2007 Care

Higher Paper 2

Finalised Marking Instructions

Care 2007 Higher Paper 2

Option 1 – Health Promotion

Answer ALL questions in this option.

Question 1

Choose **three** of these targets. For each target select a **different** model of health promotion and explain why it would be effective in achieving the target.

(12 marks)

Candidates may choose any target and any model. Marks are gained for correctly identifying the model **and** justifying its choice.

1 mark should be given for each relevant point made up to a maximum of **4 marks** for each of the three examples. Candidates **must** justify their choice of model by explaining how key features of the model make it relevant to the topic chosen.

NB example answers are given under each model as suggestions of what the candidate may produce. Any model can be used against any target provided that the candidate shows clear understanding about the model itself by showing its relevance to the chosen target.

Educational Model

- Provides information which enables people to make their own choice
- Based on factual knowledge and/or research findings
- Has the authority of knowledge base
- Therefore is seen as having a particular status
- Uses the media effectively in order to promote messages so is effective in reaching a wide audience

Exemplar answer:

Candidates may use this model with regard to the **immunisation** target. Educating and providing information for parents/carers about the dangers and complications of the diseases that can be immunised against. Providing information about availability and frequency schedule of vaccinations, etc is relevant here. The immunisation programme is based on 'scientific/medical' findings, therefore has authority/validity/status, etc. Different forms of media would be effective here, eg TV/radio advertising; poster/leaflet campaigns. Health promotion could be provided via ante/post natal screening and or via health visitors.

Educational could also be relevant for **reduction in smoking**. Again giving information about the dangers of long-term damage to health as well as the anti-social aspects of smoking and therefore encouraging people to make their own choice emphasises relevance of educational model. Given that target is aimed at young people, health promotion may be carried out via schools, youth groups, etc. Again, effective use of different media would be utilised to provide information. Again, model is backed up by knowledge of smoking-related health problems, early death, etc.

Medical Model:

- Aims to reduce incidence of particular (specific) conditions.
- Usually targeted towards specific group and/or health issue.
- Seeks to increase medical intervention.
- Achieves results by increasing 'medicalisation'.
- Has the authority of professionals.
- Recognises that 'medicine' has role to play in aspects of life which are not necessarily related to ill health as such, eg pregnancy.

Exemplar answer:

This model could be relevant to the **reduction of teenage pregnancy** target. A specific health issue is involved here. Intervention would likely be in the form of contraceptive advice and/or provision. Surveillance by health professionals would be required in order to achieve aims. The aim is to reduce the incidence of people requiring specific treatment(s).

Medical Model also relevant to the **immunisation programme** in that specific illnesses/conditions are being targeted. Professional intervention is required here in terms of how children would be immunised. Again the target is being set to specifically achieve a reduction in the incidence of the conditions targeted and/or subsequent problems arising from it. Medicine here is being seen as preventative rather than curative or treatment.

Community Development:

- Aimed at a specific section of the population.
- Community Development model may be suitable in case of raising awareness of health issues.
- Emphasis/impetus comes from within the community itself.
- Makes some reference to the wider social aspects of health.
- Confers responsibility on people to manage their own health issues.
- Tends to assume that health issues are socially created.
- Tends not to take account of biological/genetic factors in health.

Exemplar answer:

This model could be relevant in, for example, the issues over **teenage drinking**, where the health promotion tackled the wider social aspects of drinking, eg poverty, social exclusion, lack of leisure facilities, social expectations/norms/examples set by older generations, etc.

Community Development could also be relevant in the case of the **exercise programme**. Community based initiatives and facilities such as sports centres, leisure clubs, youth and community groups, after school clubs, etc could be the main vehicle for this health promotion strategy. Making use of individuals already working with the individuals in the community, eg youth leaders, community education workers could provide the main thrust for this campaign. This would arguably be an effective way of tackling the reasons for young people not engaging in physical activity, as this model tends to focus on the wider 'social' issues.

Political Model:

- Tends to compel certain behaviours.
- Aims to bring about change via the physical, social and economic environment.
- Focuses on political/fiscal strategies.
- Acknowledges the importance of socio-economic factors.
- Aims to make the healthy choice the easy choice.

Exemplar answer:

The Political Model could be used to emphasise the illegality of certain behaviours brought out in the targets. For example the issue of **under 16 sex** could be reinforced as one way of reducing teenage pregnancy. This model could also take into account that teenage pregnancy tends to be a more significant issue in lower socio-economic groups. The issue of state supplied contraception may also be of relevance here – this too is political health promotion.

Candidates may also use this model in relation to the **alcohol reduction** target again focusing on the 'legal' aspects of under 18s buying/consuming alcohol.

Any of these targets may validly be discussed under the political model. All the targets are set by the Scottish Executive and are therefore 'political' in their very existence. The Executive could therefore attempt to compel the targeted groups to behave in certain ways via the legislative programme. It could also make certain 'choices' available via legislation, eg compelling schools to put more exercise into the curriculum, vaccination/immunisation could be made mandatory, etc.

Client Centred:

- Works with people on a one-to-one basis.
- Tackles specific relevant problems.
- Aims to encourage self-empowerment (choice).
- Client identifies and decides on 'own' issues.
- Health promoter acts as facilitator.

Exemplar answer:

Client Centred could be appropriate in the case of **increasing vaccination uptake**. Health visitors/community staff could identify those children not vaccinated and work with their family/carer specifically to encourage and facilitate vaccination. This would tackle individual reasons for non-vaccination, would be seen to encourage client making informed choice for themselves following health promoter input. This model used here to work on specific health issue(s) and focuses on individual needs.

This model could also be used to tackle the **smoking issue**. Again focusing on individual needs or reasons why individuals smoke could achieve the target. Individualised programmes of stopping smoking, eg nicotine replacement, counselling, cognitive therapies, etc could be set in place according to the needs and preferences of particular client.

Question 2

Describe **two** points of knowledge and **two** skills which health promoters require to encourage 11-15 year olds to increase the amount of vigorous exercise which they undertake.

8 marks

Candidates should make reference to **specific** points of knowledge and skill necessary for dealing with particular client groups **and** age groups. **1 mark** can be awarded for a relevant point and/or skill and a further point given for developing the identification through explanation. A maximum of **2 marks** for each point made up to a maximum of 8.

NB candidates must give **two knowledge points** and **two skills** to achieve the maximum 8 marks.

Knowledge Points:

Health promoters would need:

- Knowledge of the **subject** which they were promoting therefore knowledge about exercise and/or physical activity relevant to the 11-15 age groups. In order to make health promotion activity relevant to the target group.
- Knowledge of the **client group** in terms of likes/dislikes and attitudes towards physical activity in order to engage effectively with the group and understand motivators/demotivators relevant to health promotion programme.
- Knowledge of **cultural/social norms** of the 11-15 age groups and how these affected behaviour as regards physical activity/exercise. This may include types of activity which are more appropriate to the group, eg skateboarding.
- Knowledge of **cultural issues** and how this affects participation in health promotion activities, eg if a child is fasting for religious reasons, has special dietary requirements, needs certain times for prayer and therefore may not be available at certain times, etc.
- Knowledge of **barriers to participation** in the activities under discussion, eg some girls may be embarrassed about wearing shorts; some teenagers may be embarrassed by bodily changes at this stage in their life; there may also be issues related to teenagers feeling unable to fully participate due to not having certain items of equipment and/or kit.

Skills:

Health promoters would need:

- Effective **communication** skills appropriate to client group and setting, eg when dealing with 11-15s appropriate language would be necessary along with appropriate audio-visual media, etc.
- **Presentation** skills (using media which client group would readily engage with) again relevant to the age group in order to get their message across.
- **Organisational** skills will be required in terms of setting up activities, meetings, times, venues, etc.
- **Team working** skills – to encourage and motivate youngsters to participate. Health promotion activities may be 'disguised' in other team type activities.
- Team skills are also relevant in terms of the **other members of professional teams** which the health promoter would have to work with, eg community education staff, teachers, youth workers, physical activity coaches, etc and other health professionals.
- **Time management** skills for timing of health promotion events/activities. Timed to fit in with other activities, eg school, leisure activities.
- Skills in **dealing with difficult emotional and/or behavioural issues** which may be particularly relevant to this age group. This age group may have particular identity issues related to adolescence, eg reluctance to be seen wearing sports gear, etc. May also be issues regarding being seen with the 'right kit'/fashionable clothing, etc.

Candidates may produce points not covered in the above guide and may be given appropriate credit for doing so provided that such points are relevant within the scope of the question asked.

Question 3

Improving mental health is one of the Scottish Executive's main health promotion priorities.

(a) Explain the differences between qualitative and quantitative data.

4 marks

Candidates must clearly show distinction between the two types of data to gain full marks.

Qualitative approaches to research gathering focus on collecting information on attitudes, thoughts, feelings and opinions, etc. Qualitative data seeks to attach some level of value judgement to the information collected, rather than produce a numeric type level or score.

Quantitative data seeks to produce a numeric value or score to the information collected. Quantitative is concerned with counting the incidence of a particular feature occurring or quantifying whatever feature is being considered.

Each method is therefore valuable in terms of gathering information but each focus on differing judgements concerning the magnitude of the evidence.

(b) Evaluate the effectiveness of qualitative and quantitative approaches in relation to mental health promotion. Give at least **one** advantage and **one** disadvantage of each approach.

6 marks

Candidates should receive **1 mark** for each relevant point made. A maximum of **4 marks** can be awarded if the candidate does not discuss both approaches, and mention at least one advantage and one disadvantage. A maximum of **6 marks** should only be awarded when the candidate clearly makes the point how the method will/can be relevant to particular situations.

Quantitative Approaches:

Advantages:

- Produce evidence on the frequency or amount of a particular feature, eg suicide among young men, which provides evidence for the need for targeted policies on suicide prevention.
- The numbers of people suffering from particular disorders or the demographic patterns seen in any illness are validly researched using these methods.
- These methods would therefore generate information regarding numbers and amounts of peoples' awareness of mental health issues and/or health promotion campaigns, eg the 'seemescotland' campaign could determine how many people had seen their posters.

Disadvantages:

- It only gives an overview of an issue and doesn't give any depth or breadth to the statistics and information, eg what people thought of the campaign, or how it influenced their attitude.

Qualitative Approaches:

Advantages:

- Produce evidence relating to thoughts, feelings, attitudes and judgements, etc, such as the effect on peoples' lives and those around them, on issues such as suicide by breathing space.
- It may also, in the case of mental ill health, produce evidence regarding people's reaction to and feelings towards health promotion activities as well as awareness of these campaigns.
- People's experience of stigma associated with mental ill health would also be validly researched here. For example, are people's attitudes, etc altered by seeing campaigns such as 'seemescotland', etc?

Disadvantages:

- Information may be anecdotal or unrepresentative if the sample is small.
- Difficult to make or assess policy based on small numbers, but it is also difficult to make or assess policy based on the complexity of large quantities of qualitative information.

[END OF OPTION 1]

Option 2 – Interpersonal Skills for Care

Answer ALL the questions in this option.

Question 1

(a) Give the full name and date of the Scottish legislation responsible for the creation of the Care Commission for Scotland.

1 mark

For **1 mark** the candidate must accurately name and date the legislation.

Regulation of Care (Scotland) Act, 2001

(b) Describe **two** of the responsibilities of the Care Commission for Scotland.

4 marks

2 marks for a developed discussion of each responsibility chosen.

Answers should reflect knowledge of any of the following key responsibilities:

- **Registration** of agencies planning to provide care services. This sets standards and ensures that services comply with health and safety regulations and other policy issues that relate to care provision.
- **Inspection**. Duty to inspect all care services registered under the Regulation of Care (Scotland) Act, 2001. Care services are inspected at least once a year, and twice for some services.
- **Involvement of care workers and service users**. The Care Commission's aim is to raise standards of care by involving people who are cared for and by working with people who provide care. These people have been involved in the development of National Care Standards.
- **Publishing and reviewing National Care Standards**. When inspecting care services, the Care Commission takes into account the National Care Standards and is guided by the principles of keeping people safe, supporting independence and promoting dignity and choice.
- **Investigating complaints**. The Care Commission's job is to investigate any complaints about a care service or about its own operations.
- **Power to enforce change**. The Care Commission's powers mean it can enforce changes to a care service to make sure the people using it are protected. But action like this will only be taken when other efforts have failed.

(c) In the article it is stated that 'Care homes were failing to meet national standards'. Describe **three** principles behind the National Care Standards and explain how these principles would help to improve the situation outlined in the article.

9 marks

The full **9 marks** can be awarded for three principles correctly identified and described and related to the scenario in the article.

- Dignity
- Privacy
- Choice
- Safety
- Realising potential
- Equality and diversity

Responses will vary but a 9 mark answer should clearly explain the principle in relation to the article. For example:

One of the principles behind the National Care Standards is the principle of **dignity**. The principle of dignity relates to valuing individuals and promoting their self-esteem. In the article it states that bedrooms smelt of urine and so the staff are failing to contribute to their residents' self-esteem. To address this issue, residents should have their toilet needs met and their living environment should be clean, comfortable and free of unpleasant smells. This would demonstrate to the residents that they were valued and their dignity would be protected.

Another principle is **privacy**. This allows individuals to establish their own environmental and emotional boundaries and to have these respected. In the article it states that residents were sharing rooms, and also that the privacy of the service users, could be compromised. People should have the opportunity to have personal care or treatments carried out without fear of interruption or being overheard. To address this issue provision should be made for privacy for meetings, visits, telephone conversations or simply if the resident requests privacy.

A third principle is **choice**. Choice is important in protecting and preserving individual identity by allowing people to state their preferences. This might include choice of when to get up or go to bed, what to eat, what to wear or it may relate to interests or activities. In the article it states that residents were sharing rooms and dietary demands were ignored. It appears that residents were not involved in any decision making about their care. This approach is disempowering for the service user. Applying the care standards would improve the opportunities for residents to be involved in their plan of care and consulted about their preferences. This would help to raise self-esteem, accord dignity and preserve the individual identity of the care home residents.

Question 2

Explain **two** advantages and **two** disadvantages of the care planning process.

8 marks

Markers should note that the response should not simply list or describe stages of a care plan. A candidate who simply lists the stages as assessment, planning, implementing, monitoring and evaluating should only get **1 mark**.

Each advantage and disadvantage can gain a maximum of 2 marks.

Responses will vary but candidates may discuss the following as **advantages** of the care planning process:

- A plan is a basis for action (not just a paper exercise)
- A plan is recorded and so this allows comparison to be made over time
- Using the plan as a contract facilitates involvement and compliance – providers and users agree about what is to be done by whom
- All team members working together to meet the aims of the plan, which is the service users', not theirs
- Plans that state specifically what is to happen, who should be doing what and in what time scale enables evaluation
- Values and principles underpin good care practise
- Assessment tools, eg interviews or diaries contribute to effective assessment of needs
- Planning will involve considering short and long term goals
- Effective communication in care planning will help to set clear aims, promote teamwork and support the service user
- Effective co-ordination of activity will avoid duplication and gaps
- Ongoing monitoring of progress or problems will facilitate early interventions and appropriate changes to the care plan can be made
- Effective evaluation involves everyone in the process. Shared ownership is more likely to lead to compliance.

Candidates may identify the following as **disadvantages**:

- Service users may feel inhibited or intimidated by professional people
- Jargon may be used and not understood by everyone involved in the process
- Care workers may complete the paper exercise but fail to carry out the care planning process with the full involvement of the service user and others
- The service user may be given the impression that the professionals know best
- Poor communication between service providers may lead to gaps in provision or duplication
- Or any other valid points.

Question 3

Choose **two** of the following care worker roles:

- Advocacy
- Team working
- Keeping records and reports
- Keyworking

Explain **one attribute** and **one skill** a care worker could use when carrying out each of your chosen roles.

8 marks

For **4 marks** the candidate's response to each chosen role should clearly explain the relevance of the appropriate attributes and skills.

A candidate who uses the same attribute and skill for both roles can achieve full marks only if the answers demonstrate that the candidate is able to explain different facets of the attribute and/or skill and applies these to the role in a specific way. An exemplar answer is provided below to demonstrate this.

Attributes may include:
- Acceptance
- Empathy
- Reliability
- Flexibility
- Respect for others
- Confidentiality

Skills may include:
- Communication skills – verbal and/or non-verbal
- Listening skills
- Negotiating skills
- Group working skills
- Motivating skills

Exemplar answer:

Advocacy means representing another person who is unable to represent their own views. Self-advocacy should be encouraged but people from certain vulnerable groups, eg young children or elderly people with dementia, may need someone to speak up on their behalf. Advocacy is a form of empowerment and utilises many qualities and skills.

The quality of **empathy** is particularly important in advocacy as the care worker should represent the person as if he/she is that person. To do this effectively, the care worker needs to understand that person's world from their unique point of view.

Communication skills are important when advocating for another person. Communication skills include verbal, non-verbal and listening skills. Verbal skills will be needed to be able to get to know or find out about the preferences of the person being represented and what they would like you to say on their behalf. Non-verbal skills would be used to convey the interest and attention of the care worker to the service user. These include good eye contact, relaxed posture and appropriate facial expression, eg relaxed and friendly.

Keeping Records and Reports:

Record keeping and writing reports allows care workers to track events and share information relating to someone in their care. These records and reports are used in the review of the care plan and will help to inform care decisions.

The quality of **empathy** will enable the care worker to have a better understanding of the thoughts, feelings and needs of the service user. This will enable them to report and record details more sensitively and with greater accuracy.

Written **communication skills** are needed as the care worker will need to keep to the point and be accurate in recording dates and times. Notes will need to be clear, legible and factual so that other members of staff can easily understand the care needs of the service user.

[END OF OPTION 2]

[END OF MARKING INSTRUCTIONS]