



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2015**

Health and Social Care

Assessment Unit AS 3

assessing

Unit 3: Health and Well-being

[A3H31]

THURSDAY 14 MAY, AFTERNOON

**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) (i) Explain what is meant by the terms prejudice and discrimination. (AO1)

Prejudice

Answers may address the following points

- Attitude/s based on pre-judgements made about others which often lead to discrimination
- Attitudes, usually negative, which are often based on ignorance
- Having stereotyped views, e.g. believing older people are less intelligent than younger people

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

Discrimination

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 every one else enjoys

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

(2 × [2])

[4]

- (ii) Complete the table below to describe three different examples of anti-discriminatory practice in the settings identified and to explain three different ways it can positively impact on service users' health and well-being. (AO1, AO2, AO3)

Examples

A creche

Answers may address one of the following

- Staff engaging in training in anti-discriminatory practice, e.g. to equip them to challenge discriminatory behaviour by children
- The manager introducing a complaints policy to encourage parents to complain about discrimination and deal robustly with complaints if they happen
- Staff using whistle blowing procedures to report others who engage in discriminatory practices and managers dealing robustly with reports
- Managers supporting staff in anti-discriminatory practice, e.g. have forums for discussion for staff and supervising inexperienced staff
- Managers and staff setting a good example in own practice, e.g. not stereotyping, treating children and parents from diverse backgrounds with respect
- Staff acknowledging a range of cultures and religions in activities, e.g. celebrating different religious festivals
- Staff ensuring resources such as play materials and books reflect different cultures and backgrounds
- Managers directly challenging staff, children and parents when incidents of discrimination occur and using disciplinary procedures with staff if it becomes necessary
- Managers making sure appropriate policies and procedures are in place, e.g. complaints policy, whistle blowing policy
- Staff making sure they respect food choices for children that are important to parents for religious reasons
- Using appropriate language, e.g. acceptable terms with regards to race and culture

All other valid responses will be given credit

AVAILABLE
MARKS

A care home for older people

Answers may address one of the following

- Staff engaging in training in anti-discriminatory practice, e.g. to equip them to challenge discriminatory behaviour by service users such as the use of inappropriate language
- Having a complaints policy to encourage service users to complain if they are discriminated against and dealing robustly with complaints if they happen
- Staff using whistle blowing procedures to report other staff who engage in discriminatory practices and managers dealing robustly with reports of discrimination against service users
- Managers supporting staff in anti-discriminatory practice, e.g. having forums for discussion for staff and supervising inexperienced staff in their work with older people
- Managers setting a good example in own practice, e.g. not stereotyping, treating older people from diverse backgrounds with respect
- Staff acknowledging a range of cultures and religious activities, e.g. celebrating different religious festivals in the home
- Managers challenging staff and service users when incidents of discrimination occur and using disciplinary procedures with staff if it becomes necessary
- Managers making sure appropriate policies and procedures are in place to promote anti-discriminatory practice, e.g. complaints policy, whistle blowing policy
- Staff offering meal choices that acknowledge religious beliefs, e.g. kosher food for Jewish service users
- Staff giving information to service users in suitable formats, e.g. large print for service users with visual impairments
- Staff helping with aids, e.g. making sure hearing aids are fitted and switched on for service users with hearing impairments
- Using appropriate language, e.g. acceptable terms with regards to race and culture

All other valid responses will be given credit

A health centre

Answers may address one of the following

- Staff engaging in training in anti-discriminatory practice, e.g. to help them understand the use of appropriate language when referring to different groups of service users
- Having a complaints policy to encourage service users to complain if they are discriminated against and dealing robustly with complaints if they happen
- Staff using whistle blowing procedures to report other staff who engage in discriminatory practices and managers dealing robustly with reports of discrimination against service users
- Managers supporting staff in anti-discriminatory practice, e.g. having forums for discussion for staff
- Managers supervising inexperienced staff to avoid discrimination occurring
- Managers setting a good example in own practice, e.g. not stereotyping, treating service users from diverse backgrounds with respect
- Managers challenging staff and service users when incidents of

discrimination occur and using disciplinary procedures with staff if it becomes necessary

- Managers making sure appropriate policies and procedures are in place to promote anti-discriminatory practice, e.g. complaints policy, whistle blowing policy
- Giving information to service users in suitable formats, e.g. large print for service users with visual impairments
- Taking care to be understood in interactions with patients with disabilities, e.g. using easily understood terms with patients with learning disabilities or making sure to face patients who lipread whilst talking
- Employing interpreters where necessary, e.g. when discussing the need for a hospital referral with a patient who has limited English
- Using appropriate language, e.g. acceptable terms with regards to race and culture

All other valid responses will be given credit

No repetition – a different example must be used for each setting
[1] for use of key phrase(s), [2] for full description of each example

Impact on service users

Answers may address one of the following

- Service users may feel empowered- that they have control over the situation
- Social health and well being may improve, e.g. making friends
- Service users' self-esteem may be high – they may feel good about themselves
- They will feel secure – happy and safe in the 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 may have good or improved physical health, e.g. as a result of sleeping and eating well
- Helps service users to develop understanding of and respect for people who are different to them
- Service users may gain a better understanding of their own condition in a health care setting
- Helps service users to develop trust in staff – may feel safe in the setting

All other valid responses will be given credit

No repetition – a different way service users can be affected positively must be used for each example

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

(6 × [2])

[12]

- (b)** Discuss how geographical location may have a positive impact on an individual's physical and social health and well-being. (AO1, AO2, AO3)

Physical health and well-being

Answers may address the following points

- People who live in areas with good transport may be more likely to

make GP appointments to enquire about their symptoms or go to the hospital for check ups so illnesses may be dealt with before a condition deteriorates

- Individuals who live in areas with good air quality or very little pollution may benefit physically as they are less prone to respiratory conditions
- Due to the postcode lottery, people in some areas may have better access to treatment, e.g. new cancer drugs
- People who live in urban areas may have better access to help in a medical emergency, e.g. an ambulance can get to them quickly from the local hospital
- People who live in urban areas may have better access to leisure facilities like gyms which can have a positive impact on fitness
- People may live in an area with good access to walking, e.g. near a city or country park which provides opportunities for exercise to improve fitness

All other valid points will be given credit

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

Social health and well-being

Answers may address the following points

- 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 who live in rural areas or small towns and villages may experience a sense of community and interact freely with the people they encounter day to day because they know them personally
- People who live in an urban area or in an area that is well served by public transport may have more opportunities to visit friends than people who live in isolated rural environments or areas poorly served by public transport

All other valid points will be given credit

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

(2 × [3])

[6]

- (c) Discuss how individuals can take responsibility for their own health and well-being through the lifestyle choices they make. (AO1, AO2, AO3)

Answers may address the following points:

- 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
- Establishing a good sleeping pattern
- Avoiding illegal drugs, e.g. smoking marijuana
- Avoiding smoking tobacco and also passive smoking

All other valid points will be given credit

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

Level 1 ([1]–[2])

Overall impression: basic

- Displays limited understanding of how individuals can take responsibility for their own health and well-being through their lifestyle choices
- There is limited discussion

Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate understanding of how individuals can take responsibility for their own health and well-being through their lifestyle choices
- There is adequate discussion

Level 3 ([5]–[6])

Overall impression: competent

- Displays very good understanding of how individuals can take responsibility for their own health and well-being through their lifestyle choices
- There is competent discussion [6]

AVAILABLE
MARKS

28

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

Answers may address three of the following points

- Produces policies on health that governments can share
- Sets international standards for food and pharmaceutical products
- Provides travel advice in terms of health risk across the world
- Sends emergency response teams of medical personnel to help deal with serious outbreaks of diseases, e.g. Ebola in West Africa
- Combats disease by organising vaccination programmes in developing countries
- Provides statistics on the spread of disease across the world, e.g. AIDS
- Coordinates health promotion activities globally, e.g. to combat obesity, to boost consumption of fruits and vegetables worldwide, or to discourage tobacco consumption
- Provides information on health risks globally, e.g. media releases on risk of avian influenza or tuberculosis
- 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
- Coordinates relief programmes when disasters occur, e.g. earthquakes
- Monitors the health status of developing countries
- Provides information on its website on a whole range of health topics that affect people all over the world, e.g. HIV and AIDS

All other valid points will be given credit

[1] for use of key phrase(s), [2] for full explanation
(3 × [2])

[6]

- (b)** Explain two different ways the Department of Health and 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. 'A Fitter Future for All' is an important 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 services across Northern Ireland, e.g. the budgets for health and social care trusts
- Set targets for health and social care services in Northern Ireland, e.g. waiting times in A&E and appointments with consultant
- Introduces laws to promote health and well-being, e.g. the smoking ban under Smoking (N.I. Order) 2006

All other valid points will be given credit

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

(2 × [2])

[4]

- (c)** Name one other statutory organisation with a role in health and well-being. (AO1)

Answers may address one of the following

- The Public Health Agency (PHA)
- A Health and Social Care Trust

All other valid responses will be given credit

(1 × [1])

[1]

- (d)** Discuss how each of the following types of private and commercial organisations can contribute to health and well-being. (AO1, AO2, AO3)

A drug company

Answers may address some of the following points

- Conducts research on new drug treatments, e.g. trials and tests new drugs, monitoring their efficacy and side effects
- Produces/manufactures drugs that can help people with a range of medical conditions
- Provides information for doctors on the safe use of the drugs and warns about side effects and contraindications

All other valid points will be given credit

An alternative practitioner

Answers may address some of the following points

- Provides treatments that can help people manage chronic conditions, e.g. back pain
- Provides treatments that complement conventional medical treatments such as drugs

AVAILABLE
MARKS

- Advises individuals on managing their condition, e.g. through lifestyle choices
- Provides treatments that are usually not available in the statutory sector, e.g. chiropractic treatment, massages, homeopathic treatments, acupuncture

Also accept answers which focus on one type of alternative practitioner
All other valid responses will be given credit

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

(2 × [3])

[6]

- (e) Analyse four ways voluntary organisations can contribute to the health and well-being of individuals. Use examples of voluntary organisations in your answer. (AO1, AO2, AO3, AO4)

Answers may address any four of the following

- Provide care services, e.g. respite for parents or day centres for older adults or adults with mental illnesses or learning disabilities or creches for children from disadvantaged backgrounds
- Source of education, e.g. help adults with learning disabilities to develop numeracy, literacy and other skills
- Provide information and advice, e.g. about benefit entitlement or information on educational support for parents of children with learning disabilities such as autism
- Provide advocacy, e.g. support an individual to access appropriate health care or to gain access to day care
- Provide support with day to day living, e.g. run a befriending scheme where volunteers go shopping or out for social activities with an individual with a learning disability or a mental illness
- Provide nursing care, e.g. at home or in a hospice for people with cancer
- Raise awareness of the needs of people with learning disabilities, e.g. run a campaign to encourage anti-discriminatory practice such as an anti-bullying campaign or to promote inclusion in the workforce
- Lobby government, e.g. try to persuade MPs to provide and finance better services or to improve legislation to prevent discriminatory practice against older people
- Conduct and publish research, e.g. on a medical condition such as heart disease or on the circumstances of groups like carers
- Run health promotion campaigns, e.g. to raise awareness of mental health problems
- Provide helplines, e.g. for people who are worried about a diagnosis of a particular condition
- Run support groups, e.g. for people wishing to give up smoking
- Provide emotional support, e.g. helpline/counselling
- Provide screening services, e.g. breast screening
- Provide transport, e.g. to hospital appointments
- Provide accommodation, e.g. hostels or supported living
- Provide opportunities for social activities, e.g. day trips, social outings
- Provide equipment, e.g. personal alarms for older people
- Provide practical or financial help, e.g. furniture, food, money for fuel
- Provide trips and holidays, e.g. for sick children and their families
- Provide complementary therapies, e.g. acupuncture, reflexology

AVAILABLE
MARKS

Examples of voluntary organisations that may be included:

- Marie Curie
- Age NI
- Action Cancer
- Praxis
- Mencap
- Samaritans
- Aware
- NSPCC
- The Stroke Association
- NI Chest Heart and Stroke
- Disability Action
- Gingerbread NI
- Niamh

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 how voluntary organisations can contribute to the health and well-being of individuals
- Answers may discuss only one way or lack examples
- 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 how voluntary organisations can contribute to the health and well-being of individuals
- There must be a discussion of at least two ways to achieve at this level and of at least three ways at the top of this level
- There must be some use of examples to achieve at this level
- 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 a competent knowledge of how voluntary organisations can contribute to the health and well-being of individuals
- There must be a discussion of four ways to achieve at this level
- Competent analysis
- Competent use of examples
- Quality of written communication is competent. The candidate

AVAILABLE
MARKS

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]

AVAILABLE
MARKS

29

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

Disease

Answers may address some of the following points

- Disease is a diagnostic label given to a set of signs and symptoms, e.g. Crohn's Disease
- 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 often long term and can be communicable or non communicable. It can result from injuries, accidents or infections

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

Mental illness

Answers may address some of the following points-

- A collective term for all diagnosable mental health problems that become "clinical," i.e. where professional intervention and treatment is required. Examples of mental illnesses include the major psychotic illnesses, such as endogenous depression, schizophrenia, and manic-depressive psychosis.
- Mental illness is the term used to describe behaviour which is generally regarded as abnormal and inexplicable within the expected patterns of behaviour associated with particular roles in society. Mental illness may be long term or short term.
- Mental illness can be characterized by behaviour which is abnormal – examples of mental illness include depression/manic depression, schizophrenia, dementia, phobias, obsessions. Many types of mental illness are treatable.
- Mental illness has been linked to chemical changes in the brain which produce abnormal and often undesired behaviour, e.g. violent mood swings, physical aggression

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

(2 × [2])

[4]

(b) Name a health promotion campaign you have studied, write down three of its objectives and explain three ways it attempted to get its message across. (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 which are measurable.

[1] for each objective identified up to a maximum of [3] marks

(3 × [1])

[3]

Ways the campaign attempted to get its message across.

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

(3 × [2])

[6]

AVAILABLE
MARKS

- (c) Describe the behaviour change approach to health promotion.
(AO1, AO2, AO3)

Answers may address the following

- This approach aims to encourage individuals to adopt healthier behaviours which are seen as the key to improved health. This approach views health as a property of individuals and assumes they can make real improvements by changes to lifestyle, e.g. the 5-a-day campaign to encourage greater consumption of fruit and vegetables

All other valid points will be given credit

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

(1 × [3])

[3]

- (d) Describe and evaluate the educational approach to health promotion.
(AO1, AO2, AO3, AO4)

Description

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]

Evaluation

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 like this way of getting new information, e.g. people in educational settings
- Information is well researched and evidenced therefore regarded as valid

Weaknesses

- Assumes target group can read as information is usually in written formats
- Individuals who have had negative experiences at school may not respond well to this approach – may feel they are being lectured at
- 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

AVAILABLE
MARKS

- Won't work if target group is not receptive to detailed information or are bored by it
- The way the information is given, e.g. detailed statistics, may be difficult to understand for some people
- Providing information may not be enough to change individuals' health behaviour

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 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 marks 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 is 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]

AVAILABLE
MARKS

- (e) Analyse the impact of social class on the physical, social and psychological health and well-being of individuals. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Answers may address the following points

Effects on **physical** health and well being

- Middle classes/social classes I and II have a longer life expectancy. A male from social class I lives on average seven years longer than a male from social class V. This is because they can afford a better diet and live in better conditions so are less likely to get illnesses.
- Middle classes/social classes I and II may be able to access specialist health services more quickly by paying privately or because they have been able to afford private health insurance – their illness/health problems are therefore dealt with more quickly
- Working classes/social classes IV and V have greater stress and are more prone to illnesses.
- Older people from working classes/social classes IV and V have a 3 to 4 times greater risk of having a physical dysfunction than older people from higher social classes.
- Breast cancer is shown to be more frequent in middle class women. This is probably because of delayed childbearing due to their careers, as this is a major risk factor. However middle class women are more likely to survive the disease, probably due to being able to afford better care and to better living standards.
- Working classes/social classes IV and V have poorer quality housing which can be associated with poor physical health, e.g. more likely to have chronic chest infections if living in damp conditions
- Children from lower class families are over three times more likely to be in poor health than children from middle class families.
- Infant mortality rates are higher in social class V. This may be because they live in poor housing or don't continue to go to health checks after the birth. This may be because they can't afford transport to get to the health checks.
- Working class people tend to smoke more; smoking causes more health problems like cancer and respiratory problems.
- Working class people 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
- Working class people often live in industrial areas that have levels of pollution that cause illness. In contrast the higher social classes can afford to live outside of built up areas where there is less pollution.
- Children from lower class families are at greater risk of death or injury from being hit by a motor vehicle than the children of middle class parents, who are more likely to be able to let their children play safely within sight or earshot in private gardens.
- The children of working class 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.

Effects on **social** health and well being

- Middle class people can afford more social activities, e.g. going out for dinner with friends
- Working classes/social classes IV and V may find it difficult to afford to

- socialise by going out or entertaining friends at home.
- Middle class people can afford leisure activities and hobbies which enable them to meet others, e.g. gym membership

Effects on **psychological** health and well being

- Middle classes/social classes I and II can afford to join clubs and take part in more leisure activities, which reduces stress and contributes to a sense of well-being. Working classes/social classes IV and V can't do this and may feel bored and stressed.
- Working classes/social classes IV and V are more prone to depression than higher social classes
- People from lower social classes may have low self esteem because they may feel they have not been as successful as people in middle class occupations- may feel excluded
- Middle classes/social classes I and II may be able to afford to get help with mental health problems, e.g. pay for counselling or CBT, meaning they may recover more quickly

Level 1 ([1]–[4])

Overall impression: basic

- Displays limited knowledge of the potential impact of social class on the health and well-being of individuals
- Answers may focus on only one aspect of health and well- being (physical, psychological or social)
- 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 potential impact of social class on the health and well-being of individuals
- There must be reference to at least two aspects of health and well- being (physical, psychological, social) to score at the top of this band
- 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 very good to excellent knowledge of the potential impact of social class on the health and well-being of individuals.
- There must be reference to all three aspects of health and well-being (physical, psychological, social) to score in this band
- There is competent analysis

AVAILABLE
MARKS

- 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]

TotalAVAILABLE
MARKS

43

100

