



*Rewarding Learning*

**ADVANCED SUBSIDIARY (AS)**

**General Certificate of Education**

**January 2014**

---

**Health and Social Care**

**Assessment Unit AS 3**

*assessing*

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

**[A3H31]**

**THURSDAY 9 JANUARY, MORNING**

---

**MARK  
SCHEME**

## General Marking Instructions

### Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

### The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

1 (a) Explain what is meant by discrimination. (AO1)

Answers may address the following points

- 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

[1] mark for use of key phrase/s, [2] marks for explanation

(1 × [2])

[2]

(b) Describe one example of discrimination in a healthcare setting. (AO1, AO2)

Any one of the following is a suitable example

- Hospital staff failing to provide information in a suitable format to patients with visual impairment or other sensory disabilities e.g. sending a patient with a visual impairment home with aftercare instructions in a leaflet with small print that she cannot read
- Staff failing to consult service users about dietary requirements based on religious beliefs e.g. providing lunch in hospital without considering whether there are any Jewish patients who may require Kosher meat
- Staff failing to ask patients about spiritual needs or religious practices on admission to a hospital ward e.g. about whether they want to be visited by a religious leader or if they need time to pray at a particular time of day
- Not offering patients the services of a translator if they do not understand what is being said e.g. a consultant discussing the need for an operation with a Hungarian patient knowing that the patient cannot fully understand what he is being told
- Failing to offer to have an advocate present if a service user has problems in terms of self-advocacy e.g. a hospital social worker making decisions about new living arrangements for an older person with dementia, without inviting a family member or other advocate to help the patient put across his/her point of view
- Verbal abuse such as discriminatory remarks like the use of inappropriate racial terms by other patients or staff e.g. a patient being referred to as a gypsy rather than a traveller by his GP
- Staff failing to challenge discriminatory remarks by others e.g. staff in a hospital ward failing to say anything to a patient who makes upsetting sexist or sectarian remarks
- Staff deliberately ignoring or isolating clients e.g. staff in a nursing home avoiding a Pakistani service user whose accent is quite difficult to understand or a nurse in a hospital ward ignoring a patient's buzzer call because the patient has a physical disability and it may take extra time for tasks like toileting
- Resources not reflecting different cultures e.g. books used by hospital teachers or play therapists only having pictures of white people or nuclear families

AVAILABLE  
MARKS

All other valid responses will be given credit

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

(1 × [3]) [3]

- (c) Other than discouraging patients from accessing treatment in the future, discuss how discrimination could have a negative effect on their physical, social and emotional well-being. (AO1, AO2, AO3)

Effect on physical well-being

Answers may address the following points

- Condition may deteriorate/worsen e.g. may fail to make the expected recovery
- May lose appetite e.g. be too upset to eat/have an upset stomach
- Drop in weight can occur as a result
- May have problems with sleep patterns e.g. lying awake worrying about what is happening

All other valid responses will be given credit

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

Effect on social well-being

Answers may address the following points

- Isolation and loneliness – separation from other patients
- Not wanting to engage with staff or patients or make friends
- May feel like an outcast – ostracised/alienated

All other valid responses will be given credit

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

Effect on emotional well being

Answers may address the following points

- Low self-esteem – feeling worthless, undervalued
- Negative self-concept – a poor self-image
- Experiencing depression – may even feel suicidal
- Feeling unloved – uncared for
- Feeling scared – unsafe/insecure in the setting
- Experiencing negative emotions – feeling upset or angry
- Experiencing stress – the response that occurs when an individual feels he/she cannot cope with the environment
- Experiencing a loss of autonomy – a lack of control over what happens

All other valid responses will be given credit

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

(3 × [3]) [9]

AVAILABLE  
MARKS

- (d) Managers in health, social care and early years settings have a responsibility to promote anti-discriminatory practice. Complete the table below to describe **one** different way a manager in each of the three settings could promote anti-discriminatory practice. (AO1, AO2, AO3)

Nursery school

Answers may address one of the following

- Organise staff training in anti-discriminatory practice e.g. to equip staff to challenge discriminatory behaviour by children
- Introduce a complaints policy to encourage parents to complain if their children are discriminated against, 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
- Support staff in anti-discriminatory practice e.g. have forums for discussion for staff and supervise inexperienced staff
- 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 of discrimination occur and use disciplinary procedures with staff if it becomes necessary
- Make sure appropriate policies and procedures are in place e.g. complaints policy, whistle blowing policy
- Provides inclusive activities for service users e.g. to promote cultural awareness or understanding of discrimination

All other valid responses will be given credit

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

Day centre for older people

Answers may address one of the following

- Organise staff training in anti-discriminatory practice e.g. to equip staff to challenge discriminatory behaviour by service users such as the use of inappropriate language
- Introduce a complaints policy to encourage service users to complain if they are discriminated against 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 of discrimination against service users
- Support staff in anti-discriminatory practice e.g. have forums for discussion for staff and supervise inexperienced staff in their work with older people
- Set a good example in own practice e.g. don't stereotype, treat older people from diverse backgrounds with respect

AVAILABLE  
MARKS

- Acknowledge a range of cultures and religions e.g. celebrate different religious festivals at the centre
- Directly challenge staff and service users when discriminatory incidents occur and use disciplinary procedures with staff if it becomes necessary
- Make sure appropriate policies and procedures are in place e.g. complaints policy, whistle blowing policy
- Provides inclusive activities for service users e.g. to promote cultural awareness or understanding of discrimination

All other valid responses will be given credit

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

Care home for adults with learning disabilities

Answers may address one of the following

- Organise staff training in anti-discriminatory practice e.g. to equip staff to challenge discriminatory behaviour by service users
- Introduce a complaints policy to encourage service users or their advocates such as family members to complain if they have been discriminated against 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
- Support staff in anti-discriminatory practice e.g. have forums for discussion for staff and supervise inexperienced staff in their work with adults with learning disabilities
- Set a good example in own practice e.g. don't stereotype, treat adults with learning disabilities from diverse backgrounds with respect
- Acknowledge a range of cultures and religions e.g. celebrate different religious festivals in the care home
- Directly challenge staff and service users when incidents of discrimination occur and use disciplinary procedures with staff if it becomes necessary
- Make sure appropriate policies and procedures are in place e.g. complaints policy, whistle blowing policy
- Provides inclusive activities for service users e.g. to promote cultural awareness or understanding of discrimination

All other valid responses will be given credit

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

No marks are awarded where there is repetition

(3 × [3])

[9]

- (e) Care homes and day centres are sometimes provided by Health and Social Care Trusts. Write down three other services that Health and Social Care Trusts provide. (AO1)

Answers may include any three of the following

- Hospital services (accept acute medical and mental hospitals as separate points)
- GP services (accept care from different professionals e.g. GPs, practice nurses, health visitors and midwives as separate points)
- Specialist professionals (accept examples of different professionals e.g. consultant physicians, dieticians, psychiatrists, social workers, health promotion specialists etc. as separate points)
- Social services (accept examples such as family and childcare services like fostering and adoption, domiciliary care for older people or any other relevant social service but NOT care homes or day centres)

All other valid points will be given credit

(3 × [1])

[3]

- (f) Explain two ways the Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPSNI) contributes to health and well-being. (AO1, AO2)

Answers may address any two of the following

- Introduces policy and strategy relevant to health and social well-being e.g. 'Transforming your Care' is a key strategy for the health and social care sector in Northern Ireland
- Monitors the health of the population of Northern Ireland by looking at trends in disease e.g. numbers diagnosed with HIV and Aids
- Plans service provision across Northern Ireland to meet the needs of the population i.e. adequate provision in terms of hospitals, GPs, and social services for the population across Northern Ireland
- Develops appropriate spending plans for the delivery of health and social care services across Northern Ireland e.g. the budgets for Health and Social Care Trusts

All other valid responses will be given credit

[1] mark for use of key phrase/s [2] marks for explanation

(2 × [2])

[4]

- (g) Health and Social Care Trusts and the DHSSPSNI are examples of organisations in the statutory sector. Write down two other types of organisation that contribute to health and well-being. (AO1)

Answers may include

- Private/commercial organisations
- Voluntary organisations

Also accept specific examples of other organisations

(2 × [1])

[2]

AVAILABLE  
MARKS

32

2 (a) Identify the health promotion approach being used. (AO2)

Fear arousal

[1]

(b) (i) Identify a health promotion campaign you have studied and write down three objectives of the campaign. (AO1, AO2)

Name of campaign

Examples are campaigns addressing the following issues

- Folic acid/food fortification
- Water fluoridation
- Smoking cessation
- Antibiotic use
- Dietary advice
- Coronary Heart Disease prevention
- Exercise
- Mental health
- Sexual health
- Cancer prevention
- Breastfeeding
- Hand washing
- Oral hygiene
- Preventing food poisoning
- Vaccinations
- Alcohol misuse

All other valid responses will be given credit

Objectives

Accept any objectives relevant to one health promotion issue.  
Statistically precise objectives are not necessary: award mark for descriptive objectives

[1] mark for each objective identified up to a maximum of

[3] marks

(1 × [3])

[3]

(ii) Explain three ways the campaign attempted to get its message across. (AO1, AO2)

Answers may address any three of the following points

- Conducted talks in schools to raise awareness
- Used shocking TV advertisements to frighten the target group e.g. showing diseased lungs affected by smoking
- Provided information in leaflets e.g. about negative health effects of a substance or type of food
- Used posters to get across messages about changing behaviour e.g. showing people out walking
- Had a website giving information e.g. explaining

AVAILABLE  
MARKS

consequences of behaviour like the social effects of alcohol or drug abuse

- Worked directly with the target group in a relevant setting e.g. encouraging parents in a playgroup to take responsibility for their children's dental health
- Published a magazine e.g. giving information on how to get involved in physical activity in Northern Ireland
- Published 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
- Used radio advertising e.g. on sexual health
- Provided helplines or support groups e.g. to help people give up smoking

All other valid points will be given credit - answers must be relevant to the campaign/issue identified

[1] mark for use of key phrase/s [2] marks for explanation or supporting example

(3 × [2])

[6]

**(c)** Describe the educational approach to health promotion. (AO1, AO2)

Answers may address the following

This approach provides information to enhance knowledge so individuals can make informed choices about their health behaviour. This might take the form of information sessions such as talks in schools or the workplace where the benefits of healthy living are explained e.g. how exercise benefits health. 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 detailed description

(1 × [3])

[3]

**(d)** Complete the table below to demonstrate your knowledge of the medical approach to health promotion. (AO1, AO2, AO3, AO4)

Description of the approach

This approach is also sometimes referred to as the preventative approach as it aims to prevent ill health. It focuses on preventative measures such as immunisation and screening and thus the role of health professionals in promoting health. Examples are 'Catch the vaccine, not the 'flu' and the television campaign to encourage uptake of the HPV vaccine

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

(1 × [3])

[3]

**Strengths**

Answers may address two of the following points

- Often campaigns are based on medically sound evidence which has been thoroughly researched so are convincing
- It is expert led – features doctors and other medical workers – someone people feel they can trust
- Material used can have a shock factor that engages people e.g. statistics on deaths from influenza to encourage vulnerable groups to be vaccinated
- Has a history of success e.g. successful smallpox vaccination programme
- It is cost effective for the government as it is often cheaper to prevent disease than to treat it

[1] mark for use of key phrase/s [2] marks for explanation

(2 × [2])

[4]

**Weaknesses**

Answers may address two of the following points

- Fear among public of side effects can put people off taking up immunisations e.g. fear that an influenza vaccination will make you unwell
- This approach ignores the holistic person – social and environmental factors are not considered
- This approach reinforces medicalisation of life – screening and injections are the answers
- Encourages dependency on medical profession and treatment rather than taking responsibility for own health and well being

[1] mark for use of key phrase/s [2] marks for explanation

(2 × [2])

[4]

- (e) Analyse the three different ways individuals can take responsibility for their own health and well-being. (AO1, AO2, AO3, AO4)

Answers may address some of the following points-

Lifestyle choices

- Eating a healthy diet e.g. including 5 portions of fruit or vegetables a day
- Exercising e.g. walking or swimming
- Limiting alcohol intake e.g. to government's recommended units per week or to avoid binge drinking
- Avoiding illegal drugs e.g. smoking marijuana
- Avoiding smoking tobacco and also passive smoking

Accessing health and social care services

- Attending for regular check-ups e.g. dental check-ups every six months
- Responding to invitations for screening e.g. for breast cancer in women over fifty

AVAILABLE  
MARKS

- Making GP appointments before a health condition deteriorates too much e.g. seeing GP about a chest infection
- Taking up opportunities for health checks offered at work or through voluntary organisations e.g. blood pressure checks conducted by occupational nurse or breast screening offered by a cancer charity
- Attending appointments with a social worker e.g. for help with a family crisis

#### Self-advocacy.

- Asking a GP for a referral to a specialist e.g. a gynaecologist or neurologist
- Asking a hospital doctor for a second opinion e.g. referral to another specialist
- Researching one's own condition and possible treatments in libraries or the internet and requesting the most up-to-date treatment

All other valid points will be given credit

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

#### Level 1 ([1]–[3])

Overall impression: limited

- Displays limited knowledge of how individuals can take responsibility for their own health and well being
- Answers may focus on only one way (lifestyle choices, accessing health and social care services or self-advocacy)
- 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 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 how individuals can take responsibility for their own health and well being
- There must be reference to at least two ways (lifestyle choices, accessing health and social care services or self-advocacy) to achieve 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 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 knowledge of how individuals can take responsibility for their own health and well being
- There must be reference to all three ways to achieve at this level (lifestyle choices, accessing health and social care services and self-advocacy)
- 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 organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear [9]

AVAILABLE  
MARKS

33

**3 (a) Explain what is meant by the following concepts. (AO1)****Health**

Answers may address some of the following points

- It is generally agreed that there is more than one dimension to health – physical, social, emotional, mental, spiritual, environmental (any 3 of these will gain two marks)
- 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
- Health can be influenced by lifestyle factors

[1] mark for use of key phrase/s [2] marks for explanation

**Disease**

Answers may address some of the following points

- Disease is a diagnostic label given to a set of signs and symptoms
- Disease is a condition or process which can affect the functioning of the body physically or mentally. For example coronary heart disease and Alzheimer's disease
- Disease is a state of being which is the opposite of health
- Disease can be short term e.g. measles or long term e.g. Crohn's Disease
- Disease can be communicable or non-communicable
- Disease can result from injuries, accidents or infections

[1] mark for use of key phrase/s [2] marks for explanation

(2 × [2])

[4]

- (b) Analyse how Karl's ill-health may impact on his income, leisure activities and relationships. (AO1, AO2, AO3, AO4)

AVAILABLE  
MARKS

Answers may address some of the following points

Impact on his income

- Karl may have less income because he can't work and sick pay is usually much less than full pay
- The source of his income may have to change – he may have to depend on benefits which can reduce income considerably
- Over the longer term Karl's income may be drastically reduced – long term dependency on state benefits e.g. disability living allowance means he may experience poverty
- His income may have to be used in different ways e.g. he may have to pay for travel for hospital appointments which eats into his income. Also, being at home all day can be expensive e.g. increased heating costs could eat up Karl's income

Impact on his leisure activities

- Karl may not take part in leisure activities as often due to lack of energy or feeling less sociable due to his deteriorating mental abilities and not wanting to participate in group activities
- May have to give up some types of activities altogether due to the progression of his disease e.g. no longer able to play sport
- May have to change the type of leisure activities he does to suit his condition, e.g. not be able to take part in sport but could take an interest in music

Impact on his relationships

- He may have fewer relationships than other people because only close family and friends understand his condition
- Some relationships may be strengthened e.g. with family members because he needs them more
- His illness may put a strain on his relationships with his family as they may feel their lives are being adversely affected by Karl's ill health
- As this is a degenerative disease, he will lose the ability to communicate effectively, which could lead to losing relationships e.g. with friends, people in his community

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 Karl's ill-health may impact on his income, leisure activities and relationships.
- Answers may discuss only one aspect (income, leisure activities or relationships) or list points on more than one aspect
- 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 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 how Karl's ill-health may impact on his income, leisure activities and relationships
- There must be a discussion of at least two aspects to achieve at this level
- Adequate discussion of all three aspects will achieve at the top of 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

- Displays competent knowledge of how Karl's ill-health may impact on his income, leisure activities and relationships.
- There must be a discussion of all three aspects to achieve at this level
- Competent discussion of all three aspects to achieve at the top of this level
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear [12]

#### (c) Name of chronic disease or illness. (AO1)

Examples include cardiovascular disease, osteoporosis, cancer, type 2 diabetes, arthritis and Alzheimer's disease

All other valid points will be given credit [1]

Explanation of one effect on physical health and well being. (AO2)

Physical effects vary depending on the condition selected, so candidates must explain one effect of the disease or illness selected.

[1] mark for use of key phrase/s [2] marks for explanation

Explanation of one effect on social health and well being

Answers may address one of the following points

- 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
- Individuals may not go out to socialise with others due to lack of confidence, fear of not coping, lack of mobility

All other valid points will be given credit

[1] mark for use of key phrase/s [2] marks for explanation

Explanation of one effect on psychological health and well being

Answers may address one of the following points

- People suffering from diseases that restrict their social contacts may feel depressed and lonely
- Some diseases can affect mental functioning e.g. memory
- People with diseases may have low self-esteem because they feel that they are not able to achieve the things their peers do
- People with challenging illnesses or diseases can exhibit amazing spiritual well-being e.g. determination to make the most out of life

All other valid points will be given credit

[1] mark for use of key phrase/s [2] marks for explanation

(3 × [2])

[6]

- (d)** Discuss how the needs of older people can be met in a nursing home. (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 nursing home 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 nursing home 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 nursing home 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

AVAILABLE  
MARKS

- 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 nursing home 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

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 a limited knowledge of the needs of older people and how they can be met in a nursing home
- 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 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 needs of older people and how they can be met in a nursing home
- 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 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 knowledge of the needs of older people and how they can be met in a nursing home
- 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 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]

**Total**

AVAILABLE  
MARKS

35

**100**