



*Rewarding Learning*

**ADVANCED SUBSIDIARY (AS)  
General Certificate of Education  
2023**

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**Health and Social Care**

**Assessment Unit AS 3**

*assessing*

**Health and Well-being**

**[SHC31]**

**MONDAY 22 MAY, AFTERNOON**

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**MARK  
SCHEME**

## **General Marking Instructions**

### ***Introduction***

The main purpose of a mark schemes is to ensure that examinations are marked accurately, consistently and fairly. The mark scheme provides examiners with an indication of the nature and range of candidates' responses likely to be worthy of credit. It also sets out the criteria which they should apply in allocating marks to candidates' responses.

### ***Assessment objectives***

Below are the assessment objectives for **GCE Health and Social Care**.

Candidates should be able to:

- AO1** Demonstrate knowledge and understanding of the specified content.
- AO2** Apply knowledge, understanding and skills to a variety of health, social care and early years contexts.
- AO3** Investigate, analyse, and evaluate acquired knowledge and understanding, present arguments, make reasoned judgements and draw conclusions.

### ***Quality of candidates' responses***

In marking the examination papers, examiners should be looking for a quality of response reflecting the level of maturity which may reasonably be expected of a 17 or 18-year-old which is the age at which the majority of candidates sit their GCE examinations.

### ***Flexibility in marking***

Mark schemes are not intended to be totally prescriptive. No mark scheme can cover all the responses which candidates may produce. In the event of unanticipated answers, examiners are expected to use their professional judgement to assess the validity of answers. If an answer is particularly problematic, then examiners should seek the guidance of the Supervising Examiner.

### ***Positive marking***

Examiners are encouraged to be positive in their marking, giving appropriate credit for what candidates know, understand and can do rather than penalising candidates for errors or omissions. Examiners should make use of the whole of the available mark range for any particular question and be prepared to award full marks for a response which is as good as might reasonably be expected of a 17 or 18-year-old GCE candidate.

### ***Awarding zero marks***

Marks should only be awarded for valid responses and no marks should be awarded for an answer which is completely incorrect or inappropriate.

### ***Types of mark schemes***

Mark schemes for tasks or questions which require candidates to respond in extended written form are marked on the basis of levels of response which take account of the quality of written communication.

Other questions which require only short answers are marked on a point for point basis with marks awarded for each valid piece of information provided.

### ***Levels of response***

In deciding which level of response to award, examiners should look for the ‘best fit’ bearing in mind that weakness in one area may be compensated for by strength in another. In deciding which mark within a particular level to award to any response, examiners are expected to use their professional judgement.

The following guidance is provided to assist examiners.

- **Threshold performance:** Response which just merits inclusion in the level and should be awarded a mark at or near the bottom of the range.
- **Intermediate performance:** Response which clearly merits inclusion in the level and should be awarded a mark at or near the middle of the range.
- **High performance:** Response which fully satisfies the level description and should be awarded a mark at or near the top of the range.

### ***Quality of written communication***

Quality of written communication is taken into account in assessing candidates’ responses to all tasks and questions that require them to respond in extended written form. These tasks and questions are marked on the basis of levels of response. The description for each level of response includes reference to the quality of written communication.

For conciseness, quality of written communication is distinguished within levels of response as follows:

- Level 1: Quality of written communication is basic.
- Level 2: Quality of written communication is adequate.
- Level 3: Quality of written communication is competent.
- Level 4: Quality of written communication is highly competent.

In interpreting these level descriptions, examiners should refer to the more detailed guidance provided below:

**Level 1 (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 (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 (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 meaning is clear.

**Level 4 (Highly competent):** The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.

1 (a) Give a definition of disease. (AO1)

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

- disease is a diagnostic label given to a set of signs and symptoms  
– disease is usually long term, can be communicable or non-communicable, and can result from injuries, accidents or infections
- disease is a condition or process which can affect the functioning of the body physically or mentally, for example coronary heart disease and Alzheimer's disease

All other valid responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

(b) Ethnicity is one example of a socio-economic factor. Write down **two** other socio-economic factors that can affect health and well-being. (AO1)

**Any two of the following:**

- gender
- social class
- housing
- (also accept culture)

(2 × [1])

[2]

(c) Other than developing type 2 diabetes, describe how each of the following behavioural factors can affect physical health and well-being. (AO1, AO2)

**Unhealthy diet**

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

- lack of calcium in the diet can cause rickets in children and osteoporosis in adults
- lack of iron in the diet can lead to anaemia especially in women who lose a lot of iron due to menstruation. Vegetarians are at high risk of anaemia, as they are not getting enough iron from animal sources
- a large intake of saturated fat in the diet can lead to high blood pressure, high cholesterol, heart disease, stroke and obesity
- a diet lacking in vitamins and minerals, like vitamins A, C and D is associated with weakened immunity, making people more prone to infections
- malnutrition in children can lead to limited growth
- a diet lacking in fibre increases the risk of constipation, diverticulitis and bowel cancer
- a diet lacking in essential nutrients such as iron and vitamins B12 and D may cause fatigue
- a diet high in salt is also associated with hypertension and risk of stroke
- a high intake of red meats can lead to increased risk of colon cancer
- a high intake of sugar also contributes to obesity, some cancers and dental caries

All other valid responses will be given credit

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

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

- increases the likelihood of developing heart disease risk factors, including obesity, high blood pressure and high blood cholesterol
- can lead to weight gain/obesity and associated health problems like shortness of breath, strokes and premature death
- has a negative impact on sleep quality, increasing the likelihood of fatigue
- is associated with increased risk of cancers of the bladder, breast, colon, uterus, oesophagus, kidney, lung and stomach, even in people who are not overweight
- contributes to a loss of muscle mass and associated weakness and stiffness especially with age and increases the risk of developing osteoporosis
- has other negative effects on the body e.g., on metabolism and causing weakened immunity and hormonal imbalance

All other valid responses will be given credit

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

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

- people who smoke are at high risk of developing chronic irreversible lung conditions such as:
  - emphysema, the destruction of the air sacs in the lungs
  - chronic bronchitis, an inflammation of the lining of the breathing tubes of the lungs
  - COPD – chronic obstructive pulmonary disease
  - lung cancer
- smokers and children whose parents smoke are more prone to coughing, wheezing and asthma attacks and are also at increased risk of pneumonia and bronchitis
- smoking damages the cardiovascular system – nicotine causes blood vessels to tighten, which restricts the flow of blood and the ongoing narrowing, along with damage to the blood vessels, causing artery disease. Smoking also raises blood pressure, weakens blood vessel walls, and increases the risk of blood clots and therefore strokes
- smoking affects the skin, not only in terms of its appearance such as wrinkles and staining, but it is also associated with increased risk of squamous cell carcinoma (skin cancer)
- smoking increases the risk of a whole range of cancers including mouth, throat, larynx and oesophageal cancer
- increased risk to babies of pregnant mothers – low birth weight, heart conditions, asthma, miscarriage
- smoking has been linked to increased risk of cataracts and age-related macular degeneration
- smoking contributes to common disorders of the digestive system such as heartburn, reflux and ulcers
- as smoking decreases blood oxygen and makes the heart and lungs work harder, it causes fatigue
- smoking causes physical addiction to nicotine due to its effect on the brain – this leads to physical effects such as disturbed sleep
- smoking reduces taste and smell – this can cause loss of appetite and potential weight loss

- smoking impacts on oral health in other ways - gum problems, losing teeth, decay in roots of teeth, complications post tooth extraction and oral surgery

All other valid responses will be given credit

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

[9]

- (d) Diabetes UK is an example of a voluntary organisation. Choose any other voluntary organisation and discuss how it contributes to health and well-being for people in Northern Ireland. (AO1, AO2, AO3)

**Examples of voluntary organisations to choose:**

- NSPCC
- St Vincent de Paul Society
- NI Chest Heart and Stroke
- Disability Action
- Gingerbread NI
- Mindwise
- Childline
- Headway
- Marie Curie
- Age NI
- Action Cancer
- Praxis
- Mencap
- Samaritans
- Aware NI
- Macmillan Cancer Support
- Salvation Army
- Simon Community
- Barnardos
- Cancer Focus NI
- Cancer Research
- Northern Ireland Chest Heart and Stroke

All other valid responses will be given credit

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

(must be accurate for the organisation identified)

- provide respite care services, for example for parents or carers of children or adults with mental illnesses or learning disabilities
- source of education, for example help adults with learning disabilities to develop numeracy, literacy and other skills
- provide information and advice, for example about benefit entitlement or information on educational support for parents of children with learning disabilities such as autism
- provide advocacy, for example support an individual to access appropriate health care or to gain access to day care
- provide support with day to day living, for example 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, for example at home or in a hospice for people with cancer

- raise awareness of the needs of people with learning disabilities, for example run a campaign to encourage anti-discriminatory practice such as an anti-bullying campaign or to promote inclusion in the workforce
  - lobby government, for example 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, for example on a medical condition such as heart disease or on the circumstances of groups like carers
  - run health promotion campaigns, for example to raise awareness of mental health problems or to encourage healthy behaviours to reduce heart disease
  - provide helplines, for example for people who are worried about a diagnosis of a particular condition
  - run support groups, for example for people with addiction problems
  - provide emotional support, for example helpline/counselling
  - provide screening services, for example breast screening for women not screened by the Trusts because of their age
  - provide transport, for example to hospital appointments
  - provide accommodation, for example hostels or supported living
  - provide opportunities for social activities, for example day trips, social outings
  - provide equipment, for example personal alarms for older people
  - provide practical or financial help, for example furniture, food, money for fuel or search and rescue or repatriation services
  - provide trips and holidays, for example for sick children and their families
  - provide complementary therapies, for example acupuncture, reflexology
  - offer day care services, for example for older people
- All other valid responses will be given credit

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

### Level 1 ([1]–[2])

Overall impression: basic

- basic knowledge and understanding of how the voluntary organisation chosen contributes to health and well-being for people in Northern Ireland
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the voluntary organisation chosen contributes to health and well-being for people in Northern Ireland.

### Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of how the voluntary organisation chosen contributes to health and well-being for people in Northern Ireland
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how the voluntary organisation chosen contributes to health and well-being for people in Northern Ireland.

**Level 3 ([5]–[6])**

Overall impression: competent

- competent knowledge and understanding of how the voluntary organisation chosen contributes to health and well-being for people in Northern Ireland
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how the voluntary organisation chosen contributes to health and well-being for people in Northern Ireland. [6]

- (e) Discuss how type 2 diabetes can impact on physical, social and psychological health and well-being. (AO1, AO2, AO3)

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

Impact on physical health and well-being

- having type 2 diabetes means that the insulin the pancreas makes can't work properly, or that the pancreas can't make enough insulin, which causes the level of sugar in the blood (glucose) to become too high (hyperglycaemia or 'hyper') – this causes physical symptoms like excessive thirst, frequent urination, headaches, tiredness and lethargy and changes in weight
- if not controlled by medication, very low insulin levels can result in diabetic ketoacidosis (DKA) which has symptoms including high blood sugar levels, being very thirsty, frequent urination, feeling very sleepy, becoming confused, feeling or being sick, having sweet-smelling breath, experiencing blurred vision and stomach pains and even passing out – it is a serious condition, requiring medical intervention, and is more often associated with type 1 diabetes, but can occur in type 2 also
- hypoglycaemia (also known as a hypo) is another potential acute effect and occurs when the blood glucose level is too low – not everyone with type 2 diabetes experiences hypos, but they can occur due to an imbalance between the effects of diabetes medication and food intake – physical symptoms include shaking and trembling, sweating, going pale, having palpitations and a fast pulse, lips feeling tingly, tiredness, blurred vision, being hungry and having a headache
- hyperosmolar hyperglycaemic state (HHS) occurs in people with type 2 diabetes who experience very high blood glucose levels – this can develop over a course of weeks through a combination of illness (e.g. infection) and dehydration – physical symptoms include urination, thirst, nausea, dry skin and, in later stages, drowsiness and a gradual loss of consciousness – untreated it can be life-threatening
- chronic or long-term health problems associated with type 2 diabetes include:
  - nerve damage (neuropathy) can occur as a result of high blood sugar levels, affecting sight, hearing and movement due to the impact on joints and bones and causing digestive problems
  - eye problems (diabetic retinopathy) which causes sight loss
  - foot problems – nerve damage occurs and raised blood sugar can damage the circulation, making it difficult for ulcers and sores to heal – amputation can be necessary
  - heart attacks and strokes due to damage to blood vessels as a result of high blood sugar
  - kidney disease (diabetic nephropathy) caused by high blood sugar levels and high blood pressure makes it harder to clear extra fluid

- and waste from the body
- gum disease as there can be too much sugar in saliva which produces acid that attacks tooth enamel and damages gums
- type 2 diabetes is associated with increased risk for several cancers, including colon, postmenopausal breast, pancreatic, liver, endometrial and bladder cancers and non-Hodgkins lymphoma
- increased risk of yeast infections due to difficulty controlling blood sugar e.g. thrush

#### Impact on social health and well-being

- some people with type 2 diabetes may feel they don't want to be in social situations that involve alcohol consumption such as house parties or pubs as alcohol can raise their blood sugars
- some may feel they don't want to go to restaurants where too many foods that are high in sugar, salt and fat are on offer
- some may feel safer at home and avoid social activities like going to visit others or going on holiday with friends due to having to be organised with medication and due to the embarrassment of having to manage their diet and medication
- longer-term chronic physical problems such as sight loss and mobility problems can curtail previously enjoyed social activities such as holidays with friends and families
- type 2 diabetes does not have to have a negative impact on social lives – people can learn to manage their diabetes so that it does not affect their ability to eat out in restaurants, at friends' houses, or in social gatherings and can adjust to less alcohol at social gatherings
- there may be opportunities to meet new people and form friendships as a result of diagnosis, e.g. through a support group or by taking advice to exercise more to manage the condition and joining in a group like a walking group
- if there are serious complications an individual may not be well enough to maintain social contracts with friends and colleagues or may see more of family members who help them.

#### Impact on psychological health and well-being

- some of the acute physical effects of type 2 diabetes like hypos are also characterised by emotional and psychological effects like feeling tearful, anxious and irritable and a lack of concentration
- feelings of anger, guilt or low self esteem if poor lifestyle choices led to the development of the condition
- fear of the future caused by the worry of developing the chronic conditions associated with type 2 diabetes and the increased risk if contracting other illnesses like COVID-19
- anxiety and depression caused by the onset of some of the chronic conditions and their effects, e.g. amputation
- diabetes distress – feeling frustrated defeated and overwhelmed by the condition if it is not well controlled
- if there are serious complications of diabetes and an individual needs additional care as a result, the person may feel like a burden on family members or develop a closer bond with them
- lifestyle changes linked to managing diabetes can contribute to feeling positive/self-esteem and people may respond to a diagnosis with resilience and determination

All other valid responses will 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 type 2 diabetes can impact on physical, social and psychological health and well-being
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how type 2 diabetes can impact on physical, social and psychological health and well-being
- answers that address only one aspect of health and well-being cannot achieve beyond this level
- 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 type 2 diabetes can impact on physical, social and psychological health and well-being
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how type 2 diabetes can impact on physical, social and psychological health and well-being
- to achieve at this level at least two aspects of health and well-being must be addressed
- 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 type 2 diabetes can impact on physical, social and psychological health and well-being
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how type 2 diabetes can impact on physical, social and psychological health and well-being
- to achieve at this level all three aspects of health and well-being must be addressed and at the top of this level all three must be discussed in detail
- 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 meaning is clear. [12]

31

**2 (a)** Give a definition of health. (AO1)**Examples of suitable points to be included in definition:**

- health is a positive concept that suggests well-being as opposed to illness or disease
- it is generally agreed that there is more than one dimension to health – physical, social, emotional, mental, spiritual, environmental
- health is the absence of disease/not just the absence of disease

All other valid responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

**(b)** Other than providing fact sheets on diseases and engaging in health promotion, explain **two** ways WHO contributes to health and well-being on a global level. (AO1, AO2)**Examples of suitable ways to be explained:**

- combats disease across the world by organising vaccination programmes, e.g. for malaria in countries like Ghana and Kenya
- provides information or guidance/raises awareness on health risks globally, e.g. on risk of SARs and COVID-19 and how to avoid them, or the health risks associated with travel to specific countries and the relevant advice on vaccinations and medication
- devises international policies on health, e.g. mental health policy which advises on planning and service development or a policy package to combat antimicrobial resistance
- makes recommendations worldwide about health behaviour, e.g. one WHO report recommended that sugar be no more than 10% of a healthy diet
- co-ordinates relief programmes when international disasters occur and emergency/humanitarian aid is required, e.g. where there are earthquakes or refugee crises
- monitors and publishes statistical information, for example on the spread of disease across the world, e.g. on COVID-19 during the pandemic and other health issues like vaccination coverage
- carries out research relevant to health, for example on the socio-economic factors that affect health and illness, including stress-related illness, in European countries
- advises countries on how to deal with global health emergencies e.g. the COVID-19 pandemic and helps them to respond e.g., during the pandemic WHO established a supply chain for equipment
- sets international standards e.g., for food and pharmaceutical products

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

**(c) (i)** Health and Social Care Trusts are examples of statutory organisations that are involved in health promotion in Northern Ireland. Explain **three** different ways that Trusts contribute to health and well-being. (AO1, AO2)

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

- provide community dental services for people who because of care needs cannot attend a family dentist e.g., people with learning disabilities or severe mental illness or service users in residential care homes
- provide hospital services to the local community, e.g. the Western Health and Social Care Trust has acute medical hospital services at Altnagelvin and a mental health hospital at Gransha
- provide primary health care services within their geographical area, e.g. access to GPs, midwives and health visitors in community medical practices
- provide day care services, e.g. for adults with learning disabilities, people with mental health problems and older people
- provide residential homes, e.g. children's homes and care homes for older people
- provide domiciliary care workers to support people to live in their own homes
- provide social services support for vulnerable people through social workers and support workers, e.g. social workers run fostering and adoption services for children
- provide transport for some service users e.g., for hospital appointments or day centres
- provide screening services e.g., GP practices conduct cervical smears, some health and care practices conduct AAA screening for men aged 65 and some hospitals have breast screening units
- the NI ambulance service trust provides emergency care and transport to hospital
- provide a range of other health services e.g., family planning, sexual health, fertility services
- have websites that provide information and advice e.g. information on services and how to access them and first aid advice

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(3 × [2])

[6]

**(ii)** Name **two** other statutory organisations that contribute to health and well-being in Northern Ireland. (AO1)

- The Department of Health (DoH)
- Public Health Agency (PHA)

(2 × [1])

[2]

**(d)** Other than engaging in health promotion, describe how a pharmacy can contribute to health and well-being. (AO1, AO2)

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

- provide treatment through access to medicines, e.g. provide a range of medicines that people can buy over the counter like painkillers or dispense prescriptions from GPs, organising tablets into blister packs for more vulnerable service users
- sell products relevant to health and well-being, e.g. health supplements or aids for living
- offer a free prescription collection and delivery service
- advise individuals on health issues such as sexual health and smoking cessation, e.g. through having pharmacists or other staff available to speak to free of charge

- measure health indicators, e.g. measure BP, blood sugar etc.
- provide tests, e.g. free tests for chlamydia
- contribute to vaccination programmes, e.g. provide the flu vaccine
- provide a minor ailment scheme which involves dispensing medication for a specific list of minor illnesses, e.g. colds, earache, hay fever

All other valid responses will be given credit

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

(1 × [3])

[3]

- (e) (i) Describe the medical approach to health promotion. (AO1, AO2)

**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 promoting/providing information on preventative measures such as immunisation and screening and thus the role of health professionals in promoting health. Examples are the flu vaccination programme posters, ‘Just’ the flu, there’s no ‘just’ about it’, and the PHA’s cancer screening campaign.

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

(1 × [3])

[3]

- (ii) Evaluate the medical approach to health promotion. (AO1, AO2, AO3)

**Examples of suitable points to be included in the evaluation:**

**Strengths**

- 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
- has a history of success – successful smallpox vaccination programme practically eradicated this disease
- it can be effective in targeting specific vulnerable groups e.g. older people for the ‘flu vaccine and teenagers and their parents for HPV vaccine
- it can be regarded as cost effective for the government in helping to prevent illnesses and diseases that are expensive to treat

**Weaknesses**

- fear or mistrust among the public, for example of side effects can put people off taking up immunisations, for example some people continue to believe the MMR vaccination is linked to autism and there was a great deal of fear around the safety of the COVID-19 vaccine
- 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 rather than individuals taking responsibility for their own health
- people may be afraid or emotional about having immunisations or screenings, or afraid of the results, or feel they are not at risk and so don’t respond to the campaign by attending/accessing the service
- challenge of scale- this approach can be expensive to roll out to the whole population or a section of it
- this approach often only targets specific groups and excludes some groups who could benefit e.g., cervical screening only offered to

women over 25

All other valid responses will 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 the medical approach to health promotion
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to evaluate the medical approach to health promotion
- 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 the medical approach to health promotion
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to evaluate the medical approach to health promotion
- at the top of this mark band candidates should discuss both strengths and weaknesses of the approach – answers which focus on only strengths or only weaknesses cannot score beyond [5] even if points are well discussed
- 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 the medical approach to health promotion
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to evaluate the medical approach to health promotion
- at the top of this mark band candidates should discuss at least two strengths and two weaknesses of the medical approach in some detail
- 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 meaning is clear. [9]

## 3 (a) Explain what is meant by mental health. (AO1)

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

- 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 will be given credit

[1] basic explanation, [2] competent explanation

(1 × [2]) [2]

(b) Complete the table below to identify **one** example of each type of need and to describe how staff could meet that need for children in a crèche. (AO1, AO2)

**Example of a physical need:****Suitable examples:**

- nutrition (accept food/food and water)
- hygiene
- warmth
- exercise/mobility
- medication
- physical safety
- sleep

All other valid responses will be given credit

(1 × [1]) [1]

**How staff in a crèche could meet that need:**

Description must be clearly linked to the need identified and relevant to a crèche, e.g. need for nutrition could be met by staff providing children with nutritious balanced meals suitable in both size and content for their age and stage of development and with choices which will encourage them to eat well. They can also provide healthy drinks and snacks like water and fruit. They can feed babies at regular intervals with formula or breastmilk provided by their mothers.

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

(1 × [3]) [3]

**Example of an intellectual need:****Suitable examples:**

- stimulation
- knowledge
- learning skills (including language development)

All other valid responses will be given credit

(1 × [1]) [1]

**How staff in a crèche could meet that need:**

Description must be clearly linked to the need identified and relevant to a crèche, e.g. need for stimulation could be met by the staff offering a range of toys and activities to keep the children's minds active, e.g. painting and other crafts, sand and water play, toys to encourage role play and other skills. They could also read to and with the children regularly.

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

(1 × [3]) [3]

**Example of an emotional need:****Suitable examples:**

- sense of belonging
- feeling respected and cared for, valued/supported
- feeling of stability/security
- sense of autonomy/independence
- positive self-concept/esteem needs/confidence
- need to express feelings and emotions appropriately

All other valid responses will be given credit

(1 × [1])

[1]

**How staff in a crèche could meet that need:**

Description must be clearly linked to the need identified and relevant to a crèche, e.g. need for a sense of belonging could be met by staff welcoming the children when they arrive for the day, and providing personal spaces for their belongings, for example named coat hooks and shoe boxes. They could show they remember things that are important to the children in their conversations with them, for example information about their families, like the names of their siblings. They could comfort children who are distressed when their parents leave.

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

(1 × [3])

[3]

**Example of a social need:****Suitable examples:**

- friendships
- interaction with others
- communication with others

All other valid responses will be given credit

(1 × [1])

[1]

**How staff in a crèche could meet that need:**

Description must be clearly linked to the need identified and relevant to a crèche, e.g. need for social interaction could be met by staff introducing new children to others of a similar age who attend the crèche – they could encourage them to talk to each other by engaging in a three-way conversation with them. They could organise activities that encourage children to interact with each other, for example role playing a shopping trip or dressing up together or getting them to make something together, e.g. to build a house out of play blocks.

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

(1 × [3])

[3]

- (c) Describe **two** examples of discriminatory practice in early years settings. (AO1, AO2)

**Suitable examples to be described:**

- failing to ask service users from minority religions about their specific spiritual needs or religious practices, such as failing to consult parents about dietary requirements based on religious beliefs, e.g. providing lunch in a crèche or day care without considering whether there are any Jewish service users who may require Kosher meat
- failing to provide information in a suitable format to service users

or their parents with visual impairment or other sensory disabilities, e.g. not facing a child who depends on lipreading when talking, or sending information home to a parent with a visual impairment in a note with small print that he/she cannot read

- using inappropriate language such as using unacceptable racial terms, e.g. referring to a child to as belonging to a gypsy family rather than a traveller family
- deliberately ignoring or isolating service users, e.g. staff in a nursery school avoiding a child whose accent is quite difficult to understand or who has limited use of English due to a different language being spoken at home
- providing resources that do not reflect different cultures or family types, e.g. books in a playgroup only having pictures of white people in nuclear families
- failing to challenge discriminatory remarks by others, e.g. staff in a crèche failing to say anything to a service user who makes sectarian remarks
- failing to acknowledge all the children's cultures and religions in activities, e.g. doing activities to celebrate Christian festivals like Easter and Christmas but not for example for Eid (Islam), Yom Kippur (Judaism) or Diwali (Hinduism)
- excluding particular children from activities or from the service e.g., only offering activity to one gender and not the other, for example football to boys and not girls, or denying access to a service such as a nursery school to a child with a disability

All other valid responses will be given credit.

[1] basic description, [2] adequate description, [3] competent description  
(2 × [3]) [6]

- (d) Explain **one** way discriminatory practice could impact on children's social health and well-being and **one** way it could impact on their psychological health and well-being. (AO1, AO2)

Impact on social health and well-being

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

- may become isolated or excluded – separated from other children in the setting – not making friends
- may not want to engage with staff either – may not speak to staff or spend any time with them
- may fail to develop social skills, for example the language skills and sharing skills usually developed by interacting with other children and adults

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

Impact on psychological health and well-being

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

- may have low self-esteem – feel worthless and unimportant
- may develop a negative self-concept – a poor self-image, believe the stereotype that the discrimination is based on
- may feel unloved – uncared for
- may feel scared – unsafe/insecure in the setting
- may experience a range of negative emotions – feeling upset or angry
- may experience stress – the stress response can cause anxiety
- may feel they have no autonomy – feel a lack of control over what is

happening to them

- may experience low mood and even depression

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(2 × [2])

[4]

- (e) Analyse how managers in early years settings can promote anti-discriminatory practice. (AO1, AO2, AO3)

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

- 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 advice on anti-discriminatory practice, for example in reports from the Children’s Commissioner, or organising 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 or caregivers to complain if they feel their children have been treated unfairly, for example 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 or caregivers make complaints about discrimination the manager should investigate them as quickly as possible and inform them 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 practice 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 are accessible to all and 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 and food reflecting a variety of cultures and beliefs, celebrating a range of religious festivals
- supervising staff and setting an example in their own practice e.g., the manager can arrange for new and inexperienced staff to work with an experienced member of staff who is aware of how to engage in anti-discriminatory practice, have regular meetings with inexperienced staff to encourage and facilitate them to ask questions relevant to discrimination and anti-discriminatory practice and set a good example in everything they do e.g., in the anti-discriminatory language they use or in making adjustments to activities to encourage inclusion of children with disabilities.

All other valid points will be given credit

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

### Level 1 ([1]–[4])

Overall impression: basic

- limited understanding of how managers in early years settings can promote anti-discriminatory practice
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how managers in early years settings can promote anti-discriminatory practice
- 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 understanding of how managers in early years settings can promote anti-discriminatory practice
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how managers in early years settings can promote anti-discriminatory practice
- 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 understanding of how managers in early years settings can promote anti-discriminatory practice
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how managers in early years settings can promote anti-discriminatory practice
- 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

40

**100**