



Rewarding Learning

ADVANCED SUBSIDIARY (AS)

General Certificate of Education

2012

Health and Social Care

Assessment Unit AS 3

assessing

Unit 3: Health and Well-being

[A3H31]

MONDAY 14 MAY, AFTERNOON

MARK SCHEME

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

Health

Answers may include some of the following points:

- it is generally agreed that there is more than one dimension to health – physical, social, emotional, mental, spiritual well-being (any three of these will gain [2])
- health is a positive concept that suggests well-being as opposed to illness or disease
- health is the absence of disease/not just the absence of disease.

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

Mental health

Answers may include 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
- 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.

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

(2 × [2])

[4]

(b) Write down any three socio-economic factors that affect health and well-being. (AO1)

Answers must be three of the following:

- gender
- income
- housing
- level of education (accept education)
- culture and ethnicity
- social class.

(3 × [1])

[3]

(c) Other than risk of death, explain two **different** ways poor diet, smoking and lack of exercise can affect **physical** health and well-being. (AO1, AO2)

Poor diet

Answers may include two of the following points:

- lack of calcium and vitamin D in the diet can cause rickets in children and osteoporosis in adults
- lack of iron in the diet can lead to anaemia especially in women who lose a lot of iron due to menstruation. Vegetarians are at high risk of anaemia, as they are not getting enough iron from animal sources

- a large intake of saturated fat in the diet can lead to obesity and associated health problems like high blood pressure and coronary heart disease
- high intake of red meats/processed foods can lead to increased risk of colon cancer
- high sugar intake is a cause of dental caries, obesity and Type II diabetes
- high levels of salt are linked to hypertension
- an unbalanced diet can cause lack of energy and fatigue
- a lack of nutrients in the diet can weaken the immune system – more prone to illness like colds
- insufficient food intake can lead to weight loss and associated problems like muscle wastage
- diet low in fibre can result in constipation and related diseases, e.g. increased risk of bowel cancer
- lack of vitamin C can result in poor absorption of iron and scurvy.

All other valid responses will be given credit

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

(2 × [2])

[4]

Smoking

Answers may include two of the following points:

- smoking can give individuals a smoker's cough and other respiratory problems
- smoking can negatively affect an individual's sense of smell and taste, and this may result in loss of appetite
- smoking reduces people's energy and stamina
- smoking increases the risk of getting cancers, especially lung cancer and throat and mouth cancer
- smoking 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 and makes people feel unfit
- smoking puts other people's health at risk through passive smoking
- smoking contributes to poor oral health, e.g. gum disease.

All other valid responses will be given credit

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

(2 × [2])

[4]

Lack of exercise

Answers may include two of the following points:

- people who don't exercise are more likely to get common illnesses like colds and may have a slower recovery rate than people who exercise
- lack of exercise is associated with heart problems and an increased risk of a stroke
- lack of exercise is linked to other chronic conditions like diabetes or osteoporosis and some cancers
- people who don't exercise are likely to put on weight which can affect individuals in many other ways, including making it harder for women to conceive
- lack of exercise can cause poor muscle tone making physical activity more difficult.

All other valid responses will be given credit

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

(2 × [2])

[4]

- (d)** Select a chronic illness or disease and discuss its impact on physical, social and psychological health and well-being. (AO1, AO2, AO3)

Name of illness or disease

Examples include:

- diabetes
- epilepsy
- dementia
- arthritis
- motor neurone disease
- multiple sclerosis
- asthma
- heart disease
- cancer.

All other valid responses will be given credit

Discussion of impact on physical, social and psychological health and well-being.

It depends on the illness or disease, but answers may include some of the following points:

Physical health and well-being

- mobility problems, e.g. for people with arthritis mobility deteriorates gradually and they may eventually end up needing walking or mobility aids
- shortness of breath and respiratory problems, e.g. people with asthma may find it difficult to walk long distances or engage in vigorous exercise
- tiredness and lethargic, e.g. people with MS may have problems with their energy levels
- pain may be a feature of some conditions, e.g. arthritis

- there can be an impact on the immune system, leaving the individual more vulnerable to illness
- deterioration of senses, e.g. vision affected by diabetes.

Social health and well-being

- becoming withdrawn, e.g. some people with chronic conditions may experience changes in appearance such as weight loss or weight gain due to treatment and may find that this inhibits them from going out to socialise with others
- becoming fearful of social situations, e.g. people suffering from epilepsy may not wish to go out in public or see their friends and family through fear of having a seizure in front of them
- experiencing isolation because of mobility problems, e.g. osteoarthritis may stop people from leaving home very often because they are scared of falling and hurting themselves or because they are in too much pain
- changes in ability to interact, e.g. people suffering from Alzheimer's Disease may lose social contacts as they may not remember family and friends and this may be distressing for both the sufferer and others
- chronic disease can sometimes have a positive impact on social well being as family and friends 'rally round' and spend more time with the individual.

Psychological health and well-being

- people suffering from chronic illnesses or diseases that restrict their social contacts may feel depressed and lonely
- people suffering from mental health problems, e.g. Alzheimer's Disease may feel confused and may even feel distressed and upset if they can no longer remember who people are
- 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 chronic conditions can exhibit amazing psychological spiritual well-being, e.g. determination to make the most out of life and to give as much as possible in relationships.

All other valid responses will be given credit

Discussion must be relevant to the chronic illness or disease selected.

Level 1 ([1]–[3])

Overall impression: basic

- displays limited knowledge of the impact of the selected chronic illness or disease on health and well-being
- there is limited evidence of analysis – candidates may list ways rather than discuss, or may discuss only one aspect of health and well-being in any detail
- 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 knowledge of the impact of the selected chronic illness or disease on health and well-being
- there is adequate analysis and at the top of this band at least two aspects of health and well-being must be discussed in some detail
- 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 very good to excellent knowledge of the impact of the selected chronic illness or disease on health and well-being
- there is clear evidence of analysis to achieve in this band, and at the top of this band the discussion of all three aspects of health and well-being must be fully developed
- 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]

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- 2 (a) Explain two ways the World Health Organisation contributes to health and well-being. (AO1, AO2)

Answers may include two of the following points:

- combats disease by organising vaccination programmes, e.g. for malaria
- 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
- raises awareness of health issues globally, e.g. media releases on swine flu
- provides information on health risks globally, e.g. on risk of SARs and how to avoid it
- 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
- monitors the health status of developing countries
- facilitates emergency aid at the request of the UN
- sets international standards, e.g. for food and pharmaceutical products
- produces policies on health that governments can share.

All other valid responses will be given credit

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

(2 × [2])

[4]

- (b) Discuss the roles of the Department of Health and Social Services and Public Safety for Northern Ireland (DHSSPSNI) and the Public Health Agency (PHA) in contributing to the health and well-being of the population. (AO1)

DHSSPSNI

Answers may include some of the following points:

- introduces policy and strategy relevant to health and social well-being, e.g. “Investing for Health”
- monitors the health of population by looking at trends in disease, e.g. numbers diagnosed with HIV and Aids
- attempts to ensure service provision meets the needs of the population, e.g. adequate provision in terms of hospitals, GPs, and social services
- advises on medical, nursing, dental, pharmaceutical and social work matters
- develops appropriate spending plans for the delivery of health and social services, e.g. budgets for health trusts
- sets standards and targets for health and draws up strategies for service provision.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for adequate discussion, [3] for fuller discussion of the role of the organisation

(1 × [3])

[3]

PHA

Answers may include some of the following points:

- runs health promotion campaigns aimed at improving health and social well-being, e.g. the physical activity campaign
- contributes to health protection by providing information for the public, e.g. by informing the Northern Ireland public about health risks such as the outbreak of communicable disease like meningococcal septicaemia
- provides a website that informs the public about a range of health and well-being issues, e.g. how to provide children with healthy packed lunches
- publishes information leaflets for the public relevant on a range of health issues, e.g. bowel cancer
- provides guidance for health and social care professionals on current health issues, e.g. a document to help primary care teams diagnose carbon monoxide poisoning
- conducts research and publishes reports, e.g. on attitudes to breast feeding in Northern Ireland.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for adequate discussion, [3] for fuller discussion of the role of the organisation

(1 × [3]) [3]

- (c) Health and Social Care Trusts provide hospital services. Complete the table below to give one example of each type of need for patients and to explain how the need could be met by staff in a hospital. (AO1, AO2, AO3)

A physical need:

Example

Any one of the following:

- adequate diet, food and water
- medication
- mobility needs
- warmth
- sleep
- hygiene.

(1 × [1]) [1]

How it could be met by hospital staff

Explanation must be clearly linked to the need identified, e.g. need for an adequate diet could be met by providing patients with nutritious balanced meals and providing them with choices which will encourage patients to eat rather than waste meals.

All other valid responses will be given credit

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

(1 × [2]) [2]

An intellectual need:

Example

Any one of the following:

- mental stimulation
- language needs
- understanding of own medical condition
- knowledge, learning and understanding.

(1 × [1])

[1]

How it could be met

Explanation must be clearly linked to the need identified, e.g. language needs could be met by providing information to patients in a variety of languages or through the use of interpreters.

All other valid responses will be given credit

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

(1 × [2])

[2]

An emotional (psychological) need:

Example

Any one of the following:

- feeling of security/safety
- need for respect/to feel valued
- spiritual/religious needs
- esteem needs
- need to express feelings
- emotional support
- a sense of autonomy/feeling in control.

(1 × [1])

[1]

How it could be met

Explanation must be clearly linked to the need identified, e.g. need for respect could be met by staff asking patients about their needs and explaining procedures or treatments to them.

All other valid responses will be given credit

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

(1 × [2])

[2]

A social need:

Example

Any one of the following:

- need for contact with family – husband and perhaps children or the extended family
- need for interaction with staff and other patients
- need to see friends.

(1 × [1])

[1]

How it could be met

Explanation must be clearly linked to the need identified, e.g. need to see friends could be met by having accessible visiting hours.

All other valid responses will be given credit

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

(1 × [2])

[2]

- (d) All health, social care and early years organisations have a responsibility to promote anti-discriminatory practice. Use four examples of anti-discriminatory practice to analyse its potential impact on the health and well-being of service users in such organisations. (AO1, AO2, AO3, AO4)

Examples of anti-discriminatory practice in health, social care and early years settings may include some of the following:

- a ward manager in a hospital encouraging feedback from patients by having a complaints policy to encourage them to report discriminatory practice and acting upon any complaints made
- a manager in a day centre promoting a whistle blowing policy to encourage staff to use whistle blowing procedures to report others who engage in discriminatory practices
- managers in health, social care and early years settings promoting Charters of Rights so both service users and staff understand clients' rights and how anti-discriminatory practice can be achieved
- managers in health, social care and early years settings having forums for discussion for staff so that issues around discriminatory practice may be discussed
- a manager in a residential care home promoting the care value base and setting a good example in his/her own practice
- a ward manager in a hospital directly challenge staff and patients when discriminatory incidents occur and using disciplinary procedures when required
- a manager in a crèche or playgroup ensuring resources such as play materials reflect a variety of cultures
- a manager of a GP practice ensuring information for patients is available in a variety of formats, e.g. large print and in different languages
- training staff in anti-discriminatory practice, e.g. through induction
- supervise inexperienced staff to keep a check on anti-discriminatory practice
- promote advocacy, e.g. Patient's Advocate in hospital
- providing aids and adaptations to improve access, e.g. specialist cutlery in a day centre for people with physical disabilities.

Candidates do not have to use four different organisations

Impact on the health and well-being of service users

Answers should be clearly linked to the examples used but may address some of the following points:

- service users may feel empowered – that they have control over their situations
- service users may experience high self-esteem – may feel good about themselves
- service users may feel secure – happy and safe in the health, social care or early years setting
- they may feel valued – supported and cared for
- their confidence may increase – may feel able to ask questions or interact with staff and other clients

- patients' recovery may be enhanced – they will be more likely to eat properly and sleep well and may get better quicker as a result
- service users may feel more able to express their opinions and may receive better care as a result as their needs can be met more effectively.

All other valid responses will be given credit

Level 1 ([1]–[4])

Overall impression: basic

- displays a limited knowledge of the potential impact or anti-discriminatory practice in health, social care and early years settings on the health and well-being of service users
- limited discussion
- answers where examples of anti-discriminatory practice in health, social care and early years settings or the impact on service users are missing will not be scored beyond this level
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- displays an adequate knowledge of the potential impact of anti-discriminatory practice in health, social care and early years settings on the health and well-being of service users
- examples are adequate
- 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 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 a competent knowledge of the potential impact of anti-discriminatory practice in health, social care and early years settings on the health and well-being of service users
- competent discussion
- examples are clearly explained
- 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) Health promotion campaigns often aim to encourage individuals to improve their health. Explain two ways good health can impact on the psychological well-being of an individual. (AO1, AO2)

Answers may include some of the following points:

- the individual may have high self-esteem – as he/she looks and feels well he/she will have a positive self-concept
- the individual may have a sense of autonomy – he/she may feel that he/she is in control of his/her life because the lifestyle choices he/she is making are resulting in good health
- the individual may experience positive emotions, e.g. happiness, freedom from worry and anxiety
- the individual may feel confident and be able to cope with the demands of daily life.

All other valid responses will be given credit

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

[4]

- (b) Discuss the potential impact of ill-health on an individual's income. (AO1, AO2, AO3)

Answers may include some of the following points:

- an individual's income may be reduced when ill because he/she may not be able to work and sick pay is usually much less than full pay
- the source of an individual's income may have to change – if it's a long-term illness the individual may be asked to leave work and then may have to depend on benefits which can reduce income considerably
- long-term, dependency on state benefits, e.g. disability living allowance often means individuals experience poverty
- an individual's income may have to be used in a different way, e.g. may have to pay for travel for treatment such as to hospital appointments which eats into the individual's income. Being at home all day due to illness can also be expensive, e.g. increased heating costs – uses up more of individual's income than usual.

All other valid responses will be given credit

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

[3]

- (c) Use the tables provided to describe and evaluate the two approaches to health promotion. (AO1, AO2, AO3, AO4)

The educational approach to health promotion

This approach aims to provide information and enhance knowledge so individuals can make informed choices about their health behaviour. This might take the form of information sessions, e.g. talks in schools or work places where the benefits of healthy living are explained, e.g. how exercise benefits health. Alternatively, informative literature, such as a leaflet describing the effects on the body of different foods and perhaps giving statistics on obesity, would be another example of this approach.

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

(1 × [3]) [3]

Two strengths of the approach

Answers may include some of the following points:

- 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. statistics
- works well with people who are used to this way of getting new information, e.g. people in educational settings
- information is usually expert/well researched/high status.

All other valid responses will be given credit

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

(2 × [2]) [4]

Two weaknesses of the approach

Answers may include some of the following points:

- 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 – may take information away and never read it
- won't work if target group do not want information, are bored by it or find it too complex
- providing people with information may not be enough to change their behaviour.

All other valid responses will be given credit

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

(2 × [2]) [4]

The social approach to health promotion

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Description

Answers may include some of the following points:

This approach acknowledges the importance of the socio-economic environment in health behaviours. It is a top-down approach with policy makers and health planners leading the way – the smoking ban is an example of this approach which is sometimes referred to as the social change approach.

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

(1 × [3]) [3]

Two strengths of the approach

Answers may include some of the following points:

- when people are required to change their behaviour, their attitudes also tend to change, e.g. since the smoking ban most smokers agree that causing passive smoking in others is unacceptable
- reaches a very large group of people, e.g. everyone in the population is required to adhere to changes in the law
- can be successful as people do not want to be seen as being different to everyone else in society
- acknowledges the impact of socio-economic determinants on health behaviour so recognises that society, not just the individual, should be involved in promoting healthier lifestyles
- support is usually available to help implement social change, e.g. helpline.

All other valid responses will be given credit

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

(2 × [2]) [4]

Two weaknesses of the approach

Answers may include some of the following points:

- people dislike idea of “nanny state” telling them what they should and should not do/they may rebel against it
- needs a large scale approach which may take a long time to implement due to need for consultation or developing policies or laws, e.g. the smoking ban required a huge, expensive advertising campaign to encourage businesses and the public to comply
- people may feel targeted or intimidated by the state.

All other valid responses will be given credit

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

(2 × [2]) [4]

- (d) Choose a health promotion campaign you have studied. Analyse the ways the campaign attempted to address its objectives. (AO1, AO2, AO3, AO4)

Examples of health promotion campaigns studied might address one of the following issues:

- folic acid/food fortification
- water fluoridation
- smoking cessation
- antibiotic use
- dietary advice
- coronary heart disease
- exercise
- accident prevention
- alcohol awareness
- hand washing
- oral hygiene
- preventing food poisoning
- vaccinations
- mental health.

Objectives should be clearly related to the campaign or issue.

Analysis of how the campaign attempted to address its objectives may address some of the following points:

- attempted to raise awareness, e.g. by campaigning in schools
- tried to frighten target group, e.g. with shocking TV advertisement
- provided information, e.g. about negative health effects of a substance or type of food
- tried to change behaviour, e.g. by setting targets for healthy food consumption or exercise
- tried to explain consequences of behaviour, e.g. social effects of alcohol or drug abuse
- attempted to stimulate debate, e.g. by using controversial images
- tried to affect the conscience of the target group, e.g. by making parents feel guilty about taking responsibility for their children's health
- provided visual images which target group can relate to, e.g. television advertisements of "ordinary people" exercising
- provided statistics or research findings, e.g. on health benefits of particular food supplements
- provided stories/narratives that members of target group can relate to, e.g. young people abusing alcohol on a night out
- attempted to dispel erroneous information, e.g. about potential problems with a vaccination unsubstantiated by research.

This analysis should be clearly related to the campaign or issue and its objectives.

All other valid responses will be given credit

Level 1 ([1]–[3])

Overall impression: basic

- displays a limited knowledge of the ways the chosen health promotion campaign attempted to address its objectives
- limited discussion
- objectives may be missing
- 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 an adequate knowledge of the ways the chosen health promotion campaign attempted to address its objectives
- objectives are at least referred to
- 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 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 a competent knowledge of the ways the chosen health promotion campaign attempted to address its objectives
- competent discussion
- objectives are clearly explained
- 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]

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