

External Assessment

Mental Health Care Higher C01G 12

Extended Case Study

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1. Extended case study overview

The national project specification provides details of the assessment tasks and evidence which candidates are expected to produce. It contains a degree of choice in terms of the way that the extended case study is taken forward by centres so that it fits available resources and candidates' interests and personal strengths.

For the extended case study candidates research and then respond to a given case study scenario. Candidates choose a scenario from those provided in the project specification. Candidates should research and compare at least two real-life points of view/cases identified in relation to the scenario. Candidates are expected to use the knowledge gained from their research to interpret, analyse and respond to the selected scenario. Candidates are required to put forward recommendations for follow-up action.

The extended case study is designed to emphasise skills relating to interpreting and gathering information, analysing, decision-making and action planning.

Candidates are expected to produce evidence relating to:

- interpreting the initial scenario
- identifying and researching cases and associated issues
- consulting relevant individuals, organisations and agencies
- developing the outline scenario from two points of view
- analysing and comparing responses to the outline scenario
- in relation to contemporary issues
- recommending action
- evaluating the extended case study

Evidence, requirements are as follows:

- a plan of action
- a research based report and a case study report with conclusions and recommendations
- evidence showing evaluation/review of the extended case study

Copies of Units are available from the Scottish Qualifications Authority Sales Section, telephone 0141-242 2168; fax 0141-242 2244; email sales@sqa.org.uk

The Scottish Qualifications Authority Helpdesk is available on 0141-242 2214.

Note:

Please note that individual specifications should always be used in conjunction with the relevant *Arrangements for Project-based National Courses*. The *Arrangements* document lays down the overall requirements for project-based Courses for the given SGA.

This specification forms part of Section F of the above *Arrangements* document.

2. Recommended entry

It is strongly advised that candidates should have completed the Units in the National Course prior to embarking on the external assessment. However, there may well be candidates who, for whatever reason, choose to undertake the external assessment on a stand-alone basis. Any such candidates who have not completed or embarked upon the National Course Units *prior* to undertaking the external assessment should have demonstrated attainment in (and/or attained) the following qualifications:

- National Unit: D11H 11 (7141413) Mental Health Issues: An Introduction

and

- National Unit: D10W 12 (7140106) Practical Skills for Carers

or

- National Unit: Investigating Skills for Caring (7140026)

In addition, a candidate **must** have achieved Communication at Intermediate 2 or Standard Grade English at Grade 2 or above.

Candidates who achieve the external assessment will not be certificated for the course until they have successfully completed the Units.

3. Case study scenarios

Candidates should select either case study 1 or case study 2 for their project. Candidates should make their choice in consultation with their teachers/lecturers and line with evidence requirements from the course Units.

For both case studies, the methods of research should be discussed and agreed with the teacher/lecturer. The research will form the basis of the evidence for research-based report. Candidates should be realistic in the demands they may make on those they approach for information; guidance may be needed in this area. Centres should be aware of the need to be sensitive to the negative as well as the positive effects that telephone calls, requests for material, interviews and so on may have on organisations and individuals. It may be more appropriate to use the Internet, desk-based research and /or draw upon candidate's previous learning and experience, rather than make a personal approach to an organisation. However, the final decision on the most suitable approach lies with candidates and their teachers/lecturers.

For Case Study 1

Candidates should be directed towards the selection of two approaches to the care of people with mental health problems:

- **Institutional Care**
- Care in the Community

What candidates need to do:

1. collect visual and documented evidence relating to both approaches in the last 25 years.
2. from this material candidates should:
 - outline the changes in public attitudes
 - describe the changing pattern of service provision
 - outline the legislation which has underpinned such changes(research-based report, 1,000–1,500 words)
3. **respond to the following outline case history:**
Part A
 - as John Rose
 - as a Community Psychiatric NursePart B (case study report, 2 x 350 words)
Responses should include:
 - evidence of investigation into the needs of Val Rose and her mother
 - evaluation of the ways in which their needs could be met
 - the effects of stress on John Rose
 - ways in which John could be supported in coping with the stresses associated in caring for someone with dementia(case study report, 800 words)
4. Draw conclusions and make recommendations (1,000 words)

Case Study 1

Mrs Rose, (aged 76), lives with her 42 year-old daughter Val. Val has had severe mental health problems for many years and has spent approximately 15 years in the local psychiatric hospital. She was discharged back to the community to her mother's care five years ago when the hospital was closed down. The closure and return to the community were in line with the requirements and ethos of the NHS and Community Care Act.

Val receives support and regular visits from the Primary Health Care Team, in particular from the Community Psychiatric Nurse and a Social Worker. The nurse monitors Val's medication and assesses the family's care needs and the Social Worker liaises with the family and other team members. Val also attends a local day centre once a week. Mrs Rose and Val seem to be coping with this level of support.

Recently, however, Mrs Rose has become increasingly frail and her behaviour at times has been causing her son John concern. Following an initial medical assessment of Mrs Rose, the family doctor informed John that Mrs Rose may be developing dementia. John is having difficulty coming to terms with the possible future care needs of his mother and of his sister.

John lives with his wife and two teenage children near his mother and sister. His wife refuses to become involved at all and any attempt to discuss the situation ends in arguments. His wife has threatened to leave him if he suggests once more that his sister might eventually have to come and live with them. John has started to drink heavily. The family doctor has noted some physical changes in John's appearance and a routine check-up has shown that John has high blood pressure.

For Case Study 2

Candidates should be directed towards the selection of two approaches to the care of people with dementia:

- **Institutional Care**
- **Care in the Community**

What candidates need to do:

1. **collect visual and documented evidence relating to both approaches in the last 25 years**
2. from this material candidates should:
 - outline the changes in public attitudes
 - describe the changing pattern of service provision
 - outline the legislation which has underpinned such changes
(research-based report, 1,000–1,500 words)
3. **respond to the following outline case history:**
 - Part A
 - as Agnes
 - as the Mental Health Social Worker
(case study report, 2 x 350 words)
 - Part B
 - Responses should include:
 - evidence of investigation into the needs of Mrs Johnstone
 - evaluation of the ways in which her needs could be met
 - the factors contributing to Mrs Johnstone's stress
 - the effects on Mrs Johnstone's behaviour
 - the effect on Mrs Johnstone's health
(case study report, 800 words)
4. Draw conclusions and make recommendations
(1,000 words)

Case Study 2

Mrs Johnstone is a 50 year-old woman who lives alone. She previously owned and managed a successful small business specialising in top brand ladies fashion. She was well known and liked by her customers, many of whom had become friends over the years. She had gained an enviable reputation over the years as a woman of great business acumen and style.

However, she has experienced frequent panic attacks and anxiety attacks for many years which have developed into agoraphobia. She has not managed to leave her home for over two years and has been forced to sell her business and now lives off the proceeds.

She has identified the situation in her life which seems to trigger her panic attacks and she believes the ill health and subsequent death of her mother initiated her own problems. Her mother had been overweight with severe high blood pressure for a number of years culminating in her suffering a series of strokes requiring constant hospital care. During this time her mother also developed dementia and was transferred to a care of the elderly ward where she died eighteen months later

Mrs Johnstone has been left with a fear of doctors and hospitals and believes that something awful will happen to her if she goes to the doctor. She knows her fears are irrational but cannot overcome them.

Her situation seems to be worsening and she feels that she is increasingly losing control of other areas of her life. She has become overweight and is using food as a means of comfort and, to make matters worse, she has recently started smoking again after stopping eight years ago.

Mrs Johnstone now relies entirely on Agnes, a good friend, to supply her with everything she needs. Agnes has mentioned her concerns regarding the amount of alcohol consumed by Mrs Johnstone each week. Mrs Johnstone hates her lifestyle but feels powerless to modify or take control of her situation. Agnes is now so concerned that she has telephoned an alcohol addiction helpline which has advised her, in view of the circumstances, to contact the local Health Centre. Agnes has therefore contacted the Health Centre for advice and a Mental Health Social Worker has arranged to come and assess the situation.

4. Outcome coverage

Course Structure		
Unit title	Credit value	Unit number
Caring for People with Dementia	1.0	D11A 12 (7140176)
Stress and Stress Management	1.0	D10Y 12 (7140166)
Understanding of Mental Health and Mental Illness	1.0	D666 12

All external assessments for project-based National Courses cover a minimum of two thirds of the outcomes from the component Units. For this project these are:

Case Study 1

Unit: Understanding Mental Health and Mental Illness

1. describe the difference between mental health and mental illness.
2. describe the effects of mental illness on human behaviour.
3. explain how the rights of the individual are maintained by current legislation and resources.

Unit: Stress and Stress Management

1. identify causal factors of the stress reaction
2. describe the effects of stress.
3. investigate healthy and unhealthy ways of managing stress.

Unit: Caring for People with Dementia

1. describe the types, causes and progression of dementia.
2. identify the strategies and skills required to meet the needs of people with dementia
3. explain the ways to assist the carer in coping with the stresses associated with caring for people with dementia.

Case Study 2

Unit: Understanding Mental Health and Mental Illness

1. describe the difference between mental health and mental illness.
2. describe and explain programmes for mental health
3. describe the effects of mental illness on human behaviour.

Unit: Stress and Stress Management

1. identify causal factors of the stress reaction.
2. describe the effects of stress.
3. describe how the stressed individual affects others.
4. investigate healthy and unhealthy ways of managing stress.

Unit: Caring for People with Dementia

1. describe the types, causes and progression of dementia.
2. explain the ways to assist the carer in coping with the stresses associated with caring for people with dementia.

It is strongly advised that candidates should have completed the assessments for the individual component Units before undertaking the external assessment.

5. Subject/occupationally-related knowledge and skills

The extended case study allows candidates to develop knowledge of:

- the different forms, care and treatment for those suffering from mental health problems
- the resources available through statutory, voluntary and/or private agencies
- the responsibilities of statutory agencies towards caring/support for those with mental health problems and their carers
- public awareness and attitudes to mental health
- how carers and others may be affected by the behaviour of those experiencing mental health problems
- the stresses experienced by carers and others when dealing with mental health issues

It also allows candidates to further develop and apply skills in:

- planning an investigation
- retrieving information from a variety of sources
- using a range of investigation techniques
- writing a research report according to standardised procedures eg including a contents page and bibliography
- evaluating the findings of their research

6. Candidate evidence requirements and allocation of marks

General information

The three stages of the extended case study for all project-based National Courses at Higher are:

- planning
- developing
- evaluating

Here we describe evidence requirements which apply to each of the three stages of the extended case study. Where there are specific evidence requirements relating to this Course, these are given below.

For the report writing parts of the project done under supervised rather than centre-invigilated conditions there is the possibility of over-lengthy submissions. Candidates should be aware that writing over lengthy reports is self-penalising. Put more positively, candidates should be encouraged to be concise and analytical and not to be over dependent on quotations. Where candidates significantly exceed the word count for the written research-based and case study reports, markers will mark these parts out of 80 rather than 90.

Word counts should be indicated where appropriate. If quotations have been included in eg a report, these should be part of the word count. Word counts should not however include any footnotes or bibliography.

Planning

Candidates must produce a 500 word (or equivalent) plan of action. The plan should include an introduction and a main body. Centres should ensure that candidates either already have, or are taught, the necessary skills to devise their own plan before they start the project.

In the plan the candidates should:

- outline the rationale for selecting the case study
- write aims and objectives for
 - research-based report on IC & CIC
 - relevant legislation
 - changes in service provision
 - case study scenario
- provide information – how, why, where from and timescale

The plan of action should be produced in a supervised environment although candidates may carry out the preparation beforehand. Candidates may communicate with each other when producing their plans of action but each plan must be tailored to the candidate's own project and the action points should relate to the work to be carried out by the individual candidate.

The work produced should always be the candidate's own. However, teachers/lecturers are expected to provide candidates with advice, guidance and constructive criticism as necessary when they are devising their plans. It is important to note that, as the plan underpins the rest of

the project, centres should ensure that no candidate proceeds to the development stage until the candidate has devised a plan that is potentially workable. The level of support that candidates need to devise a viable plan of action will of course vary from candidate to candidate. Centres should indicate the level of support needed for each candidate on the flyleaf for the project provided by the SQA. This should not inhibit centres from providing constructive comment nor the candidate from acting on their own initiative and taking on board the advice. In some cases, however, if the level of support and intervention needed is more than that which would normally be seen as reasonable, the authenticity of the candidate's work may be called into question. If the level of input needed from the teacher/lecturer is above normal (for example, the quality of the plan is such that it would mean that the project would be unworkable if the plan was not revised) then candidates cannot score more than 20 of the 40 marks allowed for the planning stage.

Developing

Candidates are required to produce a research-based report which should include:

- a contents page
- a rationale for selecting particular cases
- a main body of researched material relating to selected cases
 - written responses to tasks set relating to researched material
 - a list of acknowledgements of sources and references

The research-based report should be in written form or equivalent and be between 1,000 and 1,500 words at Higher. The research-based report should be written up in supervised conditions over a period of time agreed between the candidate and the teacher/tutor.

Candidates are also expected to produce a case study report which should include:

- a contents page
- responses to the set tasks relating to the case study scenario
- conclusions
- recommendations
- a list of acknowledgements of sources and references

The case study report, which includes conclusions and recommendations, should be in written form and 2,500 words or equivalent in length at Higher. Candidates should be allowed to see the case study scenario at the outset of the Course. The write-up of the conclusions and recommendations for the case study should take place towards the latter part of the 40 hours (ie the 40 hours allocated to each course in addition to the 120 hours for the Units) in centre-invigilated conditions.

Candidates should be allowed up to two hours to write up the case study conclusions and recommendations. They should be allowed to take one side of an A4 page of notes (maximum of 200 words or equivalent allowed) which they have prepared, into the room with them, as well as any diagrams or appendices they have prepared to include with the conclusions and recommendations. They should not be allowed to take a draft of the report into the room with them. The centre has the responsibility for ensuring that the notes brought in are the candidate's own.

For the write-up activity the accommodation should be arranged to reflect centre-invigilated conditions and candidates should not be allowed to communicate with each other in any way.

Evaluating

Candidates must produce an evaluation report which should:

- give a brief outline of the case study
- review and assess the effectiveness of their
 - plan
 - research-based report
 - case study report
 - conclusions and recommendations
- review their own performance in terms of skills/knowledge/understanding which have been gained/developed
- review the effectiveness of the research methods used, content of their research

The evaluation report should be 1000 words, or equivalent, in length. The report should be produced in centre-invigilated conditions although candidates may carry out the preparation beforehand.

Candidates should be allowed up to 2 hours to produce the evaluation report. Candidates should be allowed to take one side of an A4 page of notes (maximum of 200 words or equivalent allowed) which they have prepared, into the room with them. They should not be allowed to take a draft of the evaluation report into the room with them. The centre has the responsibility for ensuring that the notes brought in are the candidate's own work.

For this activity, the accommodation should be arranged to reflect centre-invigilated conditions and candidates should not be allowed to communicate with each other in any way.

Specific evidence requirements and assessment arrangements for the Extended Case Study for Mental Health Care at Higher

Planning	
Evidence	Plan of action. 500 words <i>or</i> equivalent (40 marks)
Conditions of external assessment	Supervised
Who assesses it?	To be sent to SQA for marking

Developing	
Evidence:	<p>A Written research-based report 1,000–1,500 words <i>or</i> equivalent (40 marks)</p> <p>B Written case study report 1,500 words <i>or</i> equivalent (50 marks)</p> <p>C Written conclusions and recommendations 1,000 words <i>or</i> equivalent (30 marks)</p>
Conditions of external assessment	<p>A Supervised</p> <p>B Supervised</p> <p>C Centre-invigilated – up to 2 hours</p>
Who assesses the evidence?	To be sent to SQA for marking

Evaluating	
Evidence	Evaluation report 1000 words <i>or</i> equivalent (40 marks)
Conditions of external assessment	Centre-invigilated Up to 2 hours
Who assesses it?	To be sent to SQA for marking

It is important that candidates know that they will be penalised for submitting evidence that significantly exceeds the stated word count.

Specific additional information and requirements

For Case Study 1

Mental Health Care: planning stage

The candidate should:

- outline the rationale for selecting the case study
- write aims and objectives for
 - research-based report on IC & CIC
 - relevant legislation
 - changes in service provision
 - case study scenario
- provide information – how, why, where from and timescale

Mental Health Care: developing stage

The candidate should:

1.
 - identify sources and references
 - outline how conflicting and competing interests can be met by including
 - the contrast between IC & CIC
 - how public attitudes towards Mental Health Care have changed
 - how service provision has changed
 - the legislation which has underpinned these changes
 - these areas should be linked to the individuals in the case study scenario
2.
 - outline the role of the Community Psychiatric Nurse
 - visit/contact/research relevant organisations, e.g. Alzheimers Scotland, Age Concern, Scottish Association of Mental Health
3.
 - draw conclusions based on the research undertaken for the research-based report and from the case study report
 - make recommendations based on the research undertaken and the needs identified in the case study report

Mental Health Care: evaluating stage

The candidate should:

- give a brief outline of the case study
- review the set tasks
 - plan
 - research-based report
 - case study report
 - conclusions and recommendations
- review their own performance in terms of skills/knowledge/understanding
- assess the effectiveness of their research and the methods they used

For Case Study 2

Mental Health Care: planning stage

The candidate should:

- outline the rationale for selecting the case study
- the aims and objectives for
 - research-based report on IC & CIC
 - relevant legislation
 - changes in service provision
 - case study scenario
- provide information – how, why, where from and timescale

Mental Health Care: developing stage

The candidate should:

1.
 - identify sources and references
 - outline how conflicting and competing interests can be met by including
 - the contrast between IC & CIC of people with dementia
 - how public attitudes towards MH Care have changed
 - how service provision has changed
 - the legislation which has underpinned these changes
 - these areas should be linked to the individuals in the case study scenario
2.
 - outline the role of the Social Worker
 - visit/contact/research relevant organisations, e.g. local authority department, Scottish Council on Alcoholism, Carers National Association
 - outline behavioural changes due to stress
 - outline the factors contributing to stress
 - outline the effects of stress on health
3.
 - draw conclusions based on the research undertaken for the research-based report and from the case study report
 - make recommendations based on the research undertaken and the needs identified in the case study report

Mental Health Care: evaluating stage

The candidate should:

- give a brief outline of the case study
- review the set tasks
 - plan
 - research-based report
 - case study report
 - conclusions and recommendations
- review their own performance in terms of skills/knowledge/understanding
- assess the effectiveness of their research and the methods they used

7. Marking and grading

The assessment evidence for project-based National Courses is marked externally by SQA.

The total mark for the extended case study is 200, (this large mark allocation makes it easier to discriminate effectively between performances of candidates across the various parts of the assessment). These marks will be allocated to assessment evidence from the three extended case study stages as follows in *Table A*.

Table A

Extended Case Study Stage	Assessment Evidence	Mark Allocation
Planning	Plan of action	40
Developing	Written research-based report	40
	Written case study report	50
	Written conclusions and recommendations	30
Evaluating	Evaluation report	40

To underpin this assessment system there are criteria to which marks are pegged, against which the candidate evidence from each of the three external case study stages is assessed. The use of such mark categories linked to broad criteria, allows for the aggregation of the various parts of the assessment which do not necessarily have the same weighting in the overall grade. *Table B* overleaf outlines the criteria to be used to assess candidate evidence. Assessors in centres will, for each of the three parts, decide firstly on the broad category of mark which is appropriate and secondly on the precise mark to be given.

Although it is possible for candidates to be given bands 7, 8 and 9 which are described as ‘fails’, no such categories will appear on candidates’ certificates. This information should help centres agree estimates of candidate performance and provide feedback to candidates for remediation purposes.

All National Courses are subject to external marking. External Markers, Visiting Examiners and Moderators will be trained by SQA to apply national standards. As candidate evidence becomes available exemplars will be issued to centres as guidance.

Extended Case Study

Table B

Higher		Plan of action	Research-based report, case study report, conclusions and recommendations	Evaluation	
Levels of performance: broad level-related criteria		Equivalent to	Mark range	Mark range	
Content and scope: Treatment:	appropriate for level excellent	Upper A 85%–100% (Band 1)	34–40	102–120	34–40
Content and scope: Treatment	appropriate for level consistently thorough	Lower A 70–84% (Band 2)	28–33	84–101	28–33
Content and scope: Treatment:	appropriate for level thorough in parts	B 60–69% (Bands 3 & 4)	24–27	72–83	24–27
Content and scope: Treatment:	appropriate for level adequate	C 50–59% (Bands 5 & 6)	20–23	60–71	20–23
Content and scope: Treatment: OR Content and scope: treatment:	appropriate for level adequate only in parts basic for level thorough	Fail 40–49% (Bands 7 & 8)	16–19	48–59	16–19
Content and scope: Treatment: OR Content and scope: Treatment:	appropriate for level generally poor basic for level adequate or poor	Fail Below 40% (Band 9)	<16	<48	<16

Note:

Content and scope: defined as how appropriately or otherwise the candidate interprets the level of demand for the specification
 Treatment: defined as how successfully or otherwise the candidate tackles the project

Estimates and appeals

Although these project-based National Courses are externally assessed by SQA. Candidates will benefit from estimate grades based on accurate internal assessment of their projects, ie the grade assessors judge a candidate should be awarded, based on all the available evidence. The processes for deciding an estimate grade are similar to the processes the external assessors, eg Markers, use for the final assessment. The main benefit of an estimate to an individual candidate is that an appeal can be submitted against an external decision where the estimate given the candidate was at grade C or better. An appeal will not normally be considered for candidates for whom no estimate has been received. The SQA will provide a form for submission of estimates.

For the internal marking process for estimates, internal assessors are expected to:

- compare candidate evidence arising from each stage of the extended case study to the criteria outlined in *Table B* and decide on the mark category which most accurately describes it
- decide on a particular mark for the candidate, within that broad mark category for each stage, depending on how marginal was the decision
- maintain a brief record of why a certain mark was given for each of the three extended case study stages (for internal moderation purposes)
- follow the internal moderation processes within their centre (see the section on internal moderation below)
- aggregate the internally moderated marks for each candidate. That gives a total mark out of 200
- divide that total mark by 2 to give a percentage
- convert the overall % mark for each candidate into an estimate grade and band using *Table C*.

Table C

% Mark range	Grade		Band (for estimates)
85–100	A	(upper)	1
70–84	A	(lower)	2
65–69	B	(upper)	3
60–64	B	(lower)	4
55–59	C	(upper)	5
50–54	C	(lower)	6
45–49	Fail	(near miss)	7
40–44	Fail		8
Less than 40	Fail		9

- check the grade already given to candidates against the grade descriptions tabled below, (Table D). This is to ensure that candidates have effectively integrated each stage of the Extended Case Study. Please use the grade descriptions as a touchstone against which grades can be checked.
- provide estimates as bands

Grade Descriptions for an Extended Case Study at Higher

Table D

A	B	C
Content and scope appropriate for Higher		
And looking at the evidence as a whole:	And looking at the evidence as a whole:	And looking at the evidence as a whole:
<p>A case study at Grade A:</p> <ul style="list-style-type: none"> • is a seamless, coherent piece of work in which evidence for the three essential phases of the Extended Case Study is produced to a high standard and is quite clearly inter-related • is a piece of work to which candidates have brought an accurate and insightful interpretation of the case study specification. • is highly focused and relevant to the content of the Units. • is clear and well-structured throughout and language used is of a high standard in terms of level, accuracy and technical content. • is a piece of work which effectively consolidates and integrates knowledge, understanding and skills from the Course Units. • contains evidence that knowledge and skills have been applied to complex situations/contexts/data. 	<p>A case study at Grade B:</p> <ul style="list-style-type: none"> • is a well co-ordinated piece of work in which evidence for the three essential phases of the Extended Case Study is produced to a good standard and is inter-related, in most respects. • is a piece of work to which candidates have brought an accurate and insightful interpretation of the case study specification. • is focused and relevant to the content of the Units. • is clear and well-structured throughout and language used is of a good standard in terms of level, accuracy and technical content. • is a piece of work which satisfactorily consolidates and integrates knowledge, understanding and skills from the Course Units. • contains evidence that knowledge and skills have been applied to situations with varying degrees of complexity. 	<p>A case study at Grade C:</p> <ul style="list-style-type: none"> • is a reasonably well co-ordinated piece of work in which evidence of the three essential phases of the Extended Case Study is produced to an adequate standard and is fairly well inter-related. • is a piece of work to which candidates have brought an acceptable interpretation of the case study specification. • is fairly well focused and relevant to the contents of the Units • is satisfactorily structured and language used is adequate in terms of level, accuracy and technical content. • is a piece of work in which consolidation and integration of knowledge, understanding and skills from the Course Units may lack some continuity and consistency. • contains evidence that knowledge and skills have been applied generally to straightforward contexts, situations, and data.

Internal moderation

The internal moderator oversees:

- the internal moderation process to ensure consistency of judgement or *reliability of assessment*. This process will vary according to the nature of the evidence and the number of assessors and sites. It is likely to involve agreement trials and/or Marker standardisation. The internal moderator should be a specialist in the subject. (It may be helpful in the first few years of these project-based National Courses to do a cross-subject moderation of samples of like parts such as the plans of action and evaluation reports. Such additional cross-subject internal moderation is however not mandatory.)
- a consideration of whether, in some cases, candidates with similar overall marks/bands have been fairly treated. For example, some candidates may have produced more fully integrated projects than others. This may lead to a reconsideration of marking of the individual components for some candidates.
- finalisation of estimate grades and submission of candidate evidence. A form will be available for this purpose.

(See *Guide to Assessment and Quality Assurance*, SQA June 1999 for further information relating to internal moderation. A guide to good practice for internal moderation is to be published in late summer 2000.)

Submitting candidate evidence to SQA

Specific information on this part of the process will be circulated to centres. Where materials have to be sent to SQA for marking you will be provided with any necessary packaging materials.

The following must be sent to SQA for the extended case study:

- plan of action
- research-based report
- case study report conclusions and recommendations
- evaluation report

Note: In addition, centres will be expected to submit all notes used by candidates during write-up sessions.

8. Investigating tools

Candidates are expected to make use of the following investigating tools during the extended case study.

Information sources

The use of primary and secondary sources of information drawn from:

- books
- newspapers
- newsletters
- journals eg *Health Service Journal*, *Healthlines Magazine*, *Nursing Times*, *Community Care Magazine*
- reports
- magazine articles
- statistical bulletins
- Internet
- CD-ROMs
- videos
- Scottish/British community
- pamphlets/leaflets
- agencies' publicity material
- Mental Health Act (Scotland)
- NHS and Community Care Act
- Social Work (Scotland) Act

Candidates may find the following books particularly helpful:

- McKay, C & Patrick, H, *The Care Maze: The Law & Your Rights in Community Care in Scotland*, Enable, 1995
 - *Voluntary Agencies Directory*, NCVO Publications, 1996
 - Williams, K, *A Practical Approach to Caring*, Pitman Publishing
 - Fibb, J & Guthrie, TG, *Social Work Law in Scotland*, Butterworth, Edinburgh

Accessing information

Candidates could visit/contact/research:

- libraries
- information centres
- health centres
- hospitals and health care trusts
- district and community psychiatric nurses

Public organisations:

- Department of Social Security
- Local Authority Departments
- HEBS (Health Education Board Scotland)
- Police
- Mental Welfare Commission

Named voluntary/community organisations:

- MIND
- Richmond Fellowship
- Schizophrenia Fellowship
- SAMH
- Enable
- Scottish Council on Alcoholism
- Crossroads
- Carer's National Association
- Age Concern
- Alzheimer's Disease Society
- Church of Scotland/Archdiocese

Candidates could communicate with individuals and target groups by means of:

- written correspondence
- meetings/interviews (face-to-face or by telephone)
- e-mail
- questionnaires (by interview/postal)

References supplied by candidates

Please note that it is legitimate for candidates to quote from information sources such as articles (in print or stored electronically) or books. Such quotations must be placed within quotation marks followed by the reference, including the chapter and or section and page number. Texts referred to should be included in the bibliography.

The following format for references should be used:

Books

Author's surname, followed by forename or initials, title of book (in italics or underlined), place of publication, name of publisher, year of publication.

For example:

Barton, T, *Fieldwork for Geographers*, London: Edward Arnold, 1985

Articles

Author's surname, followed by forename or initials, title of the article (in inverted commas), title of the periodical (underlined or in italics), volume number, part number, year of publication, page number(s).

For example:

Sugden, DE, 'Perspectives on the Glaciation of Scotland', *SAGT Journal No. 17*, 1988, pp 4-10

Maps and Diagrams

Sources should be given on each map and diagram and should be stated in the same format as for books and articles, as appropriate.

For example:

Microsoft Encarta 1997

Internet

If a website has been used then the address (URL) must be disclosed.

For example:

www.sqa.org.uk

It is important to note that unacknowledged copying will be penalised, usually by cancellation of the candidate entry.

9. Core Skills

It is possible that successful attainment of this Course would lead to the automatic certification of particular Core Skills or Core Skill components. A final statement will be provided at a later date by the Scottish Qualifications Authority once full validation procedures are complete.

It should be noted that this project, in common with other project-based Courses, follows the planning/developing/evaluating cycle. As a result of this it is likely that successful completion of the project will lead to automatic certification of the Problem Solving Core Skill at Intermediate 2. The final Core Skills statement, as above, will confirm this.

Total Mark %

Mental Health Care Higher

Marking Scheme

Candidate Name: _____

Case Study 1 or 2 chosen (circle one chosen)

Planning	Mark (Possible)	Mark Awarded
Rationale for selection of case study.	4 marks	
Aims & Objectives of research report on IC and CIC. <ul style="list-style-type: none">• Highly focused and relevant.• Focused and relevant.• Fairly well focused and relevant.	8 marks 7 ~ 8 marks 5 ~ 6 marks 4 marks	
Aims & Objectives of case study scenario research. <ul style="list-style-type: none">• Accurate and insightful.• Accurate.• Acceptable interpretation.	10 marks 8 ~ 10 marks 6 ~ 7 marks 5 marks	
Relevant Legislation to be considered.	5 marks	
Changes in service provision for MH.	5 marks	
Research methods chosen.	5 marks	
Planned timescales for steps to reach completion.	3 marks	
Total Mark (50% if notified on Paper)	40 Marks	

Developing Part 1 (1000 words)	Mark (Possible)	Mark Awarded
<p>Evidence to show that Institutional Care and Care in Community over last 25 years was researched, is relevant to the case study and used in write-up.</p> <ul style="list-style-type: none"> • High standard in terms of level, accuracy, content. • Good standard in terms of level, accuracy, content. • Adequate in terms of level, accuracy, content. 	<p>10 marks</p> <p>8 ~ 10 marks</p> <p>6 ~ 7 marks</p> <p>5 marks</p>	
<p>Evidence of Change in Public Attitude to MH Care and how this will impact on the case study.</p> <ul style="list-style-type: none"> • Highly focused and insightful. • Focused and insightful. • Acceptable interpretation. 	<p>10 marks</p> <p>8 ~ 10 marks</p> <p>6 ~ 7 marks</p> <p>5 marks</p>	
<p>Evidence of Changes in Pattern of Service provision and its impact on the case study.</p> <ul style="list-style-type: none"> • High standard, clearly inter-related. • Good standard, inter-related in most respects. • Adequate standard, some inter-relation. 	<p>10 marks</p> <p>8 ~ 10 marks</p> <p>6 ~ 7 marks</p> <p>5 marks</p>	
<p>Evidence of the Legislation underpinning changes.</p>	<p>7 marks</p>	
<p>Bibliography / Presentation.</p>	<p>3 marks</p>	
<p>Total Mark</p>	<p>40 Marks</p>	

Developing Part 2 Case Study 1 (1500 words)	<u>Mark</u> (Possible)	Mark Awarded
JR Viewpoint (350 words). <ul style="list-style-type: none"> • Accurate and insightful. • Accurate. • Acceptable interpretation. 	8 marks 7 ~ 8 marks 5 ~ 6 marks 4 marks	
Comm Ps Nurse Viewpoint (350 words). <ul style="list-style-type: none"> • Accurate and insightful. • Accurate. • Acceptable interpretation. 	8 marks 7 ~ 8 marks 5 ~ 6 marks 4 marks	
Identify and Evaluate VRs needs. <ul style="list-style-type: none"> • Effectively consolidates and integrates knowledge and understanding. • Satisfactorily consolidates and integrates knowledge and understanding. • Consolidation and integration may lack continuity and consistency. 	10 marks 8 ~ 10 marks 6 ~ 7 marks 5 marks	
Identify and Evaluate Mothers needs. <ul style="list-style-type: none"> • Effectively consolidates and integrates knowledge and understanding. • Satisfactorily consolidates and integrates knowledge and understanding. • Consolidation and integration may lack continuity and consistency. 	10 marks 8 ~ 10 marks 6 ~ 7 marks 5 marks	
The effects of stress on John Rose.	7 marks	
Support for JR in coping with the stress of caring for Mrs R.	7 marks	
Total Mark	50 Marks	

Developing Part 2 Case Study 2 (1500 words)	Mark (Possible)	Mark Awarded
Agnes Viewpoint (350 words). <ul style="list-style-type: none"> • Accurate and insightful. • Accurate. • Acceptable interpretation. 	8 marks 7 ~ 8 marks 5 ~ 6 marks 4 marks	
Mental Health Social Work Visitor Viewpoint (350 words). <ul style="list-style-type: none"> • Accurate and insightful. • Accurate. • Acceptable interpretation. 	8 marks 7 ~ 8 marks 5 ~ 6 marks 4 mark	
Identify and Evaluate Mrs Js stress. <ul style="list-style-type: none"> • Effectively consolidates and integrates knowledge and understanding. • Satisfactorily consolidates and integrates knowledge and understanding. • Consolidation and integration may lack consistency. 	14 marks 12 ~ 14 marks 10 ~ 11 marks 7 ~ 9 marks	
Identify the effects on Mrs Js behaviour. <ul style="list-style-type: none"> • Highly focused and insightful. • Focused with some insight. • Acceptable interpretation. 	10 marks 8 ~ 10 marks 6 ~ 7 marks 5 marks	
Identify the effects on Mrs Js Health. <ul style="list-style-type: none"> • Highly focused and insightful. • Focused with some insight. • Acceptable interpretation. 	10 marks 8 ~ 10 marks 6 ~ 7 marks 5 marks	
Total Mark	50 Marks	

Developing Part 3 Conclusions and Recommendations	Mark (Possible)	Mark Awarded
Conclusions on changes in approaches to Care related to case study.	10 marks	
<ul style="list-style-type: none"> • Effectively consolidates and integrates knowledge and understanding. • Satisfactorily consolidates and integrates knowledge and understanding. • Consolidation and integration may lack consistency. 	8 ~ 10 marks 6 ~ 7 marks 5 marks	
Recommendations to meet needs.	15 marks	
<ul style="list-style-type: none"> • Knowledge and skills have been accurately applied to a complex situation. • Knowledge and skills have been applied with varying degrees of complexity. • Knowledge and skills have been applied in a straight forward way. 	12 ~ 15 marks 9 ~ 11 marks 7 ~ 8 marks	
Other advice i.e. support agencies, allowances etc.	5 marks	
Total Mark	30 Marks	

Evaluation	Mark (Possible)	Mark Awarded
Outline of what the case study was about	2 marks	
Review of case study, including: <ul style="list-style-type: none"> • Plan. • Research based report. • Case study report. • Conclusions and recommendations. 	4 marks 6 marks 6marks 6 marks	
Review of own performance: <ul style="list-style-type: none"> • Skills/knowledge/understanding. • Research: content Method. 	6 marks 5 marks 5 marks	
Total Mark	40 Marks	

Plan Mark =
Developing Mark 1 =
Developing Mark 2 =
Developing Mark 3 =
Evaluation Mark =
Total Project Mark = = %