

2004 Care

Intermediate 2

Finalised Marking Instructions

Care Intermediate 2 2004

Marking Instructions

1. **Answers do not have to contain the actual wording suggested here but should convey a general understanding of the different strands of development.**
 - (a) **Physical** –The way in which the body increases in size eg height and weight and its ability to perform tasks and activities 2
 - (b) **Cognitive** – The development of an individual's thinking systems linked to problem solving and reasoning 2
 - (c) **Emotional development age 3-5**
Identify correct emotional development
 - expressing emotions
 - feeling independent
 - understanding limits
 - learning about appropriate behaviour and its consequences 2
 - (d) **1 mark for each correct example**
Emotional development in adolescents
 - issues related to separation and independence 1
 - issues related to sexuality 1
 - (e) **Physical development in older adults**
 - gradual deterioration of abilities
 - maintaining physical fitness 1
2. **1 mark for each of the 2 strands identified.**

Cognitive
Making sense of the world:
 - abstract learning

Emotional
Developing a sense of self:
 - issues related to separation and independence
 - issues related to sexuality

Social
Moving outwards from the family:
 - parents
 - peer group
 - friendships based on sexual attraction
 - conforming and being independent

2 marks for linking the two strands appropriately. 4

3. (a) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of socialisation.**

Socialisation

The lifelong process by which individuals learn about themselves, others and the world around them.

It plays an important role in how our attitudes, beliefs and values are developed and personalities formed and shaped.

2

- (b) **1 mark for each agent identified (max 3)**

- family
- education
- work
- religion
- mass media
- peer group

3

- (c) **2 marks for each role correctly identified in relation to each agent identified in 3(b)**

Family

- how to behave appropriately
- how to relate to other people
- how to eat and drink etc in ways which are socially and culturally acceptable

Education

- promotes learning in relation to appropriate conduct in society
- appropriate behaviour towards people with different degrees of status and authority

Work

- appropriate behaviours and attitudes of the various work roles
- conformity to the beliefs, aims and regulations of the workplace in order to maintain their role

Religion

- teachings about morality
- the place of men and women in society, marriage society
- a set of beliefs and practices

Mass media

- fill in where other experiences stop
- mediates between the real world and what we think of as the real world

Peer group

- learn different roles
- identify with the norms and values of the group

6

4. (a) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of the link between stereotyping and discrimination.**

Attitudes

- father objected to Bruce playing with kitchen because he is stereotyping the behaviour as being appropriate to girls
- girls play with kitchens/boys play football
- 'real' men don't cook or do 'women's' work

Unfair treatment based on prejudice

- his father stopped Bruce from playing with the kitchen
- Bruce did not get what he wanted for Christmas because of his father's discrimination
- Bruce got a football strip because his father wanted him to behave like a 'normal' boy

6

(b) **Attitudes**

- social norms have changed eg many famous chefs are men
- gender roles less defined within our society
- peer groups/family/friends – are also being socialised into different behaviour norms and have influence
- Bruce and his friends – are influenced by other agents of socialisation and bring a different perspective into the home

4

(c) **Mass media**

- has much more influence on attitudes
- has a wider audience reach
- has changed in its attitude to gender roles

2

5. (a) **Discrimination (Any of the following two points).**
- Jenny was invited to join but not her group
 - The health club do not want members of the day centre to join
 - members 'expected a certain standard'
 - 'there are places more suitable for those people'
- 2

- (b) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of stereotyping.**
- the club have applied a set of presumed attitudes about a group who attend the day centre
 - without making any effort to get to know what the individual people attending the day centre are really like
- 2

- (c) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of the term institutionalisation.**
- Institutionalisation**
- When people become accustomed to the same routine and are familiar with the daily tasks which are carried out for them. They find it difficult to carry out any new tasks themselves and for this reason may be resistant to any changes in their daily routine.
- 2

- (d) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of how to counteract institutionalisation.**
- 2 marks for each description of how institutionalisation can be counteracted.**
- Counteract Institutionalisation**
- variation of the activities offered by the day centre
 - including clients decision making
 - encouraging clients to integrate with the wider community by participating in activities outwith the centre
 - promoting independence in daily tasks
- 4

- (e) **2 marks for each change of behaviour.**
- Affects of Institutionalisation on behaviour**
- individuals can find it difficult to make decisions
 - become dependant on the routine and those who enforce it
 - loss of confidence
 - loss of self esteem
 - loss of skills for independent living
- 4

50

End of Section A

SECTION B

UNDERSTANDING CARE SKILLS

6. (a) 1 mark for identifying a personal quality related to the case study.

Personal Quality

- sensitivity
- discretion
- dependability
- readiness to learn
- self-awareness
- flexibility
- patience
- empathy

How it will help – 2 marks for a satisfactory link with personal quality selected and the case study.

3

- (b) 1 mark for identifying a personal quality related to the case study.

Personal Quality

- sensitivity
- discretion
- dependability
- readiness to learn
- self-awareness
- flexibility
- patience
- empathy

How it will help – 2 marks for a satisfactory link with personal quality selected and the case study.

3

7. (a) 2 marks for physical need linked to case study.
2 marks for emotional need linked to case study.

Physical Need

- increase mobility
- increase movement in joints
- maintaining/improving physical fitness

Emotional Need

- adaptation to loss of wife
- forming new relationships

4

- (b) 2 marks for each potential barrier identified (max 4)

Communication Barriers

- language differences
- cultural differences
- sensory impairment/effects of illness and distress
- environmental problems

4

(c) 1 mark for each core value identified (max 2)

Core care values demonstrated

- treating Mohammad as an individual
- respecting his rights, beliefs and choices
- maintaining confidentiality
- anti-discriminatory practice

2

8. **(a) Answers do not have to contain the actual wording suggested here but should convey a general understanding of confidentiality in a care context.**

Maintaining confidentiality

- Confidentiality is maintaining the right to privacy of information. It is an ethical obligation of the care worker and is necessary in order that the service user will trust and confide in the worker

3

- (b) Answers do not have to contain the actual wording suggested here but should convey a general understanding of confidentiality in a care context.**

- Confidentiality cannot be equated with secrecy. It is about the appropriateness of sharing, transmitting or storing information about a service user where a number of competing factors may influence decisions about the information usage

2

9. **Answers do not have to contain the actual wording suggested here but should convey a general understanding of two interpersonal skills required by a care worker.**

2 marks for each interpersonal skill identified. (max 4)

Actively listen –The worker could actively listen to the service user by really concentrating when the service user expresses concerns about their situation. The care worker could encourage the service user by the appropriate use of body language, nodding and checking that they have understood what the service user has said.

Interpreting non-verbal communication from the service user especially when the service user is depressed or angry. Their body posture, facial expressions, tone of voice and gestures will all give clues to the way the service user is feeling.

Care worker could ask open questions to allow the service user to explain what its like to be in their situation.

Show empathy by trying to put her/himself in the service users place and really understand what it must be like to be the service user. The care worker could make a conscious effort both to understand and then try to convey the understanding back to the service user.

Working as part of a team – The care worker needs to be able to trust other members of the team and communicate with them effectively.

Team work is required in a variety of situations:

- undertaking practical tasks
- taking part in case conferences
- taking part in staff meetings
- sharing information with other staff on an informal basis
- listening and helping colleagues
- talking over ideas and suggestions with colleagues.

4

25

[END OF SECTION B]

SECTION C

SOCIAL INFLUENCES ON HEALTH

10. (a) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of how diet can have a negative effect on coronary heart disease.**

Effect of diet on coronary heart disease

- a high fat diet causes a build up of fatty material in the artery walls. Eventually this build up causes narrowing of the artery which reduces the oxygen supply to the heart. This blockage causes coronary heart disease
- high salt intake causes an increase in blood pressure, which in turn places additional stress on the heart. This has a negative effect on individuals living with coronary heart disease
- high calorie intake causes obesity. The additional weight causes stress on the heart, which has to beat faster in order to pump blood round the increased body size. This has a negative effect on individuals living with coronary heart disease

2

- (b) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of how exercise can have a positive effect on coronary heart disease.**

Effect of exercise on coronary heart disease

- increases cardio-vascular output which increase the circulation of oxygen to organs and tissues and the removal of carbon dioxide
- reduces blood pressure and pulse, resulting in a more efficient circulation of blood
- helps in weight control/reduction by reducing stored excess fat
- replaces fat with muscle and tones the body muscle including heart muscle

2

- (c) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of the measures an individual can take to reduce the risk of coronary heart disease.**

Steps to reduce the risk of coronary heart disease

- Stop smoking/do not smoke tobacco
- Weight control
- Low fat diet
- Regular exercise

One mark per measure, maximum of 3

3

11. **Answers do not have to contain the actual wording suggested here but should convey a general understanding of the social factors that could have contributed to the increase in life expectancy.**

1 mark for each social factor (max 2)

2 marks for the contribution the social factor has made (max 4)

Socio-economics factors

- improved diet
- housing
- community
- working conditions

Cultural Issues

- access to health care

Education

- availability of nursery through to higher education for all increases life chances

Health promotion

- prevention of illness and disease rather than cure

Individual control

- self-esteem
- choice
- improved communication with health professionals
- anti-discriminatory practice

Individual perception

- higher expectations of health
- knowledge of individual right and ability to access health services

6

12. (a) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of how the environment can affect mental health.**

Poverty

- the stress of daily living in deprivation

Housing

- living in poor housing stock
- overcrowding

Community

- lack of contact with neighbours
- friends and family
- living with an anti-social environment – drugs and violence etc

Discrimination

- your postal code dictates the treatment you receive eg access to health services, attitude of service providers

Unemployment

- the lack of employment opportunities

Work conditions

- low paid
- repetitive work

2

- (b) **Answers do not have to contain the actual wording suggested here but should convey a general understanding of how poverty can affect physical health.**

Diet

- lack of fresh fruit and vegetables
- food high in fat and carbohydrates
- convenience foods

Housing

- poor housing stock – dampness
- areas of high deprivation – lack of resources

Environment

- living in an anti-social environment – stay at home
- lack of exercise
- more likely to adopt unhealthy lifestyle – smoking etc

Employment

- may be unemployed – benefits do not finance a healthy lifestyle
- low paid, high risk

Education

- does not have the knowledge or expertise to follow a healthy lifestyle

2

13. 1 mark for policy or charter identified which might improve health care.

Policies or charters relating to health care

- Patient's Charter
- Citizen's Charter
- Community Health Council
- Community Care Policy
- GP Contract

1

**2 marks for each improvement explained which might improve health care.
(max 4)**

Patient's Charter/Citizen's Charter

- respect for a clients need for privacy and dignity, including their religious and cultural beliefs
- access to services – arrangements to ensure that everyone can use services
- information – to relatives and friends with regard to treatment
- waiting times – for ambulance service; for initial assessment in Accident and Emergency services; waiting at an outpatients clinic
- dates for operations – information with regard to the arrangements or cancellations of operations and a review of procedures
- named nurse, midwife or health visitor – aftercare should be co-ordinated

Community Health Council

- an independent body which monitors the services commissioned by health authorities
- it represents the views of health service clients, patients and service users

Community Care Policy

- services which provide care in a person's home (domiciliary care)
- may enable a person to carry on their daily routine within the comfort of their own home with the support of the following
 - family support services
 - home help support
 - community psychiatric nurses
 - health visitors
 - social workers
 - general practitioners (GP's)
 - day care
 - meals on wheels
 - Macmillan nurses
 - respite care
 - occupational therapists etc

GP Contract

Allows contact with a doctor who is qualified and registered to work within a surgery practice or health authority health centre within the individuals catchment area.

4

14. 1 mark for each of the three core values relating to care identified. (max 3)

Core values related to health

- respecting self worth
- promoting self determination
- facilitating self empowerment
- enabling informed choice/consent
- ensuring privacy
- maintaining confidentiality
- obtaining information relating to self

3

25

[END OF SECTION D]

[END OF MARKING INSTRUCTIONS]