



Care

Guidance on modifications to Higher course assessments for session 2021–22

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Introduction

The discussion and examples provided in this document are not exhaustive and should be used as a guide, rather than an instruction on how to deliver the Higher Care project.

Any relevant psychological and sociological theories and/or approaches can be used by candidates, and teachers and lecturers delivering this course should encourage and support candidates to research around the different topics.

The examples used in this document are an illustration of how theory, brief and support services can be linked when evaluating relevance of the theories and/or approaches. Candidates should be encouraged to consider different examples to demonstrate their own knowledge and understanding.

Functionalism — a structural approach. Society shapes individuals and therefore is deterministic in nature. This is a macro-sociological perspective, in which society's social systems influence individual behaviours.

Functionalists believe that there is a consensus on norms, values and roles within society. This key feature means that there is a broad-based agreement on how people fit into society, and this helps people to make sense of the part(s) they play in society.

Another key feature of functionalism is the idea of integration and interdependence. This idea views society as a system with interconnected parts. It offers a biological analogy to compare parts of society to parts of the human body. The analogy says that humans and societies have functional prerequisites (basic needs) in order to survive; for example, government/brain is interconnected with the NHS/heart and education/lungs to function properly. If one part of the system begins to fail, then society/human body begins to break down and fail. Social institutions exist to meet these basic needs of society; for example, families provide socialisation to provide society with a common culture.

Dysfunctionality is a key feature which recognises that not all individuals or groups in society are willing or able to reach, or conform to, consensus on norms, values and roles. This can be managed through members of society themselves via approval, disapproval, social acceptance, rejection, or ultimately by the criminal justice system. Such management helps reinforce stability in society by re-educating the 'dysfunctional' into becoming productive, functioning members of society.

Scenario — Tam is a 12-year-old boy, who has been in and out of care settings since his parents' relationship broke down not long after he was born. His mum had been struggling with addiction issues, and life has often been chaotic at home. Recently, Tam has been getting into trouble, and the police have brought him back to his house in the evening only to find there is no-one else at home.

Murdoch believes family is the cornerstone of society. Parsons states that one irreducible function of family is socialisation. Functionalists may argue that Tam has been disadvantaged in his upbringing. Therefore, because of the current chaotic circumstances at

home, perhaps care might be better provided outside the home on a short-term basis, until his mum is in a position to be able to provide a stable, supportive environment for Tam.

Conflict of Marxism — structural and macro as per functionalism. One key feature of this theory is power differentials between different groups in society with conflicting interests. This manifests itself most obviously in social class. Power is monopolised by the minority ruling-class. They own the means of production and dominate the majority subject-class. This causes tension and conflict, and therefore is not a consensus perspective.

Another key feature is competition over scarce resources. Society is based on material worth, achieved through work and the production of goods. People in the dominant group accumulate wealth and pass it on to their children through inheritance. Inherited wealth perpetuates the class system, as people are not born economically equal.

Another key feature is control, coercion and constraint imposed by the dominant group. People in the dominant group attempt (and succeed) to legitimise their position to disguise the fact that the subject-class is being exploited. They justify their position through institutional structures, such as the mass-media and religion. The dominant group controls and/or owns these institutions, and fully exploits them to their advantage.

Scenario — George is 52 and has struggled to gain meaningful employment for much of his life. He currently has a zero-hours contract at a warehouse, through an employment agency. He receives Universal Credit, but recently learned that his benefits are facing sanctions as he's been unable to take shifts due to failing health. Unwell and on the waiting list for an operation, George has learned the operation is available privately at his local hospital for £x thousand. Conflict theory application of social class: George has no inherited wealth to address the scarce resource of medical care, and is being coerced and constrained by the dominant group through benefit sanctions.

George is worried what his neighbours will think, as there were a lot of stories in the papers and on TV recently about 'benefits cheats and scroungers'. Care at home is the best option for George, through an appropriate needs-led assessed package of care, until he can get medical treatment and make a recovery.

Feminism — depending on the strand, this can be taught as structural, and macro and/or constructionist. Again, this is mostly taught as conflict, but depends on the interpretation of 'liberal' feminism. That said, divisive social institutions and/or structures based on sex and gender is a good starting point. Gender-role socialisation is a key feature of feminist theory. Concepts of masculinity and femininity in society are socially constructed. These gender stereotypes are reinforced, whether openly or not, by the structures and social institutions of society.

Another key feature is equal rights for women. The lack of these is evidenced in 'glass-ceilings', the gender pay-gap, and under-representation. Biological differences between sexes are socially manipulated to justify social and economic factors. Such discrimination still exists, even though it is illegal according to the Equality Act.

Another key feature is oppression and subordination through patriarchy. Patriarchy is defined as male control and dominance of the social, political, and economic systems and institutions within society. This is deeply rooted in society's power structures. Women face subordination

and also oppression in the face of this ideology, making the conflict of interests between males and females one of the most important factors in society.

Scenario — Mary is 34 and has been in an abusive relationship for three years. She lives in her partner's flat with her son from a previous marriage, and has addiction issues with alcohol, prescription painkillers and Valium. Her partner physically assaulted her; she no longer wishes to see him, and has ended the relationship. He was removed from the property by the police, and Women's Aid are helping with her case. This is an equal rights, oppression, and subordination-through-patriarchy application of the theory of feminism. Short-term care for Mary and her son is best provided outside of the current home until a suitable tenancy can be found away from her current situation. Then an appropriate care package can be put in place to assist Mary to deal with her current issues, and successfully maintain her own tenancy.

Symbolic interactionism — an action approach. Individuals or groups shape society, and therefore freewill and human agency are to the fore. This is a micro-sociological perspective in which society is influenced by individual or group behaviours. The idea of self-concept is a key feature: our own sense of self, based on our image as a reflection of how other people react to us. Our self-concept gets built up over time; for example, do we see ourselves as a kind person, happy or sad?

Another key feature is the significance of symbols and labels in social interactions. Small-scale interactions are important, and the exchange of symbols during these interactions is crucial. What meanings do we take from symbols, such as language, accent, and the clothes we wear? The labels we attach to one another are important in these interactions as they convey a sense of meaning in how we identify with each other.

The concept of role-taking is another key feature. Roles imply certain behaviours given a set of particular circumstances. There is a plurality of roles, depending on these circumstances. We can be a brother, son, father, colleague, patient, student at particular times. We constantly perform a variety of roles to a variety of audiences, presenting a version of self to that audience in the hope of producing positive feedback.

Scenario — Sarah is 21 and has been early diagnosed with Huntington's. She doesn't want to be labelled by her disease and has been trying too hard to fit in with a local peer group, which includes a group of youths at the shopping precinct. She has been drinking and taking drugs, and her parents worry that some of the relationships have become a cause for concern. According to symbolic interactionism, labels can be positive and affirming as well as negative and reinforcing. In her attempts to avoid being medically labelled, Sarah's behaviours have led to her being labelled in the community as rebellious and a trouble-maker within a gang of youths. Care at home is the best solution, and the Huntington's nurse visits her at home, as does her social worker, to talk through the issues she is facing.

Psychodynamic approach — overview

We're born with innate drives and instincts.

Early childhood experiences shape and influence us throughout life, and behaviour is influenced by unconscious forces and/or conflicts. Experiences within our unconscious are constantly shaping our behaviours without our knowledge. When an individual is faced with

decisions regarding their care package, they may experience very negative emotions towards treatment, care, hospitalisation or moving into permanent residential settings. This negativity might be linked to previous experiences, images in the media, or childhood memories of visiting sick relatives — these ‘unconscious memories’ may be unduly influencing a person’s decision-making process. For some people ‘going into a home’ stirs up lots of images and emotions. Candidates can explore these ideas and link to the ideas purposed by psychodynamic theorists. When providing evaluation, this theory is helpful for care workers trying to understand why some individuals are so against support, even when it is in their best interest. This theory attracts a lot of criticism and there is a lack of supporting evidence.

Erikson and the lifespan theory — specific stages can be taken here and used to understand individuals’ experiences when considering different support available. For example, the ‘identity versus role confusion’ stage can be applied to a number of different situations which teenagers are experiencing. During this stage, individuals’ confusion over their identity can potentially lead to some mental health concerns, including negative body image or actual self-harming to gain control in an environment over which they have little control. This stage is often relatable to many candidates and therefore a little more straightforward to apply to individuals receiving care. These two examples can be discussed and linked to individuals seeking support and/or counselling. Candidates can potentially explore the online support options available versus in-person support or group support (a good opportunity here to discuss how coronavirus has impacted on individuals accessing mental health services). This theory is very relevant to helping us understand why some teenagers find life, fitting in, expressing themselves, and finding who they are so tough. It can also provide care workers with an insight into the internal conflict experienced by so many young people.

This theory is relevant to helping care workers understand that if an individual is experiencing any level of conflict within one of Erikson’s life stages, it can be assumed that they will find it harder to make decisions regarding their life, lifestyle choices or their care and/or treatment options. Candidates can explore that this is because they lack confidence in their own ability, lack a strong sense of identity, or are experiencing isolation and loneliness. If an individual’s personality is being negatively influenced in these ways, making important life decisions will be challenging. In these cases, this theory helps care workers to understand an individual’s struggle with accepting support and/or care. In these situations, perhaps care at home is better to start with until individuals feel more confident with a new diagnosis, or a change in their ability or identity. Another link is an individual’s decision to have life-saving treatment or to refuse treatment — whether do not resuscitate (DNR), do not attempt cardiopulmonary resuscitation (DNACPR) or opt for palliative care — ego integrity versus despair and the virtue of wisdom can be explored in this case.

The use of defence mechanisms (denial, repression, regression, sublimation, displacement, projection, rationalisation) can really be developed within this section. For example, candidates can review the aspect of denial in individuals who are not ready to face the fact they need support. This works for all individuals accessing care services; for example, a once very mobile and independent individual losing these abilities and now being in denial about needing support. Support in this case might be easier delivered at home, if appropriate, as the individual will maintain their independence and potentially begin to accept the new challenges in their life.

Freud's theory of personality — three parts to personality

- ◆ id — 'pleasure principle', the child-like part of personality, demanding instant gratification
- ◆ ego — 'reality principle', the adult part of personality, accepting delayed gratification
- ◆ superego — 'morality principle', the parent part of personality, telling you what's right from wrong

Scenario — teenager continually caught shoplifting or general stealing. Relationship with various foster parents keeps breaking down. Has been taking car keys and joyriding in family cars without permission. Road traffic accident, unhurt but now a danger to others. Freudian application: unable to delay gratification, need for instant gratification, instinctual needs. No longer appropriate for care at home, therefore residential care should be considered, and appropriate counselling considered so that the teenager can work through issues in a more supervised setting.

Behavioural approach — overview

All behaviour is learned behaviour. Maladaptive behaviour can be unlearned, and new behaviour learned. Habits (addiction) and ineffective behaviour strategies (behaviours that challenge or aggression) can be explored using this approach.

Bandura — social learning theory

Observational learning, internal and/or external positive and/or negative reinforcement — role models shaping behaviours.

Scenario — going either way regarding brief. Child at home with positive role model or child in temporary care placement because of negative role models at home. Child kicking out or spitting on others has learned that this will bring them attention of care worker, teacher or classroom assistant. Work to change maladaptive behaviours through reinforcement and reward strategy. Candidates have a number of different examples that can be used in relation to care services — adoption or fostering and children's homes are reasonably straightforward examples, and can be linked or evaluated with this approach. Cognitive behavioural therapy, behaviour diaries, behaviour support plans and reward charts are all good examples of how this approach can be discussed in relation to the brief. There is a lot of evidence that these techniques work well for some, therefore candidates have something to evaluate in this case.

This theory is beneficial for care workers as it helps us understand the strong impact on behaviour of role models and individuals' internal monologue. If we have a good understanding of the massive impact of self-thought or self-belief on individuals' actions, behaviours and decisions, then we can tailor support to meet individuals' needs, either at home or within a support service. Individuals' self-belief can hold them back from making positive changes in their lives; for example, an individual living with autism can be supported to slowly gain the confidence to be able to move into supported accommodation and live independently. This is cognitive or behavioural psychology in action — care workers supporting and/or improving the way an individual thinks about themselves and their own ability, then the behaviour can change (in this case confidence in living independently). Supported accommodation can also provide positive role models and expose individuals to others living very successful or independent lives with an autism diagnosis. Without this

theory we might not have such an awareness of the link between thoughts, feelings and actions. (Also link to Albert Ellis' Rational Emotive Behavior Therapy (REBT)).

Humanistic approach — overview

Humans are born with an innate drive for growth. Humans are motivated to fulfil their potential and reach self-actualisation. Humans have to be understood as a whole person, not just individual aspects, therefore care should be holistic and individualised.

Maslow's hierarchy of needs — this framework is beneficial or relevant when working in care as we need to ensure that all individuals' basic needs are being met, as well as their higher-order needs, such as esteem. When conducting a needs assessment, it is important to recognise the holistic approach to supporting and/or providing treatment. Candidates can link this framework to individuals who are not able to meet their own basic needs, such as someone who is incapacitated due to a disability or illness. The framework states that the basic needs are required to be met first. These needs are potentially best met in a care environment, such as a residential rehabilitation service. Nonetheless, other needs, such as belonging, are best met at home. This dilemma opens up the debate about how to meet all needs for individuals, and what setting can best provide this — remember candidates do not need to say if one is better than the other.

Rogers and person-centred theory — this theory has many strengths that candidates can delve into and link with care services. Exploring this theory presents another good opportunity to bring in the coronavirus pandemic discussion. Many individuals accessing person-centred therapy were, or are, no longer able to access face-to-face support. Can online or video support be as beneficial? Without regular face-to-face support, some individuals' mental health might deteriorate — how can care workers monitor this online, over the phone, in video therapy clinics? Will this result in some people requiring stays in treatment centres? Candidates can link all this to the evidence of a rise in hospital admissions for eating disorders during lockdown.

Another strength that could be discussed are the core conditions, and how best care workers can deliver the core conditions to the individuals they are working with — at home or another setting? If a person completely lacks positive regard in their home environment, perhaps the best place for them is outwith the home. Rogers' theory helps us to understand the benefits of providing positive regard and acceptance on individuals' self-esteem, self-image, and self-confidence. This environment of supportive care can improve recovery, treatment, and rehabilitation.