



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2016**

Health and Social Care

Assessment Unit AS 3

assessing

Unit 3: Health and Well-being

[A3H31]

FRIDAY 10 JUNE, 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) Define the following terms. (AO1)

Ill-health

Answers may address some of the following points:

- A state in which an individual is unable to function normally and without pain – can be physical or mental.
- Ill health may be about the presence of something negative like a disease or the absence of something positive like adequate nutrition.

All other valid responses will be given credit.

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

(1 × [2])

[2]

Stress

Answers may address some of the following points:

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

All other valid responses will be given credit.

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

(1 × [2])

[2]

(b) Other than causing stress, explain two ways Joanna’s ill-health may impact on her psychological well-being. (AO1, AO2)

Answers may address two of the following points:

- Joanna may feel unhappy and sad and in the longer term could become depressed.
- Joanna may feel lonely and isolated.
- Joanna could feel very anxious, worried and afraid.
- Joanna could develop a negative self concept and have low self esteem.
- Joanna may feel angry and confused.
- Joanna could feel emotionally insecure and vulnerable.
- Joanna may find inner strength to deal with illness and therefore have a positive self concept.
- Joanna may value her close relationships more and feel happy as a result.
- Joanna may feel that she is a burden on others, that she is putting pressure on her family.
- Joanna may feel loved and cared for by family and friends.
- Joanna may be determined to beat the illness and develop psychological resilience.
- Joanna may become more spiritual and this may be a source of emotional comfort.
- Joanna may feel disempowered, no control over what is happening to her.

All other valid responses will be given credit.

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

(2 × [2])

[4]

AVAILABLE
MARKS

- (c) Complete the table below by giving one example of each other type of need for Joanna and discussing how it could be met in the unit. (AO1, AO2, AO3)

AVAILABLE MARKS

Intellectual needs

One of the following examples may be used:

- Mental stimulation
- Knowledge needs

[1] mark

Discussion of how the need could be met in the unit must be clearly linked to the need identified, e.g. knowledge needs could be met by staff providing information about treatment in language she understands.

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

Emotional needs

One of the following examples may be used:

- A sense of security/stability.
- The need to feel respected/valued/sense of dignity.
- Spiritual/religious needs.
- A sense of control over one's life/autonomy/empowerment.
- Emotional support.
- Sense of belonging/feel cared for.
- Positive self-concept, esteem needs/to feel confident.

[1] mark

Discussion of how the need could be met in the unit must be clearly linked to the need identified, e.g. need for respect could be met by staff asking Joanna about how she feels about her treatments and listening to her opinions.

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

Social needs

One of the following examples may be used:

- The need for interaction with others.
- The need for friendships and relationships.

[1] mark

Discussion of how the need could be met in the unit must be clearly linked to the need identified, e.g. the need for friendships could be met by staff introducing Joanna to other patients or offering group counselling.

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

All other valid responses will be given credit.

(3 × [1])
(3 × [3])

[3]
[9]

- (d) Analyse the possible effects of Joanna's ill-health on her income, leisure activities and relationships. (AO1, AO2, AO3, AO4)

Answers may address the following points:

Impact on her income

- Joanna may have less income because she can't work and sick pay is usually much less than full pay.
- The source of her income may have to change – she may have to depend on benefits which can reduce income considerably or may get financial help from her family.
- Over the longer term Joanna's income may be drastically reduced– long-term dependency on state benefits may mean she experiences poverty.
- Her income may have to be used in different ways, e.g. she may have to pay for travel for hospital appointments which uses up her income or may decide to pay for holistic therapies for example. Also, being at home all day can be expensive, e.g. increased heating costs could eat into Joanna's income.

Impact on her leisure activities

- Joanna may not take part in leisure activities as often due to lack of energy or feeling less sociable due to the impact of her disease and the treatment.
- May have to give up some types of activities altogether due to the progression of her disease or the impact of her treatment, e.g. no longer able to play sport.
- May have to change the type of leisure activities she does/take up new leisure activities to suit her condition, e.g. not be able to take part in sport but could take an interest in music.
- May do more leisure activities due to having more time.

Impact on her relationships

- She may have fewer relationships than before if she has to stop work and leisure activities – she may also only want to see her closest friends/ fewer opportunities to meet new people and develop new relationships.
- Some relationships may be strengthened, e.g. family members may come and stay with her or close friends may help her as much as they can.
- May develop new relationships for example with others in similar situation and develop strong friendships.
- Her illness may mean she has less contact with her family because she may be unable to travel to see them as often.
- She may also have less contact with friends due to feeling too ill to see them.
- Relationships may become strained, e.g. she may push her family away or resent help people may give her.

All other valid responses will be given credit.

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

AVAILABLE
MARKS

Level 1 ([1]–[4])

Overall impression: basic

- Displays limited knowledge of how Joanna’s ill-health may impact on her income, leisure activities and relationships.
- Answers may analyse only one aspect (income, leisure activities or relationships) or list points on more than one aspect.
- 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 Joanna’s ill-health may impact on her income, leisure activities and relationships.
- There must be an analysis of at least two aspects to achieve at this level.
- Adequate analysis 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 Joanna’s ill-health may impact on her income, leisure activities and relationships.
- There must be an analysis of all three aspects to achieve at this level.
- 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

32

- 2 (a) (i) Write down the name of one health promotion campaign you have studied. (AO1)

Examples are campaigns addressing the following issues:

- Choose to protect yourself
- Be cancer aware
- Breast fed babies
- Choose to live better
- Enjoy healthy eating
- Flu aware NI
- Help Protect Yourself (cervical cancer)
- Know Your Limits
- Minding Your Head
- Sexual Health NI
- Want 2 Stop/things to do before you die (Smoking cessation)
- Folic acid/food fortification
- Obesity
- Mental health

All other valid examples will be given credit. [1]

- (ii) List two objectives of the campaign and discuss a different way each of them was addressed. (AO1, AO2, AO3)

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

(2 × [1]) [2]

Ways the objectives were addressed:

Answers may address one of the following points for each objective:

- 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

AVAILABLE
MARKS

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] for adequate discussion,
[3] for detailed discussion
(2 × [3])

[6]

- (b) (i)** Describe the social approach to health promotion. (AO1, AO2)

Answers may include the following points:

This approach acknowledges the importance of socio-economic conditions, e.g. housing and income as factors that influence health. It is a top down approach with policy makers and health planners taking the lead – examples are the government’s smoking ban, the legal requirement to cover cigarettes in shops, health promoting schools, banning of food additives.

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

[3]

- (ii)** Explain two strengths and two weaknesses of the social approach. (AO1, AO4)

Strengths

Answers may address any two of the following:

- Sets out clear rules and regulations so people don’t have to make decisions for themselves, e.g. smoking ban.
- Makes the desired behaviour more acceptable and makes it easier to challenge the damaging behaviour, e.g. the smoking ban gave individuals the back-up to challenge smokers to stop smoking in places that it can affect others.
- Can reach a large group – perhaps nearly everyone in the population if there is a change in the law, such as banning food additives.
- Making people change their behaviour will sometimes make them change their attitude as well, e.g. since the smoking ban, many smokers agree it is unacceptable to expose other people to passive smoking.
- Can be successful as people do not want to be seen as being different to everyone else in society or as engaging in socially unacceptable behaviour.
- Acknowledges the impact of socio-economic determinants on health behaviour, e.g. working classes more likely to smoke so recognises the government has a responsibility to take action.

[1] for key phrase/s, [2] for full explanation of two

Weakness

Answers may address any two of the following:

- People may not be happy about the decisions made for them, e.g. smokers unhappy they can’t smoke when having a drink in a bar or deciding what they should eat.
- People dislike idea of ‘nanny state’ telling them what they should and should not do or may feel targeted by the state.
- Needs a large scale approach which is expensive – many organisations have to become involved, e.g. the smoking ban

AVAILABLE
MARKS

involved not only a campaign to explain the new law, but the co-operation of businesses and enforcement by local councils.

[1] for key phrase/s, [2] for full explanation of two
(4 × [2])

[8]

- (c) Identify two examples of occupational hazards and explain a different way each could affect physical health. (AO1, AO2)

Any two examples may be used:

- Nurses and doctors/infections
- Transport workers/traffic accidents
- Laboratory workers/chemical burns.
- Fire officers/chemicals in the air.
- Demolition workers/asbestos.
- Shop workers/handling heavy goods.
- Kitchen workers/slips on wet floors.
- A and E staff, police officers/physical attack.
- Factory workers/noise.
- Farmers/machinery.

[1] mark each

All other valid examples will be given credit.

One effect on physical health

Answers may address two of the following – the effects must be clearly linked to the hazards identified:

- People who work with chemicals are exposed to many illnesses, including the potential for damage to the respiratory system. Some chemicals cause asthma or dermatitis. Other substances like uranium, chromium and nickel cause lung cancer.
- Asbestos can cause asbestosis, which is a scarring of the lung tissue which leads to poor circulation and breathing.
- People who work in construction, or even nurses, have to lift heavy loads, which can cause back pain and long term disability.
- There are many different accidents that can occur at work. Falling off ladders is an example, slipping on wet surfaces or tripping over objects left lying around can cause a whole range of injuries including bruises, back pain and broken bones.
- Physical abuse, e.g. paramedics being physically attacked while on emergency call outs can result in various injuries including bruises and cuts.
- Fires at work, for example in laboratories or in the explosives industry, can cause serious burns and respiratory problems.
- People who work in transport have a risk of being involved in road traffic accidents incurring a whole range of injuries including brain injuries.
- In factories, where workers are exposed to high levels of sound (noise pollution), deafness can result and their coordination and concentration can decrease. This also increases the chance of accidents and associated injuries.

All other valid examples will be given credit.

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

(2 × [1])

[2]

(2 × [2])

[4]

AVAILABLE
MARKS

- (d) Complete the table below to explain how the factors identified can have a positive effect on physical and social health and well-being. (AO1, AO2)

AVAILABLE MARKS

Exercise

Positive effects on physical health and well-being

Answers may address one of the following points:

- Exercise makes the heart stronger and larger so it can pump more blood around the body and can sustain its maximum level with less strain. This lowers risk of heart problems and improves circulation.
- Exercise reduces obesity and reduces risk of conditions like stroke and diabetes.
- Exercise builds bone strength and prevents osteoporosis.
- Exercise helps protect from developing cancers such as colon or breast cancer.
- Exercise can sometimes speed up recovery from a physical illness or condition.
- Exercise tones the body and improves muscle strength and fitness.

All other valid points will be given credit.

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

Positive effects on social health and well-being

Answers may address one of the following points:

- Exercise in team sports encourages relationships and co-operation with others.
- People who exercise often do so in a social context, e.g. at a dance or exercise class where they can develop friendships.
- People who are toned as a result of exercise may be more confident in social situations and therefore may make friends easily.

All other valid points will be given credit.

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

Culture and ethnicity

Positive effects on physical health and well-being

Answers may address one of the following points:

- Some cultures are less prone to alcohol-related illness and disease like liver problems, e.g. Muslims tend not to drink alcohol due to their religious beliefs.
- The diets of some ethnic groups are relatively healthy, e.g. some traditional Asian diets (for example Japanese) are high in vegetables and fish and low in fat, meaning reduced risk of CHD
- Some ethnic groups are less likely to smoke and therefore are less likely to suffer from lung cancer, e.g. mortality rates from lung cancer are lower than average amongst minorities from South Asia, the Caribbean and Africa.

All other valid points will be given credit.

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

Positive effects on social health and well-being

Answers may address one of the following points:

- There may be strong support networks for people in ethnic minorities because of a sense of belonging within their communities – this can lead to positive social health and well-being.

- Belonging to an ethnic minority may provide enhanced opportunities for social contacts, e.g. through meeting regularly for religious worship or community events.

All other valid points will be given credit.

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

Income

Positive effects on physical health and well-being

Answers may address one of the following points:

- People with higher incomes have a longer life expectancy. This is because they can afford a better diet and live in better conditions so are less likely to get illnesses.
- People with higher incomes may be able to access specialist health services more quickly by paying privately or because they have been able to afford private health insurance
- People with adequate or high incomes are less prone to stress and illnesses.
- Older people with high or adequate incomes are less at risk of having a physical dysfunction than older people who have financial problems.
- People on adequate or higher incomes usually have good quality housing which has a positive influence on health, e.g. less likely to have chronic chest infections than those living in damp conditions.
- Children from families on adequate or high incomes are much less likely to be in poor health than children from low income families.
- Infant mortality rates are lower in families with higher incomes.
- People who have adequate or higher incomes are likely to live longer – around seven years longer than people on low or inadequate incomes.
- People with higher incomes can afford to live outside of built up areas where there is less pollution and so are less prone to illnesses associated with pollution.
- Children from families with higher incomes are at less risk of death or injury from being hit by a motor vehicle as they are more likely to be able to play safely within sight or earshot of their parents in private gardens.
- The children of adults with higher incomes are less likely to be left to their own devices during school holidays and out of school hours, which means they are less vulnerable to accidents.
- People with higher incomes are able to afford services, e.g. gym membership which may reduce the risk of obesity and its associated conditions.

All other valid points will be given credit.

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

Positive effects on social health and well-being

Answers may address one of the following points:

- People on adequate or high incomes can afford more social activities, e.g. going out for dinner with friends.
- People on adequate or higher incomes can afford to be involved in sports and exercise, e.g. they have money for sports kit, travel to matches or tournaments, gym membership, golf club membership etc.
- People on higher incomes are more likely than less well off people to engage in social activities which are expensive, e.g. going to the theatre.

All other valid points will be given credit.

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

(6 × [2])

[12]

38

- 3 (a) (i) 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.
- Avoiding illegal drugs, e.g. smoking marijuana.
- Avoiding smoking tobacco and also passive smoking.

All other valid points will be given 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]

- (ii) Write down the two other ways individuals can take responsibility for their own health and well-being. (AO1)

The two ways are:

- Accessing health and social care services.
- Self advocacy.

(2 × [1])

[2]

- (b) Identify one voluntary organisation that contributes to health and well-being in Northern Ireland. (AO1)

Any one of the following:

- Marie Curie Cancer Care
- Age NI
- Mencap
- The Samaritans
- ASH
- Action Cancer

AVAILABLE
MARKS

- Praxis
 - Chest Heart and Stroke
- All other valid points will be given credit.

(1 × [1])

[1]

- (c) Discuss the contribution of each of these organisations to the health and well-being of the population. (AO1, AO2, AO3)

Answers may address the following points:

The Department of Health and Social Services and Public Safety (DHSSPSNI)

- Publishes and supports research, e.g. on the prevalence of autism in Northern Ireland
- Advises the sector on medical, nursing, dental, pharmaceutical, social work matters
- 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 meets 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.
- Sets targets for the delivery of health and social care services in N.I., e.g. ambulance waiting times
- Sets standards of care for example in children’s homes or other types of residential care.

The Public Health Agency (PHA)

- Runs health promotion campaigns for Northern Ireland, e.g. Choose to Live Better
- Provides health promotion materials to GP surgeries etc.
- Provides information through news bulletins on up-to-date issues relevant to the health of people in Northern Ireland, e.g. recent reports on carbon monoxide poisoning and how risks can be minimised.
- Supports research about health in Northern Ireland, e.g. on attitudes to breastfeeding in Northern Ireland.
- Produces leaflets relevant to the health and social care workforce in Northern Ireland, e.g. “Don’t Infect. Protect” gives health care workers information on hand washing.
- Publishes books giving health advice to the public, e.g. the “Pregnancy Book” which is given out to pregnant women by midwives.
- Informs the public about health and care services in Northern Ireland, e.g. gives the number for Lifeline on its website so people in distress can access someone to speak to immediately.

Health and Social Care Trusts

- Provide hospital services including acute medical and psychiatric hospitals.

AVAILABLE MARKS

- Provide GP services which includes care from a range of professionals, e.g. GPs, practice nurses, health visitors and midwives.
- Provide specialist professionals and services, e.g. consultant physicians, dieticians, psychiatrists, social workers and services such as rehabilitation, screening.
- Provide social services, e.g. family and childcare services like fostering and adoption, domiciliary care for older people, care homes and day centres.

All other valid responses will be given credit.

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

Level 1 ([1]–[3])

Overall impression: basic

- Displays limited knowledge of the contribution of the three organisations to the health and well-being of the population.
- Answers may discuss only one organisation or list points about more than one.
- 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 the three organisations to the health and well-being of the population.
- There must be a discussion of at least two organisations 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 ([7]–[9])

Overall impression: competent

- Displays competent knowledge of the three organisations to the health and well-being of the population.
- There must be a discussion of all three organisations 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. [9]

AVAILABLE
MARKS

- (d) Using a different example of discriminatory practice in a hospital ward, a day centre and a nursery school, analyse the potential impact of discrimination on the health and well-being of service users. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Three of the following examples may be used:

- Staff failing to provide information in a suitable format to service users or their parents with visual impairment or other sensory disabilities, e.g. sending a patient with a visual impairment home from hospital with aftercare instructions in a leaflet with small print that she cannot read.
- Staff failing to consult service users or their parents about dietary requirements based on religious beliefs, e.g. providing lunch in a day centre without considering whether there are any Jewish service users who may require Kosher meat.
- Staff failing to ask service users from minority religions about their specific spiritual needs or religious practices, e.g. not asking 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 service users or their parents the services of a translator if they do not understand what is being said, e.g. a hospital 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 service user put across his/her point of view.
- Verbal abuse such as discriminatory remarks like the use of inappropriate racial terms, e.g. a service user being referred to as a gypsy rather than a traveller.
- Staff failing to challenge discriminatory remarks by others, e.g. staff in a day centre failing to say anything to a service user who makes upsetting sexist or sectarian remarks to others.
- Staff deliberately ignoring or isolating service users, e.g. staff in a day centre 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 in a nursery school only having pictures of white people or nuclear families.

All other valid responses will be given credit.

Effect on physical well-being

- 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.
- May lose weight – drop in weight can occur as a result of above.
- May have problems with sleep patterns, e.g. lying awake worrying about what is happening.

Effect on social well-being

- Isolation and loneliness – separation from other service users.
- Not wanting to engage with staff or to make friends.
- May feel like an outcast – ostracised/alienated, preventing them from interacting with others.

Effect on emotional well-being

- 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.
- Feeling disempowered/no control over what is happening to them
- Feeling like a burden.

All other valid responses will be given credit.

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

Level 1 ([1]–[4])

Overall impression: basic

- Displays a limited knowledge of the impact of discriminatory practice on the health and well-being of service users.
- Answers where examples of discriminatory practice in health, social care and early years settings are missing or where the impact on service users is missing will not score beyond this level
- Limited analysis of impact.
- 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 impact of discriminatory practice on the health and well-being of service users.
- Example for each setting is adequate.
- Adequate analysis of impact.
- 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 impact of discriminatory practice on the health and well-being of service users.
- Example for each setting is clearly explained.
- Competent analysis of impact.
- 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
30
100

Total