

2004 Care

Higher Paper 2

Finalised Marking Instructions

Care 2004 Higher Paper 2

Option 1 – Health promotion

The marker will use professional judgement in awarding marks for detail and relevance in explanations given.

Read the Case Study and answer the following questions.

A small group of college students have been watching a television series aimed at improving the health and fitness of celebrities. They have also seen a number of health promotion adverts on television. These adverts advise people to take more exercise, think about changing their diet and stop smoking in order to reduce heart disease. The television programme and the health promotion adverts have influenced the students. They have decided that they want to do something to improve their own health.

Recent discussion has made them aware that their college is an unhealthy environment. They have identified that there is a very limited choice of healthy food in the canteen. The healthy choices are also more expensive, with a baked potato and cheese costing twice as much as a plate of chips. The canteen is smoky and there are no additional facilities for eating packed lunches. Vending machines only stock fizzy drinks and chocolate bars. A growing number of students go to the local pub at lunchtime and some of them drink and drive. There also seems to be an increase in smoking and drug taking. Students are under considerable stress, many trying to work and study at the same time. The college gym is not available to students who want to improve their fitness as there is no staff member to supervise. The students want to carry out some research to find out if others in the college want the chance to improve their health. They are considering conducting a media campaign using the college magazine and by e-mailing all students.

The students have decided to form a TONIC (Trim Opportunities Now In College) club. Carlos has been voted as group leader. TONIC has come up with a number of ideas. For example, the police could be invited to give a talk about drugs and alcohol and also address problems of drinking and driving. A community nurse could be invited to give health checks. The health promotion unit could provide posters and leaflets for information. A petition asking for improved canteen facilities and access to the gym could be drawn up. Carlos could present the petition and information from the survey to college management and invite local councillors and members of the Scottish Parliament to the presentation. TONIC hope that their efforts will result in improved knowledge about health and behaviour change in the college population.

Option 1 - Health promotion

Question 1

Explain what is meant by the term 'Health Promotion'.

Health promotion is an activity that aims to enhance positive health and to prevent ill health. This is done through enabling people to make informed decisions about health choices. Health promotion can be carried out by a number of different people.

2 marks for a full explanation that includes the above information

1 mark is awarded if only one aspect of health promotion is explained ie

- *an activity that aims to prevent ill health*
- OR*
- *seeks to empower people to make positive health choices.*

2 marks

Question 2

Describe Tuckman's four stages of group formation.

- Forming People get together, and start to develop links and relationships. They might be unsure of their goals and objectives.
- Storming People may disagree about the path the group should follow. Several people may want to lead the group or challenge the leaders. During this stage people can argue and be disruptive.
- Norming The group begins to work together to become effective. The goals and objectives are clear and the group works towards these.
- Performing The group works together in an effective manner. They are successful in reaching their goals, are positive and highly motivated.

*1 mark is awarded for each stage accurately identified and described in the correct order
If order wrong max 3 marks*

4 marks

Question 3

(a) Give two reasons why conducting research is important when establishing a health promotion campaign.

- Research is required to gather information about student attitudes and behaviour. This is known as primary research. It provides information about aspects of health and will inform the health promotion activity.
- Research is also needed to evaluate any campaign. This allows the health promoter to measure how effective the activity or campaign has been in changing attitudes or behaviour to those that are aimed at improving health and preventing ill health.
- Examples should relate to the attitudes and behaviour of college students. Eg research should be aimed at finding out what people eat and why; if people drink and drive; if people smoke, take drugs, exercise or are stressed.

Must have supporting information

1 mark is awarded for each reason stated, with a supporting explanation.

2 marks

(b) Describe two research methods that TONIC could use to gather effective information

- Surveys – questionnaires
- Interviews – formal, structured, informal or semi-informal
- Observation – direct or participant

2 marks are awarded for each research method described

(1 mark for describing the research method and 1 mark for describing how it would be used by TONIC)

4 marks

(c) Explain one advantage and one disadvantage of the TONIC group using the mass media to promote health.

The mass media conveys simple information and it raises consciousness about health issues. It helps place health on the public agenda and can change behaviour if other enabling factors are present eg motivation. The advantage in the school campaign is that TONIC could very quickly let people know what was happening and give the maximum number of people possible the opportunity to become involved. The mass media however cannot convey complex information and it is ineffective in changing attitudes or beliefs without further information. The mass media cannot teach skills and on its own cannot bring about behaviour change. The disadvantage of the mass media is that it cannot address particular issues, for example someone who is experimenting with drugs may need more information to make an informed choice. The group would need to be aware that the mass media cover would require to be supported by a number of other activities and events in order to have an impact on attitudes and to motivate people to become involved.

2 marks are awarded for fully and accurately explaining one advantage

2 marks are awarded for fully and accurately explaining one disadvantage

4 marks

Question 4

Select two models of health promotion which could be applied by TONIC to promote a healthier approach to diet and exercise.

(a) Describe the two models which you have selected.

The medical model aims to present facts about disease and is demonstrates current knowledge from scientific research. It is often preventative in nature. This will provide information but will not empower or support individuals to make behaviour change. The approach might be seen to be paternalistic and negative in emphasis.

The education model encourages individuals to take responsibility for health. This model aims to provide information and explores values and attitudes in relation to health issues. The model presents a positive view of health and promotes self-esteem and autonomy in relation to health choices. There would need to be continued and sustained programme to bring about a real change in values and attitudes.

The political model recognised the wider socio-economic determinants of health in the student population eg students are not usually affluent so will select cheaper food options. Attitudes and values are not changed by this approach. It can be seen to be paternalistic.

The community development model would aim to empower the whole student community. This model would address issues related to the college environment and not simply look at individual behaviour making it an appropriate model to use.

The client-centred approach works with clients on their own terms. The model has limited usefulness as it depends on people identifying a health problem and initiating the interaction.

2 marks are awarded for an accurate description of the each model

4 marks

(b) Explain how each model could be applied to promote a healthier approach to diet and exercise at the college mentioned in the case study.

The medical model

The community nurse carrying out health checks could identify risk eg obesity or drinking more than the recommended weekly alcohol limits for men and women. The police officer could provide facts about drinking and driving and accidents. This will provide information but will not empower or support individuals to make behaviour change. The approach might be seen by students to be paternalistic and negative in emphasis eg don't drink and drive. This approach is useful as a means of presenting information to the whole student population but it would not address individual concerns and would be limited in bringing about behaviour change.

The education model

The community nurse and police officer could enable students to explore attitudes and values in relation to diet and exercise or alcohol and drugs. This would be an effective way of highlighting concerns and allowing students to gain confidence in exploring health beliefs and attitudes. The model is limited as students may only agree that change would be beneficial in the presence of the nurse or police officer (authority figures). There would need to be continued and sustained programme to bring about a real change in values and attitudes. There may also be some students who would be reluctant to participate in group activities.

The political model

TONIC would need to be aware of Government policy in relation to health eg 'Towards a Healthier Scotland'. Targets relating to healthy eating could be used to influence college management to support change to the college canteen and vending machine facilities. The disadvantage of using this model is that, although healthy choices may be available people may continue to choose unhealthy foods or continue to go to the pub.

The community development model

TONIC could survey students to find out if change is wanted and to ask what kind of facilities they would use eg would they use the college gym or eat salad. The medical and educational models are used to support this approach and so factual information and opportunities to explore issues would need to be included in any programme. This model would address issues related to the college environment and not simply look at individual behaviour making it an appropriate model to use. If there are no changes to the ability of students to access affordable healthy food options or exercise facilities then it is unlikely that health status will change.

The client-centred approach

A 'drop-in' facility for individuals with health concerns could be set up. A community worker or nurse could work with individuals on a one-to-one basis to discuss health issues. They would be encouraged to identify issues and make their own decisions about their health. As the problems at the college seem fairly extensive this approach could be costly and time consuming and ineffective in bringing about significant change to the health of the student population.

3 marks are awarded for each accurate explanation of each model

(1 mark for suggesting what would be done, 1 mark for suggesting who would be involved and 1 mark for stating what could be achieved by using the approach) **6 marks**

Question 5

Explain one point of knowledge and one skill that Carlos will need in his role as group leader.

Knowledge of:

- current health topics in relation to alcohol and safe levels, health eating and exercise and associated health benefits to persuade/encourage people to participate/change lifestyle
- current legislation and policy – drinking and driving; drugs and side effects, passive smoking issues – to reinforce and strengthen arguments for change/investment in health promotion
- factors influencing behaviour change – peer pressure, accessibility, cost
- national initiatives – government targets to reduce alcohol and tobacco consumption
- local (college) issues – availability of facilities, personnel, potential funding
- other professional agencies – partnership approach/healthy alliances
- mass media – topical issues; publicity.

Skills:

- leadership and group working skills – to include and motivate people, the ability to manage information time, quality and change – to identify aims/timescales and collect and distribute information and data and to implement and evaluate actions
- communication skills – to listen to other views and to present information clearly and in an appropriate format
- planning activity – to be able to assess the needs of the school community make plans, implement and evaluate these plans
- presentation skills – ability to present information using a variety of methods appropriate to the age and ability of the target group or individual.

*2 marks for one answer from the knowledge list (or another valid response)
with an explanation that is relevant to the case study.*

*2 marks for one answer from the skills list (or another valid response)
with an explanation that is relevant to the case study.*

4 marks

Option 2 - Interpersonal Skills

Read the Case Study and answer the following questions.

Seventy-eight year old Mrs Smith is moderately confused but is mobile, can dress, toilet and feed herself. Her daughter, Chloe was unable to visit the Residential Home before her mother's admission and is visiting her for the first time. Chloe arrived to visit her mother. After she rang the doorbell she was kept waiting for five minutes to get in as the door was locked.

Carer A opened the door said, "Sorry you had to wait. We're busy and have a lot of wanderers around so we lock the door when nobody is on the reception desk, that way nobody escapes. Who do you want see?" Carer A, who walked quickly in front of Chloe, led the way to her mother's room. On the way Chloe was able to look into some of the rooms. In one room two carers were helping an elderly lady out of bed and in another a man was being hoisted out of a bath. Carer A shouted to the client in the bathroom "Jimmy, you don't have any clean pants and pads left in your room so you'll have to go without till we get the laundry sorted out – and don't go sneaking whisky into your room again." She told Chloe that Jimmy had a bit of a problem with drink. When they arrived at Mrs Smith's room, Carer A opened the door and shouted to Carer B "Granny Smith's got a visitor", and left, leaving the room door open.

Carer B said to Chloe that she would finish dressing Mrs Smith and get her ready to go to the dining room for breakfast. Mrs Smith was protesting that she didn't want to wear the red skirt that Carer B had chosen for her. She wanted to wear a black skirt. Carer B said that the red skirt was better because it had an elastic waistband. "That's easier for you older folks to get on and off". Mrs Smith was agitated and was saying she wanted to go home. Carer B was behind Mrs Smith fastening an apron. She continued to tie the apron and told her in a firm voice not to "be silly" that she would be fine. She shook her head and said to Chloe, "Ignore her, she'll be fine, they often get like this when they're new but she'll soon settle in. They're so confused they could be anywhere." Carer B finished dressing Mrs Smith quickly and said to Chloe, "Help granny put her slippers so I can take her to the dining room, as breakfast has been ready for over an hour".

Chloe was disappointed that she had no time or privacy to talk to her mother. After the visit, Chloe is concerned about the wellbeing of her mother and arranges with her local social worker to identify important features of an alternative care plan.

Question 1

In the Case study Carer A and Carer B are not demonstrating care values in their work.

(a) Describe four key elements of the value base in care.

- acknowledge rights and choices appropriate to the age and needs of the user
- acknowledge individuals personal beliefs and identity
- maintain confidentiality
- demonstrate anti-discriminatory practice.

1 mark for each element accurately described.

Each element described must be distinctly different and full marks should not be given to answers that overlap.

If elements listed but not described 1 for 2 listed

4 marks

(b) Give two examples from the Case Study to illustrate how these carers fail to demonstrate care values in their work

Carer A and B fail to demonstrate these values in their work as they:

Lock front doors, don't offer choices eg clothes, opportunity to dress self, speaking about client and not to client, stereotyping 'they' 'elastic waistbands easier for old folks', don't acknowledging feelings, don't provide privacy, disclose information about Mr Jones' incontinence and Mrs Small's insulin.

2 marks for each different example illustrating failure to demonstrate a care value

Two different examples relating to two different care values must be illustrated for a full four marks.

4 marks

Question 2

In the Case study Carers A and B require to develop caring attributes and interpersonal skills.

- (a) Describe one attribute that Carer A could develop and explain how this may improve care in the Residential Home.

4 marks

- (b) Describe one interpersonal skill that Carer B could develop and explain how this may improve care in the Residential Home.

4marks

For questions 2 (a) and 2 (b) one attribute and one skill may be selected from the following.

Acceptance (being non-judgemental and maintaining sense of worth).

Carers need to show acceptance so that Mrs MacAndrew retains a sense of worth. She will maintain self-esteem by being offered choice, being listened to and having feelings acknowledged and respected. eg not being told don't "be silly"

Empathy

Developing empathy would allow Carer A and B to understand issues from Mrs MacAndrew's point of view. This would allow them to be sensitive to hers feelings and needs. eg the anxiety that may be associated with change.

Reliability

Reliability is needed to develop a trusting relationship where the service user feels secure. Examples of poor practice are seen in the response to the resident needing insulin and the state of the toilet.

Flexibility

Flexibility is needed to show that Carers and services are available to support Mrs MacAndrew in maintaining her independence eg allowing her to dress herself even if it takes longer.

Respect for others

Respect for others is needed to demonstrate their value as individuals and that their opinions have worth. They should avoid stereotyping and empower those in their care to maintain individuality eg wear the skirt of choice.

Confidentiality

Carers should know that they are legally required to adhere to a policy of confidentiality. Residents should be able to trust staff with information and know that that they will be held accountable if they disclose information without permission.

Skills may include:

Verbal and non verbal communication

Effective communication could empower residents eg being aware of the importance of words and non-verbal communication. Active Listening and developing empathy will build up positive relationships.

Empathy

Empathy can be seen as quality or attribute but it is also a counselling skill and a component part of the helping process. Developing empathy will allow Carers to gain insight into other's personal world. This would be done through asking open-ended questions and exploring feelings. They would begin to understand issues from another point of view.

Group working skills

Group working skills would be used eg in 'The Good Old Days' concert and discussion. This would enable residents to mix and to reminisce and would stimulate social and cognitive functioning.

Motivating skills

Carers should recognise and try to maintain and improve any ability to manage self-care or other tasks. Motivating skills would include providing praise and encouragement. Residents would be more confident about trying to do things that maintain independence.

1 mark for correctly describing one attribute and 3 marks for giving a relevant and detailed explanation to show how this would improve practice.

1 mark for correctly describing one skill and 3 marks for giving a relevant and detailed explanation to show how this would improve practice.

Question 3

It is clear at the end of the case study that Mrs Smith requires an assessment of her needs.

(a) Describe one assessment model that could be used in assessing Mrs Smith's needs.

Models of assessing needs:

- Physical, intellectual/cognitive, emotional and social needs (cultural, spiritual, sexual) (PIES)
- Needs as normative, felt, expressed and comparative (Bradshaw 1972)
- Physical, relationship, organisational, communication, cultural, cognitive, emotional, social and spiritual needs (PROCCCESS)
- Maslow's Hierarchy of Needs
- Activities of daily living
- With the involvement of the service user and significant others
- Rogers and Egan not assessment model

1 mark for correctly identifying the model

2 mark for a detailed description

1 mark for referring to the involvement of the service user and other significant people in the process.

4 marks

(b) Identify two assessment tools and describe how each tool could be used in assessing Mrs Smith's needs.

Assessment tools can include meetings, forms, checklists, observation, questions, diaries and scrapbooks.

Care plan not accepted as tool but able to get marks for relating and describing

2 mark for identifying two of the above tools

2 marks for describing how these can be used to assess needs

2 marks for relating this to Mrs Smith and specific needs

6 marks

Question 4

Name one piece of legislation and explain how this piece of legislation can be used to support service users.

Any relevant piece of legislation may be used including:

- Chronically Sick and Disabled Persons Acts 1970,1972,1976 and 1986
- Mental Health (Scotland) Act 1984
- Access to Medical Reports Act 1988 and Access to Health Records Act 1990
- NHS and Community Care Act (1990)
- Disability Discrimination Act 1995
- Children (Scotland) Act 1995
- The Carers (Recognition of Service) Act 1996
- Data Protection Act (1998)
- Regulation of Care (Scotland) Act 2001

The selected piece of legislation should be accurately described.

1 mark for accuracy in naming the legislation (date not required)

1 marks for an accurate outline of the legislation

2 marks for an explanation of this can be used to support service users

4 marks

[END OF MARKING INSTRUCTIONS]