



National
Qualifications
2022

2022 Care

Higher

Finalised Marking Instructions

© Scottish Qualifications Authority 2022

These marking instructions have been prepared by examination teams for use by SQA appointed markers when marking external course assessments.

The information in this document may be reproduced in support of SQA qualifications only on a non-commercial basis. If it is reproduced, SQA must be clearly acknowledged as the source. If it is to be reproduced for any other purpose, written permission must be obtained from permissions@sqa.org.uk



General marking principles for Higher Care

Always apply these general principles. Use them in conjunction with the specific marking instructions, which identify the key features required in candidates' responses.

- (a) Always use positive marking. This means candidates accumulate marks for the demonstration of relevant skills, knowledge and understanding; marks are not deducted for errors or omissions.
- (b) If a 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.
- (c) We use the term 'or any other valid response' to allow for the possible variation in candidate responses. Award marks according to the accuracy and relevance of candidates' responses. The skill of using appropriate terminology is reflected in exemplar responses. However, at this level candidates may be awarded marks where the answer is accurate but expressed in their own words.
- (d) For **describe** questions, candidates must apply their knowledge and understanding to make a point and then develop this point by giving further information. For example, if **two marks** are available then award a mark for making the main point and a further mark for developing the point by giving additional or related information.
- (e) For **explain/use** questions, the candidate must apply their care knowledge and understanding to give further information about the meaning of something, to give reasons or show connections. This may include explaining features of a theory, or explaining behaviour using approaches, concepts or theories, or relating these to a care context. For example, if **three marks** are available for an 'explain' question, award one mark for making a key point of explanation and a further mark for each additional correct key point of explanation.

Marking instructions for each question

Section 1 – Human development and behaviour

Question		General marking instructions for this type of question	Max mark	Specific marking instructions for this question
1.	(a)	Award up to 2 marks for an accurate description of either nature or nurture.	2	<p>The candidate should describe either nature or nurture.</p> <p>Nature:</p> <ul style="list-style-type: none"> • genetics/inherited • illnesses • personality traits • physical traits. <p>Nurture:</p> <ul style="list-style-type: none"> • environment • learned behaviours • childhood experiences • lifestyle. <p>Or any other valid response.</p>
	(b)	Award up to 2 marks for an accurate explanation of how nature or nurture can influence the development of Archie.	2	<p>The candidate should explain how nature or nurture influence the development of Archie.</p> <p>Nature:</p> <ul style="list-style-type: none"> • genetics/inherited • illnesses • personality traits • physical traits. <p>Nurture:</p> <ul style="list-style-type: none"> • environment • learned behaviours • childhood experiences • lifestyle. <p>Or any other valid response</p>

Question	General marking instructions for this type of question	Max mark	Specific marking instructions for this question
2.	<p>Award 1 mark for the description of one task of mourning and then develop this point for a further 1 mark.</p> <p>A maximum of 2 marks can be awarded per task of mourning.</p> <p>A maximum of 1 mark can be awarded for only identifying tasks of mourning.</p>	4	<p>Candidates could describe any of the tasks of mourning:</p> <p>Task 1 – To accept the reality of the loss: Some people struggle to believe that the loss is real. It is normal to hope for a reunion or to assume that the deceased is not gone, but for most people this illusion is short lived. Accepting this reality is a key task.</p> <p>Sometimes people engage in ‘mummification’, retaining the possessions of the deceased person, or keeping their bedroom exactly as it was when they died. This is not unusual in the short term but becomes denial if prolonged.</p> <p>Task 2 – To work through the pain of grief: Openly expressing feelings of grief such as tears, sadness and depression is helpful. Suppressing pain may prolong the process of grieving. It is helpful to be aware that some societies and cultures encourage very overt displays of grief, whereas in others giving way to grief may be considered unhealthy or weak.</p> <p>This task can be impeded by the denial of feelings, the misuse of alcohol, or by creating and idealising the memory of the dead person. People can deny that they feel pain, by having ‘thought stopping’ procedures or keeping very busy so there is no time to think.</p> <p>Task 3 – To adjust to a world without the deceased: This could involve recognising and perhaps taking on roles which the dead person once performed. Where the bereaved person’s identity was intertwined with the dead person there may be a need to find a new sense of self.</p> <p>This task can be hampered by not adapting to the loss. This might include a focus on personal helplessness, or withdrawal from the world. The task is resolved by the development of the skills needed to cope.</p> <p>Task 4 – To emotionally relocate the deceased and move on with life: This involves finding an enduring connection with the deceased in the midst of embarking on a new life, using energy previously invested in mourning for the dead person to live effectively.</p> <p>This task can be difficult for some people if they see it as somehow dishonouring the memory of the deceased. They might also be frightened by the prospect of reinvesting their emotions in another relationship in case it too ends with loss.</p> <p>Or any other valid response.</p>

Question		General marking instructions for this type of question	Max mark	Specific marking instructions for this question
3.	(a)	Award 1 mark for the description of one stage of transition and then develop this point for a further 1 mark.	2	<p>Candidates could describe any of the transitions:</p> <ul style="list-style-type: none"> immobilisation – a state of shock or disbelief. Self-esteem may drop as a person realises that there is a threat to the life they have lived. A sense of being overwhelmed, ‘it can't be happening to me’, ‘this isn't true’ . . . minimisation – there may be a temporary increase in self-esteem when a person ‘plays down’ what has happened. Similar to denial. May take the form of ‘well, it's not so bad really, life goes on’ Denial can have a positive function, by enabling a person to cope with a situation which would be too overwhelming to face head on depression – when the reality of what has happened sinks in, a person may feel pain or anger when they realise how their life might change or how difficult things might be for them. Levels of self-esteem will drop. A dip in feelings as the person becomes particularly conscious of the implications and the challenges ahead. May involve feelings of depression, or anger or apathy acceptance of reality/letting go – this is when a person's self-esteem is at its lowest: they accept that things won't go back to the way they were before. They have to face up to the fact that their life has changed, and start thinking about moving on with their new life. The earlier phases contain much backward-looking material. In this phase, the past is put behind and the individual faces up to the future. This is regarded as crucial in managing transitions testing – this is where the person tests out new ideas, new ways of thinking and new behaviours. They start to see that there may be new ways of leading their life in their changed circumstances. Self-esteem starts to rise. Engaging with the new reality, the person tries out new strategies and approaches. New lifestyles and identities are tried out and discarded search for meaning – trying to ‘make sense of the situation’ and understand the need for change. An individual's previous self- concept will have been affected by the transition. They may develop both a new self-image and be able to imagine a new ideal-self. This may also involve an acknowledgement that ‘things have worked out fine.’ A period of reflective thinking as the significance and personal meaning of the transition is explored

Question		General marking instructions for this type of question	Max mark	Specific marking instructions for this question
				<ul style="list-style-type: none"> internalisation – by this stage, a person has adapted to their changed circumstances and has developed a higher self-esteem through accepting the new situation. They are likely to have developed a more positive self-concept. The transition has become an accepted part of the person’s life. The final phase as people internalise the new meanings they have discovered and incorporate them fully into their behaviour, roles and outlook. <p>Or any other valid response.</p>
	(b)	Award 1 mark for a point of explanation. Award further marks for development of points up to a maximum of 1 mark .	2	<p>To gain all 2 marks the candidate must give a clear explanation, which may include:</p> <p>Adams, Hayes and Hopson’s model of transition would be very helpful to understand an individual’s behaviour of someone who is experiencing grief or a significant change in their life. It is especially helpful in understanding the ways in which differing levels of self-esteem can have an effect on how people behave and how they feel about themselves. The stages of the model represent the cycle of experiencing a change.</p> <p>Adam, Hayes and Hopson’s model would help someone to develop an understanding that everyone responds to a transition or change in their life in a different way. It could be used to understand that behavioural changes seen in people in a range of situations, such as withdrawal, anger or even denial can be a natural response to going through a transition. The feelings are ‘normal’ and in time they will pass. Being aware of ‘minimisation’ may be particularly significant for care workers in recognising that although someone may ‘appear’ to be coping well with whatever transition they are experiencing, that this period could actually be short-lived, and may be followed by a period of depression.</p> <p>As they begin to move through the transition, they may begin to acknowledge the reality of the change, test out new ideas or behaviours, understand themselves and use the experience of the change to modify their behaviour.</p> <p>Or any other valid response.</p>

Section 2 – Social influences

Question		General marking instructions for this type of question	Max mark	Specific marking instructions for this question
4.		Award 1 mark for each description of the difference between common-sense knowledge and sociological explanations. Award a further mark for each development of this point.	3	<p>Award up to 3 marks only for an accurate description of the differences.</p> <p>Description of the differences may include:</p> <ul style="list-style-type: none"> • common-sense knowledge differs from person to person and is influenced by the customs and beliefs of the family one is born into. Sociology, on the other hand, studies the intricate details of evidence as well as the beliefs and decides upon what can be applied and what cannot • common-sense is just an assumption. One has no evidence to back what one believes. Unlike common sense, sociological theories are not mere assumptions, but a sociologist concludes upon the theories by collecting evidence and studying them in-depth • common-sense is based on subjective experiences. But Sociology looks at society not with respect to individuals but as a whole. <p>Or any other valid response.</p>
5.		Award 1 mark for an explanation of the importance of culture when working with individuals accessing care services. Award a further mark for each development of this point.	3	<p>Award up to 3 marks only for an accurate explanation of the importance of culture when working with individuals accessing care.</p> <p>Explanation of the importance of culture when working with individuals accessing care may include:</p> <ul style="list-style-type: none"> • awareness of the rules of interactions within a specific cultural group, such as communication patterns and customs, division of roles in the family unit, and spirituality, will help you better understand the attitudes of the people that you support • culturally sensitive care contributes to the delivery of person-centred care, which encourages individualised care that is specific to each individual's circumstances • culture awareness allows individual accessing care services to retain some of their independence and fulfil their personal preferences and expressed wants and needs. <p>Or any other valid response.</p>

Question		General marking instructions for this type of question	Max mark	Specific marking instructions for this question
6.		Award 1 mark for a description of one key feature. Award a further mark for a point of description of the identified feature.	2	To gain full marks candidates must describe one key feature, not just identify the key feature. Award up to 2 marks for an accurate description of one key feature. Functionalism key features: <ul style="list-style-type: none"> • consensus on norms, values, and roles • stability and continuity • interdependence • dysfunctionality. Or any other valid response.
7.		Award 1 mark for each accurate explanation of how the government influences the life chances of individuals who are using care services. Award a further mark for each development of this point. Award only 1 mark for an explanation of the influence of life chances without discussion of individuals who are using care services.	4	Award up to 4 marks only for an accurate explanation of how the government influences the life chances of individuals who are using care services. Explanation of how the government influences the life chances of individuals who are using care services may include: <ul style="list-style-type: none"> • health promotion and health education • social policy and/or legislation • benefits • the transition from children services to adult services • housing • cuts in funding • free prescriptions • free personal care • child protection • adult protection. Or any other valid response.

Section 3 – Values and principles

Question		General marking instructions for this type of question	Max mark	Specific marking instructions for this question
8.	(a)	<p>Award 1 mark for description of one principle and then develop this point for a further 1 mark.</p> <p>A maximum of 1 mark can be awarded for identifying a principles.</p>	4	<p>Principles:</p> <ul style="list-style-type: none"> • dignity and respect – upholding human rights, treated as an individual, treated fairly without discrimination, respecting of privacy • compassion – offered nurturing care and support, treated with understanding, carers are sensitive to the needs and wishes of the individual • responsive care and support – needs are assessed ensuring that the individual receives timely suitable support, flexible care is offered changing with needs, choices and wishes, care and support is consistent, complaints are dealt with appropriately • wellbeing – individual preferences are asked about and appropriate support is given, individuals are encouraged to achieve their full potential, individuals are supported to make informed choices and to take risks, individuals are protected from neglect, abuse or avoidable harm • be included – individuals are provided with timely, accurate and understandable information to make informed choices, inclusion in decision making about own care, feedback is sought and concerns are considered, the individual is supported to take an active part in their wider community. <p>Or any other valid response.</p> <p>If the candidate only identifies principles, a maximum of 1 mark can be awarded in total.</p>
	(b)	<p>Award 1 mark for linking one of the above to positive care practice and a further mark for developing this point.</p>	2	<p>To gain all 2 marks the candidate must give a clear explanation, for example, care workers who demonstrate compassion are mindful of the needs and wishes of individuals, resulting in treating an individual in a caring and supportive manner.</p> <p>Or any other valid response.</p>

Question		General marking instructions for this type of question	Max mark	Specific marking instructions for this question
9.		Award 2 marks for the description, 1 mark for explaining the importance of assessment of need in the care planning process and 1 mark for extending this answer.	4	To gain all 2 marks the candidate must give a clear description, which could include: <ul style="list-style-type: none"> • description of assessment of need methods • who should be involved in the process • description of a model of assessment such as SPECCS or PROCCCESS or any other appropriate model. Or any other relevant answer. The candidate should then look at the importance of assessment of need in the care planning process. They could consider: <ul style="list-style-type: none"> • person centred planning • importance of meeting need • importance of service user involvement • assessment of need forms the basis of a care plan. Or any other relevant answer.
10.		Award 1 mark for accurate description of legislation and a further 2 marks for providing an explanation in relation to positive care practice. A maximum of 1 mark where the candidate has only accurately identified two pieces of legislation. 1 mark for accurate identification and a further 2 marks for providing an explanation in relation to positive care practice	6	Relevant legislation could include: <ul style="list-style-type: none"> • Community Care and Health (Scotland) Act 2002 • Equality Act 2010 • Human Rights Act 1998 • Mental Health (Care and Treatment) (Scotland) Act 2003 • NHS and Community Care Act (1990) • Patient Rights (Scotland) Act 2011 • Regulation of Care (Scotland) Act 2001 • The Adults with Incapacity (Scotland) Act 2000 • The Mental Health (Scotland) Act 2015 • The Social Care (Self-directed Support) (Scotland) Act 2013 • Protection of Vulnerable Groups (Scotland) Act 2007 • Children and Young People’s (Scotland) Act 2014.

[END OF MARKING INSTRUCTIONS]