



*Rewarding Learning*

**ADVANCED SUBSIDIARY (AS)  
General Certificate of Education  
2018**

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**Health and Social Care**

**Assessment Unit AS 3**

*assessing*

**Health and Well-being**

**[SHC31]**

**WEDNESDAY 16 MAY, MORNING**

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**MARK  
SCHEME**

## **General Marking Instructions**

### **Introduction**

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

### **The Purpose of Mark Schemes**

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

## 1 (a) Define the following concepts. (AO1)

Mental illness

**Examples of suitable points to be included in definition:**

- a collective term for all diagnosable mental health problems that become “clinical,” i.e. where professional intervention and treatment is required. Examples of mental illnesses include the major psychotic illnesses, such as endogenous depression, schizophrenia, and manic-depressive psychosis
- mental illness is the term used to describe behaviour that is generally regarded as abnormal and inexplicable within the expected patterns of behaviour associated with particular roles in society.
- mental illness has been linked to chemical changes in the brain which produce abnormal often undesired behaviour, e.g. violent mood swings, physical aggression

All other valid responses must be given credit

[1] basic definition [2] competent definition

Mental health

**Examples of suitable points to be included in definition:**

- not just the absence of mental illness, but a form of subjective well-being
- an individual’s sense of being able to cope, being in control of his/her life, being able to face challenges and take on responsibility
- a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity

All other valid responses must be given credit

[1] basic definition [2] competent definition

(2 × [2])

[4]

## (b) Describe the potential effects of Peter’s ill-health on the following: (AO1, AO2)

His own leisure activities

**Examples of suitable points to be included in description:**

- Peter may decide to give up some leisure activities as he may not feel like socializing with others due to his poor mental health
- Peter may not attend his leisure activities as regularly as he did in the past due to his illness or lack of income resulting from being off work
- he may take up new leisure activities on an individual basis, perhaps as a result of working with the OTs in the hospital, e.g. art
- he may become involved in new group activities at the day centre, e.g. they might take a group of service users on a day trip

All other valid responses must be given credit

[1] basic description [2] adequate description [3] competent description

Freddie and Mollie’s education

**Examples of suitable points to be included in description:**

- Freddie and Mollie may be worried about their father and find it difficult to concentrate at school, which would have a negative impact on their educational achievement
- Peter is not there to help the children with their homework or they may be going to visit him so they may not do it as thoroughly as before he went into hospital, so they may lose out on this learning opportunity

- the children may be bullied at school due to their fathers' poor mental health – this may cause them distress and negatively affect their achievement
- the children may work hard at their schoolwork so that their parents don't have to worry about them as well as about Peter's illness – this could improve their attainment at school

All other valid responses must be given credit

[1] basic description [2] adequate description [3] competent description

Sylvia's employment

**Examples of suitable points to be included in description:**

- Sylvia may miss time at work to look after the children or to visit Peter in hospital
- she may find it difficult to concentrate at work due to worrying about Peter and the impact of his illness on the family, so her performance in her employment may suffer
- Sylvia could miss out on opportunities for promotion as she needs to focus more on her family and less on her employment than she did in the past
- Sylvia may have to change her working hours, e.g. move to part-time employment to look after Peter

All other valid responses must be given credit

[1] basic description [2] adequate description [3] competent description

(3 × [3])

[9]

- (c) Describe how geographical location can have a negative impact on the physical and social health and well-being of some individuals. (AO1, AO2)

Physical health and well-being

**Examples of suitable points to be included in description:**

- people who live in areas with poor transport may be less likely to make GP appointments to enquire about their symptoms or go to the hospital for check ups, so their condition may deteriorate
- individuals who live in areas with poor air quality or pollution may suffer physically as they are more prone to respiratory conditions
- due to the postcode lottery, people in some areas may have limited access to some services or treatments, e.g. to GP appointments or to new cancer drugs
- living in a city may hold some danger, e.g. risk of assault or attack in some areas and the easier spread of disease
- people who live in isolated areas may have to wait a long time for help in a medical emergency – they may not get help quickly enough, for example, if they have a heart attack, so their heart may be badly damaged or they may even die by the time an ambulance arrives
- living in an area with a lot of noise, e.g. traffic noise, can cause sleep disruption

All other valid responses must be given credit

[1] basic description [2] adequate description [3] competent description

Social health and well-being

**Examples of suitable points to be included in description:**

- some people live in geographical locations where there are very few or no facilities that provide opportunities for social interaction, e.g. day centres for older people or people with mental health problems, youth clubs, leisure centres or restaurants.

- people in some inner cities may be socially isolated due to fear of crime
- people who live in some areas may not experience any sense of community
- people who live in an area that is not well served by public transport may have fewer opportunities to visit friends than most people

All other valid responses must be given credit

[1] basic description [2] adequate description [3] competent description

(2 × [3])

[6]

- (d) Running day centres for a range of service users is just one way voluntary organisations contribute to health and well-being. Using examples of voluntary organisations in Northern Ireland, discuss **four other** ways they contribute to health and well-being. (AO1, AO2, AO3)

**Examples of suitable points to be discussed:**

- provide respite care services, e.g. for parents or carers of children or adults with mental illnesses or learning disabilities
- source of education, e.g. help adults with learning disabilities to develop numeracy, literacy and other skills
- provide information and advice, e.g. about benefit entitlement or information on educational support for parents of children with learning disabilities such as autism
- provide advocacy, e.g. support an individual to access appropriate health care or to gain access to day care
- provide support with day to day living, e.g. run a befriending scheme where volunteers go shopping or out for social activities with an individual with a learning disability or a mental illness
- provide nursing care, e.g. at home or in a hospice for people with cancer
- raise awareness of the needs of people with learning disabilities, e.g. run a campaign to encourage anti-discriminatory practice such as an anti-bullying campaign or to promote inclusion in the workforce
- lobby government, e.g. try to persuade MPs to provide and finance better services or to improve legislation to prevent discriminatory practice against older people
- conduct and publish research, e.g. on a medical condition such as heart disease or on the circumstances of groups like carers
- run health promotion campaigns, e.g. to raise awareness of mental health problems or to encourage healthy behaviours to reduce heart disease
- provide helplines, e.g. for people who are worried about a diagnosis of a particular condition
- run support groups, e.g. for people wishing to give up smoking
- provide emotional support, e.g. helpline/counselling
- provide screening services, e.g. breast screening for women not screened by the Trusts because of their age
- provide transport, e.g. to hospital appointments
- provide accommodation, e.g. hostels or supported living
- provide opportunities for social activities, e.g. day trips, social outings, after school clubs
- provide equipment, e.g. personal alarms for older people
- provide practical or financial help, e.g. furniture, food, money for fuel
- provide trips and holidays, e.g. for sick children and their families
- provide complementary therapies, e.g. acupuncture, reflexology

**Examples of voluntary organisations that may be included in discussion:**

- Marie Curie
- Age NI
- Action Cancer
- Praxis Care
- Mencap
- Samaritans
- Aware
- NSPCC
- The Stroke Association
- NI Chest Heart and Stroke
- Disability Action
- Gingerbread NI
- Niamh

All other valid points must be given credit

[0] is awarded for a response not worthy of credit

**Level 1 ([1]–[4])**

Overall impression: basic

- basic knowledge and understanding of how voluntary organisations can contribute to health and well-being
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- may discuss only one way or lack examples
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

**Level 2 ([5]–[8])**

Overall impression: adequate

- adequate knowledge and understanding of how voluntary organisations can contribute to health and well-being
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- there must be a discussion of at least two ways to achieve at this level and of at least three ways at the top of this level
- there must be some use of examples to achieve at this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

**Level 3 ([9]–[12])**

Overall impression: competent

- competent knowledge and understanding of how voluntary organisations can contribute to health and well-being
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question

- there must be a discussion of four ways to achieve at this level
- competent use of examples
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

AVAILABLE  
MARKS

31

- 2 (a) (i) Identify one current health promotion campaign run by the Public Health Agency in Northern Ireland. (AO1)

**Suitable examples to be identified:**

- Be Cancer Aware
- Breast Fed Babies (including Not Sorry Mums)
- Choose to Live Better
- Minding Your Head
- Sexual Health NI (including Choose to Protect Yourself)
- Want 2 Stop
- Know Your Limits

All other valid responses must be given credit

(1 × [1])

[1]

- (ii) Describe **three** different ways the campaign gets its message across. (AO1, AO2)

**Examples of suitable ways to be described:**

- runs roadshows, e.g. in local leisure centres
- uses TV advertisements, e.g. to frighten the target group into avoiding binge drinking
- provides information in leaflets, e.g. about the negative health effects of illegal drugs
- uses posters to get across messages visually, e.g. to encourage behaviour change by showing people out walking
- has a website giving information and advice, e.g. explaining consequences of behaviour like the social effects of alcohol or drug abuse
- works directly with the target group in a relevant setting, e.g. encouraging parents in a playgroup to take responsibility for their children's dental health or running a healthy living community event in a local health centre
- publishes a magazine, e.g. giving information on how to get involved in physical activity in Northern Ireland or on health benefits of particular food supplements
- provides stories/narratives that members of target group can relate to, e.g. young people abusing alcohol on a night out
- uses radio advertising, e.g. on sexual health
- provides helplines or support groups, e.g. to help people give up smoking
- use social media, e.g. apps, Twitter, Facebook
- work with local councils to provide access to facilities, e.g. leisure centres.

All other valid responses must be given credit

[1] basic description [2] adequate description [3] competent description

(3 × [3])

[9]

- (b) (i) Describe and evaluate the medical approach to health promotion by completing the table below. (AO1, AO2, AO3)

Describe the medical approach to health promotion

**Examples of suitable points to be included in description:**

This approach is also sometimes referred to as the preventative approach as it aims to prevent ill health. It focuses on preventative measures such as immunisation and screening and thus the role of health professionals in promoting health. Good examples are the television advertisement 'Catch the vaccine, not the 'flu' and leaflets designed to encourage uptake of breast screening.

[1] basic description [2] adequate description [3] competent description  
(1 × [3]) [3]

Explain two strengths of the approach

**Examples of suitable points to be explained:**

- campaigns using this approach are based on medically sound scientific evidence and research so are convincing, e.g. the 'flu vaccination is medically proven to prevent deaths due to 'flu in vulnerable groups such as older people
- it is expert led – doctors and other medical workers are usually people the public feel they can trust with their health and therefore uptake may be good
- has a history of success – successful smallpox vaccination programme practically eradicated this disease
- may be cost effective for the government, e.g. disease prevented meaning less medical care needed.

All other valid responses must be given credit

[1] basic explanation [2] competent explanation  
(2 × [2]) [4]

Explain two weaknesses of the approach

**Examples of suitable points to be explained:**

- fear among the public of side effects can put people off taking up immunisations, e.g. some people believe the 'flu vaccine can give you the 'flu
- often targets only specific groups/excludes some groups who could benefit, e.g. cervical screening only offered to women over 25 years old.
- this approach ignores the holistic person – focuses on the physical aspects of health rather than overall well-being including self-esteem and a sense of autonomy
- encourages dependency on medical profession and treatment rather than individuals taking responsibility for their own health
- people may be afraid of or embarrassed about having tests, immunisations or screenings, or be afraid of the results and so don't respond to invitations to take part

All other valid responses must be given credit

[1] basic explanation [2] competent explanation  
(2 × [2]) [4]

(ii) Identify **three** other approaches to health promotion. (AO1)

**Suitable approaches to be identified:**

- the educational approach
- the social change approach
- the behaviour change approach
- the fear arousal approach

(3 × [1])

[3]

(c) Discuss the **three** ways individuals can take responsibility for their own health and well-being. (AO1, AO2, AO3)

**Examples of suitable points to be discussed:**

Lifestyle choices

- eating a healthy diet, e.g. based on the Eatwell Guide
- exercising regularly, e.g. by playing a sport or going walking or swimming
- limiting alcohol intake, e.g. by sticking to recommended limits
- avoiding illegal drugs
- avoiding smoking tobacco and/or passive smoking or giving up smoking

Accessing health and social care services

- attending for regular check-ups, e.g. dental check-ups every six months
- responding to invitations for screening, e.g. for breast cancer in women over fifty
- making GP appointments before a health condition deteriorates too much, e.g. seeing GP about a chest infection
- taking up opportunities for health checks offered at work or through voluntary organisations, e.g. blood pressure checks conducted by occupational nurse or breast screening offered by a cancer charity
- attending appointments with a social worker, e.g. for help with a family crisis

Self-advocacy

- asking a G.P. for a referral to a specialist, e.g. a gynaecologist or neurologist
- asking a hospital doctor for a second opinion on whether surgery is an appropriate treatment, e.g. ask for a referral to another specialist to see what he/she would advise
- researching one's own condition and possible treatments on the internet and requesting the most up-to-date treatment

All other valid points must be given credit

[0] is awarded for a response not worthy of credit

**Level 1 ([1]–[3])**

Overall impression: basic

- basic knowledge and understanding of how individuals can take responsibility for their own health and well-being
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- may discuss only one of the ways or list examples
- quality of written communication is basic. The candidate makes only

a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

**Level 2 ([4]–[6])**

Overall impression: adequate

- adequate knowledge and understanding of how individuals can take responsibility for their own health and well-being
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- there must be a discussion of at least two of the ways to achieve at this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

**Level 3 ([7]–[9])**

Overall impression: competent

- competent knowledge and understanding of how individuals can take responsibility for their own health and well-being
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- there must be a discussion of all three ways to achieve at this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [9]

33

- 3 (a) Complete the table below by identifying **one** example of each type of need for older people and explaining **one** way staff in a day centre could meet this need. (AO1, AO2)

Physical

**Suitable examples:**

- nutrition
- hygiene
- warmth
- exercise/mobility
- medication

All other valid responses must be given credit

[1] for example

**One** way staff in a day centre could meet the need:

Explanation must be clearly linked to the need identified, e.g. need for nutrition could be met by staff providing service users with nutritious balanced meals that are easily digested and with choices which will encourage them to eat well.

[1] basic explanation [2] competent explanation

Intellectual

**Suitable examples:**

- stimulation
- language needs
- knowledge
- learning skills

All other valid responses must be given credit

[1] for example

**One** way staff in a day centre could meet the need:

Explanation must be clearly linked to the need identified, e.g. need for stimulation could be met by the staff offering a range of activities to help keep older people's minds active, e.g. board games, quizzes.

[1] basic explanation [2] competent explanation

Emotional

**Suitable examples:**

- sense of belonging/feeling respected and cared for
- feeling of stability/security
- sense of control over one's life/autonomy
- positive self concept/esteem needs/confidence
- need to express feelings and emotions
- spiritual needs

All other valid responses must be given credit

[1] for example

**One** way staff in a day centre could meet the need:

Explanation must be clearly linked to the need identified, e.g. need for a sense of belonging could be met by staff welcoming individuals when they arrive for the day, e.g. addressing them by their preferred name and asking them how they are.

[1] basic explanation [2] competent explanation

Social

**Suitable examples:**

- friendships
- social interaction with others
- communication with others

All other valid responses must be given credit

[1] for example

**One** way staff in a day centre could meet the need:

Explanation must be clearly linked to the need identified, e.g. need for social interaction could be met by staff introducing new service users to others who use the day centre – they could encourage them to have a chat over a cup of tea.

[1] basic explanation [2] competent explanation

(4 × [1])

[4]

(4 × [2])

[8]

**(b)** Describe **two** examples of discriminatory practice. (AO1, AO2)

**Suitable examples:**

- not consulting service users from minority religions about dietary requirements linked to their faith in a residential care home whilst catering for the main religious groups, for example by having fish on the menu for Roman Catholics on fast days but not offering kosher food for Jewish residents
- not asking service users from minority religions about spiritual needs or religious practices in a hospital, whilst providing facilities and organizing pastoral visits for more common religious groups, e.g. Christian faiths
- not offering service users whose first language is not English the services of a translator if they do not understand what is being said at a hospital appointment
- not offering the services of an advocate if a service user has problems in terms of self-advocacy, e.g. a service user with a learning disability in residential care
- verbal abuse, e.g. discriminatory remarks by staff in a nursing home of a sectarian nature
- staff failing to challenge discriminatory remarks from others, e.g. ignoring racist comments by service users in a day centre
- staff deliberately ignoring or isolating service users, e.g. care workers in a day centre failing to talk to a service user whose first language isn't English
- managers selecting resources that don't reflect different ethnicities and cultures, e.g. books in an early years setting only having pictures of white people

All other valid responses must be given credit

[1] basic description [2] adequate description [3] competent description

(2 × [3])

[6]

- (c) Using the following headings, describe the potential impact of discriminatory practice on the health and well-being of patients in a hospital. (AO1, AO2)

#### Physical health and well-being

##### **Examples of suitable points to be described:**

- a patient's condition may deteriorate or worsen or a patient may fail to make the expected recovery
- a patient may lose his or her appetite, feeling too upset to eat or having an upset stomach due to feeling anxious. The patient may even experience a drop in weight as a result
- a patient may develop problems with sleeping, perhaps lying awake worrying about what is happening

All other valid points must be given credit

[1] basic description [2] adequate description [3] competent description

#### Psychological health and well-being

##### **Examples of suitable points to be described:**

- patients may have low self-esteem – feel worthless and undervalued
- a patient may have a negative self-concept or poor self-image
- some patients may experience depression
- patients may feel disrespected and uncared for
- patients may feel scared, unsafe and insecure in the setting
- patients will feel upset, angry, disempowered or like a burden
- patients may experience stress, the response that occurs when individuals feel they cannot cope with the environment they are in
- patients may feel they have a lack of autonomy, i.e. a lack of control over what is happening to them
- where a patient already has a mental health condition, it may well deteriorate

All other valid points must be given credit

[1] basic description [2] adequate description [3] competent description

(2 × [3])

[6]

- (d) Discuss **four** ways managers may promote anti-discriminatory practice in early years settings. (AO1, AO2, AO3)

##### **Examples of suitable points to be discussed:**

- organise staff training in anti-discriminatory practice – managers can make this a key part of staff induction for new members of staff and organise ongoing staff training in anti-discriminatory practice, such as keeping staff up to date on equal opportunities legislation or organizing training in how to communicate effectively with children with learning disabilities, e.g. training in basic Makaton
- have a complaints policy for service users – managers should have this in place to encourage parents to complain if they feel their children have been treated unfairly on the basis of their race, beliefs, gender or disability. This policy should make it clear to service users that they have a right to complain and the manager can ensure that they are aware that the policy exists, e.g. by making reference to it in any literature about the setting. When parents make complaints about discrimination the manager should investigate them as quickly as possible and inform parents of the outcome
- have a whistle blowing policy to encourage staff to report discriminatory practice by other staff, even those who have a more senior position

- managers can encourage staff to use the whistle blowing procedures to report others who engage in discriminatory practices so that discrimination can be routed out of the setting. They can encourage a culture in the setting that means staff are not afraid to be whistleblowers
- the manager can directly challenge staff and service users when discrimination occurs. The manager should speak to staff who engage in discriminatory practice to explain what they have done wrong and should use disciplinary procedures to deal with members of staff where appropriate – this can involve verbal and written warnings and even dismissal
- the manager can ensure resources and activities reflect all the different cultures, ethnicities and family types of the children and their families, e.g. dolls of a range of ethnicities, dressing up clothes reflecting a variety of cultures, celebrating a range of religious festivals

All other valid points must be given credit

[0] is awarded for a response not worthy of credit

### Level 1 ([1]–[4])

Overall impression: basic

- basic knowledge and understanding of how managers may promote anti-discriminatory practice in early years settings
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- answers may discuss only one way or list points
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

### Level 2 ([5]–[8])

Overall impression: adequate

- adequate knowledge and understanding of how managers may promote anti-discriminatory practice in early years settings
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- there must be a discussion of at least two ways to achieve at this level and of at least three ways at the top of this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

### Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of how managers may promote anti-discriminatory practice in early years settings
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- there must be a discussion of four ways to achieve at this level

- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

**Total**

AVAILABLE MARKS
36
<b>100</b>