# 2012 Care

# Higher – Paper 1

# Finalised Marking Instructions

**2012 Care Higher Paper 1**

**Section 1**

**Psychology for Care**

(a)   Describe **two** key features of the Psychodynamic approach to Psychology.      **4      KU**

*Guidance to markers*

*To gain full marks candidates must describe two distinct features. If only one is described then a maximum of 3KU can be awarded. This means that marks can be awarded holistically if the description of one feature is particularly strong and the other weaker.*
*A maximum of 1KU should be awarded if key features are merely listed rather than described.*

**Knowledge and Understanding (KU)**

**Key Features**

- Stage Model – the psychodynamic approach views development as occurring in stages over periods of time. Specific events/experiences occur during these stages and ways in which the individual progresses through them can influence the eventual outcome of development. Behavioural patterns and personality is therefore shaped by the individual's passage through stages. Early childhood experiences are considered to be especially significant.

  Candidates who provide accurate responses referring to Erikson's Lifespan theory should also be accepted as a valid response.

- Levels of consciousness  - The psychodynamic approach suggests that the mind has three levels.

| **Conscious** | Where we actively think and perceive things around us. It is what we are currently aware of, or can easily recall. |
|---|---|
| **Pre-conscious** | Where we store memories and information. People can access this information, with a bit of thought or prompting. |
| **Unconscious** | Where desires and fears that we are not consciously aware of are hidden, eg immoral urges, experiences from the past. |

- <u>Dynamic personality structures</u> – Parts of the personality

| Id | Most primitive part of the mind: what a baby is born with. Holds basic biological drives eg libido or life force, and death instincts which push an individual towards aggression and destruction. It is selfish and unrealistic and doesn't pay attention to other people's needs. It is the 'child' part of our personality. Looks for instant gratification: the pleasure principle. The other two personality structures (Ego and Superego) develop from this base. |
|---|---|
| Ego | Develops gradually as a person realises that not all needs can be met immediately. It helps balance the demands of the Id and Superego. This is the 'socialised' part of our personality, where we become aware of ourselves in relation to other people around us. We don't act on impulse: we learn to stop, think and consider situations. It is the adult part of our personality. It is in touch with the real world: the reality principle. |
| Super-ego | Develops as the child becomes aware of rules and regulations and of right and wrong. It is the 'parent' part of our personality. It represents values and conscience: the morality principle. |

- <u>Defence mechanisms</u> – These can be considered as  tools which the Ego employs to counteract the anxiety felt in situations where there is internal conflict caused by the Superego being  too demanding or the impulsive Id too overwhelming –such feelings result in anxiety from unresolved conflict between these two – examples of defence mechanisms denial, displacement, projection, regression, repression, rationalisation, sublimation. Candidates may give examples of defence mechanisms in which case marks should be awarded if an understanding of the concept itself is shown.

Or any other valid answer

(b) Explain **two** ways a care worker could use the Humanistic approach when working with people who misuse alcohol.

**7    4 KU**
**3 AE/App**

*Guidance to markers*

*1 KU mark can be awarded for describing a valid point related to the humanistic approach, or 2 marks for a developed point.*

*Carl Rogers is one of the main theorists of this approach, so candidates can gain full marks for a valid description and application of Carl Rogers' theory as an example of the Humanistic approach.*

*Similarly, markers should also use their discretion to allocate marks to candidates who appropriately explain/apply aspects of Maslow's theory or Egan's model.*

**Knowledge and Understanding (KU)**

Key features of the Humanistic approach:

**Holistic**
- The humanistic approach is concerned with the **whole person** and not just specific aspects of the person.
- It suggests that the human beings are complex organisms each with a **unique identity** and it is only through understanding that unique individual's persona that any understanding can be gained.
- Human beings have a **range of needs (**such as physical, emotional, social, cognitive and aesthetic), ALL of which contribute to the uniqueness of the person.
- The humanistic approach believes that **the actualizing tendency** (the process of becoming all we can be, striving for and reaching for our **fullest potential**) is the fundamental human driving force.

**Phenomenological**
- Each individual sees the world from their **own individual viewpoint**. To understand behaviour, it is important to understand the individual's own particular standpoint because this is what their behaviour is based on.
- Since the individual sees the world through their own eyes and responds to it in their own way, this approach focuses on helping the person to **understand their own feelings**

**Personal agency**
- People have **free will** and the capacity to make decisions and choices. We are able to change and adjust to circumstances, given the right conditions. Individuals are therefore largely responsible for their own feelings and behaviours.
- We are not driven by basic urges or learned responses as other psychological approaches would suggest, but rather we **are rational, intelligent beings** who have some control over what and how we feel.

**Carl Rogers**
- **Self-concept:** the link between self-image, ideal self and self esteem
- **Conditions of worth**; locus of evaluation (internal and external)
- **Core conditions**: Unconditional Positive Regard (Acceptance), Congruence (Genuineness). Empathy (Understanding)

**Analysis, Evaluation and Application (AE/APP)**

A care worker using the Humanistic approach would not simply focus on the alcohol misuse problem, but would emphasise the importance of the **whole person**. They would look at other aspects of the individual (such as their gender, age, social status, any roles they had in life such as a relationship or a job) and see these as unique to that individual. The alcohol misuse may be seen as that individual's way of meeting a need they have, so the worker may encourage the individual to explore this and look for alternative ways to meet that need. The care worker would help the individual to see the problem from their **own view point** and understand that this may lead to change as the individual becomes more aware of why they are misusing alcohol. Care workers using this approach would stress that the person has **free will** and the capacity to change their behaviour, and is in control of their own thoughts and feelings towards this. By employing the core conditions of empathy, congruence and unconditional positive regard, the care worker could support the individual to develop a more positive self-concept.

 Or any other valid answer.

(c) Describe **either** Worden's **or** Murray Parkes' model of loss and explain how it helps a care worker to understand a service user's response to loss.

6    3 KU
     3 AE

*Guidance to markers.*

*Marks can be awarded holistically, depending on the model used. A maximum of 1 mark can be given for merely listing the tasks Worden's in model or the phases in Murray Parkes' model.*

**Knowledge and Understanding (KU)**

**Worden**
*NB Worden has revised some aspects of his model. Candidates may refer to the original, or the revised version.*

**Revised version:**
**Task 1 'to accept the reality of the loss'** [ same as before]
**Task 2 'to process the pain of grief'**.
**Task 3 'to adjust to a world without the deceased'**
[including external adjustments like every day living/ internal adjustments such as asking the question who am I now?/spiritual adjustments such as reframing the assumptive world.
**Task 4 'to find an enduring connection with the deceased in the midst of embarking on a new life'**. This is the biggest change to the model. Lots of texts now recognise the idea of 'continuing bonds' and that the person who has died is still part of the bereaved person's life whereas previously the task focused on detachment.

**Original Version:**
**Task 1: To accept the reality of the loss**
- Some people refuse to believe that the loss is real.
- It is normal to hope for a reunion or to assume that the deceased is not gone.
- For most people this illusion is short lived and it allows them to move on to Task 2.
- Sometimes they engage in 'mummification', where they retain the possessions of the deceased person, or keep their bedroom exactly as it was when they died.
- This is not unusual in the short term but becomes denial if it goes on for a longer time.

**Task 2: To work through the pain of grief**
- Allowing the expression of feelings such as tears, sadness and depression.
- Society can play an important role in this respect. Some societies allow very overt displays of grief, in other societies giving way to grief may be considered unhealthy or feeling sorry for oneself.
- Suppressing pain may prolong the process of grieving.
- 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.

**Task 3: To adjust to an environment in which the deceased is missing**
- 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 is a need to find a new sense of self.
- Task 3 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.

**Task 4: To emotionally relocate the deceased and move on with life**
- Using energy previously invested in mourning for the dead person and using this energy to live effectively.
- This is difficult for some people because they see it as somehow dishonouring the memory of the deceased.
- In some cases, they might also be frightened by the prospect of reinvesting their emotions in another relationship in case it too ends with loss.
- Other family members might also disapprove if they start a new relationship.
- This task is not completed where the bereaved person feels an inability to love or form new attachments due to clinging on to the past.

**Murray Parkes**

**(1) Numbness:**
- Feelings of detachment and numbness;
- They form a psychological barrier to block the pain of loss
- Allows a person to apparently carry on with normal living

**(2) Searching and Pining:**
- Concentration levels fall
- The individual adopts searching behaviours to try and locate that which has been lost
- Pines for the lost person and develops 'pangs of grief'

**(3) Depression:**
- Realisation that the lost person/object will not return
- Searching becomes pointless
- Anger abates to be replaced by feelings of apathy and despair

**(4) Recovery:**
- Former attachments are put behind the individual
- The individual releases themselves from the lost attachment
- The person can now adopt new thinking, relationships and attachments and normal living

**Determinants of Grief**

- These will affect the extent/depth to which an individual might experience the grieving process:
- the way in which the person died: was it an accident, a suicide, a murder, part of a public disaster such as a train crash?
- the suddenness of the death: was it expected or unexpected?
- the nature of the death: was it painful or prolonged?
- the relationship to the individual: was it an unborn baby, a gay partner that no one else knew about, a new relationship that you felt had a long future, a lifelong relationship, a grandchild?
- the age of the people involved
- how their relationship was prior to the death: had they had an argument, was it ambivalent or troubled
- previous experiences of when a death has occurred
- personality factors: is the person prone to anxiety or depression, do they have a history of mental health problems, do they tend to depend on other people to do things for them
- other stressful events around the time of the bereavement
- social factors: does the person have a strong social network or are they isolated?

**Analysis, Evaluation and Application (AE/APP)**

Models of loss help can help care workers to anticipate the variety of ways someone might respond to a loss. They introduce the notion that there is a process involved in grieving and many people will move through a phase, no matter how painful and difficult it is at the time. The models highlight that there can be a series of ups and downs in the process of coming to terms with a loss. People can remain at one phase for varying lengths of time; there is no 'minimum' or 'maximum' time that people should stay in any phase. It only becomes a problem for the person if they become stuck (or fixated) at a stage and need help to move forward, or if they are not able to carry out their daily activities. Worden's model recognises that rather than being passive, the bereaved can be active participants in their own grieving process – it is helpful for care workers to realise this. In Murray Parkes' case, he did not want to over simplify the complex process of grief and was keen to emphasise the tendency towards 'over-medicalisation' when supporting people who were coping with a loss. His model helps care workers understand that people may be going through more than one phase at a time and that much of their painful experiences are a 'normal' past of the recovery process. Care workers can use different skills when they recognise that people are in a new phase: empathy may be most suitable when the person is upset or angry, whilst encouraging and motivating is useful when the person is ready to move on.

Or any other valid answer.

(d)    Why is knowledge and understanding of psychology important for a care
       worker?                                                                          **3AE/App**

**Analysis, Evaluation and Application (AE/APP)**

Knowledge and understanding of psychology is important for care workers
because it:

♦   provides underpinning knowledge as to the reasons people might act in
    certain ways
♦   sees behaviour as part of a pattern or process which may be anticipated
    in advance
♦   provides care workers with a range of tools and strategies with which to
    understand and respond to a situation
♦   is based on research evidence which is being constantly updated and
    responds to new situations

Knowledge and understanding of psychology is important for a care worker
because it helps them work more effectively with service users on a day to
day basis. It provides detailed guidance about the reasons why people
behave in the ways they do, and ways in which a care worker might respond
to them as an individual, using at times quite detailed information about the
stages they may be going through or ways of helping someone change some
behaviour they are unhappy with. Psychology looks in detail at individual
difference and enables care workers to understand each person as unique.

Or any other valid answer

**Case Study 1 – Mrs Rossi**

Mrs Rossi is 78 years old and is originally from Italy. She has lived in a care home for the last two years. Since moving into the home Mrs Rossi has learned to use a computer. She can now access the internet and use email, so she is able to keep in contact with friends and relatives, many of whom live abroad. Mrs Rossi enjoys using the computer to share memories of her years in Italy as well as her life in Scotland.

(e) Use Erikson's Lifespan Theory to explain Mrs Rossi's stage of development.　　　　　　　　　　　　　　　　　　　**5　2 KU**
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　**3 AE/App**

*Guidance to markers*

*Candidates gain 1KU for each relevant point made regarding description of Erikson's Lifespan Theory. A maximum of 1KU for merely listing key features of Erikson's Lifespan theory.*

*KU and AE/App Marks can be awarded holistically if the candidate writes an integrated answer. It is not necessary for candidates to write a full description of Erikson's model to gain full marks, but they must use relevant terminology to gain the KU marks. KU marks can be inferred from fully developed AE responses, but not vice versa.*

**Knowledge and Understanding (KU)**

**Lifelong psychological Development**
- Psychological development continues throughout the entire lifespan. The lifespan in seen as a series of **stages** which are **biologically pre-determined** and thus based on chronological age.  A person's age therefore dictates the stage they are at.
- This theory is based within the psychodynamic approach so is therefore concerned with the dynamics of the **conscious/pre-conscious/unconscious mind** of the individual
- The older adult (65 yrs. +) is at the **Ego Integrity V Despair stage** of the theory. At this point the individual who looks back on their life with a **sense of pride and fulfilment,** having achieved what they wanted to do and feeling that they have made a positive contribution to the world will tend towards the Ego Integrity  side of the conflict.
- The individual who has **regrets and feels unfulfilled** and is unhappy with aspects of their previous life may tend towards the Despair side of the conflict.

**Conflict at Each Stage**
- Each stage is characterized by **internal ego conflict in the mind**
- How the individual deals or resolves that conflict will depend on the **life circumstances** that are going on at that particular time.
- If they resolve the conflict, they will develop an **ego strength.**
- The **result of previous conflicts** are important too**,** because ending one stage with  a positive resolution of that conflict places the individual in a strong position to deal with the conflict that is faced at the next stage.

| STAGE | AGE | CONFLICT | EMERGING STRENGTHS |
|-------|-----|----------|--------------------|
| Maturity | 65 – death | Ego Integrity versus Despair | WISDOM |

**Importance of social environment**
- Although the emphasis of Erikson's model is on the dynamics of personality, the **social context** is also important. An individual may have been unable to resolve conflicts in earlier stages of their life, but these may be resolved in later stages because a relevant situation may arise which enables them to deal with it.

**Analysis, Evaluation and Application (AE/APP)**

Moving to the care home has provided a social environment in which Mrs Rossi is able to gain new experiences. Learning to use a computer and email is a positive contribution to Mrs Rossi's Ego Integrity and sense of fulfilment. Enjoying the opportunity to share memories indicates that Mrs Rossi has developed through previous stages to the point where she has a sense of pride in her past and has achieved an integrated and well established Ego. Erikson's theory suggests that the way in which the older adult resolved earlier conflicts during their lifespan will affect how they deal with their current ego conflict. Mrs Rossi's current behaviour might indicate that she has successfully resolved previous conflicts, or this experience might be giving her the opportunity to deal with unresolved conflicts from earlier stages.

Or any other valid answer

**25**

**Section 2**

**Sociology for Care**

(a)     Describe **two** key features of conflict theory.                              **4**         **KU**

*Guidance to markers*

*A maximum of 3 KU for each feature*

*Markers should use their discretion to allocate marks holistically if key features are linked/integrated in a candidate's response.*

**Knowledge & Understanding (KU)**

**Key features of conflict theory**

- **power differentials built into social structures:** conflict exists in society between groups who have different levels of power and is structured so that the interests of the groups with more power are more likely to be met.

- **competition over scarce resources:** power struggles occur in society when there is competition over scarce resources. Groups with power tend to have control over the distribution of resources in society and are driven to protect their own positions by protecting their wealth and maximising their profits

- **control, coercion and constraint imposed by dominant group:** those in society with high levels of power can use that power to influence how society operates and may use (or abuse) their power to constrain the actions and behaviour of less powerful individuals or groups.

- **social conflict and change:** society is dynamic and constantly changing due to the on-going struggles within its structure. Conflict theory highlights that it is conflict, struggle and change that drives society.

Also acceptable within this context would be

- **macro-sociological/structural approach:** conflict theory views society as a structured and highlights ways in which the inter-related social institutions in society determine or shape individuals' lives.

Or any other relevant answer.

(b)   Why is an understanding of culture important for those employed in caring for others?    **5**    **2 KU**
**3 AE**

**Knowledge & Understanding (KU)**

• Culture is 'the way of life' of a group or society.
• Culture involves having shared beliefs, customs, norms, rules and regulations that we have learned as members of our society.
• Being a member of a culture involves being able to 'fit in' to the group or society we belong to eg having a commonly shared language, ways of dressing, similar values
• Within any society there are a number of sub-cultures: middle-class, criminal, travelling people etc. but all may still see themselves as part of a wider culture eg being Scottish.
• The way in which members of society 'learn' their culture is through the process of socialisation.
• The agents of socialisation may be primary (family) or secondary (school, media, friends etc.)

**Analysis and Evaluation (AE)**

It is important to recognise that care workers 'care for others' in a range of contexts and care for a wide variety of often vulnerable people who are likely to have very diverse cultural experiences. It is important for carers to recognise that a diversity of cultures exist in our society so that they can appreciate the fact that belonging to a particular culture is likely to strongly influence someone's sense of identity and behaviour.  It is helpful if carers can appreciate that culture can relate to aspects of religion or ethnic background but it is also important to understand that culture could equally relate to belonging to a particular community or lifestyle such as new age travellers, the deaf community or a punk or Goth culture and that this will have a bearing on how someone sees themselves and how they behave. It is extremely important that care workers avoid ethnocentrism. In working with people in care settings it is important to understand our own culture and that of others but it is not helpful in care work to judge other cultures by comparison with our own. It is important for all care workers to realise the importance of culturally sensitive practice. A key principle underpinning the National Care Standards is valuing diversity which highlights the importance of accepting and appreciating a range of cultures, beliefs and practices.

Or any other relevant answer.

**Case Study 2 – Elsie and Rena**

Elsie, who is 65, has been coping with early onset dementia for 10 years. Her daughter, Rena, has looked after her throughout this time. In the early stages Elsie was supported in her own home by home carers and regularly used a local lunch club. When Elsie's dementia became worse, she went to live with Rena and her family. Initially this arrangement worked well. Elsie's physical health is good but her dementia is becoming worse. Rena and her family are now finding it difficult to look after Elsie. A social worker has spoken with them about residential homes for people with dementia. Rena is unhappy about this as she believes it is her duty to look after her Mum. Rena is also worried about how much it will cost. The cost of providing care services in the UK for people with dementia is set to grow as the number of people living with the condition will increase significantly over the next 20 years. Many of these people will require some form of residential care. It is uncertain how care provision will be affected by the increased demand for dementia care services.

(c)  Describe **one** key feature of functionalist theory and **one** key feature of feminist theory and use **both** features to analyse Elsie and Rena's situation.

**10**      **4 KU**
        **6 AE/App**

*Guidance to markers*

*Marks should be awarded holistically. Up to 3 KU marks can be awarded for the description of each key feature from the functionalist or feminist approach.*

*Up to 6AE/APP marks should be awarded for using the selected features of functionalist and feminist theory to analyse Elsie and Rena's situation.*

**Knowledge & Understanding (KU)**

Key features of **functionalist** theory could include:

- **consensus on norms, values and roles:** there is a shared agreement within society about the way in which people should behave and what is generally agreed to be important in life.

- **integration and interdependence:** society is made up of inter-related parts that operate together to help society function effectively (biological analogy)

- **stability and continuity:** norms and values are passed on from one generation to the next which helps create order in society as it limits change

- **dysfunctionality:** not conforming to the accepted norms and values can create disharmony and instability in society and this can result in elements of society, or society as a whole, becoming 'dysfunctional' or ineffective.

Key features of **feminist** theory could include:

- **gender role socialisation:** as part of our socialisation we are socialised into our gender roles and through transmitting ideas of 'masculinity' and 'femininity' boys and girls are encouraged to behave differently.

- **equal rights for women:** highlights the need to promote equality of opportunity in a number of key areas such as employment and education where women have faced significant discrimination

- **questioning of 'malestream' thinking:** for many years sociological thinking and most aspects of social welfare has been dominated by men; women's interests or rights were either minimised or overlooked altogether

- **oppression and subordination through patriarchy:** many feminists believe that male dominance in socialisation processes within the family reinforce ideas of women's 'natural' roles and that this is mirrored in all spheres of society causing women to be oppressed.


**Analysis/Evaluation & Application (AE/APP)**

**2 examples of using functionalist theory to analyse Elsie and Rena's situation**

The functionalist perspective sees the family as being a positive force in society as it is crucial in establishing and reinforcing a **consensus on norms, values and roles.** In relation to the case study, this could relate to the idea that within our society or culture there is a shared agreement that we value the concept of 'family' and that we believe we have a duty to care for family members not only when they are young but also as they grow old. In the case study Rena makes direct reference to this sense of 'duty' and clearly believes that this is what is expected of her in her 'role' of 'daughter'. It would be an expected and accepted 'norm' that she would be concerned about and contribute towards her mother's welfare.

The functionalist idea of **integration and interdependence** highlights the interconnected nature of the social institutions that make up society. Using a biological analogy, functionalist theory highlights the family as one of the most vital 'organs' that helps to keep the 'body' of society working effectively. Members of a family are not only integrated and interdependent on other members of their family, but are also part of the wider integration and interdependence that exists in society as a whole. For example in the case study, Elsie has been looked after by her family for a number of years but they have also been supported by other organisations in maintaining her welfare. This mutual interdependence means that society needs families like Elsie's to look after their vulnerable members but that these families are in turn dependent on services provided by the government (eg welfare benefits, residential care homes, Social Work Dept etc.) This is illustrated in the case study when social services become involved to suggest residential care to Rena as an option for Elsie's longer term care.

Or any other relevant answer.

**2 examples of using feminist theory to analyse Elsie and Rena's situation**

Feminist theory would highlight that as part of our **gender role socialisation** girls learn that 'caring' is a fundamental aspect of being a female. Feminists would argue that much of this learning, which takes place in the family and is reinforced by wider society, is focused on learning key distinctions between 'feminine' and 'masculine' roles and behaviour. In relation to the case study feminists would argue that Rena has been socialised into accepting her role as an informal carer for her mother which she considers to be her duty as a female. Feminists would also highlight that most of the formal care which Elsie has already received (or may receive in the future in the residential care home) will also be provided by females.

Feminists highlight that within society there is a system of **oppression and subordination brought about by patriarchy** (or male dominance) through which females learn to expect and accept that they have an inferior role to play within the family and that this situation is then also accepted as being the norm within wider society. Feminists believe that there has always been a sexual division of labour underpinning and reinforcing a system of male domination within society and would see the family as being a key instrument in maintaining this male power and domination. In relation to the case study therefore it would hardly be surprising that Rena would see it as a duty to care for her mother and that she is accepting of this role which feminist theory would say is viewed by many people as an inferior or subordinate role.

Or any other relevant answer.

(d) Describe the relationship between private problems and public issues and explain how this idea relates to the information in this Case Study. **6** **3 KU**
**3 AE/App**

*Guidance to markers*

*As a general rule*
*1KU mark should be allocated for describing or providing an example of what private problems means.*
*1KU mark for describing or providing an example of what public issues means;*
*1KU mark for explaining the relationship between private problems and public issues.*
*Marks could, however, be awarded if candidates provide a good integrated explanation that clearly demonstrates a depth of understanding of the issues.*

*Up to 3AE/APP for explaining the relevance of these issues to the case study material which could include identifying private/public issues from the case study.*

*Candidates who provide a more in-depth, holistic response of the relationship and relate it to the case study without making such a clear KU/AE/APP distinction can be awarded full marks.*

*Marks should not be awarded for merely repeating information from the case study.*

**Knowledge & Understanding (KU)**

- **Private problems** are personal circumstances that affect an individual in some way such as being made redundant, experiencing homelessness or being the victim of a crime. It is likely to be problem that will have a negative impact on people as individuals.

- **Public issues** are situations that have an impact on society and may require some form of public funding to address the problem. This may be because they affect a lot of people (such as providing refuges for women who have been the victims of domestic violence or offering services to support asylum seekers), or because a critical incident highlights a problem for society (such as the murder of Stephen Lawrence highlighting institutional discrimination in the police or the Soham murders which lead to changes in the disclosure system)

- **Private problems can become public issues** when there are a large number of people experiencing the same circumstances. These adverse situations may not only be having a negative impact on the individuals themselves but may also be having a negative impact on the wider community or society as a whole and will result in the involvement of the media, the government and other institutions.

Or any other relevant answer.

**A more integrated KU response**

Private problems are situations and/or difficulties which may have a significant impact on an individual or a family (eg divorce, unemployment, abuse, drug use, homelessness.) Each person will experience and perceive this situation in their own unique way thereby making it a private or personal problem. Public issues and concerns may exist in relation to the same social problems, such as increased divorce rates creating pressures for single parents or the current recession causing increased unemployment and homelessness. Public issues therefore often involve a wider scale view of circumstances that individuals may be experiencing at a personal level. What makes them public is often the scale of the problem itself or perhaps the amount of public funding or general concern that is focussed on the issue. Developing a sociological understanding can help us to see that people's private troubles can become public issues and that some public issues can, in turn, cause private troubles.

**Analysis/Evaluation & Application (AE/APP)**

In relation to the information in the case study, it is a **public issue** that the number of people living with dementia is set to increase over the next 20 years and that there will be extra demand for residential care services. The issue of how these services will be paid for could become a public concern (eg increased taxation levels). There may also be wider support for more public funds to be targeted towards research into treatments for the condition because more families are likely to be affected by it. For people coping with the situation at a personal level like Elsie and her family, dementia is a **private problem** that has had an impact on their lives for some time. Some of the wider public issues regarding cuts in funding may also begin to have a more direct impact on Elsie and her family if there are insufficient services available to meet Elsie's needs or if standards in the residential home she moves to deteriorate due to lack of funding for appropriate facilities and staff.

Or any other relevant answer.

**25**

**Total (50)**

[END OF MARKING INSTRUCTIONS]