

**CARE**  
**Higher**

**First edition — published February 2007**

**Valid from August 2007**

## National Course Specification

### Care (Higher)

**COURSE CODE** TS/CH

#### COURSE STRUCTURE

This Course has 3 mandatory Units.

The mandatory Units are:

|                |   |                            |
|----------------|---|----------------------------|
| <i>D### 12</i> | <i>Psychology for Care (Higher)</i>           | <i>1 Credit (40 hours)</i> |
| <i>D### 12</i> | <i>Sociology for Care (Higher)</i>            | <i>1 Credit (40 hours)</i> |
| <i>D### 12</i> | <i>Values and Principles in Care (Higher)</i> | <i>1 Credit (40 hours)</i> |

All Courses include 40 hours over and above the 120 hours for the Units. This may be used for induction, extending the range of learning and teaching approaches, support, consolidation, integration of learning and preparation for Course assessment.

#### RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally be expected to have attained one of the following, or equivalent:

- ◆ Course or Units in Care at Intermediate 2 level
- ◆ Course or Units in Early Education and Childcare at Intermediate 2 level
- ◆ Standard Grade in a social subject at Credit level
- ◆ Standard Grade in a science subject at Credit level
- ◆ Standard Grade in Social and Vocational Studies at Credit level

#### PROGRESSION

This Course or its Units may provide progression to:

- ◆ Scottish Vocational Qualifications in Health and Social Care
- ◆ Higher National Certificate (HNC) Health Care or HNC Social Care
- ◆ Further/higher education Courses in Nursing or Care related subjects
- ◆ Training/employment

---

#### Administrative Information

**Publication date:** February 2007

**Source:** Scottish Qualifications Authority

**Version:** 01

© Scottish Qualifications Authority 2007

This publication may be reproduced in whole or in part for educational purposes provided that no profit is derived from reproduction and that, if reproduced in part, the source is acknowledged.

Additional copies of this Specification (including Unit Specifications) can be purchased from the Scottish Qualifications Authority for £7.50. **Note:** Unit Specifications can be purchased individually for £2.50 (minimum order £5).

## **National Course Specification: (cont)**

**COURSE**            Care (Higher)

### **CREDIT VALUE**

The Higher Course in Care is allocated 24 SCQF credit points at SCQF level 12.

*SCQF points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

### **CORE SKILLS**

There is no automatic certification of Core Skills or Core Skills components in this Course.

## National Course Specification: Course details (cont)

### COURSE Care (Higher)

#### RATIONALE

Issues of health and social care are becoming increasingly important due to an increase in the population of care service users. As a result, there is a growing need for qualified health and social care professionals. The Higher Care Course provides a strong foundation of knowledge and skills for candidates who wish to progress to further or higher education or employment in this area.

The Higher Course in Care relates to caring for people in society, other than self or family, in an environment or agency whose codes of practice are dictated to and guided by legislation, policy and professional ethics. This includes formalised personal care in the community or home. It is concerned with the holistic study of the client in context.

The Course will form an important part of the menu of provision, not only for those who have identified the field of care as their chosen career path, but also for any candidates who wish to extend their educational experience.

The knowledge acquired in the areas of the understanding of human behaviour through applying psychological and sociological approaches and theories to care situations is transferable to other academic or career pathways, particularly those which involve working with people, either individually or as part of a team. This Course can therefore have a number of significant advantages for the candidate. For example it:

- ◆ helps candidates to understand the interrelationship between psychology, sociology and care values and principles which form the basis for care practice
- ◆ provides an insight into the wide range of factors which might impact upon an individual's development and behaviour
- ◆ enables candidates to inform and enhance their understanding of effective service provision
- ◆ increases candidates' awareness of the dangers of viewing human behaviour and development purely from their own ethnocentric perspective
- ◆ raises candidates' awareness of the psychological factors influencing their perceptions of normal development and behaviour
- ◆ raises candidates' awareness of the role of sociology in shaping social policy

#### Aims

The Course provides opportunities for candidates to:

- ◆ acquire specialist knowledge and understanding required to care for others
- ◆ develop the ability to apply knowledge in a range of contexts
- ◆ develop awareness of their personal value base
- ◆ develop self-awareness and self-reflective practice
- ◆ identify people's needs and develop skills for care planning
- ◆ develop an understanding of the values and principles that underpin professional care practice
- ◆ develop awareness of the role of legislation and care planning in promoting positive Outcomes for people requiring care
- ◆ develop an understanding of the main sociological theories that provide insight into the influences that shape individuals' lives
- ◆ develop an understanding of the way in which psychological approaches help to understand aspects of human and behaviour

## National Course Specification: Course details (cont)

### COURSE Care (Higher)

- ◆ develop an understanding of why certain individuals or groups in society require care services
- ◆ acquire awareness of the role of sociology in shaping the values and principles that underpin care practice
- ◆ learn about some key approaches that can provide insight into understanding human behaviour and development and apply these approaches to a care context
- ◆ develop an understanding of transition and loss and their relevance to understanding human development and behaviour in a care context

### COURSE CONTENT

#### Summary of Course

The Course aims to provide the knowledge, understanding, and skills to enable a candidate to recognise the role of sociology in fashioning care priorities and practice. This is entwined with the role of psychology in providing evidence of human behaviour and development. This will have an effect on how the person in need of care responds to change in their life. The application of theories to these clients enables us to account for specific behaviour. The Unit *Values and Principles in Care (Higher)* examines the care relationship as well as how legislation, values and principles underpin professional care practice and how we plan to meet the care needs of individuals.

#### Summary of Unit content

##### Psychology for Care (Higher)

The purpose of this Unit is to provide candidates with a framework to understand human development and behaviour. It will enable candidates to learn about some of the key psychological approaches that can provide insight into understanding human behaviour and development and to apply these approaches in a care context. Candidates will also be able to enhance their knowledge and understanding of different models of transition and loss as well as discussing and applying their relevance in a care context.

In the Unit candidates study:

- ◆ the role of psychology in a care context
- ◆ the application of psychological approaches in a care context
- ◆ theories of change, ie transition and loss

The mandatory content for this Unit is detailed in the Appendix to the Unit Specification. This mandatory content is sampled in both Unit and Course assessment.

##### Sociology for Care (Higher)

This Unit is designed to provide candidates with a framework to understand some of the wider social influences that can impact on individuals receiving a care service. It will enable candidates to learn about the main sociological theories that provide insight into the influences that shape individuals' lives. By focusing on key aspects of society, candidates will be able to develop their knowledge and understanding of sociological theories. The concept of social inequality will be explored and through an examination of social issues candidates will learn why certain individuals or groups in society require care services. The influence of sociology in shaping the values and principles that underpin care practice will also be studied.

## National Course Specification: Course details (cont)

### **COURSE** Care (Higher)

In the Unit candidates study:

- ◆ the contribution of key sociological theories to an understanding of care
- ◆ aspects of society using sociological concepts and theories
- ◆ the insights which a sociological understanding gives to care practice

The mandatory content for this Unit is detailed in the Appendix to the Unit Specification. This mandatory content is sampled in both Unit and Course assessment.

### **Values and Principles in Care (Higher)**

This Unit is designed to develop an understanding of the caring relationship and the values and principles that underpin professional care practice. The Unit looks at the role of legislation and care planning in promoting positive Outcomes for those in need of care. The final part of the Unit looks at the mechanics of the care planning process, who is involved, its approaches and tools and how the effectiveness of care interventions is assessed.

In this Unit candidates study:

- ◆ the caring relationship between care professionals and service users
- ◆ the role of legislation in promoting positive care
- ◆ the care planning process

The mandatory content for this Unit is detailed in the Appendix to the Unit Specification. This mandatory content is sampled in both Unit and Course assessment.

### **ASSESSMENT**

To achieve the Course award the candidate must achieve the Units as well as pass the Course assessment. The candidate's grade is based on the Course assessment.

#### **Assessment objectives**

At Higher, the key elements of knowledge and understanding, analysis, application and evaluation are assessed in the following ways:

- ◆ Knowledge and understanding

Candidates should be able to demonstrate wide-ranging and detailed knowledge and understanding of aspects of care practice and the relevant concepts, theories and methods employed by care professionals in their roles. The range of knowledge should extend to an understanding of key theoretical and practical issues in sociology, psychology and values and principles for care and their application in care practice.

- ◆ Analysis

Candidates should be able to select from, interpret and analyse different sociological and psychological theories and models of care planning in the context of care practice. In so doing, candidates should be able to present information in a balanced, logical and coherent manner,

## National Course Specification: Course details (cont)

### COURSE Care (Higher)

which focuses clearly on the issues under review. Candidates should be able to use, with confidence, the language and concepts of care and demonstrate a clear and in-depth understanding of the interrelationship between evidence and theory. Assessment of issues should be critical and comprehensive and should reflect confidence in dealing with complex arguments

#### ◆ Application

Candidates should be able to demonstrate the application of theories, concepts and methods covered in the Units and apply them to a care situation. This will centre on case study and simulated situations from key theoretical and practical issues in sociology and psychology as applied in care practice, and values and principles in care.

#### ◆ Evaluation

Candidates should demonstrate the ability to make balanced evaluations of care related theories and practical examples and base these upon justified and sustained arguments. Explanations offered and methods used by care professionals should be examined critically and the conclusions drawn should be well developed and reasoned, reflecting clear understanding of the care topic being assessed.

The balance of assessment between knowledge and understanding and analysis application and evaluation in Course and Unit specifications will be approximately:

- ◆ Course — 50% knowledge and understanding, 50% analysis, application and evaluation.
- ◆ Units — 60% knowledge and understanding, 40% analysis, application and evaluation

### Unit assessment

Satisfactory evidence of the achievement of all Outcomes and Performance Criteria for each Unit is in the form of written and/or oral recorded evidence, produced under closed-book, supervised conditions within a time limit of one hour for each Unit.

Each assessment samples across the mandatory content for the individual Unit and the nature of sampling is detailed in the Evidence Requirements within the Statement of Standards within each Unit Specification. If re-assessment is required, it should sample across a different range of mandatory content.

Further details about Unit assessment for this Course can be found in the Unit Specifications and the National Assessment Bank (NAB) materials.

### Course assessment

The Course assessment consists of 2 Question Papers. Each Question Paper lasts 1 hour 20 minutes. There is a break of 20 minutes between each paper.

Paper 1:

- ◆ Section 1 set on content of Psychology for Care (Higher)
- ◆ Section 2 set on content of Sociology for Care (Higher)
- ◆ The mark allocation for this paper is 50

## National Course Specification: Course details (cont)

### **COURSE** Care (Higher)

Paper 2:

- ◆ Section 3 set on content of Values and Principles in Care
- ◆ Section 4 set on the integrated content of at least **two** of the three Units in this Course
- ◆ The mark allocation for this paper is 50

Further details of the Course assessment are given in the Course Assessment Specification and in the Specimen Question Paper.

#### **Link between Unit and Course assessment/added value**

The Course consists of three Units and an additional 40 hours' study. The Course assessment tests the candidates' knowledge and understanding of the content covered in all three Units and their ability to demonstrate and apply knowledge and skills acquired throughout the Course.

In Units at Higher candidates are required to demonstrate knowledge and understanding and the ability to analyse and evaluate a range of related care theories and their practical application. The Course assessment will require candidates to use their knowledge and understanding of psychology, sociology and values and principles and to apply critical and analytical skills to answer questions drawn from the whole Course.

Unit and Course assessment complement each other. Unit assessment provides evidence of a specific level of achievement in the psychology, sociology and values and principles sections of the Course. The Course assessment confirms and expands on this, providing sampled evidence of a range of skills exceeding those required for Unit success, such as retention of knowledge. The Course assessment at Higher requires that candidates demonstrate the ability to:

- ◆ retain knowledge and understanding from across all three Units of the Course on a single occasion
- ◆ analyse and evaluate theories and applications to the care context from all three Units on a single occasion
- ◆ apply theories and applications in a care context to a range of topics from across the Units on a single occasion
- ◆ integrate knowledge and understanding of theories and applications in a care context
- ◆ perform more complex analytical and evaluative tasks than required for Unit assessment

## National Course Specification: Course details (cont)

### COURSE Care (Higher)

#### GRADE DESCRIPTIONS AT A AND C

The candidate's grade will be based on the total score obtained from the Course assessment. The descriptions below indicate the nature of achievement required for an award at Grade C and A in the Course.

To achieve an award at Grade C, candidates should be able to demonstrate achievement in relation to knowledge and understanding, and analysis, application and evaluation.

##### ◆ Knowledge and understanding

The candidate will demonstrate knowledge and understanding by providing adequate, though somewhat limited, description and explanation of psychological approaches and theories and their application in a care context. Both breadth and depth of knowledge will be evident to some extent.

The candidate will demonstrate mainly accurate knowledge and understanding of sociological theories and how these provide an insight into the principles that underpin care practice.

The candidate will demonstrate knowledge and understanding of the core values in care practice and how these are supported by legislation. They will show knowledge of the care planning process and be able to describe the roles of those who are involved in the process.

Presentation of responses will be reasonably coherent, and content will express concepts and arguments effectively, with use of specialist terminology that is accurate in the main.

##### ◆ Analysis, application and evaluation

The candidate will be able to evaluate the relevance of psychological approaches and theories to a limited extent. Some application of these in different care contexts will be evident.

The candidate will be able to analyse some aspects of society and will be able to apply sociological concepts to aspects of the work of the care professional and to care provision. Some evidence of evaluation should be evident, but may be limited.

The candidate will be able to evaluate various stages in the caring relationship and to apply theories and legislation to care practice.

To achieve an award at Grade A, candidates should be able to demonstrate achievement in relation to knowledge and understanding, and analysis, application and evaluation.

##### ◆ Knowledge and understanding

Candidates will demonstrate detailed knowledge and understanding of most of the relevant material required for a complete answer to the questions. Answers will have both breadth and depth of knowledge of the relevant psychological and sociological theories and include sophisticated explanations and detailed illustrative points when applied in care settings and show how this knowledge leads to a greater understanding of the values and principles that underpin care provision.

## National Course Specification: Course details (cont)

### COURSE Care (Higher)

Candidates will demonstrate a clear understanding of the core values in care practice and how these are supported by legislation. Some depth of understanding of the different models used in the care planning process and of those who are involved in this process will be evident.

Presentation of responses will be coherent and logically structured, and content will express concepts and arguments effectively, with extensive and accurate use of specialist terminology used in the various disciplines studied.

#### ◆ Analysis, application and evaluation

There will be evidence of integration and in-depth analysis of the relevance of psychological and sociological theories in assisting the care worker, including evaluated and critical points for each of the questions, reflecting the whole Course. Candidates will use sustained arguments and will focus analytical and evaluative answers on the questions set. There will be clear evidence that the candidate has not only understood the importance of core values in care and the various processes involved in the planning and implementation in providing care, but is also able to analyse and evaluate the quality of care being provided. The quality of analysis, use of logical argument and originality should justify this grade.

## ESTIMATES AND APPEALS

### Estimates

In preparing estimates, evidence must take account of performance across the Course and must be judged against the Grade Descriptions. Further advice on the preparation of estimates is given in the Course Assessment Specification.

### Appeals

Evidence used to support an appeal must show the full breadth of coverage of the content of the Course and must relate to the Course Grade Descriptions. Centres should base their appeals on the following criteria:

- ◆ there should be evidence of retained knowledge and understanding from the three Units
- ◆ there should be analysis and/or evaluation of underpinning theory from the three Units and its application in a care context
- ◆ there should be evidence of an ability to apply and integrate care theories and methods from *Sociology for Care (Higher)*, *Psychology for Care (Higher)* and *Values & Principles in Care (Higher)*
- ◆ there should be evidence that the candidate is able to perform more complex analytical and evaluative tasks than that required for Unit assessment

A preliminary examination, which conforms to the advice given in the Course Assessment Specification, can provide a good indication of how a candidate will perform with the combination of time pressure and retention of a broader knowledge base on a single occasion. Where a centre does not hold a preliminary examination the evidence submitted must sample across all areas of the Course, show evidence of long-term retention and the potential to perform more complex tasks than those required for Unit assessment. Instruments of Assessment used must conform to the guidelines given in the Course Assessment Specification and clearly show a level of attainment in line with the Grade Descriptions for the Course.

## National Course Specification: Course details (cont)

### **COURSE** Care (Higher)

The Specimen Question Paper will provide an example of the type of demands that a preliminary examination should make on candidates. Ideally elements of all the Units of learning and teaching should be fully assessed by a preliminary examination.

Questions from previous SQA question papers, including the Specimen Question Paper, may be adapted for use in a preliminary examination. However, questions should not be drawn from a single source and adjustments to such questions should be made to ensure that candidates have not seen the same questions previously. This is particularly important with past case studies as it is likely that candidates will be able to remember where the source of the answers are to be found and so a change of name in the material is not enough. It is recommended that questions be drawn from a minimum of three sources for each paper or a completely new paper used.

Some centres may set a preliminary examination date prior to the completion of all of the Units when it would not be possible to assess all of the topics. In this case, additional evidence covering the later topics (which could be from NAB, another preliminary exam, and other materials) and should be submitted along with any preliminary exam.

An integrated preliminary examination which covers a minimum of two Units of the Course plus supporting evidence, such as a high scoring NAB, for the third Unit would support an Appeal for a Grade C (and possibly a B), but not for a Grade A.

For an Appeal for a Grade A, the most convincing evidence would replicate the standard format, duration and security of SQA's question paper.

However, evidence gathered from Unit assessment items may contribute to an Appeal if this clearly shows a level of attainment in line with elements of the Grade Descriptions for the Course. Marking schemes which refer to the Grade Descriptions should be included with all evidence submitted in support of an Appeal.

### **QUALITY ASSURANCE**

All National Courses are subject to external marking and/or verification. External Markers, visiting Examiners and Verifiers are trained by SQA to apply national standards.

The Units of all Courses are subject to internal verification and may also be chosen for external verification. This is to ensure that national standards are being applied across all subjects.

Courses may be assessed by a variety of methods. Where marking is undertaken by a trained Marker in their own time, Markers meetings are held to ensure that a consistent standard is applied. The work of all Markers is subject to scrutiny by the Principal Assessor.

To assist centres, Principal Assessor and Senior Verifier reports are published on SQA's website [www.sqa.org.uk](http://www.sqa.org.uk).

## National Course Specification: Course details (cont)

### COURSE Care (Higher)

#### GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS COURSE

Ideally the Course Units would be delivered in an integrated way, with learning and teaching drawing on related content from all three Units. *Sociology for Care (Higher)* will show the ways in which social influences impact on care delivery and shape the principles that underpin care values and practice. This gives candidates an understanding of the reasons certain groups in society are marginalised. The *Psychology for Care (Higher)* Unit gives an insight into understanding human development and behaviour. This gives candidates an understanding of the developmental and behavioural issues which may affect socially isolated groups. The *Values and Principles in Care (Higher)* Unit gives candidates an understanding of the values, principles and legislation that underpin care practice. It also introduces candidates to the process of care planning. All these aspects of care practice are intertwined with the insights provided by psychology and sociology. For this reason, this Unit is best delivered alongside the other two Units. In terms of candidates' movement from Higher into Intermediate 2 and the reverse, there is no particular order which assists the change over.

Learning and teaching approaches should reflect the aims and rationale of the subject. It should be varied and interesting, to encourage enthusiasm for care and prepare candidates for their next career step. Candidates should be encouraged to compare their own attitudes and values and identify with the values that they think are important in care work. Working in groups, class discussion, extracts from film and television can all help understanding as well as engendering enthusiasm. Being able to discuss caring relationships or psychology as seen in film or television may be a strong vehicle for understanding behaviour and socialisation.

A variety of teaching approaches is recommended and candidates should be given every opportunity to participate in whole-class activity, in small groups and as individuals. Ideally the approach should be candidate-centred and activity-based, but whole-class teaching can play a part in a flexible programme as a means of establishing understanding.

In this learning and teaching process it is recommended that teachers/lecturers include a wide range of interesting stimulus materials and approaches including audio-visual materials, invited speakers, visits, paper-based resources and ICT resources. The resources should be accessible, interesting and manageable for candidates working at this level and should allow them to draw upon and reflect on their own experiences.

It may be helpful for candidates to have a clear notion of targets and experience ownership of the planned programme. Regular opportunities for formative assessment, consolidation and review should be included in the programme. Opportunity could also be given for candidates to:

- ◆ set learning objectives
- ◆ review progress
- ◆ assess and develop existing knowledge
- ◆ seek and receive feedback and support

## National Course Specification: Course details (cont)

### **COURSE**          Care (Higher)

The additional 40 hours may be used to:

- ◆ help candidates achieve appropriate integration of the knowledge and skills they have developed into care situations
- ◆ deliver an initial orientation programme outlining the content of the Course and the skills to be developed
- ◆ reinforce the essential knowledge, understanding and skills that need to be developed in the Course
- ◆ provide additional support and follow up assessment in order to ensure all Outcomes of the Units have been achieved
- ◆ engage in discussion and practice to extend the use of analytical and evaluative skills in a variety of contexts
- ◆ prepare for Course assessment

### **CANDIDATES WITH DISABILITIES AND/OR ADDITIONAL SUPPORT NEEDS**

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering alternative Outcomes for this Course. Further advice can be found in the SQA document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* ([www.sqa.org.uk](http://www.sqa.org.uk)).

## National Unit Specification: general information

**UNIT** Psychology for Care (Higher)

**CODE** TS/PfCH

**COURSE** Care (Higher)

### SUMMARY

This is a mandatory Unit in the Care (Higher) Course but it can also be taken as a free-standing Unit.

This Unit is designed to provide candidates with a framework to understand human development and behaviour. It will enable candidates to learn about some of the key psychological approaches that can provide insight into understanding human behaviour and development and to apply these approaches in a care context. Candidates will be able to understand different models of transition and loss and discuss their relevance in a care context.

The Unit is suitable for candidates who wish to gain employment in the health and social care sectors at support worker level or to progress to further study.

### OUTCOMES

- 1 Explain the role of psychology in a care context.
- 2 Evaluate the application of psychological approaches in a care context.
- 3 Evaluate theories of life change in a care context.

### RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally be expected to have attained one of the following, or equivalent:

- ◆ A Course or Units in Care at Intermediate 2 level
- ◆ A Course or Units in Early Education and Childcare at Intermediate 2 level
- ◆ Standard Grade in a social subject at Credit level
- ◆ Standard Grade in a science subject at Credit level
- ◆ Standard Grade in Social and Vocational Studies at Credit level

---

#### Administrative Information

**Superclass:** PK

**Publication date:** February 2007

**Source:** Scottish Qualifications Authority

**Version:** 01

© Scottish Qualifications Authority 2007

This publication may be reproduced in whole or in part for educational purposes provided that no profit is derived from reproduction and that, if reproduced in part, the source is acknowledged.

Additional copies of this Unit Specification can be purchased from the Scottish Qualifications Authority. The cost for each Unit Specification is £2.50. (A handling charge of £1.95 will apply to all orders for priced items.)

## **National Unit Specification: general information (cont)**

**UNIT** Psychology for Care (Higher)

### **CREDIT VALUE**

1 credit at Higher (6 SCQF credit points at SCQF level 6\*)

*\*SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

### **CORE SKILLS**

There is no automatic certification of Core Skills or Core Skills components in this Unit.

## **National Unit Specification: statement of standards**

### **UNIT Psychology for Care (Higher)**

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit Specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

#### **OUTCOME 1**

Explain the role of psychology in a care context

##### **Performance Criteria**

- (a) Explain the relationship between nature and nurture and their influence on human development and behaviour
- (b) Explain the ways in which psychological insights can assist care workers to understand human development and behaviour

#### **OUTCOME 2**

Evaluate the application of psychological approaches in a care context

##### **Performance Criteria**

- (a) Describe theories from different psychological approaches which are used to explain human development and behaviour
- (b) Apply different psychological approaches to behaviour in a care context
- (c) Evaluate the relevance of these approaches in a care context

#### **OUTCOME 3**

Evaluate theories of life change in a care context

##### **Performance Criteria**

- (a) Describe theories of life change which are used to explain human development and behaviour
- (b) Evaluate the relevance of these theories in a care context

### **EVIDENCE REQUIREMENTS FOR THIS UNIT**

The mandatory content for this Unit can be found in the appendix at the end of this Unit specification.

Written and/or oral evidence is required to demonstrate the achievement of all Outcomes and Performance Criteria for the Unit. The evidence must be produced under closed-book, supervised conditions within a time limit of **one** hour. 60% of the total marks available must be allocated for knowledge and understanding with the remaining 40% of the marks being allocated for analysis, application and evaluation.

## National Unit Specification: statement of standards (cont)

### UNIT Psychology for Care (Higher)

As candidates will increase their knowledge, understanding and skills throughout their study, assessment should take place towards the end of the Unit.

The use of a cut-off score may be appropriate for this assessment.

An appropriate instrument of assessment would be a case study or case studies accompanied by a series of structured questions. The questions should sample across the mandatory Unit content and allow candidates to generate evidence for all Outcomes and Performance Criteria in an integrated way.

Each assessment must sample across the mandatory content of the Unit and will allow candidates to generate evidence which covers:

- ◆ the interrelationship between nature and nurture and their influence on human development and behaviour
- ◆ how psychological insights can assist care workers
- ◆ **one** theory from **one** psychological approach
- ◆ **two** applications of **one** approach to behaviour in a care context
- ◆ the relevance of **one** psychological approach to care
- ◆ describe **one** theory of life change
- ◆ evaluate the relevance of that theory in a care context

If reassessment is required, it must sample a different range of mandatory content.

The standard to be applied, the breadth of coverage and an appropriate cut-off score are illustrated in the National Assessment Bank (NAB) items available for this Unit. If a centre wishes to design its own assessments they should be of a comparable standard.

## National Unit Specification: support notes

### UNIT Psychology for Care (Higher)

This part of the Unit Specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

#### GUIDANCE ON THE CONTENT AND CONTEXT FOR THIS UNIT

The mandatory content for this Unit can be found in the appendix at the end of this Unit specification.

This is a mandatory Unit in the *Care (Higher)* Course and in the *National Certificate in Health and Social Care* (SCQF level 6).

#### Outcome 1

Candidates should have the opportunity to discuss the ways in which psychology helps to inform good care practice. Use of current examples and case study material will help provide concrete examples of this.

Points to be highlighted might include how psychology:

- ◆ provides underpinning knowledge as to the reasons people might act in certain ways
- ◆ sees behaviour as part of a pattern or process which may be anticipated in advance
- ◆ provides care workers with a range of tools and strategies with which to respond to a situation
- ◆ is based on research evidence which is being constantly updated and responds to new situations

The role of nature and nurture should be studied at an introductory level. Candidates should be aware that human behaviour and development is influenced both by nature (the person's genetic and hereditary background) and by nurture (the environment and social circumstances in which the person is raised and lives). It is the interaction of these two factors which influence each individual.

#### Outcome 2

The different psychological approaches and theorists to be covered in this Unit are listed within the mandatory content in the appendix to the Statement of Standards.

Candidates should be given the opportunity to discuss a range of different applications of each theory to a care context. It will be more interesting to candidates if these are linked to the field of work they will be entering, so they can see the direct relevance of each approach. Teachers/lecturers and/or candidates can research current applications of each theory by reading professional journals and by doing research on the Internet.

The strengths and weaknesses of each psychological approach should be evaluated.

## **National Unit Specification: support notes (cont)**

### **UNIT Psychology for Care (Higher)**

#### **Outcome 3**

The different theories to be covered in this Unit are listed within the mandatory content in the appendix to the Statement of Standards.

The strengths and weaknesses of theories of transition and loss should be evaluated.

#### **GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT**

In delivering this Unit, there should be a balance between teacher/lecturer presentation and candidate-centred learning. It is important that candidates not only understand the concepts which are identified in this Unit but that they can apply them to given situations as well.

The content of this Unit can be taught using a variety of methods such as:

- ◆ Small group exercises
- ◆ Group discussion
- ◆ Case studies
- ◆ Worksheets
- ◆ Individual or group research
- ◆ Videos
- ◆ Lectures
- ◆ Use of Information and Communication Technology (ICT) such as appropriate and relevant websites

Teachers/lecturers and candidates are encouraged to use the Internet and professional journals as sources for current examples of the ways in which psychological approaches are used in care contexts. This will also enable teachers/lecturers and candidates to relate the key concepts to a variety of care contexts and service user groups. Use of video material may also be useful to bring the concepts to life and prompt group discussion.

#### **GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT**

The Evidence Requirements and the appendix both provide specific requirements for Unit assessment. They set out clearly what must be addressed by candidates and what evidence teachers/lecturers should look for.

An appropriate Instrument of Assessment would be a single closed-book test, lasting no more than one hour, which may contain structured, restricted and extended response-type questions. The test should make use of stimulus case study material as a tool to help candidates focus on the question(s) posed.

Evidence should be gathered by means of a single assessment towards the end of the Unit. Care should be taken to ensure that sufficient time is allowed for remediation and reassessment, if required.

## **National Unit Specification: support notes (cont)**

### **UNIT      Psychology for Care (Higher)**

The NABs illustrate the national standard for the Unit. NAB materials provide assessment instruments and guidance on implementation. The questions in the NAB require restricted and extended responses. Sampling of content within the Outcomes and Performance Criteria is acceptable and should be adopted as good practice. In the Unit the sampling will be from all theories and applications covered in learning and teaching. Evidence Requirements detail the extent of sampling involved and the NABs illustrate this.

### **CANDIDATES WITH DISABILITIES AND/OR ADDITIONAL SUPPORT NEEDS**

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering alternative Outcomes for Units. Further advice can be found in the SQA document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* ([www.sqa.org.uk](http://www.sqa.org.uk)).

## National Unit Specification: appendix to the statement of standards

### UNIT Psychology for Care (Higher)

This appendix is part of the Statement of Standards, ie requirements that are mandatory.

#### Outcome 1

- ◆ a minimum of **three** ways in which psychology can assist care workers to understand human development and behaviour in a care context
- ◆ a minimum of **two** reasons for the importance of nature in influencing human development and behaviour
- ◆ hereditary factors and genes: genotype and phenotype
- ◆ a minimum of **two** reasons for the importance of nurture in influencing human development and behaviour
- ◆ environment and social influences
- ◆ the importance of the interrelationship of nature and nurture on the individual

#### Outcome 2

Psychodynamic Approach: Overview

- ◆ stage model: influence of psychological development in early years
- ◆ levels of consciousness: conscious, pre-conscious and sub-conscious
- ◆ dynamic: parts of the personality — id, ego, superego
- ◆ defence mechanisms (denial, repression, regression, sublimation, displacement, projection, rationalisation)

Psychodynamic theorist: Erikson and the Lifespan Theory

- ◆ lifelong psychological development in eight stages (only 4 stages need to be taught: adolescence, young adulthood, adulthood, maturity)
- ◆ conflict at each stage which, if resolved, will lead to the development of an ego strength
- ◆ importance of social environment

Cognitive/Behavioural approach: Overview

- ◆ empirical
- ◆ learning theory: stimulus, response and reinforcements
- ◆ social context important for humans: modelling, observing, self-efficacy
- ◆ cognitive processing

Cognitive/Behavioural theorist: Ellis and Rational Emotive Behaviour Therapy

- ◆ links between thinking, feeling and behaviour
- ◆ ABC (+DEF) framework (Activating event, Behaviour, Consequence, Disputing the belief, Effect, new Feelings)
- ◆ irrational beliefs: a minimum of four

## National Unit Specification: appendix to the statement of standards (cont)

### UNIT Psychology for Care (Higher)

Humanistic approach: Overview

- ◆ holistic
- ◆ phenomenological
- ◆ personal agency

Humanistic Theorist: Rogers and Person Centred Theory

- ◆ self concept: the link between self image, ideal self and self esteem
- ◆ conditions of worth; locus of evaluation (internal and external)
- ◆ core conditions: Unconditional Positive Regard (Acceptance), Congruence (Genuineness), Empathy (Understanding)

A minimum of: **two** applications of the three named psychological approaches in a care context.

A minimum of: **two** strengths and **two** weaknesses of each psychological approach when applied to a care context.

### Outcome 3

Theories of life change to be covered are:

- ◆ transition: Adams, Hayes and Hopson
- ◆ loss: Colin Murray Parkes and William Worden

Transition

Adams, Hayes and Hopson

- ◆ the theory of transition and how it affects self esteem
- ◆ seven stages: Immobilisation, Minimisation, Depression, Acceptance of Reality, Testing, Searching for meaning, Internalisation

Loss

Colin Murray Parkes

- ◆ four stages: Numbness, Searching and Pining, Depression, Recovery
- ◆ a minimum of four determinants of grief

William Worden

- ◆ accept the reality of the loss
- ◆ work through the pain of grief
- ◆ adjust to an environment in which the deceased is missing
- ◆ emotionally relocate the deceased and move on with life
- ◆ a minimum of **two** strengths and **two** weaknesses of using the stated theories of transition and loss within a care context

## National Unit Specification: general information

**UNIT** Sociology for Care (Higher)

**CODE** TS/SfCH

**COURSE** Care (Higher)

### SUMMARY

This is a mandatory Unit in the Care (Higher) Course. It can also be taken as a free-standing Unit for candidates who wish to gain a basic understanding of sociological theories and how they influence care practice.

This Unit is designed to provide candidates with a framework to understand some of the wider social influences that can impact on individuals receiving a care service. It will enable candidates to learn about the main sociological theories that provide insight into the influences that shape individuals' lives. By focusing on key aspects of society, candidates will be able to develop their knowledge and understanding of sociological theories. The concept of social inequality will be explored and through an examination of social issues, candidates will be able to understand why certain individuals or groups in society require care services. The influence of sociology in shaping the values and principles that underpin care practice will also be studied.

The Unit is suitable for candidates who wish to gain employment in the health and social care sectors at support worker level or to progress to further study.

### OUTCOMES

- 1 Explain the contribution of key sociological theories to an understanding of care in contemporary society.
- 2 Analyse aspects of society using sociological concepts and theories.
- 3 Analyse the way in which a sociological understanding provides insight into the principles underpinning care practice.

---

#### Administrative Information

**Superclass:** PK

**Publication date:** February 2007

**Source:** Scottish Qualifications Authority

**Version:** 01

© Scottish Qualifications Authority 2007

This publication may be reproduced in whole or in part for educational purposes provided that no profit is derived from reproduction and that, if reproduced in part, the source is acknowledged.

Additional copies of this Unit Specification can be purchased from the Scottish Qualifications Authority. The cost for each Unit Specification is £2.50. (A handling charge of £1.95 will apply to all orders for priced items.)

## **National Unit Specification: general information (cont)**

### **RECOMMENDED ENTRY**

While entry is at the discretion of the centre, candidates would normally be expected to have attained one of the following, or equivalent:

- ◆ Course or Units in Care at Intermediate 2 level
- ◆ Course or Units in Early Education and Childcare at Intermediate 2 level
- ◆ Standard Grade in a social subject at Credit level
- ◆ Standard Grade in a science subject at Credit level
- ◆ Standard Grade in Social and Vocational Studies at Credit level

### **CREDIT VALUE**

1 credit at Higher (6 SCQF credit points at SCQF level 6\*)

*\*SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

### **CORE SKILLS**

There is no automatic certification of Core Skills or Core Skills components in this Unit.

## **National Unit Specification: statement of standards**

### **UNIT        Sociology for Care (Higher)**

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit Specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

#### **OUTCOME 1**

Explain the contribution of key sociological theories to an understanding of care in contemporary society

##### **Performance Criteria**

- (a) Explain the role of sociological thinking in understanding contemporary society
- (b) Describe key features of specific sociological theories
- (c) Explain the relevance of sociology to care in contemporary society

#### **OUTCOME 2**

Analyse aspects of society using sociological concepts and theories

##### **Performance Criteria**

- (a) Explain specific aspects of society using key sociological concepts
- (b) Explain specific aspects of society using sociological theories

#### **OUTCOME 3**

Analyse the way in which a sociological understanding provides insight into the principles underpinning care practice

##### **Performance Criteria**

- (a) Describe the principles underpinning care practice
- (b) Analyse the concept of social inequality through contemporary social issues relevant to care practice

### **EVIDENCE REQUIREMENTS FOR THIS UNIT**

The mandatory content for this Unit can be found in the appendix at the end of this Unit specification.

Written and/or oral evidence is required to demonstrate the achievement of all Outcomes and Performance Criteria for the Unit. The evidence must be produced under closed-book, supervised conditions within a time limit of **one** hour. 60% of the total marks available must be allocated to knowledge and understanding with the remaining 40% of the marks being allocated to analysis, application and evaluation.

## National Unit Specification: statement of standards (cont)

### UNIT Sociology for Care (Higher)

As candidates will increase their knowledge, understanding and skills throughout their study, assessment should take place towards the end of the Unit.

The use of a cut-off score may be appropriate for this assessment.

An appropriate instrument of assessment would be a case study or case studies accompanied by a series of structured questions. The questions should sample across the mandatory Unit content and allow candidates to generate evidence for all Outcomes and Performance Criteria in an integrated way.

Each assessment must sample across the mandatory content of the Unit and will allow candidates to generate evidence which covers:

- ◆ the role of sociology in understanding society
- ◆ the key features of **two** of the following theories: functionalist, conflict, feminist, symbolic interactionist
- ◆ the relevance of sociology to care in contemporary society
- ◆ **either** family **or** deviance using **one** of the following key sociological concepts: socialisation, culture or life chances
- ◆ **either** the family **or** deviance using **one** of the following theories: functionalist, conflict, feminist, symbolic interactionist
- ◆ **two** principles which underpin the *National Care Standards*
- ◆ the concept of social inequality through **one** of the following: disability **or** homelessness **or** health status

If reassessment is required, it should sample a different range of mandatory content.

The standard to be applied, the breadth of coverage and an appropriate cut-off score are illustrated in the National Assessment Bank (NAB) items available for this Unit. If a centre wishes to design its own assessments they should be of a comparable standard.

## National Unit Specification: support notes

### UNIT Sociology for Care (Higher)

This part of the Unit Specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

#### GUIDANCE ON THE CONTENT AND CONTEXT FOR THIS UNIT

The mandatory content for this Unit can be found in the appendix at the end of this Unit specification.

This is a mandatory Unit in the *Care (Higher)* Course and in the *National Certificate in Health and Social Care* (SCQF level 6).

In this Unit candidates will be introduced to sociological concepts and theories and should develop the knowledge and skills necessary to apply these to care. Candidates should also gain an understanding of different groups that tend to be marginalised in society and how an understanding of sociological theories and concepts can assist the care worker to understand the values and principles that underpin care provision.

#### Outcome 1

Explain the contribution of key sociological theories to an understanding of care in contemporary society.

- ◆ The Unit should be introduced by developing candidates' understanding of sociology as a discipline and should highlight the importance of developing an objective rather than subjective view of the society in which we live.
- ◆ The relationship between individual experiences and wider social structures (private troubles/public issues) should be introduced.
- ◆ The importance of distinguishing between *understanding* the society we live in rather than merely *describing* it should also be emphasised. This will provide candidates with a means of beginning to understand the importance of care professionals moving on from a 'common sense' understanding of social behaviour within society to recognising the benefits of developing a sociological understanding.
- ◆ The fundamental distinction between adopting a **macro-sociological** approach and a **micro-sociological** approach to explaining society should be covered.
- ◆ Within discussion of the macro-sociological (structural) theories, candidates should have a general understanding of the difference between **consensus** and **conflict** theories.
- ◆ The key features of **functionalist theory**, **conflict theory**, **feminist theory** and **symbolic interaction theory** should be covered.
- ◆ Opportunities to study and discuss the relevance of sociological theories to the context of care should be provided.

## National Unit Specification: support notes (cont)

### UNIT Sociology for Care (Higher)

#### Outcome 2

Analyse aspects of society using sociological concepts and theories.

- ◆ Before analysing specific aspects of social living, candidates should explore the more general sociological concepts of **socialisation, culture and life chances**.
- ◆ In order to more fully understand the **application** of sociological theory, candidates should study two key aspects of social life — **the family and deviance**.
- ◆ Opportunities should be provided to study the ways in which explanations and interpretations of the aspects of society differ between sociological perspectives.

#### Outcome 3

Analyse the way in which a sociological understanding provides insight into the principles underpinning care practice.

- ◆ Principles underpinning care practice should be explored and the principles upon which the *National Care Standards* are based should be summarised (dignity, privacy, choice, safety, realising potential, equality and diversity). However, the more important aspect for this Unit is how these are linked to the wider values of empowerment, social inclusion, social justice and valuing diversity.
- ◆ The concept of social inequality should be explored in terms of how marginalised groups can face discrimination, oppression, powerlessness, cycles of deprivation/poverty and social exclusion.
- ◆ As examples of contemporary issues significant to health and social care practice, the issues of disability, homelessness and health status should be highlighted.
- ◆ Candidates should be encouraged to reflect on the ways in which the values and principles underpinning the provision of care have been influenced by a sociological understanding that highlights the social inequalities experienced by vulnerable groups in our society.

## GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT

#### Outcome 1

The emphasis in this Outcome should be on candidates developing an objective rather than subjective view of the society in which we live. This should lead to an understanding of the importance for care professionals to develop a ‘sociological’ understanding of care in contemporary society rather than a common sense view.

In working towards this understanding, a balance needs to be achieved between teachers/lecturers teaching the material, and candidates developing for themselves a true understanding of what a sociological understanding involves. Exercises, activities and group discussions which encourage an examination of the relationship between individual experiences and wider social structures (private troubles/public issues) could facilitate this process.

## National Unit Specification: support notes (cont)

### UNIT Sociology for Care (Higher)

Lectures, worksheets and case study materials would be useful means of covering the key features of the sociological perspectives contained in the Unit and their relevance to the context of care.

Independent research using sociology websites could also enhance candidates' understanding of specific sociological perspectives.

#### Outcome 2

Teacher/lecturer exposition will be necessary to introduce the learning for this Outcome. However, group exercises and discussion of candidates' own life experiences and case study material could be used to best advantage in order to give meaning to the sociological concepts of socialisation, culture and life chances as well as the topics of the family and deviance which are the specified aspects of social life highlighted in the Unit.

It is important that this type of learning should then be used to enable candidates to re-focus on not merely *describing* their own or other people's experiences but to *understand* social living in a more objective way.

#### Outcome 3

The concept of social inequality should be explained by means of teacher/lecturer exposition and class discussion but could be made relevant to practice by exercises which highlight the social inequalities experienced by vulnerable groups in our society. The concept of social inequality should be explored in terms of how marginalised groups can face discrimination, oppression, powerlessness, cycles of deprivation/poverty and social exclusion. As examples of contemporary social issues significant to care, the topics of disability, homelessness and health status should be highlighted although other social issues or vulnerable groups could also be studied.

Key themes relating to the potential negative impacts associated with the social issues such as stigma, marginalisation and social exclusion should be addressed. Candidates should also be given the opportunity to study how the emergence of positive values and principles which emphasise empowerment, valuing diversity, social inclusion and social justice have had an impact on social policy and care provision.

Candidates should, initially, be shown and then encouraged to make the links between values and legislation. Exposition and discussion should briefly cover the origin and purpose of key legislation and should focus on recognition of the need to amend or develop new legislation to protect and empower vulnerable groups in society. This could then lead to a focus on policy developments affecting the care sector in the 21<sup>st</sup> century such as *The Same As You? A review of services for people with learning disabilities* (2000) which emphasises seven key principles based on factors related to social inclusion, or the impact of the *National Care Standards* which are based on six key principles and were implemented by the Regulation of Care (Scotland) Act (2001). Awareness of wider social policy issues that impact on the care sector should also be raised such as The Equality Act (2006) and the establishment of the Commission for Equality and Human Rights.

Lectures in combination with group work presentations exploring the inequalities faced by some groups in society could be used to good effect here. This could then be used to examine different types of care provision that have been developed based on principles which endeavour to empower service users.

## **National Unit Specification: support notes (cont)**

### **UNIT**      Sociology for Care (Higher)

#### **GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT**

The Evidence Requirements and the appendix both provide specific requirements for Unit assessment. They set out clearly what must be addressed by candidates and what evidence assessors should look for.

An appropriate Instrument of Assessment would be a closed-book supervised test, lasting no more than one hour, which may contain structured, restricted and extended response type questions. The test should make use of stimulus material (eg a case study) as a tool with which to help candidates focus on the question(s) posed.

Evidence should be gathered by means of a single assessment towards the end of the Unit. Care should be taken to ensure that sufficient time is allowed for remediation and reassessment, if required.

The NABs illustrate the national standard for the Unit. NAB materials provide assessment instruments and guidance on implementation. The questions in the NAB require restricted and extended responses.

Sampling of content within the Outcomes and Performance Criteria is acceptable and should be adopted as good practice. In the Unit the sampling will be from all theories and applications covered in learning and teaching.

The Evidence Requirements detail the extent of the sampling and the NABs illustrate this.

#### **CANDIDATES WITH DISABILITIES AND/OR ADDITIONAL SUPPORT NEEDS**

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering alternative Outcomes for Units. Further advice can be found in the SQA document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* ([www.sqa.org.uk](http://www.sqa.org.uk)).

## National Unit Specification: appendix to the statement of standards

### UNIT Sociology for Care (Higher)

This appendix is part of the Statement of Standards, ie requirements that are mandatory.

#### Outcome 1

Explain the contribution of key sociological theories to an understanding of care in contemporary society.

The role of sociological thinking:

- ◆ the relationship between private problems and public issues
- ◆ the distinction between common sense explanations and sociological knowledge
- ◆ focus on the importance of understanding society rather than merely describing it

Key features of sociological perspectives:

- ◆ the distinction between macro-sociological (structural) and micro-sociological (action) approaches
- ◆ the similarity and differences between consensus and conflict theories
- ◆ the key features of functionalist theory: consensus on norms, values, roles; integration and interdependence; stability and continuity; dysfunctionality
- ◆ the key features of conflict theories: power differentials built into social structures; competition over scarce resources; social conflict and change; control, coercion and constraint imposed by dominant group
- ◆ the key features of feminist theory: gender-role socialisation; equal rights for women; questioning of 'malestream' thinking; oppression and subordination through patriarchy
- ◆ the key features of symbolic interactionist theory: the idea of self-concept; the significance of symbols in social interaction; the concept of 'role-taking'; the individual as an influence on society
- ◆ contrasts between different theories

The relevance of sociology to care:

- ◆ developing an objective awareness as a care professional of some of the wider social influences that can impact on individuals receiving a care service
- ◆ recognition that individuals and groups can also shape the society in which they live and influence the way in which care services develop

#### Outcome 2

Analyse aspects of society using sociological concepts and theories.

- ◆ aspects of society/social living will include the family and deviance
- ◆ sociological concepts will include socialisation, culture and life chances
- ◆ sociological theories will include functionalist, conflict, feminist and symbolic interactionist theories

## National Unit Specification: appendix to the statement of standards (cont)

### UNIT Sociology for Care (Higher)

#### Outcome 3

Analyse the way in which a sociological understanding provides insight into the principles underpinning care provision.

In this Unit it is not only the principles underpinning the National Care Standards that should be covered but also the guiding values behind them:

- ◆ dignity, privacy, choice, safety, realising potential, equality and diversity
- ◆ the importance of the guiding values of empowerment, valuing diversity, social inclusion. and social justice

Social Inequality:

- ◆ explanation of the concept of social inequality
- ◆ recognition that social inequalities can lead to oppression, discrimination, cycles of poverty/deprivation, marginalisation and social exclusion
- ◆ the role of legislation in addressing inequalities

Social inequality/contemporary social issues relevant to health and social care practice:

- ◆ as examples of contemporary issues significant to care practice, the topics of disability, homelessness and health status should be examined
- ◆ an overview of how an understanding of sociology and issues of social inequality provides insight into the principles underpinning care provision and practice in relation to contemporary social issues

## National Unit Specification: general information

**UNIT** Values and Principles in Care (Higher)

**CODE** TS/VPCH

**COURSE** Care (Higher)

### SUMMARY

This is a mandatory Unit in the *Care (Higher)* Course but it can also be taken as a free-standing Unit.

This Unit is designed to enable candidates to develop an understanding of the caring relationship and the values and principles that underpin professional care practice. Candidates will have an opportunity to examine the role of legislation and the care planning process in promoting positive Outcomes for people requiring care.

The Unit is suitable for candidates who wish to gain employment in the health and social care sectors at support worker level or to progress to further study.

### OUTCOMES

- 1 Analyse the caring relationship between the carer and those requiring care.
- 2 Explain the role of legislation in promoting positive care.
- 3 Evaluate the effectiveness of the care planning process.

### RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally be expected to have attained one of the following, or equivalent:

- ◆ Course or Units in Care at Intermediate 2 level
- ◆ Course or Units in Early Education and Childcare at Intermediate 2 level
- ◆ Standard Grade in a social subject at Credit level
- ◆ Standard Grade in a science subject at Credit level
- ◆ Standard Grade in Social and Vocational Studies at Credit level

---

#### Administrative Information

**Superclass:** PM

**Publication date:** February 2007

**Source:** Scottish Qualifications Authority

**Version:** 01

© Scottish Qualifications Authority 2007

This publication may be reproduced in whole or in part for educational purposes provided that no profit is derived from reproduction and that, if reproduced in part, the source is acknowledged.

Additional copies of this Unit Specification can be purchased from the Scottish Qualifications Authority. The cost for each Unit Specification is £2.50. (A handling charge of £1.95 will apply to all orders for priced items.)

## **National Unit Specification: general information (cont)**

**UNIT**      Values and Principles in Care (Higher)

### **CREDIT VALUE**

1 credit at Higher (6 SCQF credit points at SCQF level 6\*)

*\*SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

### **CORE SKILLS**

There is no automatic certification of Core Skills or Core Skills components in this Unit.

## **National Unit Specification: statement of standards**

### **UNIT Values and Principles in Care (Higher)**

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit Specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

#### **OUTCOME 1**

Analyse the caring relationship between the carer and those requiring care

##### **Performance Criteria**

- (a) Explain the significance of values and principles in care
- (b) Explain the role of effective communication in the caring relationship
- (c) Analyse caring relationships in terms of care values and communication

#### **OUTCOME 2**

Explain the role of legislation in promoting positive care

##### **Performance Criteria**

- (a) Describe the main features of relevant legislation
- (b) Explain how legislation promotes positive care practice

#### **OUTCOME 3**

Evaluate the effectiveness of the care planning process

##### **Performance Criteria**

- (a) Explain the care planning process
- (b) Analyse approaches to assessing needs of service users
- (c) Evaluate strategies for meeting needs of service users

### **EVIDENCE REQUIREMENTS FOR THIS UNIT**

The mandatory content for this Unit can be found in the appendix at the end of this Unit specification.

Written and/or oral evidence is required to demonstrate the achievement of all Outcomes and Performance Criteria for the Unit. The evidence must be produced under closed-book, supervised conditions within a time limit of **one** hour. 60% of the total marks available must be allocated to knowledge and understanding with the remaining 40% of the marks being allocated to analysis, application and evaluation.

As candidates will increase their knowledge, understanding and skills throughout their study, assessment should take place towards the end of the Unit.

## National Unit Specification: statement of standards (cont)

### UNIT Values and Principles in Care (Higher)

The use of a cut-off score may be appropriate for this assessment.

An appropriate instrument of assessment would be a case study or case studies accompanied by a series of structured questions. The questions should sample across the mandatory Unit content and allow candidates to generate evidence for all Outcomes and Performance Criteria in an integrated way.

Each assessment must sample across the mandatory content of the Unit and will allow candidates to generate evidence which covers:

- ◆ the significance of **two** values for carers
- ◆ **two** communication skills needed by carers
- ◆ the analysis of **one** caring relationship
- ◆ **two** pieces of relevant legislation. This must include at least **one** of the following Acts: Regulation of Care (Scotland) Act (2001); Data Protection Act 1998; NHS and Community Care Act 1990; Disability and Discrimination Act 1995; Race Relations Act 1976 (Amendment Act 2000); Sex Discrimination Act 1975; Mental Health Care and Treatment (Scotland) Act 2003.
- ◆ the way legislation promotes positive care
- ◆ the care planning process
- ◆ **one** approach to assessing needs
- ◆ **one** chosen strategies used to meet the needs of specific service users

If reassessment is required, it should sample a different range of mandatory content.

The standard to be applied, the breadth of coverage and an appropriate cut-off score are illustrated in the National Assessment Bank (NAB) items available for this Unit. If a centre wishes to design its own assessments they should be of a comparable standard.

## National Unit Specification: support notes

### UNIT Values and Principles in Care (Higher)

This part of the Unit Specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

#### GUIDANCE ON THE CONTENT AND CONTEXT FOR THIS UNIT

The mandatory content for this Unit can be found in the appendix at the end of this Unit specification.

This is a mandatory Unit in the *Care (Higher)* Course and in the *National Certificate in Health and Social Care* (SCQF level 6).

#### Outcome 1

Analyse the caring relationship between the carer and those requiring care

The purpose of this Outcome is to enable candidates to develop an understanding of the difference between good and bad care practice. They will examine the differences between values for informal and professional care workers.

Explain the significance of values in care

- ◆ values should be defined as ‘that which is desirable and worthy for its own sake’
- ◆ values are learned through the process of socialisation
- ◆ values underpin thoughts, feelings, beliefs and influence attitudes and behaviour
- ◆ informal carers have their own personal values — these may not reflect professional care values

Values for professional care workers

Two core values should be described as:

- ◆ the value of respect for the worth and dignity of every individual
- ◆ the value of according social justice and promoting the social welfare of every individual

Respect individuals

Avoid stereotyping and address issues of prejudice and discrimination. Examples of service users may include people with physical disabilities or people with dementia.

Codes of professional conduct

Express values that care workers must display, and are made personally accountable for in practice. *National Care Standards* are based on the six principles of dignity, privacy, choice, safety, realising potential, and equality and diversity.

## National Unit Specification: support notes (cont)

### UNIT Values and Principles in Care (Higher)

Nursing and Midwifery Council *Code of Professional Conduct: standards for conduct, performance and ethics* (2004) state that the nurse must:

- ◆ respect the patient or client as an individual
- ◆ obtain consent before any treatment or care is given
- ◆ protect confidential information
- ◆ co-operate with others in the team
- ◆ maintain professional knowledge and competence
- ◆ be trustworthy
- ◆ act to identify and minimise risk to the patient or client

#### Reflective practice

This is a tool for evaluating personal practice in relation to values and principles.

Explain the role of communication in the caring relationship:

- ◆ effective communication includes the willingness to engage in communication, listening skills, non-verbal communication, use of appropriate language, using the right pace and tone
- ◆ decisions about how best to communicate will be affected by the needs of the service user, for example communicating with a 5 year old child will be different from communicating with an adult
- ◆ communicating with a service user who has sensory impairment will be different from communicating with someone who has learning difficulties
- ◆ barriers to effective communication should be identified

In order to develop a valued, caring relationship the care worker will need to display certain core characteristics:

- ◆ Rogers' core conditions: empathy, unconditional positive regard and congruence
- ◆ Egan's Skilled Helper Model: current scenario, preferred scenario, action strategies (ie explore, understand and act to help people solve problems and develop opportunities)

Analyse caring relationships in terms of care values and communication

- ◆ good and bad caring relationships should be examined
- ◆ analysis of behaviours to determine the values in evidence or values lacking in the relationship
- ◆ effects of stereotyping, prejudice and discrimination on the individual
- ◆ explanation of the values that the carer should display
- ◆ effects on the individual of professional caring relationship — autonomy, independence, empowering, aspirations supported
- ◆ analysis of the effectiveness of communication in the relationship
- ◆ explanation of the role of communication in the professional caring relationship
- ◆ reflective practice as a tool for evaluating personal practice in relation to communication

## National Unit Specification: support notes (cont)

### UNIT Values and Principles in Care (Higher)

#### Outcome 2

Explain the role of legislation in promoting positive care

The purpose of this Outcome is to give candidates an opportunity to become familiar with the legal framework within which care takes place and the social influences on policy developments.

Candidates should understand the links between legislation, policy and procedures carried out in practice.

Describe the main features of relevant legislation

Relevant legislation is legislation that is currently in use and that can be seen to have an influence on current care practice. Legislation can be seen to reflect values. There are links between legislation and social or cultural values.

Legislation to be considered:

- ◆ Regulation of Care (Scotland) Act (2001)
- ◆ Data Protection Act (1998)
- ◆ NHS and Community Care Act (1990)
- ◆ Disability Discrimination Act (1995)
- ◆ Race Relations Act 1976; Amendment Act (2000)
- ◆ Sex Discrimination Act (1975)
- ◆ Mental Health Care and Treatment (Scotland) Act 2003

Explain how legislation promotes positive care practice

Care legislation in Scotland:

- ◆ promotes positive care practice by enforcing professional accountability, and promoting the health and wellbeing of the service user
- ◆ can be seen to reflect values
- ◆ is influenced by values associated with human rights
- ◆ should safeguard human rights and should bring benefits to the individual in care — this can include promoting health and wellbeing, maintaining quality of life, protection of rights and choices, maintaining confidentiality, promoting equality of opportunity
- ◆ act an instrument to promote health and wellbeing

Health and wellbeing in its widest sense should include social, cultural, mental, physical, emotional, and cognitive aspects of health and wellbeing.

## National Unit Specification: support notes (cont)

### UNIT Values and Principles in Care (Higher)

Unlike informal carers, professional care workers have responsibilities in relation to legislation. They:

- ◆ have a responsibility to maintain professional knowledge, including knowledge of current legislation and proposed changes
- ◆ are most effective when they support those in their care according to legislation and associated policies and procedures
- ◆ are accountable for their practice, professional registration can be jeopardised if the care worker does not comply with legislation and associated policies and procedures

Reflective practice is used as a tool for evaluating personal practice in relation to compliance with legislation and standards of practice.

#### Outcome 3

Evaluate the effectiveness of the care planning process

This Outcome will provide candidates with an opportunity to examine the way the professional caring relationship and the values and principles that underpin professional care practice are applied to the care planning process. Candidates will develop their understanding of legislation and policy influences when planning care and promoting positive outcomes for people requiring care.

Explain the care planning process

Care planning as a process includes:

- ◆ Assessment
- ◆ Planning
- ◆ Implementation
- ◆ Evaluation through a process of monitoring and review
- ◆ Involvement of the service user

Integrated Care Pathways may be used in health care. These are previously agreed plans based on best practice guidelines. Care professionals are required to document the rationale for any deviation from the pathway.

Plans are a basis for action

Models and processes used in care planning include:

- ◆ the exchange model
- ◆ the person-centred planning model
- ◆ multi-disciplinary team working in care planning
- ◆ goal setting as specific, measurable, achievable, realistic and time-orientated (smart)
- ◆ planning for short and long term goal achieve
- ◆ assessment of need — using communication skills and strategies based on the work of Rogers and Egan

## National Unit Specification: support notes (cont)

### UNIT Values and Principles in Care (Higher)

It also includes assessment of:

- ◆ physical needs
- ◆ relationships with others
- ◆ organisational and operational needs
- ◆ communication needs
- ◆ cultural needs, cognitive needs
- ◆ emotional, social and spiritual needs

Implementing care plans including the role of different care workers as defined by the Scottish Social Services Council and the National Midwifery Council, including social worker, community-based nurse, hospital-based nurse, care support worker, dietician, occupational therapist and physiotherapist in the process.

Important factors in care planning:

- ◆ it should be part of an ongoing service which should never be regarded as complete
- ◆ it should rest upon a firm value base
  - with respect for dignity of every individual
  - promotion of choices
  - rights of empowerment
  - protection should be at the forefront for some cases
- ◆ it should have good communication at the heart of the process
- ◆ it should be needs led and not service led
- ◆ in the planning it should guard against stigmatisation and labelling
- ◆ it should empower the service user in negotiating an agreed plan
- ◆ it should make it clear who is responsible for each part and the rights of the individual
- ◆ it should use an evaluation process
- ◆ the care plan must be individual
- ◆ it should be based on accurate and current information

#### Analyse approaches to assessing needs of service users

##### Approaches

This will include tools of assessment, eg meetings, assessment forms, checklists, observation and asking questions, diaries and scrapbooks and shared activities.

**Needs assessment** using:

- ◆ (PROCCCESS) Physical needs, Relationship needs, Organisational and operational needs, Communication needs, Cultural needs, Cognitive/intellectual needs, Emotional needs, Social and Spiritual needs and Maslow's hierarchy as a guide
- ◆ involvement of others in assessing needs, preferences and choices
- ◆ effectiveness of care worker's communication when assessing needs, preferences and choices
- ◆ values demonstrated in assessing needs and preferences and supporting choices

## **National Unit Specification: support notes (cont)**

### **UNIT Values and Principles in Care (Higher)**

#### **Evaluate strategies for meeting needs of service users**

In this part a strategy is an action aimed at meeting the needs of the service user. It includes the following:

- ◆ selected care interventions taken from real or fictional case studies, television documentaries or films
- ◆ identifying strategies aimed at meeting a need or supporting preferences or choices
- ◆ aspirations of service users
- ◆ short and long-term goal setting including rationale for selecting goals

In the evaluation there should be an indication of the advantages and disadvantages of each of the strategies, the effectiveness of communication and teamwork in the care planning process. Reflective practice should be used as a tool for evaluating personal practice and care values.

#### **GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT**

##### **Outcome 1**

##### **Analyse the caring relationship between carers and those requiring care**

Candidates could be encouraged to explore their own values and to identify the values that they think are important in care work. This work can be done in small groups followed by class discussion. Extracts from films or television can be shown to illustrate caring relationships. Candidates could be encouraged to identify and discuss the values that influence behaviour and the socialisation process that may have influenced the development of these values. It should be recognised that exploring values may be challenging but candidates might benefit from reflecting on their own values and any conflicts that personal values might have with professional care values. Candidates could also investigate the values and aims of various self-help/voluntary organisations, eg ENABLE; Quarriers; Downs Syndrome Scotland and Age Concern Scotland.

Introducing candidates to care standards and codes of professional conduct that express care values will provide an opportunity for ongoing discussion and reference as the Unit progresses. Teachers/lecturers can refer candidates to the websites for the Scottish Social Services Council and NHS Education Scotland.

Effective communication can be introduced by teacher/lecturer exposition. To illustrate barriers to communication the teacher could arrange a short teaching session on communication skills and pre-arrange interruptions, phones ringing, noise, etc and ask the class to reflect on the session and identify barriers. Candidates can be asked to work in groups to investigate Rogers' core conditions and Egan's skilled helper model. Scenarios and role-play could be used to help candidates practice effective communication skills and to consciously try to apply Rogers' core conditions and/or Egan's skilled helper model. Following the role-play a time of reflection would enable candidates to discuss the interactions which took place and issues highlighted could form the basis for further personal development, discussion and teaching. Scenarios that depict good and bad caring relationships should be role-played and analysed by observers to determine the values in evidence or values lacking in the relationship. A variety of service users with different needs and abilities should be considered.

## **National Unit Specification: support notes (cont)**

### **UNIT Values and Principles in Care (Higher)**

This can lead to discussion about the impact of these values on care and will provide a reference point for further discussion in Outcomes two and three.

#### **Outcome 2**

##### **Explain the role of legislation in promoting positive care**

Discussion on what legislation is, what influences legislative change and why it is important for carers to know and understand the legislation that affects them and those in their care.

A class where computers are used can provide an opportunity to explore Government websites with the teacher/lecturer providing instructions about where to source information about specific legislation. Candidates could work in pairs to investigate a piece of legislation and develop a summary of main points for presentation to the class. The teacher/lecturer should consolidate this information and provide a fuller description of main aspects of key pieces of legislation.

Class or small group discussion with focused questions can be used to discuss the responsibilities of care workers in relation to legislation and to reflect on the ways in which legislation promotes positive care Outcomes.

#### **Outcome 3**

##### **Evaluate the effectiveness of the care planning process**

Teacher/lecturer exposition will provide an overview of care planning as a process including, assessment, planning, implementation and evaluation through a process of monitoring and review.

Each stage of the process should be fully explained with an emphasis on partnership working with the service user and others. Approaches to assessing need should be explained and examples of assessment tools should be available and can be tried out in a role-play simulation of needs assessment. Problem based learning approaches to a range of care study situations would enable candidates to explore a variety of alternative strategies to meet particular care needs. Candidates could work in groups with each group suggesting strategies. Each group strategy could be evaluated in terms of strengths and weaknesses of the approaches taken. Through class discussion the teacher/lecturer should highlight and reinforce the values and principles that are being put into practice.

Selected care interventions taken from real or fictional case studies, television documentaries or films can be used to allow candidates to analyse and reflect on the effectiveness of care.

## **National Unit Specification: support notes (cont)**

### **UNIT**      Values and Principles in Care (Higher)

#### **GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT**

The Evidence Requirements and the appendix both provide specific requirements for Unit assessment. They set out clearly what must be addressed by candidates and what evidence teachers/lecturers should look for.

An appropriate Instrument of Assessment would be a single closed-book test, lasting no more than one hour, which may contain structured, restricted and extended response-type questions. The test should make use of stimulus case study material as a tool to help candidates focus on the question(s) posed.

Evidence should be gathered by means of a single assessment towards the end of the Unit. Care should be taken to ensure that sufficient time is allowed for remediation and reassessment, if required.

The NABs illustrate the national standard for the Unit. NAB materials provide assessment instruments and guidance on implementation. The questions in the NAB require restricted and extended response. Sampling of content within the Outcomes and Performance Criteria is acceptable and should be adopted as good practice. In the Unit the sampling will be from all theories and applications covered in learning and teaching. Evidence Requirements detail the extent of sampling involved and the NABs illustrate this.

#### **CANDIDATES WITH DISABILITIES AND/OR ADDITIONAL SUPPORT NEEDS**

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering alternative Outcomes for Units. Further advice can be found in the SQA document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* ([www.sqa.org.uk](http://www.sqa.org.uk)).

## National Unit Specification: appendix to the statement of standards

### UNIT Values and Principles in Care (Higher)

This appendix is part of the Statement of Standards, ie requirements that are mandatory.

#### Outcome 1

Caring relationship:

- ◆ good and bad practice in care
- ◆ relationship between values and behaviour
- ◆ differences between values for informal and professional care workers
- ◆ types of service users
- ◆ respect individuals: recognise and understand the effects of stereotyping, prejudice and discrimination
- ◆ effects on individuals: worth, dignity, social justice and social welfare

Values for professional care workers: two core values should be described as:

- ◆ values and principles in care: dignity, privacy, choice, safety, realising potential, equality and diversity
- ◆ the value of respect for the worth and dignity of every individual
- ◆ the value of according social justice and promoting the social welfare of every individual

Codes of professional conduct:

- ◆ registration and professional accountability
- ◆ Nursing and Midwifery Council *Code of Professional Conduct: standards for conduct, performance and ethics (2004)*
- ◆ *National Care Standards* — six principles

Role of Communication:

- ◆ verbal and non-verbal communication
- ◆ barriers to effective communication

Develop a valued relationship using:

- ◆ Roger's core conditions: Congruence, Unconditional Positive Regard and Empathy (acceptance, empathy, genuineness)
- ◆ Egan's Skilled Helper Model (explore, understand, act)

Analyse caring relationships in terms of care values and communication:

- ◆ good and bad caring relationships should be examined
- ◆ analysis of behaviours to determine the values in evidence or values lacking in the relationship
- ◆ effects of stereotyping, prejudice and discrimination on the individual
- ◆ explanation of the values that the carer should display
- ◆ effects on the individual of professional caring relationship – autonomy, independence, empowering, aspirations supported
- ◆ analysis of the effectiveness of communication in the relationship
- ◆ explanation of the role of communication in the professional caring relationship

## National Unit Specification: appendix to the statement of standards (cont)

### UNIT Values and Principles in Care (Higher)

Reflective practice as a tool for evaluating personal practice in relation to communication

#### Outcome 2

Main features of relevant legislation:

- ◆ relevant legislation is legislation that is currently in use and that can be seen to have an influence on current care practice
- ◆ legislation can be seen to reflect values
- ◆ there are links between legislation, policy, procedures and social or cultural values

Legislation to be considered:

- ◆ Regulation of Care (Scotland) Act (2001)
- ◆ Data Protection Act (1998)
- ◆ NHS and Community Care Act (1990)
- ◆ Disability Discrimination Act (1995)
- ◆ Race Relations Act (1976); Amendment Act (2000)
- ◆ Sex Discrimination Act (1975)
- ◆ Mental Health: Care and Treatment (Scotland ) Act (2003)

Ways in which legislation acts as a framework to promote positive care practice by:

- ◆ promoting health and wellbeing: social, cultural, mental, physical, emotional and cognitive aspects
- ◆ reflecting values associated with human rights
- ◆ safeguarding human rights and bring benefit to individual in care
- ◆ providing benefits to individuals: maintaining quality of life, protecting rights and choices, maintaining confidentiality, promoting equality of opportunity
- ◆ enforcing professional accountability
- ◆ specifying professional care workers responsibilities under legislation (updating, accountability etc)

#### Outcome 3

The care planning process is composed of assessment, planning, implementation and evaluation through a process of monitoring and review.

The important factors in care planning

Models used in care planning:

- ◆ the exchange model
- ◆ person centred planning

## National Unit Specification: appendix to the statement of standards (cont)

### UNIT Values and Principles in Care (Higher)

Multi-disciplinary team working in care planning

Role of different care workers in planning and implementation including: social worker, community-based nurse, hospital-based nurse, speech therapist, dietician, occupational therapist and physiotherapist.

Goal setting: short and long-term goals in care planning

Assessment of needs, this includes preferences and choices:

- ◆ approaches including tools of assessment eg meetings, assessment forms, checklists, observation and asking questions, diaries and scrapbooks and shared activities
- ◆ needs assessment using : (PROCCCESS) Physical needs, Relationship needs, Organisational and operational needs, Communication needs, Cultural needs, Cognitive/intellectual needs, emotional needs
- ◆ social and spiritual needs and Maslow's hierarchy of needs
- ◆ involvement of others in assessing needs preferences and choices
- ◆ demonstrate values in assessing and supporting needs

Strategies for meeting the needs of service users

A strategy is an action aimed at meeting the needs of the service user.

The student will be able to identify strategies aimed at meeting a need or supporting preferences or choices to meet particular care needs.

In the evaluation there should be an indication of the advantages and disadvantages of each of the strategies, the effectiveness of communication and teamwork in the care planning process and the values and principles used.

Reflective practice should be used as a tool for evaluating personal practice and care values.