



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2024**

Health and Social Care

Assessment Unit AS 3

assessing

Health and Well-being

[SHC31]

WEDNESDAY 22 MAY, AFTERNOON

**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) (i) Social class is an example of a socio-economic factor that affects health and well-being. List **two** other socio-economic factors that can affect health and well-being. (AO1)

Any two of the following:

- gender
- housing
- culture and ethnicity (accept one of these).

(2 × [1])

[2]

- (ii) Using the following headings, describe the potential impact of social class on health and well-being. (AO1, AO2)

Impact on physical health and well-being

Examples of suitable points to be included in description:

- middle classes/social classes I and II have a longer life expectancy – may be because they can afford a better diet and live in better conditions so are less likely to get illnesses
- middle classes/social classes I and II may be able to access specialist health services more quickly by paying privately or because they have been able to afford private health insurance – their illnesses/health problems are therefore dealt with more quickly. In contrast, those from lower social classes may be unable to afford private health care or transport to medical appointments, potentially having a negative impact on physical health
- older people from working classes/social classes IV and V have a three to four times greater risk of having a physical dysfunction than older people from higher social classes
- children from lower class families are over three times more likely to be in poor health than children from middle class families
- breast cancer is more prevalent in middle class women than working class women – probably related to delayed childbearing due to their careers. However, middle class women are more likely to survive the disease, due to being able to afford private health care and better living conditions
- middle classes are also more likely to get skin cancer – may be related to sun exposure on holidays abroad
- working classes/social classes IV and V tend to have greater stress levels and therefore are more prone to stress related physical illnesses
- working classes/social classes IV and V often live in industrial areas with higher levels of pollution and crime that can cause a range of physical health conditions and injuries. In contrast, higher social classes may afford to live outside of built up areas where there is less pollution and crime
- working classes/social classes IV and V are more prone to conditions associated with poorer living conditions, e.g. more likely to have chronic chest infections if living in damp conditions
- infant mortality rates are higher in social class V – this may be related to living in poor conditions or to difficulties accessing health checks in infancy
- working class people are more prone to health problems like cancer and respiratory problems caused by smoking

- children from lower class families are at greater risk of death or injury from accidents, e.g. more likely to be hit by a motor vehicle than the children of middle-class parents, who are more likely to be able to play safely in private gardens.

All other valid responses will be given credit

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

Impact on social health and well-being

Examples of suitable points to be included in description:

- middle class people can afford more social activities, e.g. going out for dinner with friends
- middle class people are more likely to afford to join clubs and activities, e.g. golf clubs or health suites which allow for increased social opportunities
- social class may influence the types of social activities that people engage in, e.g. social activities attached to sports like skiing are almost exclusively middle class
- working classes/social classes IV and V may live in sub-standard housing and may be embarrassed to invite friends around or host social events, therefore negatively impacting their social health
- working classes/social classes IV and V may find it difficult to afford to socialise as regularly by going out or entertaining friends at home
- people from lower classes may work longer or more unsociable hours. This may have a negative impact on their ability to socially interact or put a strain on their relationships
- some working class people live in very close knit communities with close social contact with neighbours.

All other valid responses will be given credit

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

Impact on psychological health and well-being

Examples of suitable points to be included in description:

- middle classes/social classes I and II can afford to join clubs and take part in more leisure activities or perhaps pay for relaxing spa treatments, which can reduce stress and contribute to a sense of well-being. Working classes/social classes IV and V may struggle to do this and may feel bored and stressed
- working classes/social classes IV and V are more prone to depression than higher social classes
- people from lower social classes may have lower self-esteem because they may feel they have not been as successful as people in middle class occupations – may feel excluded from society
- when faced with psychological issues like stress or depression, middle class people are more able to afford private therapies or to ask for GP referrals for therapy, giving them the opportunity to make a recovery.

All other valid responses will be given credit

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

(3 × [3])

[9]

- (b) (i) Environmental factors that can affect health and well-being include occupational hazards. Name **one** other environmental factor that can affect health and well-being. (AO1)

Any one of the following:

- geographical location
- pollution.

(1 × [1])

[1]

- (ii) Identify **two** occupational hazards and describe their potential impact on an individual's health and well-being. (AO1, AO2)

Any two examples such as:

- nurses and doctors/infections
- transport workers/traffic accidents
- laboratory workers/chemical burns
- fire officers/chemicals in the air
- demolition workers/asbestos exposure
- shop workers/handling heavy goods
- construction workers/falls
- teachers/high stress levels
- kitchen workers/slips on wet floors
- emergency department (ED) staff, police officers/physical attack/verbal abuse
- factory workers/noise
- farmers/machinery.

All other valid examples will be given credit

(2 × [1])

[2]

Potential impact on health and well-being

Examples of suitable points to be included in description:

The potential impacts must be clearly linked to the hazards identified:

- examples of blood borne and air borne infections include: Hepatitis B, which has a variety of long-term symptoms including high temperature, nausea, diarrhoea and stomach pain; HIV, which damages cells in the immune system and can weaken the ability to fight other infections and diseases; and COVID-19 which can cause respiratory problems and the risk of long term effects like fatigue and 'brain fog'. The physical effects of infections can also have a negative impact on an individual's opportunities for social interaction and on their psychological health and well-being
- road traffic accidents incurring a whole range of physical injuries including brain injuries which can also impact on an individual's social and psychological well-being, for example long term life changes which can have a huge impact on an individual's self-concept
- exposure to chemicals can lead to many illnesses, including the potential for very serious damage to the respiratory system. Some chemicals can cause asthma or dermatitis. Other substances like uranium, chromium and nickel can cause lung cancer. These serious illnesses can negatively impact both social and psychological well-being, e.g. being too unwell to go out with friends and fear about the future

- asbestos exposure can cause asbestosis, which is a scarring of the lung tissue which leads to poor circulation and breathing. It is also associated with the development of lung cancer and cancer of the larynx. Like any long-term serious or life-threatening condition, asbestosis is likely to significantly impact on an individual's social and psychological health and well-being
- heavy lifting can cause significant back pain and long-term disability, which could mean an individual is no longer able to work, limit his/her social activities and cause significant psychological problems including depression
- falls, trips, physical attacks and accidents with machinery can cause a whole range of injuries including bruises, back pain and broken bones and in some cases life-changing injuries like paralysis, loss of limbs or brain damage; these more significant long-term physical effects can also negatively impact an individual's social and psychological well-being, e.g. loss of autonomy
- exposure to high levels of noise can lead to deafness and can cause coordination and concentration to decrease, which also increases the chance of accidents and their associated injuries and impact on social and psychological health and well-being
- high stress levels can result in a range of stress related physical health issues like hypertension, heart disease, insomnia and stomach ulcers as well as a range of mental health issues including anxiety or depression in the long-term
- verbal abuse can result in low self-esteem, heightened anxiety, stress and low self confidence. This may lead the individual to become socially withdrawn. There may be physical effects such as insomnia or loss of appetite.

All other valid responses will be given credit

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

- (c) Explain **two** ways the Department of Health in Northern Ireland contributes to the health and well-being of the population. (AO1, AO2)

Examples of suitable points to be explained:

- conducts surveys/research relevant to the health and well-being of the population of Northern Ireland and publishes the results, e.g. the annual health survey provides information on topics like lifestyle choices, obesity, sexual health, smoking trends
- raises awareness of health issues and supports health promotion e.g. by providing information on their website, e.g. updates on the proposed UK Tobacco and Vapes Bill
- provides a range of statistics on the incidence of disease and illness and the delivery of health and social care services in Northern Ireland, for example: COVID 19 statistics; family health service statistics; hospital statistics; health inequality statistics; lifestyle choices and behaviour statistics; mental health, learning disability and autism statistics, social care statistics; workforce statistics; and safety and quality statistics
- advises the sector on medical, nursing, dental, pharmaceutical, social work matters

- develops an overall strategy for the provision of health and social care in Northern Ireland – the current plan ‘Health and Wellbeing 2026: Delivering Together’ was based on the findings of the Bengoa Report
- develops and publishes strategies for different aspects of health and social care sector in Northern Ireland, e.g. Primary Care Strategy, the Social Work Strategy, eHealth and Care Strategy, HSC Digital Strategy
- monitors the health of the population of Northern Ireland by looking at trends in disease, e.g. numbers diagnosed with HIV and Aids or monkey pox
- plans service provision across Northern Ireland to meet the needs of the population i.e., adequate provision in terms of hospitals, GPs, and social services for the population across Northern Ireland
- develops appropriate spending plans for the delivery of health and social services across Northern Ireland, e.g. the budgets for health and social care trusts
- sets targets for the delivery of health services in N.I., e.g. ambulance waiting times, ED waiting times, cancer waiting times
- sets standards for the governance and delivery of health and social care services in Northern Ireland, e.g. for residential care homes and nursing homes, nursing and domiciliary care agencies, day care settings and children’s homes.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

- (d) Discuss how the Health and Social Care Trusts contribute to the health and well-being of people in Northern Ireland. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- provide hospital services including acute medical and psychiatric hospitals
- provide screening services, e.g. cervical smears in GP practices or breast screening units in hospitals
- provide GP services which include care from a range of professionals, e.g. GPs, practice nurses, health visitors, midwives, pharmacists, physiotherapists, podiatrists
- provide a wide range of specialist professionals and services including adult services, children’s services, mental health services, older people’s services, physical disability services, family planning, respite, end of life care, ED and urgent care services. These services give the local population access to a wide range of professionals including consultant physicians, specialist nurses, dieticians, psychiatrists, social workers, occupational therapists, radiographers, audiologists, psychologists, counsellors
- provide family centres, day centres and support groups including mental health, learning disability and physical/sensory day centres
- provide supported living accommodation for vulnerable service users – mental health, learning disability and dementia
- provide/fund residential care for older people and children’s homes
- provide other social services, e.g. family and childcare services like fostering and adoption
- provide domiciliary care, e.g. a range of personal care and support services to service users in their own homes

- provide information on healthy living including alcohol and drugs, being active, breastfeeding, cancer awareness, smoking cessation, traveller health, mental health, eating well, sexual health
- provide transport for some service users, e.g. to hospital appointments and day centres or through emergency transport and care by the N.I. Ambulance Service.

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 how the Health and Social Care Trusts contribute to the health and well-being of 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 Health and Social Care Trusts contribute to the health and well-being of people in Northern Ireland
- 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 the Health and Social Care Trusts contribute to the health and well-being of 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 Health and Social Care Trusts contribute to the health and well-being of people in Northern Ireland
- 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 the Health and Social Care Trusts contribute to the health and well-being of 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 Health and Social Care Trusts contribute to the health and well-being of people in Northern Ireland

- 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]

AVAILABLE
MARKS

33

2 (a) Define the following terms: (AO1)

Ill-health

Examples of suitable points to be included in definition:

- a state in which an individual is unable to function normally and without pain – can be physical or mental
- ill-health may be about the presence of something negative like a disease or the absence of something positive like adequate nutrition.

All other valid responses will be given credit

[1] basic definition [2] competent definition

(1 × [2])

[2]

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 will be given credit

[1] basic definition [2] competent definition

(1 × [2])

[2]

(b) (i) Describe the potential impact of an adult’s ill-health on his or her income. (AO1, AO2)

Examples of suitable points to be included in description:

- the adult may have less income because he/she can’t work, and because sick pay is usually much less than full pay
- the source of his/her income may have to change – may have to depend on benefits which can reduce income considerably or may have to get financial help from family
- in the longer term an adult’s income may be drastically reduced – long-term dependency on state benefits may mean he/she experiences poverty
- an adult’s income may have to be used in different ways, e.g. he/she may decide to pay for private appointments. Also, being at home all day can be expensive, e.g. increased heating costs could eat into income.

All other valid responses will be given credit

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

(1 × [3])

[3]

- (ii) Describe the potential impact of a mother's ill-health on the education and leisure activities of her primary school age children. (AO1, AO2)

Impact on education

Examples of suitable points to be included in description:

- the children may be worried about their mother and find it difficult to concentrate at school, which could have a negative impact on their educational achievement
- the mother may be too ill to help the children with their homework or they may be going to visit her if she is in hospital so they may not do it as thoroughly as they could, so they may lose out on this learning opportunity
- the children may work hard at their schoolwork or become more independent in doing their homework so that their parents don't have to worry about them as well as their mother's illness – this could improve their attainment at school
- the children may miss out on days at school if their mother is too ill to take them or if her condition is serious/terminal towards the end, this could negatively impact their educational achievement
- the children may be bullied at school if their mother's ill-health is obvious e.g. hair loss due to cancer treatment or wheelchair user due to M.S. – they may not want to attend school and this could negatively impact their educational achievement.

All other valid responses will be given credit

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

Impact on leisure activities

Examples of suitable points to be included in description:

- the children may have to give up some leisure activities that their mother is no longer able to take them to if they are unable to go/get there unaccompanied, e.g. she may be unable to take them to or afford activities like music lessons
- the children may change some of their leisure activities as a result of their mother's ill-health, e.g. they may choose to attend after school clubs like football rather than go to a local leisure centre for swimming as it may be more convenient for her
- the children may miss out on family activities if their mother is too ill to go or because the family's income is reduced as a result of her ill-health, e.g. days out to theme parks or holidays.

All other valid responses will be given credit

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

- (c) Explain **three** ways a voluntary organisation might support a family when an individual member of the family is experiencing ill-health. (AO1, AO2)

Examples of suitable points to be explained:

- provide information for families on their rights, for example Citizens Advice can inform families on the right to state benefits
- provide social workers, for example, NSPCC and NI Hospice have social workers that support families with many aspects of the ill member's care
- provide a range of aids, e.g. British Red Cross loan wheelchairs and the MND Association loan recliner/riser chairs to help the family with the physical demands of looking after their ill member

- give advice to families on how to support or meet the needs of service users, for example MacMillan advises family members who want to support an individual who has cancer
- provide day care/centre services, for example, Mindwise provide a range of day care/resource centres for people with mental health issues, providing respite for families
- provide emotional support, for example, a variety of organisations provide helplines, counselling or access to support groups where families can meet others dealing with similar challenges
- provide opportunities for social interaction, for example the Alzheimer's Society provides activity groups where people with dementia and their family members can do activities like crafts and yoga
- provide practical support, for example St Vincent de Paul distributes food vouchers to families struggling financially or provide transport to appointments to relieve the pressure on families as provided by Cancer Focus NI
- enable families to keep the individual at home with them by providing nursing services in the family home, for example Marie Curie provides palliative care in the family home
- provide advocacy, for example Niamh provides advocates to help families with issues like access to health and social care services
- many voluntary organisations lobby government to improve services or to provide financial support for families
- provide befriending services, e.g. Praxis Care provide befriending to people with mental health issues or acquired brain injuries which may provide reassurance for the family
- provide domiciliary care, for example, Age NI provide Home Support staff to help individuals with dementia with daily living activities, respite, night sitting and personal care to help support the family with practical assistance.

All other valid responses will be given credit

(Note that an example may be included but is not required for a competent explanation)

[1] basic explanation [2] competent explanation

(3 × [2])

[6]

- (d) Discuss how Huntington's disease affects physical, social and psychological well-being. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

Effect on physical health and well-being

- due to faulty genes, toxic proteins collect in the brain and cause brain damage – the part of the brain most affected by HD is a group of nerve cells at the base of the brain known collectively as the basal ganglia, which organise muscle-driven movements of the body, or “motor movement” – as it is a degenerative disease this worsens over time having a negative impact on mobility
- physical effects include stumbling and clumsiness and the development of rapid, involuntary jerky movement of the arms, legs, head, face and upper body, referred to as ‘chorea’
- other effects are slow or abnormal eye movements, difficulty with the physical production of speech or swallowing and breathing problems
- people with HD experience problems sleeping and fatigue
- loss of appetite and weight loss also occur

- people with HD usually die about 15 to 20 years after their symptoms first appear – the cause of death is not the disease itself but complications such as pneumonia, heart failure or infection developing from the body's weakened condition.

Effect on social health and well-being

- individuals may withdraw from social activities as a result of their physical and mental problems
- individuals may eventually have to give up work which means less social contact with colleagues and their social health may suffer due to lack of communication and interaction
- individuals may join support groups and form friendships/have social contact with others with HD
- they may find it difficult to develop and maintain friendships due to erratic behaviour in social situations, for example outbursts of aggression
- may lack interest in social interaction with others as a symptom of the disease is apathy.

Effect on psychological health and well-being

- personality change is an early indicator before the onset of physical problems – common signs are a lack of will and interest in life as well as anger and irritability or mood swings
- depression is common – over 50% of people with HD develop depression
- cognitive functioning is affected – memory problems, difficulty concentrating and slower thought processes result from neurological damage
- the individual may feel determined to make the most of life and exhibit a strong psychological resilience
- the individual may feel lonely and isolated especially as the condition progresses and communication with others becomes difficult
- the individual could feel very anxious, worried and afraid as the progression of the disease is inevitable
- the individual could develop a negative self-concept and have low self-esteem
- the individual could feel emotionally insecure and vulnerable
- the individual may feel a burden on others
- the individual may worry about children inheriting the condition
- the individual may feel disempowered, a sense of no control over what is happening.

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 Huntington's disease affects physical, social and psychological well-being
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how Huntington's disease affects physical, social and psychological well-being
- answers may address only one aspect of health and well-being (physical, social or psychological)
- 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 Huntington’s disease affects physical, social and psychological well-being
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how Huntington’s disease affects physical, social and psychological well-being
- answers must address at least two aspects of health and well-being 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 Huntington’s disease affects physical, social and psychological well-being
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how Huntington’s disease affects physical, social and psychological well-being
- all three aspects of health and well-being must be addressed 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]

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- 3 (a) (i) Identify **one** emotional need and **one** social need and explain **one** way staff in a day centre for adults with learning disabilities could meet each need for the service users. (AO1, AO2)

Emotional need

Suitable examples:

- sense of belonging
- emotional support
- 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.

All other valid responses will be given credit

(1 × [1])

[1]

One way staff could meet this need:

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

[1] basic explanation [2] adequate explanation

(1 × [2])

[2]

Social need

Suitable examples:

- friendships
- interaction with others
- communication with others.

All other valid responses will be given credit

(1 × [1])

[1]

One way staff could meet this need:

Explanation must be clearly linked to the need identified and relevant to a day centre for adults with learning disabilities, 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] adequate explanation

(1 × [2])

[2]

- (ii) Discuss how staff in a nursing home can meet the physical needs of residents. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- nutrition – staff can serve residents appetising meals that meet their dietary requirements, and they can also encourage residents to eat their meals and feed those who are unable to feed themselves. This may involve providing soft diets or the thickening of liquids for those who have had strokes and peg feeding for those who are unable to swallow

- hygiene – staff can encourage residents to wash daily, they can shower them and wash their hair, they can conduct ‘bed baths’ for residents who are too ill to be moved or help residents in and out of hoists to aid with washing, they can help residents with cleaning teeth and dentures
- warmth – staff can check that the residents’ rooms are at a suitable temperature and that residents are wearing appropriate clothing for the time of year and they can provide rugs and blankets for any resident who is feeling cold, for example due to immobility
- physical safety/security - staff can monitor who is entering/leaving this home, ensuring doors are locked and windows secured
- mobility/exercise – staff can support residents to stay as mobile as possible, for example by accompanying them on short walks or helping them to use mobility aids like rollators. The activities coordinator might organise activities that encourage mobility, for example music to encourage dancing/movement
- medication – staff can distribute medication as prescribed by GPs or consultants, for example to reduce pain or manage blood pressure – they can provide water and check that the residents take the medication.

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 staff in a nursing home can meet the physical needs of residents
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how staff in a nursing home can meet the physical needs of residents.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of how staff in a nursing home can meet the physical needs of residents
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how staff in a nursing home can meet the physical needs of residents.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of how staff in a nursing home can meet the physical needs of residents
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how staff in a nursing home can meet the physical needs of residents. [6]

- (b) Describe **two** ways a manager could promote anti-discriminatory practice in a health, social care or early years setting. (AO1, AO2)

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Examples of suitable points to be described:

- have a complaints policy – managers should have this in place to encourage service users or their families to complain if they feel they or their loved ones have been treated unfairly based on their race, beliefs, gender or disability, for example. This policy should make it clear to service users/families 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 service users/family members make complaints about discrimination the manager should investigate them as quickly as possible and inform service users/family members 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 rooted out of the setting. They can encourage a culture in the setting that means staff are not afraid to be whistle-blowers
- 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 service users with learning disabilities, e.g. training in basic Makaton
- managers can supervise staff in their day-to-day work with service users to check that they are engaging in anti-discriminatory practice, for example that they are using appropriate language, that they are acknowledging the practices of different ethnicities and cultures, that they are considering the particular needs of service users with disabilities etc. They can conduct performance reviews with staff which involve discussion of their understanding of anti-discriminatory practice
- managers can set a good example in their own practice, for example by engaging in ongoing training in anti-discriminatory practice, by demonstrating respect for all groups of service users and their families in their interactions with them, by encouraging a culture of acceptance of all service users in the setting
- managers 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.

All other valid points will be given credit

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

(2 × [3])

[6]

- (c) (i) Describe **two** examples of discrimination by staff in health, social care or early years settings. (AO1, AO2)

Suitable examples to be described:

- 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 organising pastoral visits for more common religious groups, e.g. Christian faiths
- failing to offer 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 where an operation is proposed
- not offering the services of an advocate if a service user has problems in terms of self-advocacy, e.g. for a service user with a learning disability in residential care who struggles to be understood by the staff
- engaging in verbal abuse, e.g. staff making discriminatory remarks in a nursing home of a sectarian or homophobic nature
- failing to challenge discriminatory remarks from others, e.g. ignoring racist comments or derogatory comments about mental illness by service users in a day centre
- ignoring, excluding or isolating service users, e.g. staff in a day centre failing to talk to a service user whose first language is not English, offering yoga as an activity for females but not males, or failing to make sure that transport is accessible for a service user in a wheelchair when organising a day trip
- engaging in activities that only reflect the majority group in the setting and not the different ethnicities, cultures and religions of the service users from minority groups, e.g. staff in an early years setting celebrating Christian religious festivals through crafts and singing but not celebrating the festivals of the Hindu children.

All other valid responses will be given credit

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

- (ii) Analyse the potential impact of discrimination on the health and well-being of service users. (AO1, AO2, AO3)

In terms of analysis: candidates are required to separate their knowledge and understanding of the potential impact of discrimination on the health and well-being of service users into components such as the physical, social and psychological effects on service users. They are required to present arguments and make reasoned judgements on how each component of health and well-being might be affected.

Examples of suitable points to be included in analysis:**Physical health and well-being**

- a patient in a hospital may fail to make a recovery, e.g. lack of advocacy may mean that a patient with a learning disability may not get appropriate treatment or pain relief
- a service user's health condition may deteriorate or worsen if the discrimination means they don't get the medical help they need, e.g. because of not being understood properly or not understanding what the GP at a local health centre says about managing their condition
- a service user may experience the physical effects of stress as a result of being unfairly treated – he/she may lose his/her appetite, feeling too upset to eat or have an upset stomach due to feeling anxious. The service user may even experience a drop in weight as a result in the longer term
- a service user may develop problems with sleeping, perhaps lying awake worrying about what is happening.

Social health and well-being

- a service user who is discriminated against may struggle to form new friendships, e.g. may fail to engage with others in a care home as they don't feel accepted
- a service user may become withdrawn and socially isolated, e.g. if excluded from activities in a day centre because of sectarianism or racism or disablism
- a service user may avoid other social situations even beyond the health, social care or early years setting to prevent exposing themselves to any further discrimination.

Psychological health and well-being

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

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 the potential impact of discrimination on the health and well-being of service users
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question

- demonstrates a limited ability to analyse the potential impact of discrimination on the health and well-being of service users
- answers may address only one aspect of health and well-being (physical, social or psychological)
- 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 the potential impact of discrimination on the health and well-being of service users
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse the potential impact of discrimination on the health and well-being of service users
- answers must address at least two aspects of health and well-being 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 the potential impact of discrimination on the health and well-being of service users
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse the potential impact of discrimination on the health and well-being of service users
- 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]

36

Total

100

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