



**2013 Care**

**Higher Paper 2**

**Finalised Marking Instructions**

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## **Part One: General Marking Principles for Care Higher Paper 2**

*This information is provided to help you understand the general principles you must apply when marking candidate responses to questions in this Paper. These principles must be read in conjunction with the specific Marking Instructions for each question.*

- (a)** Marks for each candidate response must always be assigned in line with these general marking principles and the specific Marking Instructions for the relevant question. If a specific candidate response does not seem to be covered by either the principles or detailed Marking Instructions, and you are uncertain how to assess it, you must seek guidance from your Team Leader/Principal Assessor.
- (b)** Marking should always be positive ie, marks should be awarded for what is correct and not deducted for errors or omissions.

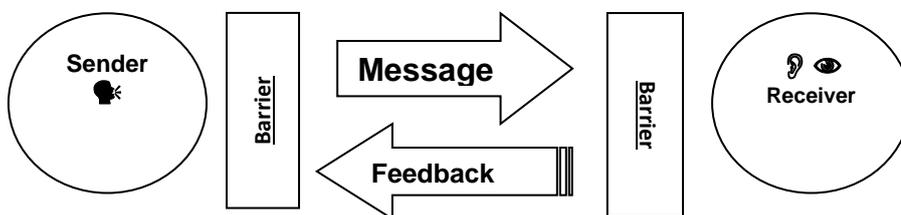
### **GENERAL MARKING ADVICE: Care Higher Paper 2**

*The marking schemes are written to assist in determining the “minimal acceptable answer” rather than listing every possible correct and incorrect answer. The following notes are offered to support Markers in making judgements on candidates’ evidence, and apply to marking both end of unit assessments and course assessments.*

**Part Two: Marking Instructions for each Question**

**Section 3  
Values and Principles in Care**

Question	Expected Answer/s	Max Mark	Additional Guidance
3 a	<p><b>Describe two potential barriers to effective communication and explain one way in which care workers can overcome these barriers when supporting service users.</b></p> <p><b>Guidance to markers.</b></p> <p><i>The 2KU mark/s could be awarded for describing potential barriers to effective communication but could also be awarded for specific examples of communication barriers.</i></p> <p><i>The AE/APP marks should be awarded for explanations of ways in which care workers could overcome a range of communication barriers, but could also be awarded for detailed explanation of how a care worker could overcome <u>specific</u> barriers to effective communication.</i></p> <p><i>Although the KU and AE/APP are separate, marks could be awarded for more holistic responses.</i></p> <p><b>Knowledge &amp; Understanding (KU)</b></p> <ul style="list-style-type: none"> <li>• <b>A barrier</b> to effective communication refers to anything that interferes with the transmission of a message between a sender and receiver of information.</li> </ul>	<p><b>2 (KU)</b></p> <p><b>2 (AE/APP)</b></p>	



Question		Expected Answer/s	Max Mark	Additional Guidance
3	a	<p><b>(Cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>Personal and physical factors</b> can become barriers to effective communication. These could relate to either the sender or receiver of the information (i.e. either the service user or the care worker), and could include: <ul style="list-style-type: none"> <li>– age/stage of development (child, adolescent, older adult)</li> <li>– cognitive ability/level of understanding (dementia, learning disability, lack of insight or empathy)</li> <li>– specific communication needs/skills/difficulties (e.g. sign language, assistive technology, speech impediment, visual impairment)</li> <li>– use of language (information overload, jargon, colloquialisms, English as a second language)</li> <li>– someone’s emotional state (nervous, embarrassed, angry, anxious, depressed, over-excited)</li> </ul> </li> <li>• <b>Environmental factors</b> relate to the surroundings where the interaction occurs. Service users will benefit from surroundings where they feel safe and comfortable. Sometimes barriers to effective communication in this context could include: <ul style="list-style-type: none"> <li>– Noise (inside or outside the room)</li> <li>– Lack of privacy (other people in vicinity, frequent interruptions)</li> <li>– Lack of comfort (too cold/hot, uncomfortable seating, poor lighting)</li> <li>– Distractions (people, music)</li> <li>– Unhelpful associations with the environment (location of abuse, death or other trauma)</li> </ul> </li> <li>• <b>Attitudinal factors</b> can also act as barriers to effective communication and can include: <ul style="list-style-type: none"> <li>– Stereotyped attitudes (communicating with all older adults/children in the same way)</li> <li>– Prejudiced beliefs (racism, religious bigotry, homophobia, attitudes to drug use or criminal behaviour)</li> </ul> </li> </ul> <p><b>Analysis, Evaluation and Application (AE/APP)</b></p> <p>It is essential for care workers to overcome these barriers when supporting service users and they can do this in a range of ways. They could use good communication skills when working with service users so that there are no barriers when they give and receive messages. This could include using active listening and observation skills to recognise someone’s feelings, fears, insecurities and expectations or even to be aware of anything in the environment that might be creating a barrier to communication.</p>		

Question		Expected Answer/s	Max Mark	Additional Guidance
3	a	<p><b>(Cont.)</b></p> <p>Potential personal and physical barriers can be overcome using active listening and communicating clearly using both verbal and non-verbal communication skills as required. Using the SOLER technique as an aid to effective communication would be one way of doing this. When communicating, carers can use open and closed questions to check the service user's understanding. The carer can also check their own understanding of what the service user is saying. They can do this by reflecting back what is said, to check the meaning by paraphrasing or summarising.</p> <p>Care workers could also overcome potential barriers by being aware of whether the service user has any difficulties with vision, hearing, speaking or understanding. For example the service user could be an older adult with dementia, a child attending a nursery, an adult with a hearing impairment or a young adult with learning difficulties. Each of these people is likely to have different communication needs which could present a barrier to effective communication unless the care worker is competent in putting measures in place to address the potential problem.</p> <p>Overcoming potential barriers to effective communication could include the care worker realising that the barrier to the communication is the care worker themselves if they do not possess the necessary communication skills or if their prejudiced attitudes are creating a barrier to effective communication. This involves the worker being critically reflective in relation to their own practice.</p> <p>Care workers could overcome potential barriers to effective communication by providing an interpreter for someone who does not use English as their first language or for someone who communicates using BSL.</p> <p>If care workers can overcome these barriers then it is more likely that they will be able to form meaningful and trusting helping relationships with service users.</p> <p>Or any other relevant answer.</p>		

Question		Expected Answer/s	Max Mark	Additional Guidance
3	b	<p><b>Explain why care workers should practise according to one of the following codes.</b></p> <ul style="list-style-type: none"> <li>• <b>The Scottish Social Services Council (SSSC) Code of Practice or</b></li> <li>• <b>The National Midwifery Council (NMC) Code of Professional Conduct</b></li> </ul> <p><b>Guidance to markers</b></p> <p><i>Up to 3KU marks could be awarded for correctly identifying elements from either the SSSC or NMC codes.</i></p> <p><i>Up to 5AE/APP marks could be awarded for relevant explanations of why care workers should practice according to these codes.</i></p> <p><i>Although the KU and AE/APP are separate, marks could be awarded for more holistic, integrated responses.</i></p> <p><b>Knowledge &amp; Understanding (KU)</b></p> <p><b>SSSC Code of Practice</b></p> <ol style="list-style-type: none"> <li>1. Protect the rights and promote the interests of service users and carers.</li> <li>2. Strive to establish and maintain the trust and confidence of service users and carers.</li> <li>3. Promote the independence of service users while protecting them as far as possible from danger or harm.</li> <li>4. Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people.</li> <li>5. Uphold public trust and confidence in social services.</li> <li>6. Be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills.</li> </ol> <p><b>NMC Code of Professional Conduct: Original version in Resource Pack</b></p> <ol style="list-style-type: none"> <li>A. Respect the patient or client as an individual.</li> <li>B. Obtain consent before you give any treatment or care.</li> <li>C. Co-operate with others in the team.</li> <li>D. Protect confidential information.</li> <li>E. Maintain your professional knowledge and competence.</li> <li>F. Be trustworthy.</li> <li>G. Act to identify and minimise the risks to patients and clients.</li> </ol>	<p><b>3 (KU)</b></p> <p><b>5 (AE/APP)</b></p>	

Question		Expected Answer/s	Max Mark	Additional Guidance
3	b	<p><b>(Cont.)</b></p> <p><b>(NMC Code of Professional Conduct: Updated version)</b></p> <ul style="list-style-type: none"> <li>• Make the care of people your first concern, treating them as individuals and respecting their dignity.</li> <li>• Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community.</li> <li>• Provide a high standard of practice and care at all times.</li> <li>• Be open and honest, act with integrity and uphold the reputation of your profession.</li> </ul> <p><b>Analysis, Evaluation, Application (AE/APP)</b></p> <p>A code of practice or professional conduct reflects the values of a profession and is a public statement about the expected behaviour of people who belong to a particular profession such as nursing, social work or social care. All care workers must maintain standards stated in the code as they are considered to be accountable for their actions and legal action may be taken if these standards are not kept.</p> <p><u>SSSC Code of Practice:</u> The SSSC Code states that as a social service worker you must <b>protect the rights and promote the interests of service users and carers</b>. This is important because many care workers are working with vulnerable individuals or groups in society who may be facing discrimination or who may be unaware of their rights. It is therefore the care workers responsibility to ensure that they promote the interests of the service users who they are working with as well as those who may be caring for them. Adhering to this code will also help respect a further code which is to <b>strive to establish and maintain the trust and confidence of service users and carers</b>. If service users know that their care workers are promoting and protecting their interests then this will help to build a trusting relationship which will hopefully result in the service user having confidence in the care worker/s and the services provided by their organisation.</p>		

Question		Expected Answer/s	Max Mark	Additional Guidance
3	b	<p><b>(Cont.)</b></p> <p><u>NMC Code of Professional Conduct</u>: The NMC believe that the code is the foundation of good nursing and midwifery practice, and a key tool in safeguarding the health and wellbeing of the public. The NMC Code of Professional Conduct states that all nurses and midwives should <b>provide a high standard of practice and care at all times</b> and that they should also <b>be open and honest, act with integrity and uphold the reputation of their profession</b>. It is really important that health professionals adhere to these codes of professional conduct as patients are depending on their professionalism and expertise in order to safeguard their health and well-being. If health professionals did not adhere to the codes then people's lives may be put at risk and also they may bring themselves and their profession into disrepute.</p> <p>Or any other relevant answer.</p>		

Question	Expected Answer/s	Max Mark	Additional Guidance
3	<p><b>Case Study—Brenda</b></p> <p><b>Read the case study and answer the questions that follow.</b></p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Brenda is 25 and attends a day centre for adults with learning difficulties. At present she lives at home with her parents but is keen to move into a small group home with two other service users who also attend the day centre. Brenda’s social worker and the day centre support staff are concerned that Brenda does not have the necessary life skills required to cope with this move.</p> </div> <p><b>Describe two tools of assessment and explain how one of the tools could be used to assess Brenda’s needs.</b></p> <p><b>Guidance to markers</b></p> <p><i>KU mark/s should be awarded for describing the tools of assessment. This is likely to be awarded on the basis of up to 2KU for each tool of assessment described; however, candidates who provide a very full description of one tool of assessment could be allocated a maximum of 3KU marks.</i></p> <p><i>Up to 2AE/APP marks should be awarded for explanations of how <b>one</b> of the tools could be used to assess Brenda’s needs. However, candidates should also be awarded marks if they make appropriate reference to combining tools of assessment.</i></p> <p><i>Although the KU and AE/APP are separate, marks could be awarded for more holistic responses.</i></p> <p><b>Knowledge &amp; Understanding (KU): Tools of assessment</b></p> <ul style="list-style-type: none"> <li>• <b>A meeting</b> is a way of bringing people together and is useful for facilitating a discussion about the service user’s needs and possible strategies for meeting those needs. It may involve a range of professionals as well as the service user and his/her family.</li> <li>• <b>Assessment forms</b> can be used to gather essential information about the service user’s needs. The form usually consists of a number of questions for the service user to answer and can give the care provider a good overview of an individual’s general needs.</li> <li>• <b>Checklists</b> are a simpler/quicker way of assessing someone’s situation in which information is usually recorded in boxes to indicate the service user’s situation. This kind of assessment is usually a starting point for a more in depth assessment of need.</li> </ul>	<p><b>4 (KU)</b></p> <p><b>2 (AE/APP)</b></p>	

Question		Expected Answer/s	Max Mark	Additional Guidance
3	c	<p><b>(Cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>Observation and asking questions</b> is a way of assessing a person's ability or mood such as their physical capabilities or even their current mental health status. Combining this with effective use of open or closed questions can help to support a care worker's observations of an individual's needs.</li> <li>• <b>Diaries and scrapbooks</b> are built up over a time to record significant feelings or events in the life of the service user. This helps to build up a picture of the individual's unique experiences and can provide insight into any particular areas of need.</li> <li>• <b>Shared activities</b> can be helpful as a person's needs may become more apparent when a carer is doing something with a service user such as shopping with them or helping prepare a meal.</li> </ul> <p><b>Analysis, Evaluation, Application (AE/APP)</b></p> <p>An assessment tool that could be helpful in Brenda's situation would be to use <b>observation and asking questions</b> when Brenda was undertaking some kind of daily living task such as preparing a simple meal or using public transport. This would enable the care worker to see how competent Brenda was and also to have a clearer idea of what support may be required to build up her independent living skills. This tool of assessment could be used as part of a <b>shared activity</b> which might make Brenda feel less like she was being formally observed which may help her to be less nervous or anxious and therefore provide a more realistic way of assessing her needs.</p> <p>Or any other relevant answer.</p>		

Question		Expected Answer/s	Max Mark	Additional Guidance
3	d	<p><b>Describe one of the following models of care planning and evaluate its effectiveness when working with Brenda.</b></p> <ul style="list-style-type: none"> <li>• <b>Exchange Model or</b></li> <li>• <b>Person Centred Planning</b></li> </ul> <p><b>Guidance to markers</b></p> <p><i>Up to 3KU mark/s should be awarded for describing either of the models of care planning. Markers should use their discretion for how these KU marks are allocated. However, as a guide, candidates should be awarded 1KU mark for each valid point made. KU marks could, however, also be allocated in a more holistic way if candidates clearly demonstrate a depth of knowledge and understanding of the model through fully developed discussion.</i></p> <p><i>Up to 4AE/APP marks should be awarded for the evaluation of the selected model in terms of its effectiveness in working with Brenda. For full marks candidates must make reference to both advantages and disadvantages of the selected model in relation to Brenda's particular situation. A maximum of 2AE/APP marks should be allocated if the candidate only refers to benefits/advantages of the model.</i></p> <p><b>Knowledge &amp; Understanding (KU)</b></p> <p><b>The Exchange model</b></p> <ul style="list-style-type: none"> <li>• Emphasises the importance of communication between care workers and the service user. One of the main tasks for the care worker is to facilitate an <b>exchange of information</b> between everyone involved.</li> <li>• Recognises the service user's <b>wider social network</b> (family members, friends, partners as well as formal care workers) and takes this into account when planning care.</li> <li>• The process of producing a <b>care plan</b> is based on the exchange between the service user, their <b>social network and members of the multi-disciplinary team</b> who are involved in supporting and caring for the service user.</li> <li>• A <b>named person</b>, a social worker or key worker, has the responsibility of coordinating the plan and negotiating agreements about who is to do what for whom and when it will be done.</li> </ul>	<p><b>3 (KU)</b></p> <p><b>4 (AE/APP)</b></p>	

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3	d	<p><b>(Cont.)</b></p> <p><b>Person-centred planning</b></p> <ul style="list-style-type: none"> <li>• Aims to <b>empower</b> the service user to take as much control as possible over decision making.</li> <li>• Emphasises the role of the service user in planning for their future needs. If the service user is unable to understand what is happening or unable express their views it is important to appoint an <b>advocate</b> on the service user's behalf.</li> <li>• Some of the features of person centred care planning include:</li> </ul> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><b>Moving from</b></th> <th style="text-align: center;">→</th> <th style="text-align: left;"><b>Moving towards</b></th> </tr> </thead> <tbody> <tr> <td>clinical descriptions of people</td> <td style="text-align: center;">→</td> <td>seeing people as human beings</td> </tr> <tr> <td>professionals being in charge</td> <td style="text-align: center;">→</td> <td>Sharing power</td> </tr> <tr> <td>professionals inviting people</td> <td style="text-align: center;">→</td> <td>the person choosing who attends meetings</td> </tr> <tr> <td>meetings in offices at times to suit professionals</td> <td style="text-align: center;">→</td> <td>meetings in a venue chosen by the person, when it suits her/him</td> </tr> <tr> <td>meetings being chaired</td> <td style="text-align: center;">→</td> <td>meetings being facilitated</td> </tr> <tr> <td>not asking what person wants</td> <td style="text-align: center;">→</td> <td>encouraging person to dream</td> </tr> <tr> <td>assuming inability</td> <td style="text-align: center;">→</td> <td>looking for gifts in people</td> </tr> <tr> <td>filing plans away</td> <td style="text-align: center;">→</td> <td>giving the plan to the person</td> </tr> <tr> <td>Writing notes of meetings</td> <td style="text-align: center;">→</td> <td>graphic facilitation of meetings</td> </tr> <tr> <td>professionals putting plan into action</td> <td style="text-align: center;">→</td> <td>all team members having some responsibility for implementing plan</td> </tr> </tbody> </table>	<b>Moving from</b>	→	<b>Moving towards</b>	clinical descriptions of people	→	seeing people as human beings	professionals being in charge	→	Sharing power	professionals inviting people	→	the person choosing who attends meetings	meetings in offices at times to suit professionals	→	meetings in a venue chosen by the person, when it suits her/him	meetings being chaired	→	meetings being facilitated	not asking what person wants	→	encouraging person to dream	assuming inability	→	looking for gifts in people	filing plans away	→	giving the plan to the person	Writing notes of meetings	→	graphic facilitation of meetings	professionals putting plan into action	→	all team members having some responsibility for implementing plan		
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3	d	<p><b>(Cont.)</b></p> <p><b>Analysis, Evaluation, Application (AE/APP)</b></p> <p>Evaluation of the <b>Exchange Model</b> in Brenda's situation:</p> <p>The Exchange model would be effective in supporting Brenda because it would enable all those involved in her care to exchange information effectively. This would include her parents, the support staff at the day centre, her social worker and of course Brenda herself. It could also include anyone else in Brenda's support network that was thought to be significant to her. Brenda's social worker would probably be the person most likely to be the 'named person' with the responsibility for coordinating Brenda's care plan and it would be named person's responsibility to arrange meetings and to ensure that everyone completed any task they were given. A disadvantage with this model is that Brenda herself may not feel as if she is in control of the decision making process. Her social worker may not necessarily be the person who knows her the best. It might also be difficult for Brenda to really explain her hopes (and fears) in this kind of care planning model, especially if the people with most authority (i.e. the social worker and the day centre support staff) are already concerned that Brenda does not have the life skills required to cope with a move to independent living. Their views on the situation may be 'heard' more easily.</p> <p>Evaluation of the <b>Person Centred Planning Model</b> in Brenda's situation:</p> <p>The Person Centred Planning model would be effective in supporting Brenda because it would empower Brenda by enabling her to have as much control over the decision making process as she wanted. Her 'voice' is the one that would be heard most strongly. If Brenda felt intimidated meeting with professionals to express her views then she could appoint someone she trusted as an advocate to explain what she wanted and how she felt. Also, using this model means that Brenda could choose for example where to have a meeting and who she wanted to attend. For example she may want to have a meeting with the other service users that she would like to share a house with. Using this framework would enable Brenda to be more open about what she felt she was able to do for herself and also hopefully support her to be able to ask for support in areas that she felt she might struggle. However, a disadvantage of this model is that it can be much more time consuming and although Brenda may feel more 'in control', the professionals may feel that they have 'lost control' and could become frustrated that they are unable to plan their time and resources as effectively as they would like. This in turn might cause delays in implementing Brenda's package of care.</p> <p>Or any other relevant answer.</p>		
			(25)	

**Section 4 Integration**  
**'Psychology for Care' and 'Values and Principles in Care'**

Question	Expected Answer/s	Max Mark	Additional Guidance
4	<div data-bbox="333 376 1163 472" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Media coverage has highlighted poor standards of care across a number of care settings.</p> </div> <p><b>Explain why it is important for care workers to receive training to promote good care practice. In your answer you should refer to:</b></p> <ul style="list-style-type: none"> <li>• the two core care values</li> <li>• professional accountability and reflective practice</li> <li>• the role of legislation</li> <li>• ways in which an understanding of the humanistic approach in psychology can provide insight into the caring role.</li> </ul> <p><b>Guidance to markers</b></p> <p><i>This is an integrated question, so markers should mark as holistically as possible and ensure that they award candidates for relevant knowledge, understanding, analysis, evaluation and application wherever it is located within the response. Candidates should be awarded high marks for demonstrating a depth of general understanding but could also be awarded high marks for discussion and/or examples that relate to training to promote good care practice in a particular care context or setting.</i></p> <p><i>The KU/AE/APP split for each of the bullet point sections has been included for guidance but marks could be awarded in a range of ways as long as the final 13KU/12 AE/APP split is adhered to. In this type of integrated response KU marks may be inferred from AE/APP discussion, but AE/APP marks cannot be inferred from KU points.</i></p> <p><i>[In the section on the Humanistic approach, marks could be awarded for appropriate reference to Rogers. In the legislation section reference may be made to specific pieces of legislation although this is not mandatory for high marks.]</i></p> <p><b>Knowledge &amp; Understanding (KU)</b></p> <p>Core Care Values:</p> <ul style="list-style-type: none"> <li>• The value of respect for the worth and dignity of every individual.</li> <li>• The value of according social justice and promoting the social welfare of every individual.</li> </ul>	<p><b>13 (KU)</b></p> <p><b>12 (AE/APP)</b></p>	

Question	Expected Answer/s	Max Mark	Additional Guidance
4	<p><b>(Cont.)</b></p> <p>Professional Accountability:</p> <ul style="list-style-type: none"> <li>• All professional care workers are accountable for their practice.</li> <li>• A code of practice or professional conduct (such as those produced by the NMC or SSSC) reflects the values of a profession and is a public statement about the expected behaviour of people who belong to a particular profession.</li> <li>• Care workers must maintain the standards stated in their professional codes. They are accountable for their actions and legal action may be taken if they do not adhere to the published standards.</li> </ul> <p>Reflective Practice:</p> <ul style="list-style-type: none"> <li>• Reflective practice is simply thinking about what you are doing or what you have done. This is known as reflection in action (in the present) or reflection on action (reflecting on a past event). It involves critically reviewing your practice.</li> <li>• Reflective practice lets the professional care worker think about what they do and why they do it. The aim of this reflective practice is to gain a deeper understanding of the service user – carer relationship and to act on what is learned to improve care practice.</li> <li>• Reflective practice is a way of improving practice by deliberately thinking about and reflecting on how you do or have done your job. It involves asking lots of why, how, what, or any other questions to gain a deeper understanding about experiences.</li> <li>• Critically Reflective Practice is a way of learning from experience and acting on this new knowledge to improve practice.</li> </ul> <p>The role of legislation (as a framework for positive care):</p> <ul style="list-style-type: none"> <li>• By empowering service users through safeguarding their human rights</li> <li>• By reflecting values associated with human rights</li> <li>• By promoting health and wellbeing which involves recognising the social, cultural, mental, physical, emotional and cognitive aspects of a person’s situation</li> <li>• By providing benefits to individuals that can maintain their quality of life,</li> <li>• By protecting rights and choices</li> <li>• By maintaining confidentiality</li> <li>• By promoting equality of opportunity</li> <li>• By enforcing professional accountability</li> </ul>		

Question	Expected Answer/s	Max Mark	Additional Guidance
4	<p><b>(Cont.)</b></p> <p>Ways in which legislation can act as a framework for positive care (Resource Pack Diagram)</p> <div data-bbox="288 544 1251 1144" data-label="Diagram"> </div> <p>Key Features of the Humanistic Approach:</p> <ul style="list-style-type: none"> <li>• Holistic – human beings are viewed as a ‘whole’ i.e. as complete people with a range of needs and the potential to develop</li> <li>• Phenomenological – every human being is complex and unique with their own view of world and his/her own personal life story and experiences</li> <li>• Personal agency – human beings are capable of making choices through free will and have the capacity to self-actualise or be the best they can be</li> </ul>		

Question	Expected Answer/s	Max Mark	Additional Guidance
4	<p><b>(Cont.)</b></p> <p><b>Analysis/Evaluation &amp; Application (AE/APP)</b></p> <p><b>Sample Answer</b></p> <p>The first core care value is <b>the value of respecting the worth and dignity of every individual</b>. This involves recognising that each human being is a unique person. This should be the basis of their worth, it should not be dependent on any other characteristic. This value requires care staff to look beyond a person's age, and/or physical and mental health status or their life style choices and to view all service users as unique and worthy human beings. This is because an individual's dignity is maintained when their worth as a human being is recognised and this is closely linked to their self-respect and levels of self-esteem. The second value is <b>the value of according social justice and promoting the social welfare of every individual</b>. This refers to the idea that everyone in society has the right to fair and correct treatment. This involves all service users having equal access to fairly shared resources which could include access to appropriate health services, housing or educational provision.</p> <p>Promoting social welfare means promoting the wellbeing of a person in all aspects of their lives. This means that care staff should ensure that they support service users to access all the services, benefits and opportunities to which they are entitled thereby enabling them to lead as fulfilling a life as possible. All carers should receive training to promote good care practice which highlights the importance of these core care values being fundamental to all aspects of their professional role <b>(4KU)</b>.</p> <p>Reflective Practice is a way that care workers can <b>learn from experience</b> and act on this knowledge to <b>improve their practice</b>. It involves thinking critically about what they are doing or what they have done. This is known as reflection in action (in the present) or reflection on action (reflecting on a past event). Most people find this process quite challenging and that is the reason why it is a crucial aspect of training in many professions such as nursing and social work. This links to the idea of 'professional accountability' as it involves care workers looking honestly at themselves and reflecting on how they could do their job better. It involves reflecting on their own value base, their qualities and skills and understanding how they could use these most effectively in their caring role.</p>		

Question	Expected Answer/s	Max Mark	Additional Guidance
4	<p><b>(Cont.)</b></p> <p>As professionals they also need to be aware that they are accountable for their practice and so it is important that care staff and their organisations do as much as they can to ensure that staff have access to appropriate knowledge and opportunities to develop the skills and understanding that will enable them to carry out their roles safely and responsibly. Professional accountability also relates to professional codes of conduct such as those produced by the Scottish Social Services Council (SSSC) and the Nursing and Midwifery Council (NMC).</p> <p>Offering good quality training which emphasises positive care practice should help staff to become more reflective practitioners and should them to understand the importance of both personal and professional accountability. <b>(3KU 3AE/APP)</b></p> <p>It is also important that care staff receive regular training to update them in ways that legislation can promote good care practice. For example, training could highlight ways in which legislation is incorporated into a care organisation's policies and procedures to <b>promote the health and wellbeing</b> of their service users by recognising social, cultural, mental, physical, emotional and cognitive aspects of their situations. For example, the idea of 'needs-led assessment' (NHS and Community Care Act 1990) focuses on person-centred, holistic care. Staff training in a residential home for older adults could for example highlight and explain the way in which this principle is incorporated in the home's admission and care planning procedures. Staff training could also highlight how legislation <b>can provide benefits to people that can help them maintain their quality of life</b> and could relate this to the fact that many residents in care homes for older adults receive free nursing and personal care because they are over the age of 65 (Community Care and Health (Scotland) Act 2002). Ways in which legislation helps to <b>maintain confidentiality</b> could be highlighted by examining some of the key features of the Data Protection Act 1998. Staff training could focus on how this piece of legislation this helps to promote good care practice by using it as a framework to provide guidance on the way that staff should record, store and share information relating to their service users. <b>(3KU 3AE/APP)</b></p> <p>The Humanistic approach would be an ideal theoretical approach for staff to learn about in any training session as it provides very good insight into the importance of building positive relationships with people which is the essence of the caring role. One feature of the humanistic approach is that it adopts a <b>holistic</b> view which means human beings are viewed as 'whole', complete people with a range of needs and the potential to develop.</p>		

Question	Expected Answer/s	Max Mark	Additional Guidance
4	<p><b>(Cont.)</b></p> <p>The humanistic view also recognises that people have a spiritual dimension and an awareness of themselves in relation to other people – these things are uniquely human. The humanistic approach also believes that the actualising tendency – the process of becoming all we can be – is the basic human drive. The humanistic approach also adopts a <b>phenomenological</b> outlook which emphasises that every human being is complex and unique with their own view of world and their own personal life story and experiences. This means that an individual is ‘the expert’ in their own life (not any family members, friends, professionals or workers who happen to be in contact with them) and it is important for care workers to understand the world from the service user’s point of view if they are going to be able to help support them to help themselves to ‘be the best they can be’. This relates to another feature of the humanistic approach which is the idea of <b>personal agency</b>. This idea is based on the belief that human beings are capable of making choices through free will and have the capacity to self-actualise or be the best they can be. The humanistic approach understands that we are often limited, constrained and oppressed by the conditions we have to live under, but that we always have a choice about how we can act and respond to a situation. Sometimes, if conditions are harsh, the choice is very limited, but our instinctive drive to make the best of our situation is still there, motivating us.</p> <p>Each of these features is therefore very significant in understanding how important it is as a carer to accept and value the service users we are supporting and to understand that they may be capable of improving their own situation. It could also be helpful to incorporate some of Rogers’ ideas into a care staff training session. Carl Rogers (who wrote from a humanistic perspective) believed that when building a trusting and effective helping relationship, it is important to effectively use the core conditions unconditional positive regard, empathy and genuineness. If care staff learnt about these conditions and worked on developing them, then it might help them become more empathic, effective carers who would have a better understanding of their service users’ lives. <b>(3KU 6AE/APP)</b></p> <p>Or any other relevant answer.</p>		
		<b>(25)</b>	
		<b>Total (50)</b>	

[END OF MARKING INSTRUCTIONS]