NCFE CACHE Level 1/2 Technical Award in Health and Social Care (603/7013/0)

Examined assessment

Paper number: **Past paper**
Date: Summer 2025

Mark Scheme

v1.0 Post-Standardisation

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 objectives (AOs) and total mark for each question.

Marking guidelines

General guidelines

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 after standardisation.
- 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.
- 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 bands, with each band having an associated descriptor indicating the performance at that band. You should determine the band before determining the mark.

When determining a band, you should use a bottom-up approach. If the response meets all the descriptors in the lowest band, you should move to the next one, and so on, until the response matches the band descriptor. Remember to look at the overall quality of the response and reward learners positively, rather than focusing on small omissions. If the response covers aspects at different bands, you should use a best-fit approach at this stage and use the available marks within the band 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 AOs, 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 compare exemplar learner responses to live responses, to decide if they are the same, better or worse.

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 that learners must cover all of the indicative content to be awarded full marks.

Assessment objectives (AOs)

This unit requires learners to:

AO1	**Recall knowledge and show understanding.** The emphasis here is for learners to recall and communicate the fundamental elements of knowledge and understanding.
AO2	**Apply knowledge and understanding.** The emphasis here is for learners to apply their knowledge and understanding to real-world contexts and novel situations.
AO3	**Analyse and evaluate knowledge and understanding.** The emphasis here is for learners to develop analytical thinking skills to make reasoned judgements and reach conclusions.

The weightings of each AO can be found in the Qualification Specification.

Q	Mark scheme	Total marks

Section A **Total for this section: 24 marks**

1	**Which** one **of the following does a pharmacy provide?** **A** Inpatient care **B** Minor surgery **C** Non-prescription medication **D** Oral health care **Answer:** C – Non-prescription medication	**1** **AO1=1**

2	**Which** one **of the following best describes a voluntary service?** **A** Charities and not-for-profit organisations **B** Service funded by the government **C** Profit-making business from chargeable services **D** Unpaid care provided by family member **Answer:** A – Charities and not-for-profit organisations	**1** **AO1=1**

3	**Identify** two **health and adult social care services regulated by the Care Quality Commission (CQC).** Award **one** mark for each identification, up to a maximum of **two** marks: • care homes (1) • mental health services (1) • General Practice / GP services (1) • community-based services (1) • dental services (1) • hospices (1) • hospitals (1) • care agencies (1) • secure units / prisons (1). **Accept any other suitable response.**	**2** **AO1=2**

4	**Connor is a nurse on a children's ward. He must ensure the children are safeguarded.** **Describe** one **way Connor can safeguard the children.** Award **one** mark for each descriptive point, up to a maximum of **two** marks. • Connor must follow safeguarding policies and procedures (1) to ensure the correct ways of working are carried out to keep the children safe on the ward (1). • Connor must report any concerns or signs of abuse (1) so appropriate action can be taken to prevent further harm (1). • Connor must keep up to date records as evidence (1) informing others of any concerns using the appropriate method (1). • Connor must ensure his training is up to date / relevant to his role as a nurse (1) in line with guidelines and legislation around protecting children (1). **Accept any other suitable response.**	**2** **AO2=2**

5	**Sam is responsible for security within a care home, ensuring service users, staff and visitors are safe.** **Describe** one **security measure Sam should take.** Award **one** mark for each descriptive point, up to a maximum of **two** marks. • Making sure staff and visitors wear lanyards (1) so that everyone can identify staff and visitors, making it easier to recognise unauthorised people (1). • Sam should ensure external doors are locked / password protected (1) which will prevent unauthorised people gaining entry (1). • Sam should make sure all visitors sign in through the appropriate method (1), which allows the care home to know who is in / out of the building (1). • Sam should check window locks / catches (1) to prevent vulnerable people from falling out / leaving the premises (1). **Accept any other suitable response.**	**2** **AO2=2**

6	**Identify** three **roles of a paramedic.** Award **one** mark for each role identified, up to a maximum of **three** marks: • respond to emergency calls (1) • assess the patient (1) • provide medical life-saving intervention (1) • administer medication (1) • transporting patients to hospital (1). **Accept any other suitable response.**	**3** **AO1=3**

7	**Identify** one **key role of a regulatory body.** Award **one** mark for identifying a key role: • uphold standards (1) • ensure public confidence (1) • register services (1) • monitor, rate and inspect services (1) • protect the individual (1). **Accept any other suitable response.**	**1** **AO1=1**

8	**Emily is returning to work as a healthcare worker in a hospital after a two-year career break.** **Emily needs to complete continuing professional development (CPD).** **Explain** one **benefit of Emily completing CPD.** Award **one** mark for each explanation point, up to a maximum of **two** marks: • To ensure Emily can be up-to-date with her knowledge and understanding to meet the needs of the patients (1), so that the most appropriate standard of care is offered through improved practice / as she has had a two-year break (1) • To improve Emily's knowledge / skills as a healthcare worker after her two-year career break (1), giving her the confidence to progress within her career now and in the future (1). **Accept any other suitable response.**	**2** **AO2=2**

9 (a)	**Viv is a nurse in a hospital.** **She overheard another practitioner disclosing a patient's test results to a porter.** **Explain** one **impact of this breach of confidentiality.** Award **one** mark for each explanation point, up to a maximum of **two** marks: • This breach may result in trust issues between individuals at the hospital (1), which may lead to a lack of respect between staff (1). • This breach may lead to an investigation (1), which may lead to a disciplinary / job loss for the practitioner (1). **Accept any other suitable response.**	**2** **AO2=2**

9 (b)	**Viv has had training as part of her job role on the key principles of the Data Protection Act (2018).** **Recommend** one **way Viv could apply the data protection principles when dealing with personal data.** Award **one** mark for each recommendation, up to a maximum of **two** marks: • Viv ensures that patient's personal data is accurately recorded / kept up to date (1). This will ensure personal data is processed lawfully and fairly in a transparent manner that is clear and easily understood by other professionals (1). • Viv ensures that information is stored appropriately and is kept for no longer than is needed (1). This should be filed securely in a locked cabinet / password protected and then destroyed after a period of time (1). **Accept any other suitable response.** **Do not accept confidentiality.**	**2** **AO3=2**

10	**A manager at a care home is preparing a training session on how legislation relates to policies and procedures.** **Discuss why this training should be part of a care practitioner's role.**	**6** **AO1=2** **AO2=2** **AO3=2**

Band	Mark	Descriptor
3	**5 to 6**	**AO3 – excellent** discussion of legislation in their practice that is **comprehensive** and **highly relevant**. Supported with **excellent** justifications for completing legislation training in relation to the care home's policies and procedures, that are **comprehensive** and **highly detailed**. **AO2 – excellent** application of knowledge and understanding about completing legislation training in relation to the care home's policies and procedures, that is **comprehensive, highly detailed** and **highly relevant** to the question. **AO1 – excellent** recall of knowledge and understanding of completing legislation training in relation to the care home's policies and procedures that is **comprehensive**. Subject-specific terminology is used **consistently** throughout.
2	**3 to 4**	**AO3 – good** discussion of legislation in their practice that is **detailed** and **mostly relevant**. Supported with **good** justifications for completing legislation training in relation to the care home's policies and procedures to an individual, that are **detailed**. **AO2 – good** application of knowledge and understanding of completing legislation training in relation to the care home's policies and procedures, that is **detailed** and **mostly relevant** to the question. **AO1 – good** recall of knowledge and understanding of the of completing legislation training in relation to the care home's policies and procedures, that is **mostly detailed**. Subject-specific terminology is used, but not always consistently.
1	**1 to 2**	**AO3 – limited** discussion of the legislation in their practice. Supported with **limited** justifications for of completing legislation training in relation to the care home's policies and procedures that have **minimal detail,** and are **mostly superficial**. **AO2 – limited** application of knowledge and

		understanding of completing legislation training in relation to the care home's policies and procedures in practice that has **minimal detail** and are, **mostly superficial**, with **minimal relevance** to the question. **AO1 – limited** recall of knowledge and understanding of completing legislation training in relation to the care home's policies and procedures, that has **minimal detail**. Subject-specific terminology is often **inappropriate**, and a lack of understanding is evident.
	0	No rewardable material

Examiners are reminded that indicative content reflects content-related points that learners may make but is not an exhaustive list, nor is it a model answer. Learners may make all, some or none of the points included in the indicative content. Learners must be credited for any other appropriate response.

It is not a requirement that the learners formulate a response specifically against each AO as laid out in the indicative content.

Indicative content

AO1 – learners will recall knowledge and understanding of the importance of legislation, policies and procedures as part of their roles and responsibilities at the care home, which may include the following:

- Training will inform care practitioners how legislations connect to the settings policies and procedures.
- Training will ensure they work within their own professional boundaries.
- Training will inform care practitioners of how to report any concerns about practice at the care home.
- Training care practitioners will meet the fundamental care standards.

AO2 – learners will apply knowledge and understanding of the importance of legislation, policies and procedures as part of their roles and responsibilities at the care home, which may include the following:

- Training enables care practitioners to understand the legislation and increases knowledge, helping practitioners to understand how practice is carried out and why.
- Training helps care practitioners to recognise their own boundaries as a care practitioner and ensures staff are working within their specific roles and responsibilities.
- Training helps care practitioners to gain an understanding of their role in knowing who / when / how to report any issues / concerns in line with policies and procedures.

	• Training care practitioners meets the care standards and ensures the individual needs of the residents at the care home are met. **AO3** – learners will discuss the value of understanding legislation, policies and procedures as part of their roles and responsibilities at the care home, which may include the following: • Training gives care practitioners up-to-date knowledge and understanding of legislation, provides reassurance that staff are following the standards of practice and behaviour to ensure high-quality care; upholding these standards in line with policies and procedures is part of their professional responsibility. • Training supports care practitioners in working to professional boundaries and ensures appropriate care is offered, it avoids any conflict of interest / work overload that may cause concern for themselves or others. • Training supports care practitioners to gain an understanding of their role and knowing how to report any issues / concern helps to keep residents and others safe, such as ensuring appropriate support / guidance / measures are put into place. • Training care practitioners meets the care standards and enables the practitioners to feel confident in their role, so that appropriate levels of care are offered to the residents in line with their roles and responsibilities as a care practitioner. **Accept any other suitable response.**	

Q	Mark scheme	Total marks

Section B **Total for this section: 18 marks**

11	**Which** one **of the following** emotional **developments would you expect to see in infancy?** **A** Can roll over from front to back **B** Forms attachments with main carer **C** Points to body parts **D** Responds to simple demands **Answer:** B – Forms attachments with main carer	**1** **AO1=1**

12	**Which** one **of the following** cognitive **developments would you expect to see in adolescence?** **A** Develops complex thinking skills **B** Gives reasons for actions **C** Responds through senses **D** Short term memory loss **Answer:** A – Develops complex thinking skills	**1** **AO1=1**

13	**Define the terms** nature **and** nurture**.** Award **one** mark for each correct definition, up to a maximum of **two** marks: • nature – biological influences, characteristics inherited from parents (1) • nurture – environmental influences, characteristics affected by lifestyle and include social situation, relationships and circumstances, the individual experiences these at home or in the wider world (1). **Accept any other suitable response.**	**2** **AO1=2**

14	**Identify** two **transitions that may happen during late adulthood.** Award **one** mark for each transition, up to a maximum of **two** marks: • bereavement (1) • retirement from work (1) • diagnosis of illness (1). **Accept any other suitable response.**	**2** **AO1=2**

15	**Isaac is in late adulthood and lives with his wife.** **Describe how** one **transition may affect his health and wellbeing.** Award **one** mark for a descriptive point, up to a maximum of **two** marks**.** • A bereavement may increase the risk of loneliness, causing Isaac stress and anxiety (1), leading to depression, and impacting his mental health (1). • Leaving a full-time job can mean less interaction with other people (1), leading to social isolation which impacts emotional wellbeing (1). • A diagnosis of ill health may mean that Isaac has to depend on others (1), impacting his overall wellbeing due to him losing his independence (1). **Accept any other suitable response.**	**2** **AO2=2**

16	**Sally is a health care practitioner in a hospital.** **She is responsible for supporting patients through the diagnosis of medical conditions.** **Describe** one **way Sally could support them through this transition.** Award **one** mark for each descriptive point, up to a maximum of **two** marks. • Sally can build and maintain a positive relationship with the individual through the diagnosis (1), supporting them by giving advice / guidance on the medical condition and ways to overcome challenges they may face (1). • Sally could access appropriate services / work in partnership with	**2** **AO2=2**

	other professionals to support the individual around their medical diagnosis (1). This would enable Sally to gain further knowledge and understanding around the medical condition to support the individual through the transition (1). • Sally can act as an advocate and provide advice and guidance to the individual experiencing a new diagnosis of a medical condition (1). This helps to develop strong / trusting relationships to build the individuals confidence / self-esteem whilst going through the transition (1). **Accept any other suitable response.**	

17	**Identify** two **different types of relationships that can impact human development.** Award **one** mark for each relationship type identified, up to a maximum of **two** marks: • family (1) • partners (1) • friendships (1). **Accept any other suitable response.**	**2** **AO1=2**

18	**Maria is 18 years old and going away to university.** **She has mixed feelings about starting university, the financial cost and moving away from family and friends.** **Evaluate how moving away from home may affect Maria's health and wellbeing.**	**6** **AO2=3** **AO3=3**

Band	Mark	Descriptor
3	5 to 6	**AO3 – excellent** evaluation of how leaving home can impact health and wellbeing that is **comprehensive** and **highly relevant**. Supported with **excellent** justifications for how Maria's health and wellbeing will be affected by leaving home that are **comprehensive** and **highly detailed**. **AO2 – excellent** application of knowledge and understanding of the impact on Maria's health and wellbeing and how it will be affected by leaving home, that is **comprehensive** and **highly detailed** and **highly relevant** to the question.
2	3 to 4	**AO3 – good** evaluation of how Maria's health and wellbeing will be affected by leaving home, that is

		detailed and **mostly relevant**. Supported with **good** justifications that are **detailed**. **AO2 – good** application of the impact on Maria's health and wellbeing that is **detailed** and **mostly relevant** to the question.
1	**1 to 2**	**AO3 – limited** evaluation of how Maria's health and wellbeing will be affected by leaving home Supported with **limited** justifications that have **minimal detail** and are **mostly superficial**. **AO2 – limited** application of knowledge and understanding of how Maria's health and wellbeing will be affected by leaving home, that has **minimal detail** and is **mostly superficial**, with **minimal relevance** to the question.
	0	No rewardable material

Examiners are reminded that indicative content reflects content-related points that learners may make but is not an exhaustive list, nor is it a model answer. Learners may make all, some or none of the points included in the indicative content. Learners must be credited for any other appropriate response.

It is not a requirement that the learners formulate a response specifically against each AO as laid out in the indicative content.

Indicative content

AO2 – learners will apply knowledge and understanding of the possible ways leaving home can impact health and wellbeing, that may include the following:

- Intellectually, she will be studying at a higher level and increasing her knowledge and skills within her chosen subject.
- Maria may develop new friendship groups who are like-minded which could increase her self-esteem.
- Maria's diet / eating habits may change as she may not financially be able to afford certain foods / ingredients that she had at home.
- Maria may feel obligated to socialise / drink alcohol / use substances to fit in.
- Maria may become stressed due to financial pressure of student loans which may cause anxiety.
- Maria may become lonely / sad due to leaving her friends and family at home.

AO3 – learners will evaluate the ways leaving home can impact health and wellbeing, that may include the following:

- Maria may gain confidence in her ability to complete the work,

	although she may feel pressured with deadlines which could lead to stress and anxiety, impacting her mental health. • Maria may make new friends and join new groups to build social skills, leading to positive self-concept. However, she may find making new friends difficult which could lead to isolating herself, creating low self-esteem. • Maria may become unwell if not eating the correct nutrients, impacting her physical health. On the other hand she may prepare food on a budget and eat well, building skills for the future. • Maria may be socialising and drinking excessively, which could lead to a decrease in health, hangovers and tiredness, leading to not focusing on her studies. • Financially Maria may worry about the cost of living and therefore need to find a job to subsidise her studies and independent living, creating additional pressures that may impact her overall wellbeing. • Maria may become overwhelmed with loneliness due to missing her family and friends, however she may discover new ways to stay in contact such as through social media apps. **Accept any other suitable response.**	

Q	Mark scheme	Total marks

Section C **Total for this section: 20 marks**

19	**Which** one **of the following statements describes an acute condition?** **A** Develops quickly **B** Is a sensory disability **C** Lasts for over a year **D** Often life-long **Answer:** A – Develops quickly	**1** **AO1=1**
20	**Which** one **of the following is part of the assess stage in the care planning cycle?** **A** Identify the individual needs and preferences **B** Observe if individual needs have been met **C** Obtain required aids and adaptions **D** Set targets and review dates **Answer:** A – Identify the individual needs and preferences	**1** **AO1=1**
21	**State** two **purposes of a person-centred approach.** Award **one** mark for each of the following stated, up to a maximum of **two** marks: • To work with individuals as equal partners when planning and implementing their care (1) • To ensure an individual is central and in control of their care (1). **Accept any other suitable response.**	**2** **AO1=2**
22	**Billy, aged 78, has recently moved into a care home after spending most of his life in his family home. He really enjoyed looking after his garden.** **The move has left him feeling anxious and unsettled. He finds it difficult to engage with the other residents and staff.** **Explain** one **way a person-centred approach could be applied to support Billy's needs.**	**2** **AO2=2**

	Award **one** mark for each explanation point, up to a maximum of **two** marks: • Spending time to listening to Billy's concerns shows an acknowledgement and validation for his feelings (1), which offers him reassurance that it is normal to feel unsettled after this transition (1). • Recognising Billy's interests such as gardening will help create opportunities to involve Billy in more activities that he enjoys (1). This will give him a sense of purpose and routine to his new life at the home, making it feel more meaningful to him (1). **Accept any other suitable response.**	

23	**Rachel is a social worker involved in a multi-agency team supporting a young person at risk of school exclusion.** **It is sometimes difficult to arrange meetings, share updates and review the young person's progress in a timely manner due to busy workloads**. **Justify** one **time management strategy Rachel could use to help overcome potential barriers to effective partnership working.** Award **one** mark for each justification point, up to a maximum of **two** marks. • To establish practitioner's commitment and availability, which will ensure consistency / effective collaboration across the multi-agency team (1). This will prevent any misunderstanding / strengthen professional relationships in supporting the young person at risk and prevent further escalation of their behaviour (1). • To agree dates / time / venues ensures clarity / accessibility / mutual commitment by all within the team to form a strong partnership (1). This will prevent miscommunication / last minute cancellations that may prevent the young person from receiving the care / support they need, which may impact their health and wellbeing (1). **Accept any other suitable response.**	**2** **AO3=2**

24	**Name** one **item of personal protective equipment (PPE) that would be used when carrying out personal care.** Award **one** mark for an identification of PPE: • disposable gloves (1) • disposable aprons (1) • face mask (1).	**1** **AO1=1**

25	**Ben needs support with his physical movement following a recent accident. This also means he needs assistance with his personal care needs.** **His care worker understands the importance of applying care values in supporting Ben's needs.** **Explain** one **way the care worker could apply these care values to support Ben.** Award **one** mark for each explanation point, up to a maximum of **two** marks. • By ensuring a person-centred approach is maintained whilst carrying out Ben's personal care needs (1), this will ensure his personal preferences have been taken into account, offering him a choice around how his personal care needs are met (1). • By ensuring Ben's privacy is respected when helping with his personal care, such as closing doors / curtains (1), will ensure he feels valued and in control, building trust between him and his care worker (1). **Accept any other suitable response.**	**2** **AO2=2**

26	**State** one **basic physiological and biological need identified in Maslow's hierarchy of needs theory.** Award **one** mark for a correct response: • food / drink (1) • personal care (1) • rest / sleep (1)	**1** **AO1=1**

27	**State** two **benefits of a social worker working in partnership with other professionals.** Award **one** mark for each benefit stated, up to a maximum of **two** marks: • uses the expertise of other practitioners' knowledge, skills and experience (1) • ensures consistent and continuous care for the individuals / family (1) • clarifies roles and responsibilities of all practitioners (1) • meets the individual's needs and preferences (1) • enables interventions to meet the individual's needs and preferences (1) • ensures safeguarding (1). **Accept any other suitable response.**	**2** **AO1=2**

28	**Rose is 25 years old and requires support with her personal care routines. Her care worker understands the importance of care values when respecting her privacy and maintaining her dignity.** **Discuss the impact of respecting Rose's privacy and maintaining her dignity.**	**6** **AO2=3** **AO3=3**

Band	Mark	Descriptor
3	**5 to 6**	**AO3** – **excellent** discussion of how care values can be applied to maintain Rose's privacy and dignity that is **comprehensive** and **highly relevant**. Supported with **excellent** justifications that are **comprehensive** and **highly detailed**. **AO2** – **excellent** application of knowledge and understanding of the care values during personal care that is **comprehensive, highly detailed** and **highly relevant** to the question.
2	**3 to 4**	**AO3** – **good** discussion of how care values can be applied to maintain Rose's privacy and dignity that is **detailed** and **mostly relevant**. Supported with **good** justifications that are **detailed**. **AO2** – **good** application of knowledge and of the care values during personal care that is **detailed** and **mostly relevant** to the question.
1	**1 to 2**	**AO3** – **limited** discussion of how care values can be applied to maintain Rose's privacy and dignity. Supported with **limited** justifications that have

		minimal detail and are **mostly superficial**. **AO2** – **limited** application of knowledge and understanding of the care values during personal care that has **minimal detail** and are **mostly superficial**, with **minimal relevance** to the question.
	0	No rewardable material

Examiners are reminded that indicative content reflects content-related points that learners may make but is not an exhaustive list, nor is it a model answer. Learners may make all, some or none of the points included in the indicative content. Learners must be credited for any other appropriate response.

It is not a requirement that the learners formulate a response specifically against each AO as laid out in the indicative content.

Indicative content

AO2 – learners will apply knowledge and understanding of the care values during personal care, that may include the following:

- Ensuring that doors or curtains are closed during personal care to maintain Rose's privacy, this develops trust between the care worker and Rose.
- Being unobtrusive and ensuring privacy when washing / bathing, this shows respect for Rose's personal care routines.
- Asking Rose for consent prior to giving any care will help to empower Rose to make decisions over her own care.
- Promoting independence when providing personal care will help to boost Rose's self-esteem / confidence during her care routines.

AO3 – learners will discuss the impact of respecting Rose's privacy and maintaining her dignity, that may include the following:

- If doors are closed when Rose receives personal care, she will feel more respected and valued by the professionals which is essential for emotional wellbeing. This prevents her feeling a poor sense of security which could lead to other health implications.
- If Rose is given privacy during personal care, it will support her autonomy. Although she may have lost some independence offering her space where possible will help her feel in control over her own body and care.
- By encouraging Rose to do as much as she is able to during personal care, this supports her independence and self-worth. This empowers Rose to be more confident, making her feel more capable and involved in her care. If everything is done for her, she may feel a sense of helplessness, lowering her self-esteem.
- Asking for Rose's consent before any personal care tasks shows

	her respect and consideration, which helps build trust and removes barriers in communication. This positive relationship between Rose and her care worker helps to prevent a lack of respect which may cause a loss of dignity for her. • Promoting independence wherever possible helps protect Rose's rights and encourages her to stay socially engaged. This respect means that her emotional and social needs are more likely to be met, leading to an improved quality of life. **Accept any other suitable response.**	

Q	Mark scheme	Total marks

Section D **Total for this section: 18 marks**

29 **Mo is 70 years old and has recently moved to England to be with his family in a rural village. He speaks limited English.**

Mo struggles with his physical health and often requires a walking frame to get around.

Discuss the barriers that Mo may face when accessing healthcare services and the ways he can overcome these.

9

AO1=3
AO2=3
AO3=3

Band	Mark	Descriptor
3	7 to 9	**AO3** – **excellent** discussion of barriers to access how they are overcome is **comprehensive** and **highly relevant**. Supported with **excellent** justifications that are **comprehensive** and **highly detailed**. **AO2** – **excellent** application of knowledge and understanding of barriers to access and how they are overcome that is **comprehensive**, **highly detailed** and **highly relevant** to the question. **AO1** – **excellent** recall of knowledge and understanding of barriers to access and how they are overcome that is **comprehensive**. Subject-specific terminology is used **consistently** throughout.
2	4 to 6	**AO3** – **good** discussion of barriers to access and how they are overcome that is **detailed** and **mostly relevant**. Supported with **good** justifications that are **detailed**. **AO2** – **good** application of knowledge and understanding of barriers to access and how they are overcome that is **detailed** and **mostly relevant** to the question. **AO1** – **good** recall of knowledge and understanding of barriers to access and how they are overcome that is **mostly detailed**. Subject-specific terminology is used, but not always consistently.
1	1 to 3	**AO3** – **limited** discussion of barriers to access and how they are overcome supported with **limited**

		justifications that have **minimal detail** and are **mostly superficial**. **AO2** – **limited** application of knowledge and understanding of barriers to access and how they are overcome that has **minimal detail** and are **mostly superficial**, with **minimal relevance** to the question. **AO1** – **limited** recall of knowledge and understanding of barriers to access and how they are overcome that has **minimal detail**. Subject-specific terminology is often **inappropriate**, and a lack of understanding is evident.
	0	No rewardable material

Examiners are reminded that indicative content reflects content-related points that learners may make but is not an exhaustive list, nor is it a model answer. Learners may make all, some or none of the points included in the indicative content. Learners must be credited for any other appropriate response.

It is not a requirement that the learners formulate a response specifically against each AO as laid out in the indicative content.

Indicative content

AO1 – learners will recall knowledge and understanding of access to services barriers, that may include the following:

- Mo may have a communication barrier due to speaking limited English
- Mo's reliance on a walking frame makes it difficult for him to travel long distances
- Mo might not live close to the services and be able to get transport to appointments
- Mo might not understand what services are available

AO2 – learners will apply knowledge and understanding of how access to services barriers will impact Mo and how they are overcome, that may include the following:

- One communication barrier could be Mo’s limited English as he may misunderstand information. One way to overcome this could be to use a translator.
- Physical health and mobility barriers may mean Mo will find it difficult to travel to his medical appointments, this could be overcome by family members / neighbours driving Mo to his appointments or helping arrange transport.
- There may be transport barriers if Mo does not know how to get to

	appointments, these can be overcome by providing community services. • Mo may not understand what services are available leading to not being able to access the correct care. **AO3** – learners will discuss how barriers to access will impact Mo and how they can be overcome, that may include the following: • A communication barrier may prevent Mo having his needs met or being understood due to the differences in language. To overcome this, the service could have information provided in different languages or provide access to a translator. This will ensure needs are met and that information is shared correctly. • Mo's physical health and mobility could create a barrier meaning Mo will find it difficult to attend medical appointments. This can be overcome by family members / neighbours taking Mo to his appointments or helping him arrange hospital transport. This means that Mo can attend his medical appointments on time, ensuring his health needs are addressed. • There may be transport barriers in accessing services due to Mo not being able to understand how to travel to different services, one way this can be overcome is for community services to collect from home to attend appointments. • As Mo speaks limited English, he may find it difficult to understand information regarding medical services that would be suitable to meet his needs. This may mean he is not receiving the best treatment to support his physical health needs. This may impact his health and wellbeing. **Accept any other suitable response.**	

30

Kate is 15 years old and lives with her mum in a small one-bedroom flat.

Her mum has recently developed a long-term physical health condition. This means she is unable to continue working and is now reliant on benefit payments.

Kate is in her final year at school and is keen to complete her GCSEs and go on to college and improve her future prospects.

Kate will need to spend time caring for her mum and is concerned it may affect her school attendance and academic performance.

Discuss the impact these socio-economic factors may have on Kate's health and wellbeing.

9

AO1=3
AO2=3
AO3=3

Band	Mark	Descriptor
3	7 to 9	**AO3** – **excellent** discussion of the impact of socio-economic factors on health and wellbeing that is **comprehensive** and **highly relevant**. Supported with **excellent** justifications for the impact of income on health and wellbeing that are **comprehensive** and **highly detailed**. **AO2** – **excellent** application of knowledge and understanding of the impact of income on health and wellbeing that is **comprehensive** and **highly detailed**, and **highly relevant** to the question. **AO1** – **excellent** recall of knowledge and understanding of income on health and wellbeing that is **comprehensive**. Subject-specific terminology is used **consistently** throughout.
2	4 to 6	**AO3** – **good** discussion of the impact of socio-economic factors on health and wellbeing that is **detailed** and **mostly relevant**. Supported with **good** justifications for the impact of income on health and wellbeing that are **detailed**. **AO2** – **good** application of knowledge and understanding of income on health and wellbeing that is **detailed** and **mostly relevant** to the question. **AO1** – **good** recall of knowledge and understanding of income on health and wellbeing that is **mostly detailed**. Subject-specific terminology is used, but not always

		consistently.
1	**1 to 3**	**AO3** – **limited** discussion of the impact socio-economic factors on health and wellbeing. Supported with **limited** justifications for the impact of income on health and wellbeing that have **minimal detail** and are **mostly superficial**. **AO2** – **limited** application of knowledge and understanding of income on health and wellbeing that has **minimal detail** and are **mostly superficial,** with **minimal relevance** to the question. **AO1** – **limited** recall of knowledge and understanding of income on health and wellbeing that has **minimal detail**. Subject-specific terminology is often **inappropriate**, and a lack of understanding is evident.
	0	No rewardable material

Examiners are reminded that indicative content reflects content-related points that learners may make but is not an exhaustive list, nor is it a model answer. Learners may make all, some or none of the points included in the indicative content. Learners must be credited for any other appropriate response.

It is not a requirement that the learners formulate a response specifically against each AO as laid out in the indicative content.

Indicative content

AO1 – learners will recall knowledge and understanding of how socio-economic factors may impact health and wellbeing, that may include the following:

- Diet may change due to cost of high-quality food resulting in a poor nutritional diet for Kate.
- A small, rented flat may not provide adequate space for relaxation and studying, potentially leading to stress and poor sleep.
- Kate may struggle to balance responsibilities and education which may affect her confidence and self-esteem.
- Financial constraints and time demands may impact how Kate engages in hobbies / spends time with friends / others.

AO2 – learners will apply knowledge and understanding of how socio-economic factors may impact health and wellbeing, that may include the following:

- Kate's diet may be poor as she may not be able to afford nutritious meals every night which may impact her physical health, either through loss of weight or unhealthy weight gain by eating unhealthy

	but cheaper convenient foods. • Cramped living conditions may mean that Kate may struggle to get sufficient sleep which could lead to poor physical health by constantly feeling fatigued. Not being able to concentrate on her studies may lead to stress and anxiety. • Juggling schoolwork, examinations, and caring for her mum may leave Kate feeling overwhelmed. She might struggle to keep up with her schoolwork, complete homework, or concentrate in class due to exhaustion and stress. • Kate's mum may not be able to subsidise extra-curricular activities meaning she will have less opportunities to meet with her friends at various social events, making her feel lonely. • Due to the family situation, Kate may receive support from other professionals and services to support her motivation in meeting her goals / aspirations. **AO3** – learners will discuss how socio-economic factors may impact health and wellbeing, that may include the following: • Although Kate's mum may not be able to afford nutritious food items Kate could help plan meals, bulk cook so she can eat well for less and have a better diet to improve her physical health and wellbeing. • Kate may not have her own personal space to work, rest and sleep. The lack of sleep may lead to poor concentration and being unable to focus on school, which could lead to her falling behind in her studies, causing anxiety around attending school and impacting her education. • If Kate falls behind in her studies, she may feel frustrated or inadequate compared to her peers, which could lower her self-belief and motivation, however Kate's challenges may teach her how to manage her time effectively and develop problem-solving skills. • Despite not being able to socialise with her friends, Kate may begin to seek other friendships with others in a similar situation. This will help boost her self-esteem and contribute towards improved mental health and wellbeing, now and in the future. **Accept any other suitable response.**	

Assessment objective (AO) grid

Section A

Question	AO1	AO2	AO3	Total
1	1			1
2	1			1
3	2			2
4		2		2
5		2		2
6	3			3
7	1			1
8		2		2
9 (a)		2		2
9 (b)			2	2
10	2	2	2	6
Total	**10**	**10**	**4**	**24**

Section B

Question	AO1	AO2	AO3	Total
11	1			1
12	1			1
13	2			2
14	2			2
15		2		2
16		2		2
17	2			2
18		3	3	6
Total	**8**	**7**	**3**	**18**

Section C

Question	AO1	AO2	AO3	Total
19	1			1
20	1			1
21	2			2
22		2		2
23			2	2
24	1			1
25		2		2
26	1			1

27	2			2
28		3	3	6
Total	**8**	**7**	**5**	**20**

Section D

Question	AO1	AO2	AO3	Total
29	3	3	3	9
30	3	3	3	9
Total	**6**	**6**	**6**	**18**