



Rewarding Learning

ADVANCED SUBSIDIARY (AS)

General Certificate of Education

2011

Health and Social Care

Assessment Unit AS 3

assessing

Unit 3: Health and Well-being

[A3H31]

TUESDAY 17 MAY, MORNING

MARK SCHEME

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

Illness

[1] for use of key phrase(s), [2] for full explanation or supporting example

Answers may include:

- illness is the subjective experience of loss of physical or mental health and may be short-term or long-term caused by, e.g. depression, influenza, chickenpox
- illness is couched in terms of symptoms such as reporting of aches or pains or loss of function or discomfort
- illness can result from stress, accident, injury or infection.

Prejudice

[1] for use of key phrase(s), [2] for full explanation

Answers may address the following points:

- attitude(s) based on pre-judgements made about others which lead to discrimination
- attitudes, usually negative, which are often based on ignorance
- having stereotyped views, e.g. believing older people are less intelligent than younger people.

Discrimination

[1] for use of key phrase(s), [2] for full explanation

Answers may address the following points:

- unfair treatment based on gender, race, sexuality, etc.
- unfair treatment of a person based on prejudice and intolerance – can be direct or indirect
- denying an individual or group of individuals the same rights as every one else enjoys, e.g. not allowing disabled people to access a cinema.

(3 × [2])

[6]

(b) Discuss how illness may affect a young child's education and relationships. (AO1, AO2)

Effect on education

[1] for use of key phrase(s), [2] for adequate discussion, [3] for detailed discussion

Answers may address some of the following points:

- she may not be able to concentrate on learning in class because she is feeling ill and not alert
- she may miss out altogether on important learning if she has to be off school
- she may fall behind other children in her class though may be given additional support to catch up on return
- she may miss out on extra-curricular activities
- she may have to be given home tuition which may have a positive effect on her learning
- may be bullied or isolated due to illness which could have a negative impact on her education.

Effect on relationships

[1] for use of key phrase(s), [2] for adequate discussion, [3] for detailed discussion

Answers may address some of the following points:

- she may have fewer relationships than other children because she may not play outside with friends or engage in team sports
- some relationships may be strengthened, e.g. with family members because she needs and appreciates them more or with supportive friends
- her illness may put a strain on her relationships with her family as they may feel their lives are being adversely affected by her ill health
- periods in hospital can mean missing out on family relationships
- may become over-dependent on family and neglect other relationships

All other valid points will be given credit.

(2 × [3])

[6]

- (c) The support worker hopes to encourage Theresa's parents to make greater use of NHS services. Explain two ways the NHS can contribute to the health and well-being of young children. (AO1, AO2)

[1] for use of key phrase(s), [2] for full explanation

Answers may address two of the following points:

- provides hospital care and treatment where necessary
- provides primary healthcare services, e.g. health visitor, GP
- provides specialist professionals where necessary, e.g. consultant paediatrician, dietician, speech therapist, etc.
- diagnoses illness
- prevents ill health – screening
- provides immunization, e.g. MMR
- provides aids for children with disabilities, e.g. wheelchair
- provides ambulance services, e.g. for transport to hospital
- provides information for parent on a young child's condition
- provides dental care
- provides medication, e.g. through prescriptions.

(2 × [2])

[4]

- (d) A voluntary organization can enable clients to access services. Explain two other ways voluntary organizations can contribute to health and well-being. (AO1, AO2)

[1] for use of key phrase(s), [2] for full explanation

Answers may address two the following points:

- provide care for clients, e.g. home care worker
- provide other services, e.g. transport, day centres, holiday homes
- provide advice to clients, e.g. on rights to state benefits
- provide emotional support, e.g. help lines, counselling or access to support groups
- provide information/literature, e.g. information on services available, on health conditions, on benefit entitlement

- carry out research, e.g. on child poverty
- advocate for clients, e.g. to help with access to housing
- befriend clients, e.g. have a scheme where volunteers visit people
- lobby government to improve the lives of clients, e.g. try to persuade MPs to provide and finance better services or to improve legislation to prevent discriminatory practice
- fund direct care, e.g. nursing services, hospices, equipment for hospitals, respite, aids and equipment
- provide practical support, e.g. money for fuel or food
- provide shelter and food, e.g. refuges and hostels
- raise awareness of health and well-being issues to encourage choices which promote health.

(2 × [2])

[4]

- (e) Other than being refused admission, explain two ways discrimination could occur in an early years setting. (AO1, AO2)

[1] for use of key phrase(s), [2] for full explanation

Answers may address two of the following points:

- a child may be physically harmed, e.g. hit by other children
- a child may be left out of activities by staff or other children
- a child may be verbally abused, e.g. called names
- the resources in the setting may reflect the dominant culture and not the child's
- the child's background and culture may not be celebrated whilst other cultures are
- staff may fail to challenge discriminately remarks or actions by other children
- religious beliefs and spiritual needs may not be acknowledged or met, e.g. dietary requirements

All other valid points will be given credit.

(2 × [2])

[4]

- (f) Explain two ways a young child may be affected by discrimination in an early years setting. (AO1, AO2, AO3)

[1] for use of key phrase(s), [2] for full explanation

Answers may address two of the following points:

- a child may be injured
- a child's self-esteem may be negatively affected, e.g. may believe comments so the self-fulfilling prophecy may come into play
- a child may feel left out/marginalized
- a child's development may not progress as expected
- a child could experience a range of negative emotions, e.g. upset, anger
- a child may exhibit physiological signs of anxiety, e.g. bed wetting, loss of appetite, poor sleep pattern
- a child may exhibit limited interaction with other children/become withdrawn

- a child may feel unsafe in the setting
- a child may not want to return to the setting.

(2 × [2])

[4]

- (g)** Discuss three ways a playgroup manager could promote anti-discriminatory practice. (AO1, AO2, AO3)

[1] for use of key phrase(s), [2] for adequate discussion, [3] for detailed discussion

Answers may address three of the following points:

- organize staff training and/or induction in anti-discriminatory practice, e.g. to equip staff to challenge discriminatory behaviour by children
- introduce appropriate policies, e.g. a complaints policy to encourage parents to complain and deal robustly with complaints if they happen
- encourage staff to use whistle blowing procedures to report others who engage in discriminatory practices and deal robustly with reports
- use feedback from parent to address issues regarding discrimination
- support staff in anti-discriminatory practice, e.g. have forums for discussion for staff, supervise inexperienced staff and regular monitoring
- set a good example in own practice, e.g. don't stereotype, treat children and parents from diverse backgrounds with respect
- acknowledge a range of cultures and religions, e.g. celebrate different religious festivals, have resources such as play materials and books that reflect different cultures
- directly challenge staff, children and parents when incidents occur and use disciplinary procedures with staff if it becomes necessary
- actively promote equality with the children through activities, e.g. fair play, sharing, anti-bullying

All other valid points will be given credit.

(3 × [3])

[9]

37

- 2 (a)** Use the information above to identify the health promotion approach that was used. (AO2)

The social approach (also accept social change)

(1 × [1])

[1]

- (b)** Discuss how the following two approaches could be applied to an anti-smoking campaign. (AO1, AO2, AO3)

Educational Approach

Answers may address the following points:

- this approach aims to provide information and knowledge so individuals can make informed choices about their health behaviour, e.g. information on the dangers of smoking

- this approach might be applied by health educators providing information to groups of young people in schools or youth clubs or to groups of employees in a company, e.g. information on smoking related illnesses or on the addictive nature of smoking with diagrams of the effect of nicotine on the nervous system
 - this could be done in a time constrained way, e.g. a half hour presentation
 - people could be given literature to take away with detailed information on the health effects of smoking
 - may use a variety of ways of getting information across, e.g. talks/lectures, power point presentations, statistics, leaflets, etc.
- All other valid points will be given credit.

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

Level 1 ([1]–[2])

Overall impression: basic

- displays limited understanding of how the educational approach could be applied
- answers may describe the approach without applying it to smoking
- there is limited discussion
- 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 organization 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 ([3]–[4])

Overall impression: adequate

- displays adequate understanding of how the educational approach could be applied
- there must be some application to smoking to score at this level
- there is adequate discussion
- 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 organized 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 ([5]–[6])

Overall impression: competent

- displays good understanding of how the educational approach could be applied
- there must be detailed application to smoking to score at this level
- there is competent discussion

- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organized 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.

The use of fear arousal

- attempts to gain the target audience's attention by showing them frightening images or statistics in an effort to change their smoking behaviour, e.g. a TV advertising campaign showing the blackened lungs of smokers or frightening statistics on smoking related deaths
- using frightening stories or narratives to scare people about the effects of smoking
- posters with striking images could also be used, e.g. image of someone who has had a stroke at a relatively young age due to smoking
- shocking images could also be placed on cigarette packets to try to stop people taking their first cigarette, e.g. images of people with mouth cancer

All other valid points will be given credit.

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

Level 1 ([1]–[2])

Overall impression: basic

- displays limited understanding of how the use of fear arousal could be applied
- answers may describe the approach without applying it to smoking
- there is limited discussion
- 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 organization 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 ([3]–[4])

Overall impression: adequate

- displays adequate understanding of how the use of fear arousal could be applied
- there must be some application to smoking to score at this level
- there is adequate discussion
- 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 organized 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 ([5]–[6])

Overall impression: competent

- displays very good understanding of how the use of fear arousal could be applied
- there must be detailed application to smoking to score at this level
- there is competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organized 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]

- (c) Complete the table below to describe and evaluate the empowerment approach to health promotion. (AO1, AO2, AO3, AO4)

Description

[1] for use of key phrase(s), [2] for adequate discussion, [3] for detailed discussion

Answers may address the following points:

This approach helps individuals or small groups to identify their own concerns and gain the skills and confidence to act upon them. It is a bottom-up strategy. An example would be a mother and toddler group requesting a health promotion professional to work with them to improve dental health.

(1 × [3])

[3]

Strengths

[1] for use of key phrase(s), [2] for full explanation

Answers may address two of the following points:

- people feel they are making the decision themselves because they request the activity/campaign
- helps people to identify their own concerns, e.g. youth club members might recognize alcohol misuse needs to be addressed
- is a bottom up approach – gives the power to the individual/group, is client centred
- sees health as the property of the individual – assumes people can make decisions about their own health concerns, promoting self-esteem.

(2 × [2])

[4]

Weaknesses

[1] for use of key phrase(s), [2] for full explanation

Answers may address two of the following points:

- only really works with those who are motivated enough to want to make changes – depends on individuals/groups making requests for help

- depends on clients having good leadership in the first instance – need to have members/leaders who recognize the importance of health issues
- it is a long term approach – no good if change is desired sooner rather than later as health promotion professionals will be working with small groups at a time
- difficult to quantify measure changes in behaviour using this approach – once the health promotion professional moves on, it is hard to know whether the group will maintain changes.

(2 × [2])

[4]

(d) Discuss how smoking can affect physical, social and psychological health and well-being. (AO1, AO2, AO3)

Answers may address the following points:

Effects on **physical** health and well-being

- smoking can give individuals a smoker's cough and other respiratory problems
- smoking can negatively affect an individual's sense of smell and taste
- smoking reduces people's energy and stamina
- smoking increases the risk of getting cancer, especially lung, throat and mouth cancer
- smoking raises blood pressure and greatly increases the risk of heart disease and stroke
- smoking makes the skin age quickly, with the earlier appearance of wrinkles and thinning of the skin
- in pregnant women, smoking puts the baby at risk of being small at birth and of suffering from respiratory problems
- reduces the ability to exercise due to breathlessness
- smoking puts other people's health at risk through passive smoking.

Effects on **social** health and well-being

- smoking makes the breath and clothes smell, which can be off-putting for other people in social situations and can make them feel that they don't want to be near the smoker
- smoking can bring restrictions in social situations, e.g. it is not possible to smoke in cinemas or leisure centres and restaurants – this may limit the places an individual can go to socialize if he feels he cannot do without smoking
- smoking is very expensive so smokers have less money to socialize in other ways
- some regard smoking as a social activity, e.g. smoking areas outside restaurants
- smokers may be socially stigmatised.

Effects on psychological health and well-being

- smokers often feel like cigarettes are in control of them, rather than them feeling in control – they experience a sense of powerlessness
- smoking also lowers self-esteem because individuals know it is very bad for them and continuing to do it makes them feel they don't value themselves properly
- as smoking is an addiction it is a strain on psychological well-being when people try to quit, e.g. the smoker may feel very tense and irritable
- some smokers claim psychological benefits, e.g. stress relief, improved concentration

All other valid points will be given credit.

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

Level 1 ([1]–[4])

Overall impression: basic

- displays limited knowledge of how smoking can affect physical, social and psychological health and well-being
- answers may focus on only one aspect of health and well-being (physical, psychological or social)
- there is limited discussion
- 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 organization 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

- displays adequate knowledge of how smoking can affect physical, social and psychological health and well-being
- there must be reference to at least two aspects of health and well-being (physical, psychological, social) to score at this level
- there is adequate discussion
- 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 organized 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

- displays good to excellent knowledge of how smoking can affect physical, social and psychological health and well-being
- there must be reference to all three aspects of health and well-being (physical, psychological, social) to score at this level
- there is competent discussion

- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organized 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

3 (a) Explain two ways the World Health Organization contributes to health and well-being. (AO1)

[1] for use of key phrase(s), [2] for full explanation

Answers may address the following points:

- combats diseases, e.g. by organizing vaccination programmes for diseases such as malaria or by sending teams to help where there is an outbreak of disease
- provides statistics on the spread of disease across the world, e.g. AIDS
- co-ordinates health promotion activities globally, e.g. to combat obesity, to boost consumption of fruits and vegetables worldwide, or to discourage tobacco consumption
- provides information/raises awareness on health risks globally, e.g. on risk of SARs and how to avoid it
- produces policies on health that governments can share
- conducts or funds research, e.g. into health effects of mobile phone use
- makes recommendations about health behaviour, e.g. one WHO report recommended that sugar be no more than 10% of a healthy diet
- sets standards for production, e.g. for food and pharmaceutical products
- provides emergency assistance to people affected by disasters, e.g. floods and earthquakes

All other valid points will be given credit.

(2 × [2])

[4]

(b) Ageing increases the risk of chronic diseases. Explain two other ways ageing affects **physical** health and well-being. (AO1, AO2)

[1] for use of key phrase(s), [2] for full explanation

Answers may address two of the following points:

- more prone to fractures due to the bones become lighter and more brittle
- muscle become weaker and less flexible leading to loss of mobility; they can also become painful
- the eye loses elasticity making it difficult to focus and can lead to visual disturbances

- hearing may also be impaired – many older people need to use a hearing aid
- the heart becomes less efficient, therefore pumps blood less efficiently around the body reducing filtration from the kidneys
- the muscles of the diaphragm become weaker resulting in shallow breathing
- muscles in alimentary canal become weaker and this makes digestion less efficient
- reproductive system changes, e.g. menopause
- recovery from illness slows and there is an increased likelihood of developing complications

All other valid points will be given credit.

(2 × [2])

[4]

(c) (i) Write down one example of chronic disease/illness. (AO1)

Asthma, arthritis, heart disease, diabetes, kidney disease, HIV/AIDS, Coeliac Syndrome, multiple sclerosis, Alzheimer's Disease.
All other valid examples will be given credit.

(1 × [1])

[1]

(ii) Discuss the potential impact of having a chronic disease/illness on social and psychological well-being. (AO1, AO2, AO3)

Impact on social well-being

[1] for use of key phrase(s), [2] for adequate discussion, [3] for detailed discussion

Answers may address some of the following points:

- individuals may not go out to socialize with others and may experience isolation due to lack of confidence, fear of not coping, lack of mobility
- some people will be determined that their life should not be restricted and therefore work hard to maintain social contacts/activities
- may meet new friends with same condition, e.g. during hospital days or through a support group
- may have to give up work which may reduce contact with colleagues.

Impact on psychological well-being

[1] for use of key phrase(s), [2] for adequate discussion, [3] for detailed discussion

Answers may address the following points:

- people suffering from chronic illnesses or diseases that restrict their social contacts may feel depressed and lonely
- some chronic diseases can affect mental functioning, e.g. Alzheimer's Disease impacts on memory
- people with chronic illnesses or diseases may have low self-esteem because they feel that they are not able to achieve the things their peers do

- people with serious illnesses like cancer can exhibit amazing spiritual well-being, e.g. determination to make the most out of life and to give as much as possible in relationships
- people with chronic illness may feel disempowered/a lack of autonomy due to illness and orthodox approaches to management/treatment
- may feel like a burden if dependent on others
- may experience stress, feeling that they can't cope

All other valid points will be given credit.

(2 × [3])

[6]

- (d) Discuss the needs of older people and how they can be met in residential care. (AO1, AO2, AO3, AO4)

Answers may address the following points:

- physical needs include nutrition, medication, and mobility. Discussion of how the needs could be met in a residential setting must be clearly linked to the needs identified, e.g. need for nutrition could be met by providing older people with nutritious balanced meals and providing them with choices which will encourage them to eat well
- intellectual needs include mental stimulation, knowledge needs, and language needs. Discussion of how the needs could be met in a residential setting must be clearly linked to the needs identified, e.g. language needs could be met by providing information to residents in Braille for older people who are blind or through the use of interpreters for older people whose first language is not English
- emotional (psychological) needs include a sense of safety and security, the need for respect and spiritual/religious needs. Discussion of how the needs could be met in a residential setting must be clearly linked to the needs identified, e.g. need for respect could be met by staff asking residents about their needs and listening to their opinions
- social needs include the need for contact with family, the need for interaction with staff and other residents and the need for friendships. Discussion of how the needs could be met in a residential setting must be clearly linked to the needs identified, e.g. the need for friendships could be met by having open visiting to encourage friends to visit.

Level 1 ([1]–[4])

Overall impression: basic

- displays a limited knowledge of the needs of older people and how they can be met in residential care
- answers may discuss only one type of need (physical, intellectual, emotional or social) or list a range of needs
- limited discussion

- 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 organization 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

- displays an adequate knowledge of needs of older people and how they can be met in residential care
- there must be a discussion of at least two types of needs (physical, intellectual, emotional or social) to achieve at this level and of three types at the top of this level
- adequate discussion
- 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 organized 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

- displays a competent knowledge of the needs of older people and how they can be met in residential care
- there must be a discussion of all four types of needs (physical, intellectual, emotional and social) to achieve at this level
- competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organized 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

All other valid points will be given credit.

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

[12]

27

Total

100

AVAILABLE
MARKS