



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2025**

Health and Social Care

Assessment Unit AS 3

assessing

Health and Well-being

[SHC31]

WEDNESDAY 21 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) Give a definition of health. (AO1, AO2)**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) Describe how each of the following environmental factors can negatively impact on physical health and well-being. (AO1, AO2)

Pollution

Examples of suitable points to be included in description:

- vehicles and factories releasing toxic fumes into the atmosphere can mean people are at risk of wheezing, coughing, shortness of breath, developing respiratory infections such as bronchitis and having asthma attacks
- in more severe cases the long-term effects of air pollution can include chronic respiratory disease, lung cancer, heart disease, and even damage to the brain, nerves, liver, or kidneys can cause stomach ulcers, increased risk of miscarriage, negatively impacts the immune system and premature death
- high levels of air pollution can cause low birth weight, developmental delay and premature death in infancy and childhood
- run off from fields in rural areas or spillages from industry can pollute drinking water with chemicals or sewage for example, causing illnesses like stomach upsets
- noise pollution, e.g. from air traffic, can disrupt sleep patterns leaving individuals tired and lethargic. Long term exposure to noise pollution may also result in hearing loss.

All other valid responses will be given credit

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

Geographical location

Examples of suitable points to be included in description:

- people who live in areas with poor transport may be less likely to make health appointments to enquire about their symptoms or go to the hospital for reviews, so their condition may deteriorate
- due to the postcode lottery, people in some areas may not have access to some treatments, e.g. new cancer drugs
- people who live in isolated areas may have to wait a long time for help in a medical emergency – they may not get help quickly enough, for example, if they have a heart attack, so their heart may be badly damaged or they may even die by the time an ambulance arrives
- people who live in built-up urban areas can experience greater risks to physical health, e.g. injury from assaults or increased risk of catching diseases like COVID 19
- people may live in a location where it has been difficult to recruit healthcare staff like GPs, so they may have to wait a long time for appointments and their health may deteriorate.

All other valid responses will be given credit

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

- (c) Health promotion campaigns use a number of approaches to get their message across. Identify the health promotion approach in the three examples below. (AO1)

The government introduces a law to make smoking in cars illegal.

Health promotion approach used:

Social change

A campaign uses posters of a young person in a coma in hospital after taking illegal drugs.

Health promotion approach used:

Fear arousal

Leaflets are made available in GP surgeries encouraging women aged 25 to 64 to attend cervical screening appointments.

Health promotion approach used:

Medical

(3 × [1]) [3]

- (d) Describe the behaviour change approach to health promotion. (AO1, AO2)

Examples of suitable points to be included in description:

This approach aims to encourage individuals to adopt healthier behaviours which are seen as the key to improved health. The focus is on what people can actually do to be healthier rather than explaining in any detail why changes should be made. This approach views health as the property of individuals and assumes they can make real improvements by changes to lifestyle. Examples include the PHA's 'Choose to live better' or 'Stop smoking NI' campaigns.

All other valid responses will be given credit.

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

Explain **two** strengths of the approach. (AO1, AO2)

Examples of suitable points to be explained:

Strengths

- campaigns using this approach encourage personal change in a very straightforward way – shows individuals how they can take action to improve their health, e.g. 'stop smoking'
- the approach is not imposed by others and may be more successful as individuals feel they have been given a choice in improving their health and well-being
- sees health as the property of the individual as it gives them ideas that they can personally act upon to have healthier lives, such as using a record book to track the amount of exercise they do or by providing healthy meal plans
- appeals to the "adult" in people as they feel they are taking responsibility for their own health, e.g. by introducing more physical activity into their lives

- provides a straightforward message to encourage sensible lifestyle choices, with short messages that can be very memorable, e.g. the phrases ‘Eat 5 a day’ and ‘walk 10,000 steps per day’ are very well known in NI
- some campaigns using this approach may also provide additional support mechanisms or practical help to encourage individuals to change their health behaviours, e.g. the Smokers Helpline or partnering with local council areas to help fund fitness initiatives.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

Explain **two** weaknesses of the approach.

Examples of suitable points to be explained:

Weaknesses

- health behaviours can be difficult to change – old habits die hard and people may be full of good intentions but not act upon the message, e.g. they may want to lose weight but are not willing to change their eating habits to make this happen
- it is difficult to measure if change has taken place because it may not occur for a long time after the health promotion activity or intervention, e.g. an individual may need several attempts to stop smoking before they succeed
- the target audience is susceptible to outside influences on their behaviour – they may know what the healthy behaviour is but not act upon it, e.g. they might remember the message that they should limit alcohol intake but then be encouraged by the behaviour of their peer group to drink more alcohol than is healthy
- intentions are not always followed through, or change may be short-term, e.g. they may start exercising but give up after a few weeks
- people may ignore the advice/suggestions made or believe it doesn’t apply to them, therefore they don’t respond well to messages like ‘Eat 5 a day’ or ‘Stop smoking’.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

- (e) Discuss how poor housing may affect the physical and psychological health and well-being of individuals. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

Physical health and well-being:

- houses that have damp, condensation, and mould growth can contribute to asthma, bronchitis and arthritis
- houses that lack adequate heating can cause respiratory illnesses, cardiovascular problems and in extreme cases, death from hypothermia
- poor housing can contribute to poor hygiene due to a lack of facilities – this can lead to an increased risk of illnesses like stomach upsets
- vermin in houses can spread disease, e.g. rats can be a danger to human health
- disease also spreads more easily where people live in overcrowded conditions – they can catch illnesses like the cold and flu more easily
- poorly designed and maintained houses are associated with physical injuries, e.g. electrocution, falls, etc.

Psychological health and well-being:

- poor housing can be linked to high levels of stress and worry about the inadequate living standards
- living in inadequate housing can have an adverse effect on self-esteem and self-worth as individuals may feel embarrassed or ashamed of their homes which may result in feelings of loneliness
- living in crowded conditions may mean that individuals experience stress because of a lack of privacy
- people who live in poor housing are more likely to suffer from mental health issues like depression or anxiety
- living in poor housing may lead to a range of negative emotions, e.g. guilt that their children have to live in such conditions.

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 poor housing may affect the physical and psychological health and well-being of individuals
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how poor housing may affect the physical and psychological health and well-being of individuals
- 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 poor housing may affect the physical and psychological health and well-being of individuals
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how poor housing may affect the physical and psychological health and well-being of individuals
- candidates who discuss only one aspect of health and well-being can achieve a maximum of 5 marks
- 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 poor housing may affect the physical and psychological health and well-being of individuals
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how poor housing may affect the physical and psychological health and well-being of individuals
- 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]

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2 (a) Define the following terms: (AO1, AO2)

Prejudice

Examples of suitable points to be included in definition:

- attitude(s) based on pre-judgements made about others which may lead to discrimination
- attitudes, usually negative, which are often based on ignorance
- having stereotyped views, e.g. believing people with disabilities are unable to live independently.

All other valid responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

Discrimination

Examples of suitable points to be included in definition:

- unfair treatment based on gender, race, sexuality, etc.
- unfair treatment of a person based on prejudice and intolerance
- denying an individual or group of individuals the same rights everyone else enjoys.

All other valid responses must be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

(b) (i) Use the following headings to outline **two** examples of discrimination by staff: (AO1, AO2)

Discrimination on the basis of beliefs in a hospital

Suitable examples to be outlined:

- not consulting patients from minority religions about dietary requirements linked to their faith whilst catering for the main religious groups, e.g. by having fish as a choice on the menu for Roman Catholics on days of abstinence, but not having Kosher or Halal choices
- not asking patients from minority religions about spiritual needs or religious practices, whilst providing facilities and organising pastoral visits for more common religious groups, e.g. for Christian but not for Muslim patients
- verbal abuse of a patient of a minority religion, e.g. staff making discriminatory remarks of a sectarian nature or failing to challenge sectarian comments by patients
- patients not being offered alternative treatments based on beliefs, e.g. a Jehovah's witness who has refused a blood transfusion, not being offered an alternative treatment.

All other valid responses will be given credit

[1] basic outline, [2] competent outline

Discrimination on the basis of gender in a day centre

Suitable examples to be outlined:

- staff making assumptions based on stereotypical views of gender about what male and female service users want to do, e.g. offering craft activities like crochet and sewing only to women
- staff making inappropriate comments with reference to gender, e.g. female support staff making inappropriate jokes about men being useless when it comes to looking after themselves.

All other valid responses will be given credit
[1] basic outline, [2] competent outline
(2 × [2]) [4]

(ii) Write down any other **two** bases for discrimination in a health, social care or early years setting. (AO1)

Any **two** of the following:

- race
- disability
- cognitive ability
- mental health
- sexuality

(2 × [1]) [2]

(c) (i) One way managers can promote anti-discriminatory practice is through having policies in place. Describe how any **two** policies can promote anti-discriminatory practice. (AO1, AO2)

Examples of suitable policies to be described:

- a complaints policy for service users – managers should have this in place to encourage service users or their families to complain if they feel they have been treated unfairly on the basis of their race, beliefs, gender or disability. This policy should make it clear to service users that they have a right to complain and the manager can ensure that they are aware that the policy exists, e.g. by making reference to it in any literature about the setting. When service users or their families make complaints about discrimination the manager should investigate them as quickly as possible and inform service users or family members of the outcome
- 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 eliminated from the setting. This policy can encourage a culture in the setting that means staff are not afraid to be whistle-blowers and so staff will be careful not to engage in discriminatory behaviour as they know it is likely to be reported.

Also accept

- a staff training policy that requires all staff to engage in both initial training and updates in anti-discriminatory practice.

All other valid points will be given credit

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

(ii) Identify **two** other ways managers can promote anti-discriminatory practice. (AO1)

Any **two** of the following:

- training staff
- supervising staff
- setting an example in own practice
- directly challenging discrimination
- using disciplinary procedures

- reporting staff to their professional bodies

All other valid responses will be given credit

(2 × [1])

[2]

- (iii) Describe how anti-discriminatory practice might have a positive impact on the physical, social and psychological health and well-being of service users. (AO1, AO2)

Impact on physical health and well-being

Examples of suitable points to be included in description:

- service users' physical health may benefit or, if they are ill, their rate of recovery may improve – they will be more likely to eat properly and sleep well and may get better quicker as a result
- service users' physical needs, e.g. for pain relief may be met more fully as they may feel they can ask for what they need.

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:

- service users may interact more with the staff as they feel valued/ comfortable and their social needs can be met by having these interactions
- service users may be more likely to interact or communicate with other service users as there is a culture of acceptance of everyone from all backgrounds in the setting so they are able to develop friendships.

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:

- service users may feel empowered – that they have control over the situation
- service users' self-esteem or self-confidence may be high – they may feel good about themselves and may be less likely to experience mental health issues like anxiety and depression in the long term
- service users are likely to feel secure, included and relaxed – happy and safe in the setting/sense of belonging
- service users will feel valued – supported and cared for.

All other valid responses will be given credit

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

(3 × [3])

[9]

- (d) Analyse how the needs of young children can be met by the staff in a crèche. (AO1, AO2, AO3)

In terms of analysis: candidates are required to separate their knowledge and understanding of how the needs of young children can be met by the staff in a crèche into four components – physical, intellectual, emotional and social needs. They are required to present arguments and make reasoned judgements on how staff can meet examples of these four types of need for young children.

Examples of suitable responses:**Physical needs:**

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

The analysis must be clearly linked to the needs 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.

Intellectual needs:

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

The analysis must be clearly linked to the needs 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.

Emotional needs:

- 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

The analysis must be clearly linked to the needs 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.

Social needs:

- friendships
- social interaction with others
- communication with others

The analysis must be clearly linked to the needs 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.

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 the needs of young children can be met by the staff in a crèche
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how the needs of young children can be met by the staff in a crèche
- may list points rather than analyse or may focus on just one type of need
- 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 the needs of young children can be met by the staff in a crèche
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how the needs of young children can be met by the staff in a crèche
- to achieve at this level at least two types of need 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 the needs of young children can be met by the staff in a crèche
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how all four types of needs of young children can be met by the staff in a crèche
- 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]

- 3 (a) (i) Describe how exercise can contribute to physical health and well-being. (AO1, AO2)

Examples of suitable points to be described:

- exercise makes the heart stronger so it can pump blood around the body efficiently and can sustain its maximum level with less strain. It also reduces cholesterol levels, lowers risk of hypertension and heart problems and improves circulation
- exercise reduces the risk of obesity and helps to prevent associated diseases like diabetes
- exercise strengthens lung function/improves respiratory function
- exercise builds bone strength and helps prevent osteoporosis
- exercise aids the digestive system and helps reduce the risk of colon cancer
- exercise can help protect individuals from developing cancers such as breast cancer
- people who exercise are less likely to get colds, their chance of having a stroke is reduced, they are less likely to get chronic conditions and their life expectancy is increased
- exercise plays an important role in helping people recover after serious illness or injury, e.g. following a heart attack
- exercise tones the body and builds muscle, improving fitness and strength
- exercise improves sleep patterns and appetite
- exercise gives individuals more energy, so they feel less tired
- regular exercise increases the body's circulation of lymph/lymphatic fluid, helping to flush out toxins and bacteria.

All other valid responses will be given credit

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

- (ii) Describe **three** ways an unhealthy diet may affect physical health and well-being. (AO1, AO2)

Examples of suitable ways to be described:

- 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
- 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 or a lack of vitamin C may cause scurvy
- 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 can contribute to obesity, some cancers, type 2 diabetes and dental caries.

All other valid responses will be given credit
[1] basic description, [2] adequate description, [3] competent description
(3 × [3]) [9]

AVAILABLE
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- (b) Discuss how pharmacies can contribute to the health and well-being of older people. (AO1, AO2, AO3)

Examples of suitable points to be included in description:

- provide treatment through access to medicines, e.g. provide a range of medicines that older people can buy over the counter like painkillers or by advising them on the correct way to administer/use medication, organising tablets into blister packs for more vulnerable older people
- sell products relevant to health and well-being, e.g. health supplements or aids for living like glasses or walking sticks
- offer services, e.g. dispensing prescriptions and repeat prescriptions as well as a prescription collection and delivery service as some older people may have limited mobility
- advise individuals on health issues such as smoking cessation, e.g. through having pharmacists or other staff available to speak to free of charge or consultation rooms for older people who have hearing difficulties so to maintain confidentiality and protect their dignity
- measure health indicators, e.g. measure BP, blood sugar, cholesterol etc.
- provide tests, e.g. hearing and optician tests/checks can be provided in some larger pharmacies
- contribute to vaccination programmes, e.g. provide the flu vaccine or COVID-19 boosters
- provide a minor ailment scheme which involves dispensing medication for a specific list of minor illnesses, e.g. colds, earache, hay fever
- supports health promotion, e.g. by providing literature on a range of health issues such as bowel cancer screening or staying active.

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 pharmacies can contribute to the health and well-being of older people
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how pharmacies can contribute to the health and well-being of older people.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of how pharmacies can contribute to the health and well-being of older people
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how pharmacies can contribute to the health and well-being of older people.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of how pharmacies can contribute to the health and well-being of older people
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how pharmacies can contribute to the health and well-being of older people
- there must be a clear focus on older people to achieve at this level. [6]

- (c) One condition associated with ageing is osteoarthritis. Analyse how osteoarthritis can impact on health and well-being. (AO1, AO2, AO3)

In terms of analysis: candidates are required to separate their knowledge and understanding of how osteoarthritis can impact on health and well-being into different components, namely physical, social and psychological health and well-being. They are required to present arguments and make reasoned judgements on how each aspect of health and well-being would be affected by osteoarthritis.

Examples of suitable points to be included in analysis:

Impact on physical health and well-being:

- osteoarthritis causes the cartilage in joints to become stiff and lose elasticity, making them more susceptible to damage – this commonly occurs in the weight-bearing joints of the hips, knees and spine, reducing mobility
- there is a limited range of motion or stiffness in the joints, e.g. in the small joints of the hands, although this diminishes after movement
- swelling around the joints causes pain – this is worse after activity or at the end of the day and can contribute to poor sleep and fatigue
- there is a loss of muscle around the joint and a feeling of weakness, for example difficulty gripping for those with arthritis in the finger joints
- bone spurs, also known as osteophytes, are bony growths that can form on the ends of bones, especially in joints, and are a common feature of osteoarthritis. They can sometimes compress nerves, leading to pain, tingling, or numbness.

Impact on social health and well-being:

- due to the pain of their condition, and perhaps the need to use walking aids or wheelchairs, people with osteoarthritis may not be able to access social events as easily as they used to, e.g. it may be a struggle to walk to an event, to use public transport to get there or to stand for a long period or to move around at an event like a party
- people with osteoarthritis may find it difficult to keep up leisure activities that previously provided the opportunity to interact with others, e.g. a dance class, a team sport like bowling or going for a walk with friends
- due to the swelling of joints and associated pain, people with osteoarthritis may not feel like socialising with friends and family, especially in the evenings – may feel more like staying at home and so begin to withdraw from some social contacts or may have to take time off work/give up work which may negatively impact upon their ability to interact with colleagues
- people with osteoarthritis can miss out on other forms of social contact

due to changing the way they do things to help manage their condition, e.g. doing online shopping instead of going out shopping where they would be interacting with staff and maybe coming across friends and neighbours and stopping for a chat

- osteoarthritis does not mean individuals have to become socially isolated – they may have the support of friends or family members to get out and about in their community, e.g. to take them out for a coffee; they may take up new leisure activities to suit their condition such as joining a book club, allowing them to interact with others; or they may meet new people by joining a support group either face-to-face or online.

Impact on psychological health and well-being:

- the pain of osteoarthritis can have psychological effects like feeling irritable, anxious, frustrated, angry, stressed or disempowered
- in the longer-term individuals may feel defeated and overwhelmed, feel that they can't cope and may become depressed
- mobility problems and the inability to do tasks which they previously were able to do may impact negatively on self-concept and self-esteem
- as they become more dependent on family members for help, people with osteoarthritis may feel like a burden
- some people with osteoarthritis may feel fearful about their future, e.g. worried that they may be unable to cope with staying in their current home
- some people may respond to having osteoarthritis with determination and resilience and may feel loved, cared for and valued if they are well supported by family and friends.

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

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

Level 2 ([5]–[8])

Overall impression: adequate

- adequate understanding of how osteoarthritis can impact on health and well-being
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how osteoarthritis can impact on health and well-being
- must analyse 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 understanding of how osteoarthritis can impact on health and well-being
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how osteoarthritis can impact on health and well-being
- must analyse all three aspects of health and well-being (physical, social and psychological) 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 meaning is clear. [12]

Total

**AVAILABLE
MARKS**

30

100