

**2005 Care**

**Higher Paper 2**

**Finalised Marking Instructions**

**These Marking Instructions have been prepared by Examination Teams for use by SQA Appointed Markers when marking External Course Assessments.**

## Care 2005 Higher Paper 2

### Option 1 – Health Promotion

Answer ALL questions in this option.

Read the following extract which has been adapted from information on the Alcohol Focus Scotland Website and then answer the questions that follow.

#### Sobering Statistics relating to Young People and Alcohol

“We are constantly being told how much more young people in Scotland are drinking – underage drinking is increasing, binge drinking is increasing, more children are drinking and admissions to Accident and Emergency are increasing etc.

This upward trend in young people’s drinking is a big problem and the Scottish Executive have chosen young people as one of their main target groups in the Plan for Action on Alcohol Problems.

Many people think that experimentation with alcohol is just a natural part of growing up. While this is undoubtedly the case in Scottish culture the problems are getting worse - in 2000 there were 1,428 emergency admissions of young people aged 10 – 19 with acute intoxication.

The commonest place of purchase of alcohol by children in Scotland (aged 12-15) was the off-licence, mentioned by 16% of drinkers, followed by a shop or supermarket (14%). One in five of children aged 12-15 are buying alcohol directly from a friend or relative.

Much remains to be done if we are to reduce the levels of drinking and alcohol problems in young people.”

Source: Alcohol Focus Scotland

## Question 1

Explain **one** advantage and **one** disadvantage of using the political model to respond to the issue of young people and alcohol.

(6 marks)

One mark is given for an accurate identification of one advantage

1 mark

eg

- The political model recognises the wider socio-economic determinants of health.
- The approach can be seen to be democratic.

Two marks are given for the explanation of one advantage.

2 marks

For two marks the answer must relate to the issue of alcohol and young people:

eg

**The political model recognises the wider socio-economic determinants of health.**

- Young people may drink because alcohol is easily available and affordable so legislation might be needed to reduce availability.
- Advertising and packaging by producers may appeal to certain groups so legislation may be needed to restrict this influence.
- Fining retailers might reduce availability.

**The approach can be seen to be democratic**

- People may vote/put pressure on Government to protect the health and welfare of young people in relation to alcohol.

One mark is given for an accurate identification of one disadvantage

1 mark

eg

- The approach can be seen to be paternalistic and it forces a change in behaviour.
- Attitudes towards alcohol may not change young people may simply break the law.

Two marks are given for the explanation of one disadvantage.

2 marks

For two marks the answer must relate to the issue of alcohol and young people

eg

**The approach can be seen to be paternalistic and forces a change in behaviour.**

- Young people don't make the informed choice about alcohol for themselves.

**Attitudes towards alcohol may not change**

or

**The law may be difficult to enforce**

- Young people under 18 years of age may simply break the law and continue to buy and consume alcohol.

## Question 2

Describe **one** other health promotion model. Explain how this could be used to change the drinking behaviour of young people as described in the case study. **(4 marks)**

Two marks are awarded for correctly identifying and briefly describing **one** other model – only one of the points listed below needs to be made in relation to the stated model: 2 marks

### **The medical model**

- Aims to present facts about disease and it demonstrates current knowledge from scientific research.
- It is often preventative in nature.

### **The education model**

- Encourages individuals to take responsibility for health.
- 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.

### **The community development model**

- Aims to empower the whole student community.
- 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 local environment and not simply look at individual behaviour.

### **The client-centred approach**

- Works with clients on their own terms.
- The model depends on people identifying a problem and initiating the interaction.

Two marks are awarded for any of the following points showing the application of the model to help change the behaviour of young people and alcohol.

2 marks

**The medical model** could be used:

- to identify risk – calculating alcohol consumption
- gather and present statistical information eg about the number of emergency admissions for young people for acute intoxication
- informing young people about the effects of alcohol on the body.

**The education model** could be used:

- to explore attitudes and values of young people in relation to alcohol
- to promote autonomy and self-esteem in relation to choices – giving young people the confidence to refuse alcohol.

**The community development model** could be used:

- to survey young people to find out why they drink alcohol
- to find out if change is wanted and to ask what kind of facilities are needed
- to empower young people to initiate change in their own community.

**The client-centred approach** could be used:

- to work with individual young people on their own terms to identify issues relating to their behaviour in relation to alcohol
- to work with individual young people to help them make their own decisions about their alcohol consumption.

### Question 3

- (a) Explain **two** barriers to effective communication that could exist between a health promoter and young people. **(4 marks)**

One mark for each barrier identified:

2 marks

- social and cultural differences
- negative attitudes of young people to health promoter
- limited understanding and memory
- use of jargon
- contradictory messages from peers, family and health promoter
- mechanical barriers, lack of privacy, noise, poor environment
- negative body language

Two marks for an explanation that relates to young people and health promotion:

2 marks

- social and cultural differences eg different values and beliefs (about the dangers of alcohol), accent or language (identification with the speaker/ perception of speaker as someone young people can relate to) speaker not knowing what young people drink ('out of touch' with the issue)
- negative attitudes of young people to health promoter e.g. previous bad experiences (unable to trust/speak out) seeing the health promoter drinking alcohol/getting drunk
- use of jargon – using technical language and not using/knowing the language young people use to describe their behaviour in relation to alcohol
- contradictory messages from peers, family and health promoter – young people getting 'vodka shots' and 'bacardi breezers' from parents
- mechanical barriers, lack of privacy, noise, poor environment – young people not being able to concentrate, hear what is said about alcohol.

- (b) Identify **two** actions the health promoter could take to overcome these barriers. **(2 marks)**

Two marks should be awarded for identifying two appropriate actions. These may include:

2 marks

- finding out more about youth culture
- being honest with young people – not condescending or hypocritical
- avoiding technical jargon and being familiar with colloquialisms
- acknowledging difficulties caused by peer pressures, family expectations.
- investigating and finding out about the suitability of presentation materials/ venue
- creating a suitable environment/interesting presentation.

Other valid answers may be accepted

#### Question 4

A number of health promotion teams are working at local level to reduce the alcohol problems in young people. The teams have visited schools and community centres and have carried out a media campaign.

(a) In relation to this campaign describe **one** method of collecting:

(i) quantitative data;

(ii) qualitative data.

**(4 marks)**

Two marks should be awarded for identifying an appropriate method for the collection of quantitative data:

2 marks

- surveys – questionnaires using closed questions
- interviews – formal, structured
- observation – to observe how many times a certain behaviour occurs.

The answer must refer to the method as appropriate for gathering numerical data eg about numbers of young people being admitted to hospital for alcohol related conditions.

Two marks should be awarded for identifying an appropriate method for the collection of qualitative data:

2 marks

- surveys using open questions to explore attitudes and feelings relating to young people and alcohol
- interviews – informal or semi-formal to explore attitudes and feelings relating to young people and alcohol
- observation – direct or participant to study attitudes and behaviour eg groups or in a variety of environments.

Please note that the candidate may identify the same method as an appropriate method of collecting both quantitative and qualitative data. Full marks can be awarded for this where the candidate is clearly describing differences in the method to obtain either quantitative or qualitative data and relating this to the issue of alcohol use by young people.

- (b) Evaluate the usefulness of quantitative **and** qualitative data as a means of analysing the effectiveness of this campaign. **(4 marks)**

The evaluation should be related to the campaign and should identify one benefit and one limitation of each method for four marks:

Quantitative research should be clearly identified as referring to quantities or numbers and presented as graphs, or tables.

- It can be analysed easily.
- It is useful to demonstrate the extent of a problem. 1 mark
- Can show trends over time.

**but**

- It is limited in helping to explain why young people misuse alcohol. 1 mark
- It is limited in giving information about people's views and opinions.

Qualitative data should be described as rich in detail about attitudes and feelings, the quality of interactions or social behaviour.

- This is more useful to help explain why people drink alcohol. 1 mark
- Can provide detailed information about attitudes and opinions.

**but**

- It is difficult to analyse. 1 mark
- It is limited in providing an overview of the problem.

Other valid points may be accepted.

### Question 5

Peer groups play an important role in influencing our behaviour. Explain **three** other factors that are known to influence behaviour.

**(6 marks)**

**Two marks** for any three of the following factors identified and fully explained:

6 marks

- enjoyment from activities
- stress reduction
- habit
- peer/family/social pressure
- rewards
- socialisation/culture/labelling
- media

Explanation of three of the above factors.

Enjoyment – socialising with friends, doing something illegal.

Stress reduction – relaxing, reducing inhibitions.

Habit – always go out to drink in clubs at the weekends with friends.

Peer/family/social pressure – all friends, family enjoy a drink.

Rewards – feel accepted by others in group; have gained regard from others – because of amount of alcohol consumed/behaviour when intoxicated.

Socialisation/culture/labelling/expectations of others in relation to drinking alcohol.

Any other relevant factor that is well explained in relation to health promotion may also be accepted.

[END OF OPTION 1]

## **Option 2 – Interpersonal Skills for Care**

**Read the following information and then answer ALL the questions that follow in this option.**

Jim Chang is a 28 year old teacher who has been in hospital following a motor bike accident. Immediately after the accident Jim was in a coma (unconscious) for about a week. When he recovered consciousness he had difficulty speaking and he tired easily. Jim broke his right arm and right leg in the accident and so was unable to care for himself for several weeks. A full assessment of Jim's needs was carried out so that an appropriate care plan could be implemented. Jim has some paralysis from the waist down affecting his ability to walk and his bladder and bowel control. It is too early to say whether this will be temporary or permanent. He still tires fairly quickly and finds it difficult to concentrate but otherwise it seems that his cognitive abilities have not been affected by the accident.

Jim is feeling quite depressed and helpless. He used to think of himself as a capable, popular and positive person but his recent accident has resulted in a gradual feeling of being vulnerable and helpless. He knows that he can't return to either his home or his school if he can't manage stairs. Many of the leisure activities he used to enjoy, including biking, no longer seem to be possible. His friends have visited but he feels very despairing and alone when they leave. After several weeks in hospital Jim is moving into a specialist rehabilitation unit to receive intensive therapy and also counselling. He has also been invited to join a self-help group. Jim thinks that being in rehabilitation will be a waste of time and regrets agreeing to this and to counselling.

## Question 1

- (a) Identify and describe the levels of Maslow's Hierarchy of needs. **(5 marks)**

**For simply identifying each of the levels the candidate should get a maximum of two marks.** 5 marks

Physical needs e.g. food and water

Safety needs e.g. shelter from the elements, from danger.

Love & Belongingness

Esteem

Cognitive

Aesthetic

} Social needs e.g. accepted & belonging

Self actualisation eg realising full potential.

Needs at each level should be accurately described for full marks

- (b) Explain how Jim's needs at 3 of the levels of the hierarchy have changed as a result of his accident. **(6 marks)**

**Two marks for each explanation of how 3 of Jim's needs have changed. For example any three of the following may be accepted** 6 marks

Physical – unable to care for himself – change from dependence to independence. Jim needs to become more independent eg improve mobility – electric wheelchair / walking exercises – reward is increased independence.

Safety – feels vulnerable and helpless. Jim needs to feel more in control of events, increase confidence by empowering through giving information, support and choice eg in relation to managing to live at home – reward is increased control and confidence for safe independent living.

Social – difficulty in communicating, engaging in leisure activities. Jim needs to belong – facilitate visits from friends – encourage communication – by phone, e-mail – reward is sense of belonging.

Esteem – feels despairing, helpless, embarrassed. Jim needs to be treated with respect, don't stereotype and encourage Jim to focus on achievements and progress. Jim should be involved in setting goals – reward of being valued.

Self-actualisation – possible perception that he has moved further away from this goal. Allow Jim to express anxieties and frustrations. Find out about his dreams and plans and adapt goals / set new goals to work toward fulfilling his ambitions – reward of optimism and planning for the future.

**Other answers with a valid explanation can also be accepted.**

Where candidates simply identify changes without explanation only 3 marks should be awarded.

- (c) Identify a goal which will help Jim meet one of his needs and explain how care workers could motivate Jim to make progress in meeting this goal. **(4 marks)**

For a full four marks an appropriate goal must be identified and explained in detail and include an explanation of motivation as a drive to do or change an aspect of behaviour. Recognition of the rewards/benefits to Jim in moving towards meeting his needs and explaining the role of care workers. **4 marks**

- Explanation of care workers as motivators: Using energy and encouragement and enthusiasm.
- Trying to find the rewards that will motivate behaviour in relation to the need.
- Using appropriate goal setting for the need.

Physical – goal is to improve mobility – electric wheelchair / walking exercises – reward is increased independence.

Safety – goal is to live independently – reward is increased control and confidence for safe independent living.

Social – goal is to phone or e-mail friends – reward is sense of belonging.

Esteem – goal is to involve Jim in planning care / setting goals – reward of being valued.

Self-actualisation – goals to work toward fulfilling his aims and ambitions - reward of optimism and planning for the future.

Full marks cannot be given for only discussing needs.

## Question 2

Evaluate the contribution that a self-help group could make to Jim's recovery.  
Your answer should include the benefits and drawbacks of this approach **(6 marks)**

To gain full marks the answer should consider both benefits and drawbacks in terms of Jim's recovery. The answer should include two benefits and at least one drawback for a full six marks but the emphasis is on the quality of discussion/evaluation and not simply the identification of advantages and disadvantages. **6 marks**

Evaluation of benefits of a self help group eg an aid to recovery due to people sharing common problems and experiences eg inspiring victims of motor bike accidents to help others.

Benefits of self-help outlined. Mutual support and understanding, empowerment, the development of more productive coping strategies, sense of belonging, raised esteem.

Difficulties.

Acknowledgement of problem/need

Identification with others (with disabilities).

## Question 3

(a) Define "*counselling*". **(2 marks)**

One mark should be given for each point made. **2 marks**

Definition of counselling as:

- an enabling process
- helping someone to help themselves
- a talking therapy.

(b) Describe Carl Roger's **three** core conditions for counselling and helping. **(3 marks)**

For three marks there must be an accurate description of: **3 marks**

- unconditional positive regard as acceptance and valuing a person
- empathy as understanding from another's frame of reference
- congruence as genuineness, being honest and in tune with the other person.

Other valid answers should be accepted.

For conveying a general understanding of the above conditions: 1 out of 3 marks.

For listing conditions: 1 out of 3 marks.

**Question 4**

All service users have the right to receive a high standard of care. Select **one** piece of legislation and describe how it promotes this right.

**(4 marks)**

For full marks the legislation must be:

4 marks

Correctly named and dated for 1 mark

Valid features should be described in relation to promoting standards in care provision for 3 marks.

[END OF OPTION 2]

[END OF MARKING INSTRUCTIONS]