



**2010 Care**

**Higher Paper 2**

**Finalised Marking Instructions**

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## 2010 Care Higher Paper 2

### Section 3: Values and Principles in Care

#### Case Study – Eddie and Dora Part 1

Read the case study and answer the questions that follow.

Eddie is 79 years old and lives with his wife Dora who was diagnosed with Dementia five years ago. Eddie has been her main carer ever since. Generally Eddie copes very well, despite the fact that Dora now needs constant care and help with all activities of daily living. She has become very forgetful, often repeating the same stories and asking the same questions, over and over again. Home care workers from the Social Work Department visit daily and help with personal care. Whilst chatting with Irene, one of the home care workers, Eddie confided that he is finding his caring role more difficult. He is worried about whether he will be able to continue caring for Dora in their home.

- (a) It is the responsibility of the Social Work department to adhere to the Data Protection Act 1998. Describe **two** responsibilities of the Social Work Department under this piece of legislation when working with Dora and Eddie.

**2 KU**  
**2 App**

*The relevant points from the Act have to be related to the case study to gain marks.*

- Data is any information about Dora and/or Eddie which the Social Work Department store in any format.
- Such information must be **kept safe and secure** and accessible only by those who have a **reasonable cause to access** it.
- Irene and her employer must **not divulge any information** gathered about Eddie and Dora to any other party who does not have reasonable cause to use this information.
- Under the act, Eddie and Dora **have a right to see and check** the information which Irene and her employer keep about them.
- Irene and other colleagues in the Social Work Dept would share information on a **need to know basis** with the respite care organisation.
- Or any other relevant answer.

- (b) Explain the way in which care professionals would apply **two** features from a code of conduct when working with Dora and Eddie.

**4 KU**  
**4 App**

*Markers – Candidates must show an understanding of codes of conduct in their answer. Candidates can only gain maximum KU marks by referring to specific aspects of the NMC or SSSC codes.*

**Possible answer:**

Using one of the standards from the Scottish Social Services Council Code, a care professional would want to protect the rights and promote the interests of both Dora and Eddie. Dora has rights as a service user, but Eddie also has rights as her carer. Sometimes these rights conflict and care professionals would work with Dora and Eddie to try to make sure that they both express their views, and have their needs taken into account.

Using one of the standards from the Nursing and Midwifery Council Code, a nurse should act to identify and minimise the risks to patients and clients. From the case study, it looks as if both Dora and Eddie may be at risk if Dora remains at home with her current level of support. When in hospital, or maybe when back in the community, a nurse or other health professional may be involved in assessing the risks to Dora and Eddie of Dora remaining at home and either increase the support they receive, or look at alternative ways of supporting Dora in respite or residential care.

**Background Information: Key Features of the Codes of Practice**

**Scottish Social Services Council:** Codes of Practice for Social Service Workers and Employers.

These are standards of conduct and practice which all social service workers and their employers must follow.

1. Protect the rights and promote the interests of service users and carers
2. Strive to establish and maintain the trust and confidence of service users and carers
3. Promote the independence of service users while protecting them as far as possible from danger or harm
4. Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people
5. Uphold public trust and confidence in social services
6. Be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills

**The Nursing and Midwifery Council** code of professional conduct details the standards that service users can expect from members of the nursing profession.

### **PREVIOUS CODE**

The code states that as a registered nurse, midwife or specialist community public health nurse you must:

- A. Respect the patient or client as an individual.
- B. Obtain consent before you give any treatment or care.
- C. Co-operate with others in the team.
- D. Protect confidential information.
- E. Maintain your professional knowledge and competence.
- F. Be trustworthy.
- G. Act to identify and minimise the risks to patients and clients.

### **CODE FROM 2008**

- Make the care of people your first concern, treating them as individuals and respecting their dignity.
- Work with others to protect and promote the health and well being of those in your care, their families and carers, and the wider community.
- Provide a high standard of practice and care at all times.
- Be open and honest with integrity and uphold the reputation of your profession.

- (c) Explain why using effective communication is important for Irene when working with Dora and Eddie.

2 KU  
4 App

*Candidates gain 2 KU points for showing that they understand why particular communication skills are necessary for effective care work with the characters in the case study.*

- To enable effective communication, carers need to think about the way in which they communicate and how this affects their work.
- This will involve being **conscious of the barriers to communication** which may exist in their work situations, and actively **working to overcome/minimise these barriers**.
- Communication between people, is a complex process involving **listening, questioning, understanding and responding** to what is being communicated.
- Effective communication occurs when the information that is given and received is **transmitted successfully** and **interpreted accurately**.

In relation to Eddie – Irene will need to recognise that **Eddie is an important and invaluable source of information** about Dora. By **listening effectively** to Eddie she can be **better placed to offer support** to both him and Dora, as well as better able to meet Dora’s needs. By **making sure that Eddie understands** whatever Irene is communicating to him she is helping to ensure that Eddie is supported as far as possible. Irene can help to ensure this understanding **by reflecting** on how effectively she communicates with Eddie. She could do this by checking that he understands her approach and **encouraging him to voice any concerns**.

In relation to Dora – When communicating with Dora, Irene will need to recognise that Dora’s dementia **will affect both Dora’s ability** to make her own thoughts and feelings known **as well as her ability to understand** and remember information which she (Dora) is given. Irene will need to **check with Dora how much she understands** by questioning and interpreting her non-verbal cues. She **may have to use a number of different verbal and non-verbal measures** to communicate with Dora – particularly if she wants Dora to remember information which Irene gives her. For instance, she could write things down on a notepad. Irene will need to understand how Dora’s **communication ability can be affected by dementia** and incorporate this into her day to day work with her.

## Case Study – Eddie and Dora Part 2

Eddie has been told that he needs to have an operation. Whilst he is expected to make a full recovery, it has been arranged that Dora will go into respite care whilst Eddie is in hospital and for a period of 3 months after he is discharged. During this time a full assessment of Dora's needs will be made to evaluate the existing care package and plan for her future.

- (d) Explain how Dora will have her needs assessed when she is in respite care.

**3 KU**  
**4 AE/App**

*Candidates should be awarded up to 3 marks for demonstrating knowledge and understanding of needs assessment. 4 Analysis, evaluation and application marks are given for showing how this could be applied to the situation in the case study.*

Assessment of need involves recognising **that individuals have a range of needs** and that these needs are **unique to that individual**. Peoples needs can be thought of as Social, Physical, Intellectual, Cultural and Emotional. In order for care to be effective **all of these needs will require to be addressed**.

A number of different approaches can be used to assess an individual's needs. **Dora should be the focus of the assessment** and she may be **able to express at least some of her needs herself**. The assessment should be person centred so that her individual, unique, needs are met.

Staff carrying out this assessment will also make use of **their own observations of Dora**. In addition to this, the staff will also require **information from Irene** who has been caring for her at home and from **Eddie** who will be able to give information relating to Dora which the Respite Care Home staff will find essential to setting up Dora's care plan.

Dora's needs could be assessed by organising a **meeting of everyone involved in her care** making sure that Dora herself is involved as actively as possible in this, so that as much relevant information can be gathered as possible. This will **help to ensure that the range of needs** which Dora has are addressed and given attention when putting together her care plan.

It may be appropriate in Dora's case (given that she has dementia) to **appoint an advocate** – someone who can act on Dora's behalf. This would help to ensure that **Dora's own opinions are considered fully** in the formulation of her care plan.

Or any other relevant point

#### **Section 4 Integration ‘Psychology for Care’ and ‘Values and Principles in Care’**

Explain how a care worker could support someone who is experiencing grief. In your answer you should:

- describe Murray Parkes’ model of grief, including determinants of grief;
- explain why it is important for a care worker to have an understanding of determinants of grief;
- describe person-centred planning; (Please note – this is not the same as Carl Rogers’ Person Centred Approach).
- evaluate the effectiveness of person centred planning when supporting someone who is experiencing grief.

**13 KU**  
**12 AE**

*As this is an integrated essay question, candidates could answer it in a variety of ways. Markers should use their discretion in awarding marks but should ensure that a 13KU/12AE split in mark allocation is applied.*

*As a general guide to marking the first part of the essay, up to 4KU marks could be awarded for knowledge and understanding of the four phases of Murray Parkes’ model and up to 4KU marks for demonstrated understanding of the significance of the determinants of grief. Up to 6AE marks could be awarded for the explanation of how this knowledge could be important to care workers supporting someone experiencing grief.*

*In the second part of the essay, up to 5KU marks could be awarded for an explanation of person-centred planning. Up to 6AE marks could be allocated for the analysis of how person-centred planning is relevant when supporting someone experiencing grief. Markers should note that AE tasks require analytical information that may not have been directly addressed within the teaching packs supporting the units or within any of the unit specifications, therefore candidates should be awarded marks for ideas, statements and observations that demonstrate an ability to link the concepts being examined in a coherent way. As this is a more complex task than demonstrating KU or APP, candidates should not be expected to write as much as they would for KU or APP marks. Markers should therefore focus on the content rather than the amount that candidates write in their discussion.*

## **Murray Parkes Model: 4 Phases of Grief**

- Numbness
- Searching and Pining
- Depression
- Recovery

### **Determinants of Grief**

Determinants of grief can affect the extent and depth to which an individual experiences the grieving process and can include:

- the way in which the person died
- the relationship to the individual
- previous experiences of death
- the nature of the death
- the age of the individuals involved
- personality and social factors

**Person Centred Planning:** Involves a move from ...

clinical descriptions of people	to	seeing people as human beings
professionals being in charge	to	sharing power
professionals inviting people	to	person choosing who attends meetings
meetings being chaired	to	meetings being facilitated
assuming inability	to	looking for gifts in people
filing away plans	to	giving plans to the person

### **Possible Answer**

When supporting someone who is experiencing grief it is helpful for those supporting them to have knowledge of models of grief in order to help them understand some of the behaviours that a person experiencing grief is likely to display (IAE). It is also important to know that the grieving process can be affected by a number of factors referred to by Murray Parkes as the determinants of grief.

The four phases Murray Parkes identified were firstly 'numbness' which refers to feelings of detachment that may form a psychological barrier to block the pain of loss. This can allow a person to apparently carry on with normal living. Secondly 'searching and pining' is a phase when concentration levels fall and the individual may adopt searching behaviours to try and locate that which has been lost. They may pine for the lost person and develop or display 'pangs of grief'. 'Depression' is a further stage when realisation dawns that the deceased person will not return and so searching becomes pointless. Anger may reduce but may be replaced by feelings of apathy and despair. The final phase is 'recovery' when former attachments can now be put behind the individual because they are able to release themselves from the lost attachment. This leaves them free to adopt new thinking and relationships and to resume normal living (4KU).

Determinants of grief could include the way in which the person died for example after a terminal illness, a car accident or suicide. It can also be affected by the relationship someone had with the individual. For example it would be anticipated that someone could be overcome by grief after the death of a close friend or relative with whom they had a very strong and positive relationship, however this is likely to be an example of uncomplicated grief. More complicated grief can occur after the death of someone with whom the relationship was more tense, especially if there were unresolved issues or 'unfinished business'. This can consequently have a major impact on the way in which a person grieves. Other determinants of grief include the age of the individuals involved: for example it may be easier to come to terms with the death of an older person who has had a long and fulfilling life than it would be to come to terms with the death of a young child. The way in which people cope with death and grief can also be related to their previous experiences of death and also by their individual personalities (4KU).

For care workers it is important to know that Colin Murray Parkes believed that models of loss can act as a reminder to people that a lot of behaviour in response to loss is natural and actually beneficial and that aspects of people's behaviour, which may appear bizarre, extreme or unnatural may actually be a perfectly normal response to a difficult change in their circumstances (1AE). Murray Parkes was keen to emphasise that this complex issue should not be oversimplified or too narrowly defined but suggested that, in general, most people will experience four phases when coming to terms with their loss. He referred to phases rather than stages of grief, because people may experience aspects of two or three of the phases at the same time. The rate at which people satisfactorily complete the phases will of course be affected by the determinants of grief previously referred to. Knowledge of this will help care workers who are supporting people experiencing grief to use effective communication and interpersonal skills to provide support more effectively. The core conditions of empathy, unconditional positive regard and genuineness will also be beneficial to care workers supporting someone throughout the grieving process (2AE).

Person-centred planning involves empowering the service user to take as much control as possible over decision making (1KU). It represents a move away from the idea that 'experts' always know what is best for people, towards a recognition that people themselves often have a clear view of their situations, their needs and possible strategies to effectively meet those needs (2KU). This type of planning is often associated with the social model of care rather than the medical model as it suggests we need to move away from a clinical description of people and their problems towards seeing people as unique human beings capable of addressing their problems and being actively involved in finding solutions to them (2KU). A person centred planning approach would involve working with people's natural expression of feelings of loss, rather than the professional explaining and treating aspects of grieving behaviour as if they were medical problems (1AE). This might involve not prescribing medication for someone who is experiencing grief unless absolutely necessary, as they may wish and benefit from openly expressing their grief in order to work through the phases of grief that Murray Parkes identified (2AE). It may also involve professionals actively listening to those experiencing grief to develop a sense of their social networks in order to establish who may be in the best position to offer support to an individual or family, rather than presuming that it should be 'experts' who fulfil this role (2AE).

It is also important to realise, however, that models of grief which suggest that there are stages or phases that should be passed through or accomplished before someone can reach a state or stage of recovery, can themselves be perceived as medicalising a natural process. It is therefore important that care workers who are supporting someone at a time of grief, do not approach the interaction with pre-set, fixed ideas about what a person may be going through, but rather use the models and concepts like the determinants of grief to enable them to enhance their caring relationship with a grieving individual in an empathic and supportive way (3AE).

[END OF MARKING INSTRUCTIONS]