concepts of health and well-being and consider how social and economic determinants contribute to inequalities in outcome focused care.*	**6**		**8**	**14**
	Answers may refer to: holistic concepts of health and well-being: • consider the whole person and how they interact with their environment • consider the physical, mental, emotional and spiritual elements to an individual's life • are considered as an approach to life • consider how everyday choices effect health and well-being • emphasise the connection of mind, body and spirit • encourage people to accept responsibility for their own level of well-being • are based on the premise that optimal health is not based upon just the absence of disease, but upon the living balance of the 'whole person'. Social and economic determinants and how they contribute to inequalities in outcome focused care may include: • personal characteristics - including sex, age, ethnic group and hereditary factors: individuals of a certain age who may not have anyone to speak for them and may not feel as comfortable/confident participating in managing their own care outcome; equally individuals of varying ethnic groups who may find it difficult because they come from a different culture; if a condition has been inherited, an individual may find it difficult to come to terms with accepting responsibility for their own health and well-being • lifestyle factors - including behaviours such as diet, smoking, alcohol use, substance misuse and exercise: individuals' approaches to linking the management of their care may be affected by their lifestyle choices. • personal and family resilience - including adversity, and adverse childhood experiences: may cause widely varying approaches to life in individuals, some of whom will have resilience and robust family support while others, who may have experienced adversity, could have difficulties in dealing with medical professionals etc. • social and community networks - including family and wider social circles: individuals with a wide range of family, friends, community networks may be more open-minded to the holistic concepts of health and well-being and be prepared to take more ownership of their own health and well-being • living and working conditions - including access and opportunities in relation to jobs, housing, education and access to services. Factors relating to these may cause barriers to care for some individuals, so holistic concepts may be difficult to apply effectively.				

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	• socio-economic, cultural and environmental conditions- including factors such as poverty, disposable income, language (bi-lingual, multi-lingual) rurality and availability of work. Many issues similar to those already mentioned above specifically to include barriers to care and the impact on outcome focused care. • values, beliefs and attitudes towards health and well-being- including cultural and religious beliefs, positive and negative attitudes. May make some reference to the generational differences that may exist in relation to attitudes to authority and taking advice; the litigious nature of modern society and the impact on services provided and outcomes as a result. • discrimination - including direct, indirect, by association, by perception and taking positive action to avoid or reduce discrimination. By its nature and definition, discrimination creates inequality – with effects on outcome focused care as a direct result. Individuals may take a pro-active stance to try to reduce or avoid discrimination, which may have a positive impact on their health and well-being outcomes. Comments may also include some detail on the issue that an individual can only have control over some of the factors listed above. Credit any other valid response.				

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Band	AO1	AO3

4	There are no Band 4 marks for this assessment objective. 6 marks are awarded as for Band 3.	**7-8 marks**
		• An excellent response which demonstrates:
		  • perceptive and informed judgements about how a range of social and economic determinants may contribute to inequalities in outcome focused care
		  • confident and detailed engagement with the concept of social and economic determinants and their potential impact on care provision.
		
		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.

3	**5-6 marks**
	• A very good response which shows thorough knowledge and understanding of the main features of holistic concepts of health and well-being.
		5-6 marks
		• A good response which demonstrates:
		  • reasoned judgements about how social and economic determinants may contribute to inequalities in outcome focused care
		  • thorough engagement with the concept of social and economic determinants and their potential impact on care provision.
		
		The candidate's response is clearly expressed and shows accurate use of terminology. Writing is well structured using mostly accurate grammar, punctuation and spelling.

2	**3-4 marks**
	• A good response which shows generally secure knowledge and understanding of some features of holistic concepts of health and well-being.
		3-4 marks
		• A basic response which demonstrates:
		  • generally valid judgements about how social and/or economic determinants may contribute to inequalities in outcome focused care
		  • straightforward engagement with the concept of social and/or economic determinants and their potential impact on care provision.
		
		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.

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Band	AO1	AO3

1	**1-2 marks**
	• A basic response which shows some knowledge and understanding, in general terms, of features of holistic concepts of health and well-being.
		1-2 marks
		• A limited response which demonstrates:
		  • some valid judgements about how social or economic determinants may contribute to inequalities in care
		  • little engagement with the concept of social or economic determinants and their potential impact on care provision.
		
		The candidate's response shows basic use of terminology. Writing shows some evidence of structure but with some errors in grammar, punctuation and spelling.

	0 marks Response not creditworthy or not attempted.	**0 marks** Response not creditworthy or not attempted.

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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				8		(c)	**8**	8	0	0
2	(a)		6			(a)	**6**	6	0	0
	(b)		6			(b)	**6**	0	0	6
3					10	(a)	**10**	0	0	10
4					8	(e)	**8**	0	8	0
5	(a)	(i)			6	(d)	**6**	6	0	0
		(ii)		6		(b)	**6**	6	0	0
	(b)				8	(f)	**8**	0	0	8
6					8	(b)	**8**	0	8	0
7			6	8		(c) (a)	**14**	6	0	8

Total marks	**18**	**22**	**40**		**80**	**32**	**16**	**32**

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