

2011 Care

Higher – Paper 2

Finalised Marking Instructions

© Scottish Qualifications Authority 2011

The information in this publication may be reproduced to support SQA qualifications only on a non-commercial basis. If it is to be used for any other purposes written permission must be obtained from SQA's NQ Delivery: Exam Operations Team.

Where the publication includes materials from sources other than SQA (secondary copyright), this material should only be reproduced for the purposes of examination or assessment. If it needs to be reproduced for any other purpose it is the centre's responsibility to obtain the necessary copyright clearance. SQA's NQ Delivery: Exam Operations Team may be able to direct you to the secondary sources.

These Marking Instructions have been prepared by Examination Teams for use by SQA Appointed Markers when marking External Course Assessments. This publication must not be reproduced for commercial or trade purposes.

Section 3

Values and Principles in Care

- (a) Describe **two** types of non verbal communication that a care worker could use when working with a service user.

4 KU

Markers – candidates can only gain 1 mark if types of non-verbal communication are merely listed. Up to 3 KU marks can be awarded for each non-verbal communication.

Sample answers

Examples of non-verbal communication include eye contact, facial expression, proximity, posture, gesture and paralanguage.

Eye contact can play an important role in establishing and maintaining communication. By sitting or standing in a way that clear eye contact is established, the care worker can indicate non-verbally that they are wanting to communicate with a service user and are actively listening and interested in what is being said.

Facial expressions contain a substantial amount of information and can convey a person's emotions. Care workers can communicate their own emotions of concern, happiness or confusion through appropriate facial expressions without the need to use words, and can pay attention to the message being conveyed by facial expressions of the service user. This often gives a more congruent (honest) picture of what the person is really feeling.

Proximity. If the service user has a hearing impairment and can lip-read, the care worker would ensure that they are sitting/standing near enough to them, in a good light, where they can be seen easily and speak clearly, ensuring they don't cover their mouth when they speak.

- (b) 'Safety' and 'realising potential' are two of the principles which underpin the National Care Standards.

Describe these **two** principles and explain the way in which they could be demonstrated in a day centre for adults with learning disabilities.

2 KU
2 AE/App

*Markers – 1 KU mark for an appropriate description of each principle.
1 AE/App can be awarded for any relevant example of each principle linked to a day centre for adults with learning disabilities.*

Sample answer

Safety means that everyone has a right to feel safe and secure in all aspects of life, including health and wellbeing and being free from exploitation and abuse. Enjoying safety does not mean being over protected, but includes taking acceptable risks, once the level of risk has been assessed.

In a day centre for people with disabilities, this might involve the service user becoming involved in more challenging physical activities like canoeing or horse riding, after a suitable risk assessment has been carried out, or by planning to gradually extend the amount of independent travel they do.

Realising Potential means that a person is encouraged to achieve as much as it is possible for them to achieve and make the most of their lives. To realise potential a person needs information about resources and the opportunity to make full use of available resources. Barriers to realising potential include discrimination and lack of opportunity.

Care workers should talk with the person with learning disabilities (and their family, if appropriate) and develop a person centred plan that encourages the person to state their dreams and wishes, and then assist them to work towards achieving this and their potential, ensuring that any barriers are minimised or overcome.

Or any other valid answer.

- (c) There are three stages in Egan's Skilled Helper model.

Choose **one** of these stages to explain how a care worker would work with a person who has to lose weight for medical reasons.

2 KU
3 AE/App

Markers – KU and AE/App marks can be awarded holistically, but full KU marks can only be awarded if relevant terminology from Egan's models is used.

Sample answer

1. Explore. The current scenario is the stage where the helper (or care worker), enables the service user to explore their situation from their own frame of reference and then to focus on specific concerns. During this stage the carer finds out the service user's **story**. There may be parts of the story that the service user brushes over or ignores and the carer is alert to these '**blind spots**' and helps the service user to explore areas to expose all aspects of the situation. The carer also helps the service user to focus on issues that are of particular concern to the service user and to decide on priorities; that is, the issues in order of importance. **Leverage**.

A care worker could work with the person to get the person's story about why they have gained weight and whether they have tried to lose weight in the past. If they have attempted it before, they could try to identify the blind spots about why they have been unable to lose weight in the past and to look at reasons why they might find it difficult to succeed at the moment.

2. Understand. The preferred scenario is the stage where the helper (or care worker), helps the service user to understand and consider all the choices and **possibilities** available to them. The care worker helps the service user to imagine all the options and to consider the resources that are available to support them to make changes. The service user is employed through this process and a **change agenda** or plan is formulated. The care worker helps the service user to work through the implications of these potential changes and to formulate some goals. It is also necessary to check the commitment of the service user to achieving these goals.

A care worker could help the service user to look at what weight they wanted to be and what losing weight would enable them to do that they can't do at the moment, for example go to the play park with their children. They would look at what might happen if they don't take steps to lose weight, which must be affecting their physical health if the doctor has suggested that they need to make changes. They would discuss what a realistic target weight is and what timescale they would want to achieve it by.

3. Act. Formulating action strategies is the third stage of Egan's model. At this point the care worker helps the service user to look at ways of achieving the goals that they have set. **Possible actions** are considered and the advantages and disadvantages of these actions are evaluated. The service user begins to achieve a sense of the most appropriate action to take in their situation; that is to say the actions that are **best fitted** to achieving the desired goals. Once the service user has made these decisions a specific **plan** of action is formulated.

The care worker would discuss with the service user what combinations of reducing food intake and increasing exercise they would like to do. They might look at healthy eating options and joining a gym and seeing how any changes fits in with the person's income. They might look at no-cost options such as walking or reducing the amount of take away meals and snacks the person consumes. Each person will be different and the care worker would assist the service user to work out the most suitable plan for their circumstances and set small goals and deadlines by which to measure its success.

Or any other valid answer.

- (d) Describe **two** features of the Regulation of Care (Scotland) Act 2001 and explain how they promote the rights of service users.

2 KU
4 AE/App

Markers – Candidates can only gain 1 KU mark for merely listing the features. KU and AE/App marks can be awarded holistically. Maximum of 3 AE/App marks if the answer doesn't refer specifically to rights.

Sample answer

Key features of the Act

- Established a system of care regulation to promote high quality services appropriate to service users' needs.
- Established the Scottish Commission for the Regulation of Care 'The Commission'.
 - Publication of National Care Standards.
 - Registration of care services.
 - Inspection of care services against required national care standards.
 - Able to take action to enforce standards.
- Established the Scottish Social Services Council.
 - Publishes Codes of Practice for Social Service Workers and Employers.
 - Regulation of social service workers.
 - Promotes and regulates education and training of social service workers.

Every service user has the right to good quality care. Care services are inspected regularly, sometimes without any notice, so this means that all services should be working to an agreed standard and providing good care for service users.

Every service user has the right to be cared for by suitability trained and qualified workers. The SSSC is creating a register of care workers, so this means that most staff in care settings will have been trained to a certain level and be aware of health and safety issues, correct moving techniques and relevant legislation etc.

Or any other valid answer.

- (e) Describe the role of a multi disciplinary team and explain **one** advantage and **one** disadvantage of this way of supporting service users.

2 KU
4 AE/App

Sample answer

Multi-disciplinary teams involve a range of different workers (such as social worker, community based nurse, hospital-based nurse, speech therapist, dietician, occupational therapist and physiotherapist) working together and collaborating in the best interests of the service user. One person in the team usually takes the lead in managing the care planning process.

Advantage

- Working in co-operation with each other leads to effective communication and sharing of information between everyone involved in the support and care of an individual. When planning and implementing care it is decided who will do what, and when they will do it.
- A more holistic approach taken to the person's care, with each professional group contributing specific skills and experience to meet the specific needs of particular service users.
- It is a more effective use of resources and saves the service user from having to have lots of separate meetings with different people and re-telling their story time after time. Overlap in services should be reduced and gaps in service provision identified and addressed.

Disadvantages

- Working in a multi disciplinary team requires increased co-operation between care providers, including sharing of assessments, resources, communication of information and contribution to evaluation. One disadvantage of this is that if everyone in the team does not fulfil their role, co-operate with each other and share information fully, then the service user will be disadvantaged.
- One disadvantage could be if the service user does not have a named key-worker, they may be unsure who they should contact if they are unhappy or want to suggest a change to their care package.
- A disadvantage of working in a multi disciplinary team is that the workers come from different professional backgrounds and may have different opinions about the best way to care for a person. For instance a social worker, occupational therapist and community mental health nurse may have different views about the use of medication in the treatment of a person with depression.

Or any other valid answer.

Section 4

Integration: Psychology for Care and Sociology for Care

- (a) Using information from the “Psychology for Care” and “Sociology for Care” courses:

10 KU
8 AE/App

- (i) Evaluate the effectiveness of the Humanistic approach and Symbolic Interactionist theory when working with people experiencing mental health problems.

In your answer you should:

- describe key features of the Humanistic approach.
- describe key features of Symbolic Interactionist theory.
- discuss the **strengths** of each of these ways of working with people with mental health problems.
- discuss the **weaknesses** of each of these ways of working with people with mental health problems.

Markers – Candidates cannot be awarded more than 7 KU marks if they refer only to one theory.

KU marks may also be awarded for definitions or descriptions of other concepts used in their answer eg stigma and discrimination, or for reference to any other relevant humanistic or symbolic interactionist theorists.

AE marks are awarded for evaluation of the theories, not for comments in general about working with people with mental health problems. A maximum of 6 AE/App marks can be awarded if the candidate's answer does not refer to people with mental health problems.

Sample answer

Symbolic Interactionist theory: Key features

- The idea of self concept; significance of symbols and labels in social interaction; concept of “role-taking” individual as an influence on society.
- Symbolic Interactionist theory examines the significance of **individual actions** and small group interactions on the way in which society operates and develops.
- **Symbols** refer to the communication tools we use during interactions, for example language.
- An **interaction** is a two-way process that takes place in symbolic form and shared understanding is needed within these interactions
- **Feedback** is transmitted and received and can take the form of words, gestures or objects which convey meaning.
- **Labelling** involves attaching a label (or symbol) which helps us to interpret the communication.
- Labels can be very powerful in defining an individual's identity and can be perceived as positive or negative.
- Labelling can serve to strip people of their individual identity. In an interaction individuals might interact with a person on the basis of their ‘label’.
- A **self-fulfilling prophecy** can occur as a result of labelling. People conform to the expectations and the feedback they receive from others.
- Symbolic Interactionist theory highlights the way that individuals can **shape the societies** in which they live.

Humanistic Approach: Key features

Personal agency; holistic; phenomenological

- According to humanistic theories we, ourselves, are largely responsible for what happens to us.
- People have **free will** and the capacity to make decisions and choices and can change and adjust to circumstances, given the right conditions.
- People do not simply respond to environmental stimuli, as the behaviourist approach suggests: there is always a **choice** about how we can act and respond to a situation.
- There is a continuous **striving for growth**, dignity and self-determination.
- The humanistic approach understands that we are often limited, constrained and oppressed by the conditions we have to live under.
- The humanistic approach believes that the **actualising tendency** – the process of becoming all we can be – is the basic human drive.
- If conditions are harsh, the choice is very limited, but our instinctive drive motivates us to make the most of our situation.
- Every individual is unique and you can only understand their actions by looking at a **phenomenon (situation)** from their point of view.
- People have an awareness of self in relation to other people.
- To understand an individual you need to look **holistically** at all aspects of their life.
- Carl Rogers:
 - self-concept: self-esteem, ideal self and self-image
 - conditions of worth; locus of evaluation (internal and external)
 - core conditions Unconditional Positive Regard (Acceptance)
 - congruence (Genuineness) Empathy (Understanding).

Strengths of Humanistic Approach when working with person with mental health problems.

- Views people holistically, so it looks at all aspects of the person with mental health problems, not just their behaviour or childhood experiences.
- An individual with a mental health difficulty might develop a poor self-image and low self-esteem, which means that they are unable to fulfil their potential. Workers would use empathy to see the situation from the point of view of the person with mental health problems and help them understand their situation.
- Humanistic theory recognises that the person with mental health problems may come under pressure to fit in with the expectations of others leading to the development of an external locus of evaluation.
- Worker would know about offering unconditional positive regard to be acceptable of the person with mental health problems.

Weaknesses of Humanistic Approach when working with person with mental health problems.

- Humanistic way of working can be time consuming and move slowly, and some people may refer to work in a more focussed, goal oriented way.
- None of the key features of this approach are measurable, so workers would not be able to directly prove if a person with mental health problems had improved their self-image or raised their self-esteem.
- As it is a model of counselling, it may be difficult for people in day-to-day settings to demonstrate the core conditions fully.

Strengths of Social Interactionist theory when working with person with mental health problems.

- Workers would be aware of the power of negative labels surrounding mental health problems and therefore be careful not to label or stigmatise people.
- The use of labels within wider society means that a person's life chances are likely to be limited, because they are seen negatively the person may be disadvantaged, for example when applying for jobs and the worker can ensure that these types of barriers are addressed.

Weaknesses of Social Interactionist theory when working with person with mental health problems.

- The Symbolic Interactionist approach doesn't look at the wider structural causes of mental health problems, such as discrimination or poverty in the way that conflict theory would.

Or any other valid answer.

- (ii) In your opinion, when working in **any** care setting, is it more important for a worker to have knowledge and understanding of psychology or sociology? Explain your answer.

**2 KU
5 AE/App**

*Markers – Candidates who choose only to discuss either sociology or psychology can still gain full marks if their argument is valid and has enough detail. Candidates may also gain full marks if they argue that knowledge of **both** disciplines is important for a care worker. Candidates can gain full marks if their answer only refers to specific relevant theorists or approaches.*

Psychology

- Provides underpinning knowledge as to the reasons people might act in certain ways.
- Sees behaviour as part of a pattern or process which may be anticipated in advance.
- Provides care workers with a range of tools and strategies with which to respond to a situation.
- Is based on research evidence which is being constantly updated and responds to new situations.

Sociology

- Helps a care worker develop an objective awareness of some of the wider social influences that can impact on individuals receiving a care service.
- Recognises that individuals and groups can also shape the society in which they live and influence the way in which care services develop.
- Sociological thinking describes the relationship between private problems and public issues.
- Sociological thinking makes the distinction between common sense and sociological knowledge, focussing on the importance of understanding society rather than merely describing it.

Which is more important?

- Psychology is more important for a care worker because it helps them work more effectively with service users on a day to day basis. It provides detailed guidance about the reasons why people behave in the ways they do, and ways in which a care worker might respond to them as an individual, using at times quite detailed information about the stages they may be going through or ways of helping someone change some behaviour they are unhappy with. Psychology looks in detail at individual difference and enables care workers to understand each person as unique.

OR

- Sociology is more important to a care worker because it places the service user in context. It reminds the service user and staff that external conditions influence our behaviour and opportunities, and that although direct work with a service user enables a person to develop, changes at an organisational and structural level are essential for longer term change to occur. The person will find it difficult to move on from their circumstances if changes in the way society is organised doesn't also occur. Problems such as discrimination or poverty are not just an individual issue; they exist because of the way society is structured, so workers would know that there are a number of levels on which such issues might be tackled. The service user, worker or organisation might be motivated by this understanding to get involved in campaigning for change at a local, national or international level.

Or any other valid answer.

[END OF MARKING INSTRUCTIONS]