



*Rewarding Learning*

**ADVANCED SUBSIDIARY (AS)**

**General Certificate of Education**

**January 2013**

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## **Health and Social Care**

### **Assessment Unit AS 3**

*assessing*

### **Unit 3: Health and Well-being**

**[A3H31]**

**MONDAY 14 JANUARY, MORNING**

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# **MARK SCHEME**

**1 (a)** Define the following terms. (AO1)**Stress**

Answers may address some of the following points:

- the response that occurs when people feel tension or think they cannot cope with the pressures in their environment, e.g. work or family life
- stress can be a short-term physical response – alarm triggers “fight or flight”
- stress can be a long(er)-term response, which may result in physical symptoms such as nausea, high blood pressure, ulcers, lowered immunity, etc.
- stress can be positive and exhilarating – eustress.

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

**Stress-related illness**

Answers may address some of the following points:

- stress-related illness refers to a set of symptoms which has come about as a direct result of exposure to short-term or long-term stressors. Symptoms of stress related illness may include: headaches, stomach problems, anxiety and depression, loss of libido, fatigue, tearfulness, palpitations, chest pain
- symptoms of physical or mental illness which can be directly related to stress – these are symptoms which would be absent or significantly reduced if the levels of stress were reduced such as irritability, tiredness and minor infections
- impact of stress on the body, e.g. the immune system, the digestive system.

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

**Mental health**

Answers may address some of the following points:

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

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

(3 × [2])

[6]

- (b) Rethink is a voluntary organisation that contributes to the health and well-being of people with mental illnesses. One way voluntary organisations contribute to health and well-being is by providing services such as day centres. Write down three **other** examples of services a voluntary organisation might provide. (AO1)

Answers may include any three of the following:

- befriending
- transport
- helpline
- accommodation/holiday accommodation
- meals – lunch clubs and meals on wheels
- palliative care
- advocacy services
- screening
- gardening
- advice and information
- equipment or aids
- counselling
- help with childcare
- nursing at home
- respite care
- support groups.

All other valid responses will be given credit

(3 × [1])

[3]

- (c) Complete the table below to identify one example of each need for a service user with a mental illness and to explain how it could be met by health and social care staff in a day centre. (AO1, AO2, AO3)

A physical need

Example:

[1] for any of the following:

- nutrition
- hygiene
- medication
- shelter/warmth
- exercise.

(1 × [1])

[1]

How the need could be met:

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

[1] for key phrase(s), [2] for fuller explanation of how the need identified could be met in a day centre

(1 × [2])

[2]

An intellectual need

Example:

[1] for any of the following:

- mental stimulation
- understanding of own condition
- knowledge
- learning.

(1 × [1])

[1]

How the need could be met:

Explanation must be clearly linked to the need identified, e.g. need to understand their condition and how to manage it could be met by providing access to mental health team for service users, e.g. MHN/CPN.

[1] for key phrase(s), [2] for fuller explanation of how the need identified could be met in a day centre

(1 × [2])

[2]

An emotional (psychological) need

Example:

[1] for any of the following:

- feeling of security/safety
- need for respect
- sense of autonomy
- esteem needs
- emotional support
- feeling valued
- feeling cared for
- sense of belonging.

(1 × [1])

[1]

How the need could be met:

Explanation must be clearly linked to the need identified, e.g. need for respect could be met by staff asking service users about their needs and listening to their opinions.

[1] for key phrase(s), [2] for fuller explanation of how the need identified could be met in a day centre

(1 × [2])

[2]

A social need

Example:

[1] for any of the following:

- need for interaction/communication with others
- need for friendships.

(1 × [1])

[1]

How the need could be met:

Explanation must be clearly linked to the need identified, e.g. need for friendships could be met by staff encouraging service users to work together in activities, e.g. drama.

[1] for key phrase(s), [2] for fuller explanation of how the need identified could be met in a day centre

(1 × [2])

[2]

All other valid points will be given credit

- (d)** Explain three ways a pharmacy could contribute to the health and well-being of individuals. (AO1, AO2, AO3)

Answers may address three of the following points:

- providing products that can contribute to health and well-being, e.g. over the counter medication
- providing products that can help people manage stress, e.g. spa products for relaxation
- advising individuals on health issues, e.g. how they can recognise the signs of illness or disease
- measuring health indicators, e.g. BP
- dispensing prescribed medication for illness, e.g. from an individual's GP
- providing information on health issues in leaflets and/or on a website, e.g. on ways to avoid the flu
- carry out a health promotion campaign, e.g. breast awareness.

All other valid points will be given credit but marks should not be awarded for repetition

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

(3 × [2])

[6]

- (e)** Discuss how alcohol misuse can affect the physical and social health and well-being of individuals. (AO1, AO2, AO3)

Effect on physical health and well-being

Answers may address some of the following points:

- short-term effects include headaches, dehydration, vomiting, blurred vision or dizziness
- alcohol abuse can lead to a whole variety of health problems: diabetes, inflammation of the pancreas, internal bleeding, weakening of the heart, high blood pressure and stroke
- in pregnant women, excessive alcohol can damage the developing foetus – in extreme cases it can lead to Foetal Alcohol Syndrome in which a child has a range of symptoms including a distinctive appearance and learning disability
- alcohol can also lead to death or injury due to drink driving or accidents in the home and at work – many of these accidents are caused by people who aren't necessarily dependent on alcohol, but are temporarily intoxicated
- excess alcohol can make an individual vulnerable to sexual or physical assault

- alcohol can lead to deterioration of the nervous system – people who drink heavily can suffer from loss of balance, impotence, numbness of the feet and hands, tremor and blindness
- the organ of the body most at risk from excess alcohol is the liver, which may become progressively damaged through a condition known as cirrhosis, which may lead to liver failure, liver cancer and death
- alcohol contributes to obesity and its associated health problems
- excess alcohol weakens the effectiveness of the white blood cells making individuals more vulnerable to viruses.

All other valid responses will be given credit

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

(1 × [3]) [3]

Effect on social health and well-being

Answers may address some of the following points:

- it is well known that aggressive and criminal behaviour and the consumption of alcohol are linked – nearly half of the offenders of sexual offences, burglaries, street crime and crimes in pubs and clubs have been found to be intoxicated
- many alcoholics are more likely to stay in their homes while drinking to try and disguise their problem, which means they can be quite isolated
- many alcoholics find that their relationships with friends and family break down due to their problem and they no longer have social support from them
- money spent on alcohol can mean there is little left for other social activities.

All other valid responses will be given credit

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

(1 × [3]) [3]

33

- 2 (a) One example of an environmental factor is occupational hazards. Explain how two occupational hazards can affect health and well-being. (AO1, AO2)

Answers may address any two of the following points:

- working with **chemicals** can lead to illnesses, such as asthma or dermatitis. Substances like uranium, chromium and nickel cause lung cancer
- working with **asbestos** can cause asbestosis, which is a scarring of the lung tissue which leads to poor circulation and breathing. This is an occupational hazard for people in the construction and demolition trades
- people who work in construction, or even nurses, have to lift **heavy loads**, which can cause back pain
- there are a wide range of **accidents** that can occur at work. **Falling** off ladders is an example. **Slipping** on wet surfaces or **tripping** over objects left lying around can cause injuries – back pain, broken bones, etc.
- some jobs leave people open to **physical abuse**. For example, it has been shown that many paramedics have been physically attacked while on emergency call outs, causing physical and psychological trauma
- there is always a risk of **fires** at work; the risk is higher for those who work in labs or with explosives, resulting in burns, scarring and psychological trauma
- people who work with transport have a risk of being involved in **traffic accidents**, causing death or serious injury
- in factories, where workers are exposed to high levels of sound (**noise pollution**), their coordination and concentration can decrease. This also increases the chance of accidents happening. **Noise** at work increases stress, which can lead to a number of health problems, including heart, stomach and nervous disorders. It is suspected of being one of the causes of heart disease and stomach ulcers. Noise can also cause temporary, even permanent, hearing loss
- professional sports people are at risk of **physical injuries**, e.g. muscle strain, brain injuries.

All other valid responses will be given credit

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

(2 × [2])

[4]

- (b) Explain two ways having a low level of education can affect an individual's physical health and well-being. (AO1, AO2)

Answers may address two of the following points:

- individuals who have a low level of education may lack knowledge about health, e.g. are less likely to be aware that they need to exercise regularly and to understand the effects of diet and other behaviours on health and well-being
- mortality and morbidity rates are higher for individuals with lower educational attainment
- people who have a low level of education may not have the confidence to get the most out of the health service, e.g. may not have the confidence or resources to read up on their own condition and demand the most up-to-date treatment or a referral to a specialist

- people with poor literacy skills may struggle to understand and interpret written guidance, e.g. instructions and advice for medication, health promotion leaflets.

All other valid points will be given credit

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

[4]

- (c) Discuss how having a low income can affect an individual's physical health and well-being (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

- people who have low incomes have greater stress and are more prone to stress related illnesses
- older people who live in poverty have a three to four times greater risk of having a physical dysfunction than older people who are not poor
- children from low-income families are over three times more likely to be in poor health than children from families with higher incomes
- infant mortality rates are higher in families with low incomes. This may be because they live in poor housing and are less likely to continue with health checks after the birth. This may be because they can't afford or don't have good access to transport to get to health checks
- low income may restrict access to some forms of exercise, e.g. gym membership, swimming, etc.
- families on low incomes may purchase cheaper, less nutritious foods which can lead to obesity and its associated health problems
- people with low incomes tend to smoke more; smoking causes more health problems like cancer and respiratory problems
- people on low incomes may work long hours to get more money, this leaves less time to visit the doctors if they are ill. They are more likely to be in jobs where there is little flexibility for getting away for appointments so their health is more likely to deteriorate
- people with low incomes often live in industrial areas that have levels of pollution that cause illness, e.g. respiratory conditions
- children from low-income families are at greater risk of death or injury from being hit by a motor vehicle than the children of higher income parents, as they are less likely to have private spaces to play in
- the children of low paid adults are more likely to be left to their own devices during school holidays and out of school hours, which also leaves them more vulnerable to accidents
- low income is associated with poor housing which can lead to respiratory conditions, etc.

All other valid points will be given credit

### Level 1 ([1]–[2])

Overall impression: basic

- displays limited understanding of how having a low income can affect an individual's physical and well-being
- there is limited discussion.



**Level 2 ([3]–[4])**

Overall impression: adequate

- displays adequate understanding of how having a low income can affect an individual's physical and well-being
- there is adequate discussion.

**Level 3 ([5]–[6])**

Overall impression: competent

- displays very good understanding of how having a low income can affect an individual's physical and well-being
- there is competent discussion.

[0] is awarded for a response not worthy of credit [6]

- (d)** Select a genetically inherited condition and discuss its impact on physical health and well-being. (AO1, AO2, AO3)

Name of condition

[1] for name of any genetically inherited condition. Examples include sickle cell disease, Turner's syndrome and cystic fibrosis.

All other valid points will be given credit [1]

Impact on physical health and well-being

The impact varies depending on the condition selected, so candidates must produce an accurate discussion of the impact on physical health and well-being of the condition selected. Examples include:

- Sickle cell disease – a blood disorder that results in abnormally shaped red blood cells. This chronic under supply of red blood cells makes the sickle cell patient anaemic. Sickle cell anaemia sometimes causes attacks of pain to the chest, stomach, back, jaw, legs and arms. Sickle cell disease affects each person differently and two people with SCD in the same family often have different experiences of the disease
- Turner's syndrome (TS) affects girls. Girls are usually short in height, have different shaped ears that are lower on the side of the head, a webbed neck, lots of moles on the skin, low hairline at the back of the neck and drooping of the eyelids, so there is a major impact on physical appearance
- Cystic Fibrosis is a genetically inherited condition that means the lungs regularly fill with mucus – sufferers have to have daily physiotherapy and are often small due to failure to thrive.

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

(1 × [3]) [3]

- (e)** Explain two ways that physical ill-health can affect an individual's psychological well-being. (AO1, AO2)

Answers may address some of the following points:

- can experience a range of negative emotions, e.g. sadness, fear, anger
- may feel guilty, perhaps because they feel that they are a burden to their family because they need care and support

- can lose self-confidence, e.g. may feel unable to do things he/she previously felt able to do
- may have low self-esteem/negative self-concept – may be linked to changes in appearance
- may feel that they aren't in control of what is happening – loss of autonomy
- may feel vulnerable and insecure, perhaps because they are unsure of the future
- may feel self-conscious about how the condition affects their body
- may experience stress, perhaps due to the worry about their prognosis
- alternatively may feel loved and cared for if others rally to help
- may feel determined to get the best out of life despite ill-health
- may lead to depression if serious and long-term.

All other valid points will be given credit

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

[4]

- (f)** Analyse the impact of geographical location on the health and well-being of individuals. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

Effects on physical health and well-being

- people who live in rural areas may not have access to transport and therefore may be less likely to make GP appointments to enquire about their symptoms or go to the hospital for check-ups
- individuals may live in highly polluted areas, which can affect their physical health, for example people who live near factories may have increased risk of respiratory disorders such as asthma
- people from areas where there is a shortage of dentists are less likely to have access to dental care and so are more likely to have problems with their teeth
- due to the postcode lottery, people in some areas may have less access to treatment, e.g. new cancer drugs
- people who live in isolated areas may have to wait longer for help, e.g. an ambulance in the result of an emergency – their physical condition may deteriorate as a result.

Effects on social health and well-being

- people who live in isolated rural areas may not have as much chance to interact with other people as those who live in an urban area or in an area that is well served by public transport which gives people the opportunity to visit friends
- some people live in geographical locations where there are many facilities that provide opportunities for social interaction, e.g. day centres for older people or people with mental health problems, youth clubs leisure centres or restaurants
- people in inner cities may be socially isolated due to fear of crime or not knowing neighbours.

Effects on psychological health and well-being

- people in isolated rural areas may feel lonely as they have less chance to communicate with other people
- people from urban areas are more likely to suffer from stress related illnesses as they are living a busy lifestyle
- some people live in areas where facilities for individuals with mental illnesses are very sparse, e.g. no local day centre – this has an adverse effect on psychological health
- stigma associated with being from a “rough” area can have a negative impact on self-esteem.

All other valid points will be given credit

### Level 1 ([1]–[4])

Overall impression: basic

- displays limited understanding of the impact of geographical location on the health and well-being of individuals
- there is limited analysis
- 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

- displays adequate understanding of the impact of geographical location on the health and well-being of individuals
- there is adequate analysis
- to achieve in this level, candidates must analyse at least two aspects of health and well-being
- 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

- displays competent understanding of the impact of geographical location on the health and well-being of individuals
- there is competent analysis
- to achieve in this level, all three aspects must be addressed
- at the top of this level, all three aspects of health and well-being are analysed in detail
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

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

[12]

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3 (a) Describe the following approaches to health promotion. (AO1, AO2)

The social approach

Sometimes referred to as the social change approach, this approach acknowledges the influence of socio-economic conditions, e.g. housing, income. It is a top down approach with policy makers and health planners taking the lead – an example is the government’s smoking ban.

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

The use of fear arousal

This approach attempts to gain the target audience’s attention by showing them frightening images or statistics in an effort to change their behaviour, e.g. a TV advertising campaign showing graphic images of the effects of smoking on an individual’s arteries.

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

(2 × [3])

[6]

(b) Evaluate the educational approach to health promotion. (AO1, AO2, AO3, AO4)

Answers may include some of the following points:

Strengths

- allows individuals to make up their own mind after giving them the information they need
- can be delivered to a large group, e.g. in a classroom situation
- can be time constrained, e.g. a one hour session
- can give something to target group to take away with them and read again, e.g. reading material and statistics
- works well with people who are used to this way of getting new information, e.g. people in educational settings
- information provided is usually well researched and therefore convincing.

Weaknesses

- assumes target group can read and write
- individuals who have had negative experiences at school may not respond well to this approach
- difficult to know if learning has taken place – people may take away information but never look at it again and not make health choices based on the knowledge they have gained
- won’t work if target group do not want information or are bored by it
- the detail in the information given can be confusing or boring for some people, e.g. statistics so they may switch
- people may feel they are being lectured to and told what to do.

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

- displays very limited knowledge of the educational approach to health promotion
- answers may focus on only one or two strengths and/or weaknesses which may be listed rather than analysed
- there is limited analysis
- 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

- displays adequate knowledge of the educational approach to health promotion
- at the top of this mark band candidates should discuss both strengths and weaknesses of the approach – answers which focus on only strengths or only weaknesses cannot score beyond [6] even if points are well analysed
- there is adequate analysis
- 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

- displays good to excellent knowledge of the educational approach to health promotion
- a range of strengths and weaknesses are analysed
- there is competent analysis
- 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]

- (c) Describe two examples of discriminatory practice in health, social care or early years settings. (AO1, AO2)

Answers may include any two of the following:

- not consulting service users about dietary requirements linked to their faith in a residential care home
- not asking service users about spiritual needs or religious practices in a hospital
- not offering service users the services of a translator if they do not understand what is being said at a hospital appointment
- not offering the services of an advocate if a service user has problems in terms of self-advocacy, e.g. a service user with a learning disability in residential care
- verbal abuse, e.g. discriminatory remarks by staff in a nursing home of a sectarian nature
- staff failing to challenge discriminatory remarks from others, e.g. other service users in a day centre
- staff deliberately ignoring or isolating service users, e.g. care workers in a day centre failing to talk to a service user whose first language isn't English
- resources not reflecting different cultures, e.g. books in an early years setting only having pictures of white people
- older people in a care home could be physically abused or could be patronism – this is ageism.

All other valid responses will be given credit

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

(2 × [3])

[6]

- (d) Analyse the impact of anti-discriminatory practice on the health and well-being of service users. (AO1, AO2, AO3, AO4)

Answers may include some of the following points:

- rate of recovery may improve – they will be more likely to eat properly and sleep well and may get better quicker as a result
- more likely to co-operate with advice given by staff, e.g. to take medication as advised
- service users may feel empowered – that they have control over the situation
- service users' self-esteem may be high – they may feel good about themselves
- they will feel secure – happy and safe in the care setting
- service users will feel valued – supported and cared for
- their self-confidence will increase – they will feel good about themselves
- service users will feel they can express their opinions and may receive better care as a result as their needs can be met more easily
- service users will feel more able to report any discriminatory behaviour
- service users will feel accepted and so are more likely to interact with other service users
- physical well-being may be enhanced as they will be more likely to sleep and eat well
- they are also more comfortable in engaging in conversations with staff.

All other valid points will be given credit

**Level 1 ([1]–[3])**

Overall impression: basic

- displays limited understanding of the impact of anti-discriminatory practice on the health and well-being of service users
- there is limited analysis
- 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

- displays adequate understanding of the impact of anti-discriminatory practice on the health and well-being of service users
- there is adequate analysis
- 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

- displays competent understanding of the impact of anti-discriminatory practice on the health and well-being of service users
- there is competent analysis
- 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.

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

[9]

33

**Total**

**100**

AVAILABLE  
MARKS