

NCFE CACHE Level 3 Applied General Certificate in Health and Social Care (603/2914/2)

March 2022

Assessment code: AGAHSC

Paper number: P001359

Mark Scheme

v1.2 Pre-standardisation

NCFE CACHE Level 3 Applied General Award in Health and Social Care (603/2913/0) NCFE CACHE Level 3 Applied General Certificate in Health and Social Care (603/2914/2) – March 2022 – Mark Scheme

This mark scheme has been written by the Assessment Writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a learner
- information on how individual marks are to be awarded
- the allocated assessment objective(s) and total mark for each question.

Marking guidelines

General quidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all learners, who must receive the same treatment. You must mark the first learner in exactly the same way as you mark the last.

- The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.
- Reward learners positively giving credit for what they have shown, rather than what they might have omitted.
- Utilise the whole mark range and always award full marks when the response merits them.
- Be prepared to award zero marks if the learner's response has no creditworthy material.
- Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.
- The marks awarded for each response should be clearly and legibly recorded in the grid on the front of the question paper.
- If you are in any doubt about the application of the mark scheme, you must consult with your Team Leader or the Chief Examiner.

Guidelines for using extended response marking grids

Extended response marking grids have been designed to award a learner's response holistically and should follow a best-fit approach. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward learners positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage, and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over/under credit a response. Standardisation materials, marked by the Chief Examiner, will help you with determining a mark. You will be able to use exemplar learner responses to compare to live responses, to decide if it is the same, better or worse.

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You are reminded that the indicative content provided under the marking grid is there as a guide, and therefore you must credit any other suitable responses a learner may produce. It is not a requirement either that learners must cover all of the indicative content to be awarded full marks.

Assessment objectives

This unit requires learners to:

AO1	Recall of knowledge and understanding	
AO2	Application of knowledge and understanding	
AO3 Analysis to demonstrate knowledge of concepts and/or theories		

Qu Mark scheme Total marks			Qu	Mark scheme	
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1 (a)	Jack's current life stage is childhood.		
	Identify Jack's previous life stage.	AO1=1	
	Award one (1) mark for:		
	• Infancy (1).		

1 (b)	Identify two (2) significant life events that may occur during	4
	childhood and describe one (1) of these events.	AO1=2
	 Award one (1) mark for each life event and up to two (2) marks for an accurate description of one event. School (AO1 1) – children start school (AO2 1) which causes separation from parents/carers (AO2 1) which may be distressing (AO2 1) Siblings (AO1 1) – younger siblings may be born (AO2 1) which leads to less individual time with parents (AO2 1) which may cause distress/jealousy (AO2 1) Illness (AO1 1) – children are prone to illness due to a developing immune system (AO2 1), this can be distressful for the child (AO2 1) and can lead to periods of separation if they go into hospital (AO2 1) Blended family (AO1 1) – a child's parents may not be together (AO2 1), the parents may remarry (AO2 1), the child may instantly have step siblings (AO2 1), this can cause distress (AO2 1) Moving home (AO1 1) – parents may decide to move homes (AO2 1), child may feel that this has been done to them (AO2 1) and feel disempowered (AO2 1), this could lead to distress (AO2 1). Accept other suitable responses. 	AO2=2

		oact of significant life events on Jack in his	6
current	ine stag	e.	AO2=
Level	Mark	Description	100
3	5–6	Application of knowledge is appropriate and accurate and shows clear understanding of the impact of significant life events.	AO3=
		Analysis to demonstrate understanding of concepts and/or theories is detailed and highly effective. Clear links are made.	

2	3–4	Application of knowledge is mostly appropriate, showing some clear understanding of the impact of significant life events. There may be a few errors. Analysis to demonstrate understanding of concepts and/or theories is effective and mostly relevant. Some clear links are made.
1	1–2	Application of knowledge is limited and may show a lack of understanding of the impact of significant life events. There may be a number of errors.
		Analysis to demonstrate understanding of concepts and/or theories lacks detail and may have limited effectiveness and
		relevance. Links may be made but are often inappropriate.
	0	No relevant material.

AO2

- Health significant life events may impact upon Jack's physical, mental, emotional or social health.
- Perspective significant life events may affect the way Jack sees the world and those around them.
- Relationships significant life events may impact upon Jack's relationships with family, friends or others, such as teachers.
- Emotions significant life events may impact upon a Jack's emotional well-being.
- Stress significant life events may cause stress to Jack.
- Self-identity and self-esteem significant life events may also affect the way Jack sees and feels about themselves.
- Behaviour significant life events may have an impact upon the behaviour of Jack.
- Isolation significant life events may cause Jack to isolate themselves.
- Age-related medical conditions some age-related medical conditions may be exacerbated by significant life events. An age-related medical condition may also be a significant life event in itself.

AO3

- Health the impact may be positive or negative depending on the event e.g. improvements in health and well-being.
- Perspective the impact may be positive or negative depending on the event e.g. the world is predicable or unpredictable place.
- Relationships the impact for example improved/closer relationship with parents/carers.

	Mark Scheme
 Emotions – the impact may impact upon health, related and self-identity. 	lationships
 Stress – the impact could manifest through health subsequently impact upon other aspects of Jack's relationships with parents/carers. 	
 Self-identity and self-esteem – the impact could be negative eg lower self-esteem as Jack may not be activities with his peers. 	
 Behaviour – the impact may result in 'acting out' or clingy with carers. 	become
 Isolation – the impact may result in being emotions from carers. 	ally distant
 Age-related medical conditions – the impact could self-concept, developing more maturity beyond his 	
NB: Learners may refer to significant life events id described in Q1b or other significant life events re	
Accept other suitable responses.	

3 (a)	Jack is staying in an NHS hospital.			
	Identify this type of health and social care service.	AO1=1		
	Award one (1) mark for:			
	Statutory (1).			

3 (b)	Identify and describe one (1) other type of health and social care service (not the one you identified in Question 3 (a).	3 AO1=1
	 Award one (1) mark for correct identification and up to two (2) marks for a description. Private (AO1 1) – not provided by the government (AO2 1), operated by private companies (AO2 1), often care is provided for profit (AO2 1) Voluntary (AO1 1) – not provided by the government (AO2 1), operated often by charities (AO2 1), care is provided not for profit (AO2 1). 	AO2=2
	Accept other suitable responses.	

			Mark Scheme	
3 (c)	Describe the provision.	ne role of NHS England within health and social care	4	
	provision.		AO2=4	
	Award mark	ss as follows:		
	4 marks	A detailed description of the role of NHS England, which is fully accurate.		
	3 marks	A detailed description of the role of NHS England, which is mostly accurate.		
	2 marks	A limited description of the role of NHS England, which is mostly accurate.		
	1 mark	A limited description of the role of NHS England, which is partially accurate.		
	0 marks	No relevant material.		
	Indicative of the orderOversee	es the budget of the NHS		
	 Oversee the NHS 	es the planning and delivery of the commissioning side of		
	 The full role and duties are set out in the Health and Social Control Act 2012 			
	 Holds the 	e contracts for GPs and NHS dentists		
	 Merged for patient 	with NHS improvements in 2018 to help improve care nts.		
	Accept othe	er suitable responses.		

4 (a)	There are two (2) factors that support positive transitions	4
	during life stages.	AO1=2
	Name these two (2) factors and explain how one (1) of these factors supports positive transitions.	AO2=2
	Award one (1) mark for each correct factor and up to two (2) marks for an explanation of one factor:	
	 Extrinsic (AO1 1) If an individual has a good level of support from others, for example, social, practical, emotional, then this will provide support for the transition (AO2 1) If a transition is planned then an individual can prepare for this, for example, putting in place strategies to support the transition to school (AO2 1) If a transition regards a service, then the philosophy of service can support an individual's transition, for example, how the service views the role of the family or how much they embrace person-centred care (AO2 1) 	

- If an individual has access to resources, this can support an individual's transition, for example, information on parenthood can support a new parent (AO2 1).
- Intrinsic (AO1 1)
 - Meeting an individual's specific needs and preferences will support transitions, for example, an individual who is dealing with an illness transition, may prefer their family undertake their personal care (AO2 1)
 - An individual's level of resilience will support transitions, as an individual with a high level of resilience, will believe they have the ability to overcome difficulties (AO2 1),
 - An individual's positive coping strategies will support transition for example, using social support, self-help strategies (AO2 1).

Accept other suitable responses.

4 (b) The nursing staff caring for Jack will practise the six Cs. These are care, compassion, competence, communication, courage and commitment.

AO2=3

AO3=3

6

Discuss the six Cs in relation to health and social care.

Level	Mark	Description
3	5–6	Application of knowledge is appropriate and accurate and shows clear understanding of the six Cs. Discussion to demonstrate understanding of concepts and/or theories is detailed and highly effective. Clear links are made.
2	3–4	Application of knowledge is mostly appropriate, showing some clear understanding of the six Cs. There may be a few errors. Discussion to demonstrate understanding of
		concepts and/or theories is effective and mostly relevant. Some clear links are made.
1	1–2	Application of knowledge is limited and may show a lack of understanding of the six Cs. There may be a number of errors. Discussion to demonstrate understanding of concepts and/or theories lacks detail and may have limited effectiveness and relevance. Links may be made but are often
	0	inappropriate. No relevant material.
	U	INU TETEVATIL ITTALETTAL.

AO2

- These are the evidence-based core values used in the NHS and across the care sector
- They apply to all employees of the NHS, not just nurses
- Care treats individuals correctly, in a respectful nonjudgmental manner.
- Compassion this is how care is given through relationships based on empathy, respect and dignity
- Competence carers must have the ability to understand an individual's needs and have the expertise to meet them, through developing skills, gaining knowledge and keeping up-to-date with the latest practices
- Communication clear communication, which relies on speaking and also includes effective listening
- Courage for carers to speak up if a carer has concerns
- Commitment to provide a high standard of care for individuals.

AO3

- Care helps an individual and improves the health and wellbeing of the community
- Compassion to remain compassionate, even when situations are stressful or difficult is central to how an individual views their care
- Competence ensures carers possess the expertise needed to care for every individual to a high standard
- Communication this is central to successful caring relationships and to effective team working
- Courage this enables carers to do the right thing for the individual that is being cared for
- Commitment meets the needs of an individual and improves their care and experience.

Accept other suitable responses.

5	Whilst i	n hospita	al, Jack will have a care plan.	9
	Discuss	the role	and purpose of individualised care planning.	AO1=3
	Level	Mark	Description	AO2=3
		1		AO3=3

	3	7–9	A wide range of relevant knowledge and
			understanding is shown with regards to the
			role and purpose of individualised care
			planning, which is accurate and detailed.
			Application of knowledge is appropriate and
			accurate and shows clear understanding.
			Analysis to demonstrate understanding of
			concepts and/or theories is detailed and
			highly effective. Clear links are made.
	2	4–6	A range of relevant knowledge and
			understanding is shown with regards to the
			role and purpose of individualised care
			planning, but may be lacking in sufficient
			detail, with a few errors.
			Application of Impuladors is mostly
			Application of knowledge is mostly
			appropriate, showing some clear
			understanding with regards to the role and
			purpose of individualised care planning. There may be a few errors.
			There may be a few endrs.
			Analysis to demonstrate understanding of
			concepts and/or theories is effective and
			mostly relevant. Some clear links are made.
	1	1–3	A limited range of relevant knowledge and
	-		understanding is shown, but is often
			fragmented.
			Application of knowledge is limited and may
			show a lack of understanding. There may be
			a number of errors.
			Analysis to demonstrate understanding of
			concepts and/or theories lacks detail and
			may have limited effectiveness and
			relevance. Links may be made but are often
			inappropriate.
1	1	0	No relevant material.

AO1

- A care plan meets individual care and support needs
- A care plan includes action planning and goal setting to meet an individual's needs
- The care planning cycle includes:
 - an assessment of an individual's needs
 - implementation of action(s)

- monitoring of action(s)
- reviewing of actions(s) and individual needs
- revising of action(s) based on outcomes and changed in an individual's needs.

AO2

- Person-centred care care plans must be written with the individual at the centre of the care planning process
- Individuals will need support in different ways depending on their individual needs, strengths and limitations.
- Action planning care plans are essential when planning actions to be carried out regarding the care of an individual
- Goal setting SMART goals must be set in care plans
- Care plans allow for consistency and continuity of care between practitioners.
- Care plans support multi-disciplinary or multi-agency partnership working
- Care plans can protect and safeguard individuals
- Care plans can be used to by organisations to calculate the use of the personal care budget.

AO3

- Care plans are person-centred to ensure the individuals needs are met and that interventions are appropriate to the individual
- SMART goals inform service users and practitioners of the effectiveness of the care plan
- Consistency and continuity of care maintains high standards in the care received, despite changes, such as in carers or across settings
- Thorough assessment is essential for a care plan to be effective as this will determine interventions
- The care planning cycle ensures care plans are always current and relevant
- Partnership working improve the quality of the care received, through co-ordinated action and information and goal sharing to promote holistic care
- Care plans ensure that safe practices are applied and that service users are protected from poor practice by identify appropriate actions by appropriate practitioners.

Accept other suitable responses.

6 (a)	Abraham Maslow devised a theory of growth and development based on human needs.	4
	basea on naman needs.	AO1=1
	Identify the perspective that Maslow's theory belongs to and explain Maslow's theory.	AO2=3
	Award one (1) mark for:	
	Humanist (AO1 1).	
	Award up to three (3) marks for a correct explanation.	
	 Placed needs into a hierarchy (AO2 1) 	
	 These can be physiological, safety, love/belonging, esteem and self-actualisation (AO2 1) 	
	 Basic/physiological needs must be met first (AO2 1) 	
	In order to progress up the hierarchy, the lower needs must be met (AO2 1).	
	Accept other suitable responses.	

6 (b)	There are two (2) models of health and well-being.	4
	Identify the two (2) models of health and well-being and explain	AO1=2
	one (1) of the models you have identified.	AO3=2
	Award one (1) mark for each correct identification and up to two (2) marks for an accurate explanation of one model:	
	Medical model (AO1 1)	
	- A health condition, illness or disease is based on a biological or physical cause (AO3 1)	
	- A diagnosis is made by assessing physical symptoms, medical examination or tests (AO3 1)	
	- From a diagnosis a treatment is given (medication, medical procedure) to cure or reduce/control the symptoms (AO3 1).	
	Social model (AO1 1)	
	- Recognises health and illness is not just biology and	
	physiology but influenced by an individual's experiences (AO3 1)	
	- The social model considers factors which interact and	
	contribute to health such as social, cultural, political and the environment i.e. income and social status, education (AO3 1)	
	- Because these factors contribute to health inequalities, then	
	addressing these will promote health and wellbeing (AO3 1).	

	Wark Scrience
Accept other suitable responses.	

6 (c)	Identify and describe one (1) function of health and social care provision.	3
		AO1=1
	Award one (1) mark for correct identification and up to two (2) marks for a description.	AO2=2
	 Promote health and well-being (AO1 1) – health and well-being are important (AO2 1), promotion of health can save more lives than treatment (AO2 1), prevention is, therefore, a goal of health and social care providers (AO2 1), this may be achieved through health campaigns (AO2 1) Ensure provision and improvement (AO1 1) – services must be cost effective (AO2 1), and of a high quality (AO2 1), this includes care, support and treatment (AO2 1), this can be monitored by the CQC (AO2 1) Meet ongoing needs (AO1 1) – the needs of individuals change (AO2 1), services must utilise health and social care practitioners' expertise (AO2 1), needs can change over time or due to a change in circumstances (AO2 1). 	

7 (Name the theorist that devised the social learning theory of growth and development.	f 1 AO1=1
	Award one (1) mark for:	
	Bandura (1).	

7 (b)	Legislation informs policies and procedures in health and social care.	4
	Social care.	AO1=2
	Identify two (2) ways that legislation informs policies and procedures and describe one (1) of the ways that you have identified.	AO2=2
	Award one (1) mark for each correct identification and up to two (2) marks for an accurate description.	
	 Establishes clear protocols (AO1 1) – protocols meet legal requirements (AO2 1), relates to agreed standards (AO2 1), ensures duty of care (AO2 1) Ensures current practice (AO1 1) – practice is up-to-date with legislation changes (AO2 1), practice is up-to-date with care procedure changes (AO2 1), underpins need for staff updates (AO2 1) Enables consistency (AO1 1) – legislation is a national standard (1), all providers work to same legislation (AO2 1), policies must comply with legislation (AO2 1) Defines accountability (AO1 1) – ensures public confidence (AO2 1), defines levels of accountability (AO2 1), defines good practice (AO2 1). Accept other suitable responses. 	

Identify three (3) barriers to partnership working.	3
Award one (1) mark for each correct answer.	AO1=3
Agency priorities (1)	
 Ways of working (1) 	
Use of jargon (1)	
Availability of resources (1)	
Time constraints (1)	
 Trust between partners (1) 	
Assumptions/incongruence (1).	
Accept other suitable responses.	
	 Award one (1) mark for each correct answer. Agency priorities (1) Ways of working (1) Use of jargon (1) Availability of resources (1) Time constraints (1) Trust between partners (1) Assumptions/incongruence (1).

8 (b)	Identify two (2) strategies to overcome barriers to partnership	4
	working and describe one (1) of the strategies that you have identified.	AO1=2
		AO2=2

Award **one (1)** mark for the correct identification and up to **two (2)** marks for an accurate description.

- Effective communication (AO1 1) increases understanding between partners (AO2 1), builds relationships between partners (AO2 1), puts individual first (AO2 1)
- Cooperation and collaboration shared understanding (AO1 1), aligns working practices (AO2 1), builds relationships between partners (AO2 1)
- Problem solving (AO1 1) reduces stress (AO2 1), reduces conflicts (AO2 1), helps shared goals (AO2 1)
- Conflict resolution (AO1 1) improves relationships (AO2 1), improves communication (AO2 1), best outcome for individuals (AO2 1)
- Assertiveness techniques (AO1 1) avoids aggression (AO2 1), puts important points across (AO2 1), increases understanding (AO2 1)
- Managing stress (AO1 1) reduces conflict (AO2 1), improves management of individuals (AO2 1), helps build relationships (AO2 1)
- Define and agree shared goals (AO1 1) builds effective relationships (AO2 1), improves communication (AO2 1), best outcomes for individuals (AO2 1).

Accept other suitable responses.

to professional bodies (AO3 1)

8 (c)

	to follow their job description and person specification.	AO1=2
	Identify two (2) other responsibilities of the health and social care practitioner and explain one (1) of the responsibilities identified.	AO3=2
	Award one (1) mark for each correct identification and up to two (2) marks for an accurate explanation.	
	 Following policies and procedures (AO1 1) – are an organisational requirement to follow (AO3 1), ensure safe working practice (AO3 1), protect against complaints (AO3 1) Following codes of practice (AO1 1) – underpinned by values of care (AO3 1), make clear what is expected of practitioner (1), 	

One responsibility of the health and social care practitioner is

4

provide information, guidance and support (AO3 1), often linked

Continuous professional development (AO1 1) – keep up-to-date with changes to practice (AO3 1), aids with professional development (AO3 1), aids with career progression (AO3 1).
Accept other suitable responses.

9 (a)	Identify four (4) pre-conception experiences that could affect an individual.		
	Award up to four (4) marks for each correct identification.		
	Alcohol (1)		
	• Drugs (1)		
	Smoking (1)		
	• Diet (1)		
	Health (1)		
	Environment (1).		
	Accept other suitable responses.		

9 (b)	Jack is of school age.	3		
	Identify the organisation that regulates schools and explain the			
	role of this organisation.	AO3=2		
	Award one (1) mark for a correct identification and up to two (2) marks for an accurate explanation.			
	 Ofsted (AO1 1) – responsible for inspecting schools (AO3 1), produces a report on the quality of the school (AO3 1), grades include outstanding, good, requires improvement and inadequate (AO3 1). 			
	Accept other suitable responses.			

10	Discuss the social, emotional, cognitive and physical developments in Jack's life stage.			
	Level Mark Description			
	3	9–12	Application of knowledge is appropriate and accurate and shows clear understanding and relevance to the social, emotional, cognitive and physical developments in childhood.	AO3=6
			Discussion to demonstrate understanding of concepts and/or theories is detailed and	

		highly effective. Clear links are made and conclusions drawn are fully supported by judgements.
2	5–8	Application of knowledge is mostly appropriate, showing some clear understanding of the social, emotional, cognitive and physical developments in childhood. There may be a few errors and a lack of clarity.
		Discussion to demonstrate understanding of concepts and/or theories is effective and mostly relevant. Some clear links are made and there are attempts to draw conclusions, which are supported by judgements, but it is likely that some will be irrelevant.
1	1–4	Application of knowledge is limited and may show a lack of understanding of the social, emotional, cognitive and physical developments in childhood. There may be a number of errors.
		Discussion to demonstrate understanding of concepts and/or theories lacks detail and may have limited effectiveness and relevance. Links may be made but are often inappropriate, and attempts to draw conclusions are seldom successful and likely
		to be irrelevant.
	0	No relevant material.

AO2

Social:

- will like to be with other children and will share toys
- will also like independence
- will enjoy team games and understand importance of rules
- will choose and make friends, including best friends.

• Emotional:

- will enjoy being helpful and show affection
- will start to understand right and wrong
- will show sympathy for friends who are hurt or care for their pets
- will develop concepts of fairness and forgiveness, and will increase self-confidence.

Cognitive:

- will increase in development of language and understanding through asking more questions
- will understand the concept of time and start remembering the words to songs
- will learn to count and spell words
- will start to understand abstract concepts such as talking about something that hasn't happened yet
- will be able to express themselves, perform calculations and read more complex stories as they get older.

Physical:

- will learn to ride a tricycle and walk backwards, and agility and balance will improve through the life stage
- will control a pencil between thumb and two fingers (pincer grasp)
- will learn to kick and throw a ball and eventually skip and hop on either leg
- fine motor skills will improve as the child learns to use more implements and movements will become more coordinated.

AO3

Holistic:

- children will also develop through interdependency between social, emotional, cognitive and physical developments.
- Social and emotional development can be affected by a child's environment eg attachments, parenting styles, opportunities for social interactions, family size, siblings, friendship groups, life events and personality.
- Cognitive development can be affected by access to learning resources, opportunities and learning experiences, genetics and specific learning difficulties.
- Physical development can be affected by opportunities to develop gross and fine motor skills, physical disabilities, illness, diet and nutrition.

N.B. Learners may choose to discuss developments in childhood in comparison to other stages of development.

Accept other suitable responses.

Assessment Objective Grid

Question	AO1	AO2	AO3	Total
1(a)	1			1
1(b)	2	2		4
2		3	3	6
3(a)	1			1
3(b)	1	2		3
3(c)		4		4
4(a)	2	2		4
4(b)		3	3	6
5	3	3	3	9
6(a)	1	3		4
6(b)	2		2	4
6(c)	1	2		3
7(a)	1			1
7(b)	2	2		4
8(a)	3			3
8(b)	2	2		4
8(c)	2		2	4
9(a)	4			4
9(b)	1		2	3
10		6	6	12
Total	29	34	21	84