

CARE/SQP314

Care
Higher

NATIONAL
QUALIFICATIONS

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Course Assessment Specification

Care (Higher)

The purpose of this document is to provide:

- ◆ details of the structure of the External Assessment in this Course
- ◆ guidance on how to use information gathered from a Question Paper appropriate for this Course to estimate candidate performance.

Part 1

This part of the Course Assessment Specification details the structure of the External Assessment in this Course.

The External Assessment:

- ◆ consists of two Question Papers – each Question Paper has a time allocation of 1 hour 20 minutes
- ◆ covers the three mandatory Units
- ◆ has a total mark allocation of 100
- ◆ assesses approximately 50% knowledge and understanding and 50% application, analysis and evaluation. This is over the paper as a whole, and not necessarily within each Section
- ◆ assesses integration of knowledge and understanding (KU) and application (APP), analysis and evaluation (AE) across the Units
- ◆ uses language appropriate to the reading range expected of Higher candidates in any case study or stimulus.

Question Paper

Each Question Paper has two sections.

In Question Paper 1:

- ◆ Section 1 examines the content of the “Psychology for Care” Unit.
- ◆ Section 2 examines the content of the “Sociology for Care” Unit.

In Question Paper 2:

- ◆ Section 3 examines the content of the “Values and Principles in Care” Unit.
- ◆ Section 4 examines the content of any two of the mandatory Units in an integrative way.

Candidates should answer all questions and detailed guidance on the content of each section is given below.

Section 1: Total marks 25

- ◆ This section examines the content of the “Psychology for Care” Unit.
- ◆ It contains 2 – 5 structured questions.
- ◆ Each structured question requires either a restricted or extended response.
- ◆ The questions have a possible mark range of 2 – 12.
- ◆ Some questions will require candidates to combine a number of the skills of knowledge and understanding (KU), application (APP) and analysis and evaluation (AE).

Section 2: Total Marks 25

- ◆ This section examines the content of the “Sociology for Care” Unit.
- ◆ It contains 2 – 5 structured questions.
- ◆ Each structured question requires either a restricted or extended response.
- ◆ The questions have a possible mark range of 2 – 12.
- ◆ Some questions will require candidates to combine a number of the skills of knowledge and understanding (KU), application (APP) and analysis and evaluation (AE).

Section 3: Total Marks 25

- ◆ This section examines the content of the “Values and Principles in Care” Unit.
- ◆ It contains 2 – 5 structured questions.
- ◆ Each structured question requires either a restricted or extended response.
- ◆ The questions have a possible mark range of 2 – 12.
- ◆ Some questions will require candidates to combine a number of the skills of knowledge and understanding (KU), application (APP) and analysis and evaluation (AE).

Section 4: Total Marks 25

- ◆ This section will examine the Course content in an integrated way.
- ◆ It may contain one extended response question (an essay) or a maximum of 3 restricted response questions
 - The extended response question will be in 1 or 2 parts and will be in the mark range 5 – 25.
 - The restricted response questions have a possible mark range of 5 – 10.

There is no choice of questions in the Question Paper. Case Studies may be used in any of the sections.

The Added Value of the Course

Achieving success in the Course requires some additional skills and abilities over and above those involved in passing individual Units. These are detailed in the Assessment section of the Course Arrangements Document and provide added value by placing additional demands on candidates by testing their ability to:

- ◆ integrate knowledge and skills across the component Units
- ◆ retain knowledge and skill levels over a longer period of time
- ◆ apply knowledge and skills in more challenging ways, for example, in less familiar contexts.

When selecting questions, the points above should be kept in mind. All sections of the Question Paper provide opportunities to address these points. Particular attention should be paid to the balance between knowledge and understanding and analysis and evaluation. Table 1 summarises the balance in both Unit and Course assessment.

Table 1

Type of Assessment	Knowledge and Understanding	Application, Analysis and Evaluation
Unit Assessment	Approx. 60% of the marks available	Approx. 40% of the marks available
Course Assessment	Approx. 50% of the marks available	Approx. 50% of the marks available

Part 2

This part of the Course Assessment Specification provides guidance on how all components contribute to the Course Award. It also indicates how to use the assessment information gathered from these components to estimate candidate performance.

The Course Assessment is based on two Question Papers with two questions in each. The mark range, indicated on Table 2, for questions 1, 2 and 3 reflects the equal weighting given to each Unit which makes up the Course. The mark range of Section 4 indicates the importance of the holistic nature of the Unit content.

Table 2

Section	Mark Range
Section 1	25
Section 2	25
Section 3	25
Section 4	25
Total Marks for paper	100

Course awards are based on the candidate's total marks; there is no requirement that they pass both Question Papers.

In the Care (Higher) Course cut-off scores are set at approximately 70% for grade A and 50% for grade C with grade B falling midway at between 60% and 69%. Table 3 gives an indication of appropriate cut-off scores

Table 3

Grade	Band	Mark range
A	1	86-100
A	2	70-85
B	3	65-69
B	4	60-64
C	5	55-59
C	6	50-54
D	7	45-49
No Award	8	40-44
No Award	9	Less than 40

These cut-off scores may be lowered if the Question Paper component turns out to be more demanding, or raised if the Question Paper is less demanding than intended.

In estimating candidate grades:

- ◆ centres should apply the assessment criteria with the range of marks available for both Question Papers
- ◆ the total of the marks gained over both Question Papers should then provide the estimate grade.

Worked example

- In a Centre's own prelim, a candidate scores 62/100.
- The Centre's view is that their prelim is slightly less demanding than the SQA examination.
- Using the mark range, a realistic estimate may be band 5 rather than band 4.

[CARE/SQP314]

Care
Higher
Paper 1
Specimen Question Paper
for use in and after 2007/8

Time: 1 hr 20 minutes

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Answer all questions.

The skills of knowledge and understanding (KU) and analysis, evaluation and application (A,E, App) are being assessed in this paper. When answering each question you should note the number of marks allocated to each skill and use this information as a guide to the length and type of answer required.

Section 1

- (a) Explain the relationship between nature and nurture and their influence on human development and behaviour. **4 KU**
- (b) Describe **three** key features of the psychodynamic approach. **6 KU**

Case Study 1: Peter

Read the case study below and answer the questions that follow.

Peter, a secondary school teacher, was mugged and badly beaten in a random attack as he was walking home from work. His doctor suggested he should take two weeks off work, but he ignored this advice. He went straight back to work because he felt guilty about letting his pupils down. Things started to go wrong after that. He kept waking up in the middle of the night and was unable to get back to sleep again. This started affecting his work and he was occasionally late, something which had never happened before. He also started to become short-tempered at work and shouted at his children at home which caused further problems. It all came to a head when he witnessed an incident of bullying at school between two third year boys. Peter ended up grabbing the bully and pulling him away from the victim. The boy made a formal complaint and Peter has been on long-term sick leave since then. His wife and doctor advised him to seek help and he ended up voluntarily admitting himself to a psychiatric hospital.

He has been in hospital for 6 weeks. He sleeps a lot and feels relieved to have no pressure on him at last — no responsibilities, nobody to please, nothing to get wrong. Staff supporting him have helped him to realise that there is a lot about his life which needs to be dealt with. However, he just doesn't feel he has the energy to deal with any of it. He has thought about committing suicide, but is too attached to his two children to put them through the pain. He realises he will need to face up to things, but just doesn't know how he will manage.

- (c) Use **one** feature of the psychodynamic approach, described in (b), to explain Peter's behaviour. **4 App/A**
- (d) How would an understanding of Carl Rogers' "Person Centred Approach" enable workers to help Peter deal with his situation? **11 4 KU
7 App**

25

Section 2

- | | | | |
|-----|--|----|--------------|
| (a) | Describe the key concepts of the functionalist approach. | 4 | KU |
| (b) | Evaluate the functionalist view of deviance, explaining one strength and one weakness. | 4 | AE |
| (c) | Using sociological concepts, explain the link between social inequality and discrimination. | 9 | 4 KU
5 AE |
| (d) | Explain the purpose of sociological thinking in understanding the role of legislation in promoting good care practice. | 8 | 3 KU
5 AE |
| | | 25 | |

Total: (50)

[END OF SPECIMEN QUESTION PAPER]

[CARE/SQP314]

Care
Higher
Paper 2
Specimen Question Paper
for use in and after 2007/8

Time: 1 hr 20 minutes

NATIONAL
QUALIFICATIONS

Answer all questions.

The skills of knowledge and understanding (KU) and analysis, evaluation and application (A,E, App) are being assessed in this paper. When answering each question you should note the number of marks allocated to each skill and use this information as a guide to the length and type of answer required.

Section 3

Case Study 2: Part 1

Read Part 1 of the case study and answer the following questions.

Liz has just been offered a job as a Home Care Worker. Liz's mother had cancer and Liz looked after her until she died last year. Liz feels that this has given her the experience she needs to be able to become a carer and is looking forward to her new job. One of the conditions of her new employment is that she attends a training course and then she has to study to get some care qualifications.

- (a) Liz has been told that there are differences between being an informal carer and being employed as a Home Care Worker. Describe **two** of these differences. 4 KU
- (b) The first session on the training course is about "Core Values for Care". Describe **two** values which are likely to be discussed in this session. 4 KU

Case Study 2: Part 2

Read Part 2 of the case study and answer the following questions.

Liz has been working as a Home Care Worker for a year and is amazed at how much she has learned. One of the people Liz assists is Sam who has had several small strokes and needs assistance to wash and dress, and to prepare meals. He continues to smoke despite being advised to stop. Sam's wife doesn't like him smoking and this behaviour causes some tension between them. Sam attends a day centre twice a week. He is increasingly upset because he feels that staff at the day centre ignore him when he asks to be taken outside to smoke a cigarette. He is complaining to Liz and says that people don't understand how hard it is for him to stop. He says that he is willing to try again and has asked if Liz can help him.

- (c) Liz has been learning how to improve her communication with service users. Explain how Liz could use Egan's "Skilled Helper Model" when working with Sam. 7 3 KU
4 App
- (d) Describe **one** strategy that might be used to change Sam's smoking habit. Give **one** advantage and **one** disadvantage of this strategy. 6 2 KU
4 App
- (e) Identify **one** piece of legislation and explain how it can protect service users from abuse. 4 1 KU
3 AE

25

Section 4

Care workers benefit from a knowledge of sociology and psychology when supporting service users.

To what extent do you agree with this statement?

In your answer you should

- | | | |
|--|----------|-----------|
| • describe the behavioural approach from psychology | 6 | KU |
| • describe the symbolic interactionist theory from sociology | 6 | KU |
| • evaluate the strengths and weaknesses of each of these approaches | 8 | AE |
| • provide a conclusion which includes your evaluation of the benefits of psychological and sociological understanding to care workers. | 5 | AE |

25

Total: (50)

[END OF SPECIMEN QUESTION PAPER]

[CARE/SQP314]

Care
Higher
Paper 1
Specimen Marking Instructions
for use in and after 2007/8

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Section 1

- (a) Explain the relationship between nature and nurture and their influence on human development and behaviour.

Candidates have to explain the *relationship* and their *influence* to achieve full marks. A maximum of two marks for definitions only.

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.

For instance, people are born with a certain genetic pattern to determine aspects such as height (their genotype) but factors such as whether they have a healthy diet, get exercise and enough sleep, will affect their phenotype (the actual observable characteristics, ie how tall they end up being). However, no matter how great their diet, or how much exercise they get, they will not be able to be taller than their original genetic pattern. Genes can give a person a predisposition to certain conditions, but there often needs to be an environmental stimulus to trigger the condition, as is the case with some mental health problems.

4 KU

- (b) Describe **three** key features of the psychodynamic approach.

A mark can be awarded for any 3 of the following points, or any other relevant point. A mark will only be achieved if the term is described, not just listed or stated. Eg levels of consciousness: conscious, pre-conscious and sub-conscious, will not get a mark. A description, such as that given below, has to be given to gain a mark.

- The psychodynamic approach suggests that development happens in a number of stages in childhood and adolescence, and it emphasises the importance of **experiences in the early years**.
- There are 3 **levels of consciousness**, or awareness. These are conscious (the person is fully aware of their thoughts and memories), pre-conscious (the person can access these thoughts and memories, but perhaps only after prompts, or thorough reflection) and sub-conscious (these memories are very hard to become consciously aware of and may never be accessed by the person).
- There are 3 **dynamic parts of the personality** — Id (the Pleasure principle), Ego (the Reality principle) and Superego (the Morality principle). The psychologically healthy individual has an Ego which can balance the competing demands of the Id and Superego.

- People develop **defence mechanisms** to help the Ego cope with anxiety brought about by distressing or uncomfortable situations. Examples of defence mechanisms include: sublimation (putting your anxious energy into an activity such as hoovering or sport) and displacement (taking out your feelings on a person/thing who is not the cause of the anxiety).

6 KU

Case Study 1: Peter

Peter, a secondary school teacher, was mugged and badly beaten in a random attack as he was walking home from work. His doctor suggested he should take two weeks off work, but he ignored this advice. He went straight back to work because he felt guilty about letting his pupils down. Things started to go wrong after that. He kept waking up in the middle of the night and was unable to get back to sleep again. This started affecting his work and he was occasionally late, something which had never happened before. He also started to become short-tempered at work and shouted at his children at home and this caused further problems. It all came to a head when he witnessed an incident of bullying at school between two third year boys. Peter ended up grabbing the bully and pulling him away from the victim. The boy made a formal complaint and Peter has been on long-term sick leave since then. His wife and doctor advised him to seek help and he ended up voluntarily admitting himself to a psychiatric hospital.

He has been in hospital for 6 weeks. He sleeps a lot and feels relieved to have no pressure on him at last - no responsibilities, nobody to please, nothing to get wrong. Staff supporting him have helped him to realise that there is a lot about his life which needs to be dealt with. However, he just doesn't feel he has the energy to deal with any of it. He has thought about committing suicide, but is too attached to his two children to put them through the pain. He realises he will need to face up to things, but just doesn't know how he will manage.

- (c) Use **one** feature of the psychodynamic approach, described in (b), to explain Peter's behaviour.

Candidates can achieve full marks only if they give a detailed discussion of *one* feature. A general discussion involving a number of features can only gain up to two marks.

- Levels of consciousness: conscious, pre-conscious and sub-conscious

Peter's response to the bullying was perhaps an unconscious reaction to the mugging. He couldn't do anything about the violence during the mugging, so he acted this time, spontaneously, without consciously thinking about the consequences.

- Dynamic parts of the personality — Id, Ego, Superego

Peter's superego appears not to be as strong as it was: he has been late for work and thinking of committing suicide. His Id was prominent when he acted without thinking of the consequences by grabbing the bully. However, he has not been able to commit suicide because of impact it might have on his children, so this shows that he still has a sense of right and wrong (superego) and is aware enough of reality (ego) not just to act on impulse alone.

- Defence mechanisms (denial, repression, regression, sublimation, displacement, projection, rationalisation)

One defence mechanism evident in the case study is denial when Peter chose to go return to work soon after the accident, without acknowledging what effect it had had on him.

His response to the boys in school was an example of displacement: he took his feelings about the mugging and moved them onto the bully fighting in school.

His reaction in hospital is an example of regression: he has returned to an earlier place of safety, where he is acting in a child-like manner. This is shown by sleeping a lot, feeling that he doesn't want responsibilities, and that he can't face up to things himself, but wants someone to look after him.

4 A/App

- (d) How would an understanding of Carl Rogers' "Person Centred Approach" enable workers to help Peter deal with his situation?

Candidates can achieve 4 marks for a description of 4 key features, or for a more detailed description of 2 or more key features. Marks for application can only be awarded if the discussion relates to the case study.

- **Self concept:** There is a relationship between self image (how we see ourselves), ideal self (how we would like to be) and self esteem (how we feel about our self). If our self image and ideal self are very different, then we are likely to have low self esteem. However, if our self image is closer to our ideal self, we are likely to have a higher self esteem.
- **Conditions of worth:** People impose conditions of worth on us when they only give us their love if we behave in ways that they approve of, eg doing well at school. So their acceptance of us is based on us meeting a condition that they have set.
- **Locus of evaluation** (internal and external). The locus of evaluation is the place from which a person makes decisions. If the locus is external, it means that the person is relying on the values, beliefs and opinions of others to decide what is right and wrong. With an internal locus, the person is able to make up their own mind, based on their own values, beliefs and opinions, which may differ from those of the people around them.

- **Core conditions:** These are the 3 fundamental requirements of all good helping relationships. They are: Unconditional Positive Regard (accepting the person for what they are; being non-judgmental), Congruence (being genuine and sincere), Empathy (trying to understand the other person, and see the world from their point of view).

Knowing about Carl Rogers' Person Centred Approach, workers would realise that his **self esteem** is low. His **self image** is very poor because the person he is has changed since the mugging. He has acted in ways that don't conform to his **ideal self**: a capable, fair teacher and reliable worker, and a caring father and husband. His **self concept** is so negative he has considered suicide, but this is too far away from his **ideal self** as a loving father that he cannot do it.

The workers need to demonstrate the **core conditions** to him, in order for him to develop a healthier **self image**, which will improve his **self esteem**. They can do this by being **accepting** of the fact that he is not ready to take responsibility for himself yet, and **understanding** of the depths of despair he feels about the loss of his previous **self concept**. Their role is not to impose any **conditions of worth** on him, eg "You need to pull yourself together and be strong for your family", but to work with him to develop his own **internal locus of evaluation**. He needs support and encouragement from the staff to develop this ability to make his own decisions about his life. This will help him develop a healthier self esteem, where he has belief in himself again and can see that he might again become more like the person he wants to be. He will develop a more positive self concept if they help him to help himself, rather than impose requirements on him to get better, before he is ready.

11 4KU
7 App

Section 2

- (a) Describe the key concepts of the functionalist approach.

Candidates have to describe at least 3 key features to gain full marks.

Consensus on norms, values and roles – a shared understanding or fundamental agreement about how society should be organised and operate for the good of every member of the society. Everyone “knows their place” and “how to behave”.

Integration and interdependence – all the institutions which make up society (family, education, the law, etc) are interrelated and dependent on each other for their own survival and for the effective functioning of society as a whole. (biological/mechanical analogy).

Stability and continuity – value consensus and interdependence is vital for the stability of society. A common understanding of norms, values and roles is passed on from one generation to another thereby enabling the maintenance of social cohesion in society.

Dysfunctionality – involves behaviour that does not conform to accepted norms and values and which threatens the stability of society. It is essential that society has mechanisms in place to maintain stability and social order so that dysfunctional behaviour can be corrected.

4 KU

- (b) Evaluate the functionalist view of deviance, explaining **one** strength and **one** weakness.

Up to 2 marks should be awarded for one strength and up to 2 marks for one weakness.

Functionalist theory is good at explaining how deviance is a threat to stability and harmony in society. They see that it destabilises society and that it is dysfunctional – bad for the smooth working of society. As it is a macro-sociological approach, it sees how connected all the parts of society are at a structural level, so if one part isn't working well, then the whole of society is affected because all parts are interdependent.

One disadvantage of the functionalist approach is that because it sees deviance as dysfunctional, it believes that that people who are deviant should be re-educated into society's norms or removed. However, as an approach it struggles to explain the “relative” nature of deviance (ie what is perceived as deviant behaviour in one context or culture may not be perceived as being deviant in another. Therefore it assumes there is a shared agreement on norms and values when there may be none. Unlike the conflict approach, it doesn't recognise that change can be welcomed as a way of society moving forward.

4 AE

- (c) Using sociological concepts, explain the link between social inequality and discrimination.

Candidates can be awarded up to 4 KU marks for demonstrating the accurate use of sociological concepts throughout their discussion.

The 5 AE marks should be awarded for a full *explanation* of the link between social inequality and discrimination.

- Social inequality: there is a difference in **life chances** for different groups in society, and this is **structured** into the way society is organised.
- Discrimination: being treated differently – positively or negatively - based on **stereotypes and prejudice**.
- Stereotypes and prejudice come from **socialisation** into the **norms** of the **culture** you are brought up in, which may have **stereotyped** views of, for instance, the **roles** of women, or the part that people with disabilities can play in a work setting. This starts off with **primary socialisation** in the family, and is continued by **agents of secondary socialisation** such as education and the media.
- Discrimination results in reduced opportunities for people, as they are **excluded** from opportunities – homeless people can't access certain services because they don't have a permanent address – or **marginalised**: adapted housing for people with disabilities is often limited to certain geographical areas so they have less choice about living near their family.
- People who are discriminated against are more likely to live in **poverty** and so will have **poorer life chances** and experience greater inequality in terms of length of life, health, employment and education.

9 4KU
5AE

- (d) Explain the purpose of sociological thinking in understanding the role of legislation in promoting good care practice.

Candidates can be given 1 mark each for 3 elements of sociological understanding used correctly in the explanation. In order to gain the 5 AE marks the emphasis must be on using *sociological understanding* to explain the need for legislation (in general) to promote good care practice. Candidates should not be awarded marks for describing specific pieces of legislation.

The role of sociological thinking emphasises the relationship between **private problems and public issues**. It makes a distinction between common sense and sociological knowledge which is based on **evidence and research**. It also focuses on the importance of **understanding** society rather than merely describing it.

Legislation is society's response to social problems. It is a recognition that there are **disadvantaged groups** in society and that society has a responsibility to attempt to redress the imbalance. It is based on current research about the **nature and extent** of social problems. Legislation provides an **objective response** to social problems, because it has gone through a process of **consultation** with relevant stakeholders, such as service users and carers. This may help people feel less powerless, as they can have an impact on the legislative process. Legislation is a reflection of the current **values** in society and attempts to influence **norms** of behaviour, as well as creating clear rules for people to follow.

Legislation, through the agencies and provisions it creates, is a means of **supporting marginalised** groups in a variety of care contexts to overcome discrimination and inequality. Legislation sets standards and gives a **role** to organisations to monitor the success and relevance of the legislation to ensure that issues such as **cycles of deprivation and social exclusion** are tackled. Legislation ensures that care providers make changes to their policies and practices, promotes professional accountability and allocate resources to priority issues, or they will be held to account. Legislation protects the rights of vulnerable people in care settings who have been oppressed in the past, when their needs were not met. Legislation encourages organisations to create a **culture** in which people's rights are respected.

8 3 KU
5AE

Total: 50 marks

[END OF SPECIMEN MARKING INSTRUCTIONS]

[CARE/SQP314]

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Section 3

Case Study 2: Part 1

Liz has just been offered a job as a Home Care Worker. Liz's mother had cancer and Liz looked after her until she died last year. Liz feels that this has given her the experience she needs to be able to become a carer and is looking forward to her new job. One of the conditions of her new employment is that she attends a training course and then she has to study to get some care qualifications.

- (a) Liz has been told that there are differences between being an informal carer and being employed as a Home Care Worker. Describe **two** of these differences.

Up to two marks for each difference described.

- **Accountability:** workers have to abide by the policies and procedures of the organisation they work for, such as an equal opportunities policy, or health and safety guidelines. They have to have supervision and attend team meetings in order to discuss their work. If anything goes wrong, they need to be able to explain why they acted in the way they did. In your own home, there are no such procedures to comply with.
- **Legislation:** Workers in an organisation have to abide by legislation, or they can be taken to an Employment Tribunal, or sued. They have specific responsibilities under legislation such as Health And Safety at Work 1974 and have to follow employers' rules and report problems. Individuals within their own home are not bound by this legislation.
- **Code of Conduct:** Most professional groups have a Code of Professional Conduct which outlines the standards and qualities expected in that profession. Care workers have to apply the 6 principles which underpin the National Care Standards, and health care staff are bound by the Nursing and Midwifery Code of Professional Conduct. Informal carers working at home are not bound by these types of Codes.
- or any other relevant answer.

4 KU

- (b) The first session on the training course is about "Core Values for Care". Describe **two** values which are likely to be discussed in this session.

Up to two marks for each value described.

Values for professional care workers include:

- **Individuality:** Respect for the worth and dignity of every individual. Everyone is unique. Care workers have to see past any labels that might have been ascribed to the service user and see them as an individual who has different likes, dislikes, dreams and wishes from all the other people they have worked with.

- Social Justice: According social justice and promoting the social welfare of every individual. People using care services have often experienced all kinds of discrimination and been denied opportunities to fulfil their potential. It is important that this is recognised by care workers so that they make an effort to ensure the rights of each individual is met in the care setting, and that inequality is challenged outside of the organisation as well.
- Empowerment: Care work is based on empowering people. This means assisting people to do as much for themselves as they can. Sometimes this means encouraging acceptable risks, so that people get the opportunity to find out if they can manage something by themselves. It is based on the belief that people are the experts in their own life and, with varying degrees of support, can make their own decisions. Empowerment is about encouraging people to be as independent as possible.
- or any other relevant value

4 KU

Case Study 2: Part 2

Liz has been working as a Home Care Worker for a year and is amazed at how much she has learned. One of the people Liz assists is Sam who has had several small strokes and needs assistance to wash and dress, and to prepare meals. He continues to smoke despite being advised to stop. Sam's wife doesn't like him smoking and this behaviour causes some tension between them. Sam attends a day centre twice a week. He is increasingly upset because he feels that staff at the day centre ignore him when he asks to be taken outside to smoke a cigarette. He is complaining to Liz and says that people don't understand how hard it is for him to stop. He says that he is willing to try again and has asked if Liz can help him.

- (c) Liz has been learning how to improve her communication with service users. Explain how Liz could use Egan's "Skilled Helper Model" when working with Sam.

One mark for each stage of Egan's model explained correctly. Marks for application can only be awarded if the discussion relates to the case study.

There are 3 stages in Egan's model: Explore (working out the current scenario: what the problem is), Understand (getting a clearer picture of the defined problem) and Act (developing strategies and taking steps to make changes). Workers will use different skills at each of these stages to work effectively with service users eg listening in the Exploration stage, and motivating and challenging in the Action stage.

Liz needs to use active listening to explore the issues with Sam. There will be reasons he hasn't stopped smoking in the past, despite his wife and his doctor encouraging him, so they need to discuss what these might be. Liz could use the communication skills of open questioning and paraphrasing to clarify her understanding of Sam's situation. Liz can perhaps help him distinguish what it is that **he** wants from the situation: and help him to understand what his needs are. They can discuss the range of possible options that are open to him, and help him establish goals that are SMART: specific, measurable, achievable, realistic and time-bound. She then might be able to support him work towards the goals he has set for himself.

7 3 KU
4 App

- (d) Describe **one** strategy that might be used to change Sam's smoking habit. Give **one** advantage and **one** disadvantage of this strategy.

Sam might look in the phone book or on the internet to find a local self-help group which helps people to stop smoking.

One advantage of this would be that he would feel that the other people in the group really understood what he is going through and how difficult it is to stop. They are maybe less likely to be judgmental than non-smokers, because they have experienced the problem too, and are experiencing similar withdrawal symptoms. They will also have the same doubts and fears as Sam about whether they'll be able to manage to stop.

One disadvantage is that he might be put off if other people in the group were quicker or more successful than him at stopping smoking. He might end up feeling worse, rather than better, after attending the group.

6 2 KU
4 App

- (e) Identify **one** piece of legislation and explain how it can protect service users from abuse.

One mark for the correct title of a relevant piece of legislation. The candidate has to link their answer to "*protection from abuse*" to achieve the 3 marks for AE.

- Regulation of Care (Scotland) Act 2001

This Act created an organisation called the Care Commission. They have a duty to inspect all care services in Scotland. Care services are inspected at least once a year, and twice for services that provide residential care. One of these visits is announced and one is unannounced. Inspectors might uncover abuse in the unannounced visits, as they can turn up at any point of the day or night and workers won't have been forewarned. Since workers know that Inspectors could turn up at any time, this acts as an incentive to good practice and this would minimise the chance of abuse occurring.

- NHS and Community Care Act 1990

This Act ensures that organisations have complaints procedures, and that all the relevant people – workers, service users, carers etc – should know about the procedure. If anyone is unhappy with the service – for instance if they suspect that abuse is occurring – they can make a complaint to the organisation. If they aren't happy about the way their complaint has been dealt with, or if they fear repercussions from making their complaint directly, then they can take their concerns to an outside organisation such as the Care Commission, who will investigate it further. This would also prevent the complainer from experiencing any abuse or harassment as a result of having complained.

- or any other relevant piece of legislation

4 1 KU
3 AE

Section 4

Care workers benefit from a knowledge of sociology and psychology when supporting service users.

To what extent do you agree with this statement?

In your answer you should:

- ◆ describe the behavioural approach from psychology
- ◆ describe the symbolic interactionist theory from sociology
- ◆ evaluate the strengths and weaknesses of each of these approaches
- ◆ provide a conclusion which includes your evaluation of the benefits of psychological and sociological understanding to care workers.

Marks should be awarded holistically within each section for an answer which displays understanding and integration.

In general, however, markers should consider the following recommendations:

- up to 2 marks each for a clear description of 3 key features of the cognitive/behavioural approach;
- up to 2 marks each for a clear description of 3 key features of the symbolic interactionist theory;
- up to 2 marks each for at least 2 strengths and at least 2 weaknesses;
- the candidate has to make an evaluation of whether they agree or not with the original statement, backed by suitable reasons, to gain the full 5 marks for AE.

Sample answer

Psychology and sociology can help care workers understand behaviour in care settings, because they give workers a number of tools to look at the reasons why people behave in certain ways, and why society is structured in the way it is.

The cognitive/behavioural approach is useful in care settings because it deals with what we can observe. It is a reaction to the psychodynamic approach, which talks about things like ego and id, but no-one can prove that these things really exist. A lot of the early behavioural work was empirical – ie carried out under laboratory conditions with animals. This demonstrated things like the links between stimulus, response and reinforcement (people are more likely to repeat a behaviour if there is a reward associated with it). However humans are different from animals, because we think about what we do, we don't just react, so it was important to take the initial ideas and relate them to human experience. Behaviourists suggest that humans learn by observing other people and modelling behaviour. Cognitive theorists describe the importance of the way we process ideas and perceive our situation. They feel that you cannot look at human behaviour by itself: it has to be linked with the way we think about ourselves and others.

The strength of the cognitive/behavioural approach in a care setting is that it deals with observable behaviours that both the care worker and the service user can identify. This makes it easier to set goals and to achieve them. When you are talking about changes to do with someone's unconscious defence mechanisms, it is a lot more difficult to establish exactly what it is that they want to change and how they are going to change it.

The disadvantage is that the cognitive/behavioural approach looks only at the external signs of a situation: what the person says and what they do. It doesn't look at what causes the person to act in the way they do, so it is maybe more likely that, when the support and encouragement for the service user isn't there, that the person might just go back to their old habits and responses again. People act in certain ways for all kinds of reasons, and the cognitive/behavioural approach doesn't always spend as much time as the psychodynamic or humanistic approaches in finding out what those reasons are.

Symbolic interactionism is a micro-sociological theory; it looks at the influence that individuals have on society. This is the opposite of the macro-sociological approaches which state that individuals are influenced by the structures of the society they live within. Symbolic interactionists believe that we develop a self concept based on our interactions with other people in society: it is through continual reflection on how other people respond to us that we build up our picture of who we are. This is done through the interpretation of symbols, such as words, gestures, clothing, etc from the other person, which we interpret and respond to. We choose what symbols we demonstrate to them and in this way it is a continuous two-way process of interaction. At times this can become a problem if the person is given a negative label, and it sticks with the person and they take on the role associated with this negative label. It then becomes a self-fulfilling prophecy: they act in the way expected of the role, and not the way they were before the label was ascribed to them.

The advantage of the symbolic interactionist approach is that it doesn't see humans like puppets, controlled by society to act in certain ways in certain situations. It sees them as active agents in the creation of their own life story. This is very relevant for a care setting, as the work is often focussed on helping people to find new ways of expressing themselves and to cast off the negative labels that they have been ascribed to them by society because of their mental illness or disability for instance.

The disadvantage of the symbolic interactionist approach is that, unlike the conflict perspective, they don't recognise the power of the dominant groups in society to define what is right and wrong. They underestimate the power that these groups have to influence the norms and values of society through the law, media, education, etc. If workers used only the symbolic interactionist approach to understand society and their work with service users, they might not be paying enough attention to the structured inequality and discrimination which exists, and therefore has to be challenged, at organisational and cultural levels.

Understanding situations from, and working at, the individual level is not enough to break down long standing patterns of discrimination.

So, as I said at the beginning of my answer, I agree that both psychology and sociology can provide workers with insights into human behaviour in a care setting. They both provide many theories to help care workers to explain and understand why people act in the way they do. These views are often opposing, and although I find that this can be confusing at times, it would be up to the care worker to pick the bits from each approach that is most relevant for their situation. A care worker is not a sociologist or a psychologist. They have the interests of the service user at the heart of what ever they do, so they need to find the information that best suits their own situation. They might use specialised help from people who do work within one of the psychological approaches, but they themselves are not limited to one approach.

What knowledge from psychology gives a care worker is an awareness of the processes that people go through as they grow up and develop their identity, or at particular times in their life. For instance, people might have to go through certain stages of grieving before they can move on with their life and a worker would know that things aren't going to change overnight. Sociology helps care workers see that the individual is both shaped by, and can influence, the society around them, and that you have to take both of these factors into consideration when working with service users to improve their life and achieve their potential. There is new evidence all the time from psychology and sociology that help us understand ourselves better, and care workers, through the training they receive in their work and from their own personal interest, should keep informed of these developments, and use them to improve their practice.

**25 12 KU
13AE**

Total: 50 marks

[END OF SPECIMEN MARKING INSTRUCTIONS]