Candidate 1 evidence

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A) **Social development (SD)** is a lifelong process of acquiring values, beliefs, attitudes, and social roles through interactions with primary and secondary social influences. This process helps shape an individual's perception of themselves, the world around them, and how they interact with others within society. Typically, in **older adulthood** individuals experience retirement, thus creating more time for social activities, family, friends, and grandparent responsibilities (MILLER, J., 2015). However, individuals with **dementia** may experience a loss of self-confidence due to impacts on their memory, speaking, thinking, feeling, and behaviour. They may also lose interest in activities, and avoid socialising due to frustration or embarrassment, leading to **social isolation,** and impacting development (NHS.UK, 2020). Alzheimer Scotland reported that post- diagnosis, **60%** of people do not want to socialise, and **two out of three** people experience a breakdown in friendships (ALZSCOT.ORG, 2018). Without SD, dementia can worsen at an accelerated rate, leading to mental illnesses such as anxiety and depression, physical inactivity, and premature death (CDC.GOV, 2020). Alzheimer's Association International Conference found that as little as 10 minutes a day of social interaction positively impacts well-being (ALZHEIMERS.ORG, 2018). Maintaining a healthy level of SD is crucial to living a better quality of life (QoL) by affirming one's self-concept, reciprocating love, and increasing confidence and emotional development (MILLER, J. et al., 2000).

Nature refers to the influence genetics have on physical and personality characteristics, whereas **nurture** refers to how the environment, personal experiences, and relationships shape development. Both are equally as important and can impact **all aspects of development** (CHERRY, K., 2022). An individual who has experienced a nurturing childhood and healthy relationships may still experience depression due to direct genetic inheritance (NHS.UK, 2019). It was reported that children who had a direct relative with depression were **three times more likely** to develop depression than those without (WEISSMAN, M. et al., 2006). Nevertheless, an individual who has no family history of depression but has experienced a dysfunctional childhood or trauma may also experience depression (NHS.UK, 2019). It's estimated that **10-14%** of UK adolescents are living with a

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mental illness (ROBERTS, J., 2013). General **emotional development** in an **adolescent** focuses on 'finding themselves', thus posing questions about who they are, their sexuality, ethnicity, etc. (MILLER, J., 2015). An individual experiencing **depression** may experience emotional changes such as low self-esteem, feelings of hopelessness, irritability, sadness, and unworthiness. They may also have crying spells and frequent thoughts about death (MAYOCLINIC.ORG, 2022). An adolescent with depression may socially withdraw from education, family, friends, and hobbies, thus likely worsening symptoms, and therefore further distorting their self-worth, and self-image – potentially impacting their future relationships and career (WHO.INT, 2021).

B) An individual with **Alzheimer's** living in a **care-setting** has a **cognitive need for stimulation,** as it helps strengthen the brain and improves mental health. Without mental stimulation memory, thinking, and creativity can be impacted due to cognitive decline (KERTON-CHURCH, C., 2021). An individual living within a **care-setting** will likely be encouraged to participate in a range of **stimulating activities** to encourage brain functioning. Activities can range from solo to group games and can also introduce new interests, thus motivating individuals to socialise and continue learning (SELECTHEALTHCAREGROUP.COM, 2023). An individual who remains living at **home** may not have the same accessibility or motivation to carry out stimulating activities which could result in a quicker mental decline and poorer mental health. When serious decline occurs this then impacts one's autonomy, QoL, and independence (DOROSZKIEWICZ, H., 2022). A study reported that those who completed brain training noticed a positive effect on their ability to carry out daily tasks independently such as managing their home, cooking, taking public transport, and shopping (ALZHEIMERS.ORG, 2022). Whether an individual is better cared for at home or within a care-setting depends on the progression of their Alzheimer's and their willingness to commit to stimulating activities independently.

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An individual with **severe rheumatoid arthritis (RA)** has a **physical need for ablution**. Good personal hygiene is important as it prevents the spread of infections and diseases, promotes confidence and self-esteem, and limits body sores. Without it, further medical conditions and a decline in mental health can arise (BARBER, M., 2018). An individual with RA may experience symptoms that impact their ability to complete daily tasks of living (DToL) such as washing, and therefore it may be beneficial to receive **home care** to assist in meeting their needs (NHS.UK, 2019). Domiciliary care allows individuals to maintain control and independence. Carers discourage unnecessary dependency such as washing the individual's face for them, however, offer support in washing more inaccessible areas such as the back (HFT.ORG, 2022). Regarding the brief, it would be unnecessary for someone with RA to move into a care-setting if care at home is possible. Unnecessarily removing someone from their home may impact other development and needs that are detrimental to the individual and place a further strain on already limited health services.

An individual with **a spinal cord injury (SCI)** has a **physical need for mobilisation**. Promotion of mobility following an SCI is important as it assists with physical and motor function recovery, rebuilds muscle, and prevents further complications from arising such as blood clots, pressure ulcers, decreased bone mass, and density, etc (PHYSIO.CO.UK, 2023) (HARWELL, K., 2018). Following an SCI multiple care options may be provided such as physiotherapy, specialised nursing, and reablement. By receiving **reablement** an individual will learn new ways to complete DToL at **home**, thus keeping them as mobile and independent as possible and providing a better QoL (NHS.UK, 2022). During reablement amendments will be made within the home to accommodate the individual's circumstances and abilities. If amendments cannot be made then this may result in prolonged hospital stays which could increase dependency, reduce mobility, and cause further physical and mental decline (PRESTIGE-NURSING.CO.UK, 2021). Regarding the brief, if an individual receives the right care and support following rehabilitation in the hospital, then reablement is likely to be the most holistic approach to recovery. Recovering at home may help battle social isolation, depression,

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and discomfort as it potentially allows the individual to adjust to their circumstances within the

safety of their home with their loved ones around.

C) **Aberdeen Royal Infirmary** is a statutory care-service within **NHS Grampian** that provides patients

with various hospital treatments and care. An individual situated in a hospital can expect positive

care practice (PCP) from their nurse as nurses are **lawfully required** to be registered with the **Nursing**

& Midwifery Council (NMC). The NMC is an independent regulator of nurses, midwives, and nursing

associates within the UK who aims to provide kind, confident, safe, and effective practice whilst

protecting the public and its health professionals (NMC.ORG, 2022) (NMCVIDEOS, 2018). A feature of

the NMC that promotes PCP is **mandatory registration** with the **Protecting Vulnerable Groups (PVG)**

scheme, thus ensuring that any history of harmful behaviour is flagged and further risks to

vulnerable people are avoided (SEHD.SCOT, 2012). The PVG scheme creates public trust as it allows

patients and their families to have comfort in those providing care for them. Another feature of NMC

that promotes PCP is a requirement of professionals to abide by 'The Code' which is made up of 4

key principles. The professional standards within the code are based on prioritising people, practicing

effectively, preserving safety, and promoting professionalism. Upholding these standards ensures

that excellent levels of care are being provided, and reviewing and reflection of services can be

completed (NMC.ORG, 2018) (NMC.ORG, 2020). The code allows patients to predict what level of

care they'll receive and provides a standard level of practice among workers. A **negative** of the NMC

is the annual fee of £120 that professionals are required to pay to maintain registration. Nurses'

wages are notorious for being low, so this annual fee may add further financial strain and deter

nurses from continuing to practice (ALLEN, D., 2022).

Inspire is a voluntary care-service within the Northeast that provides various services to those living

with learning disabilities and who require additional support. An individual with a learning disability

can expect PCP as Inspire provides each service-user with person-centred care by providing a

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person-centred care plan (INSPIREPTL.ORG, 2023). Care plans are individually tailored and allow for a holistic and responsive approach to care by outlining needs, agreed treatment, and goals (THEACCESSGROUP.COM, 2023). Plans are created in collaboration with multidisciplinary teams (MDTs), which means health professionals from various organisations come together to focus on individuals' strengths and needs and recommend the best plan to promote empowerment and independence (DATADICTIONARY.NHS, 2023). MDTs help in providing PCP as knowledge and experience is collated and used to support accurate and professional care for the service-user. Another feature of PCP within Inspire is a large amount of in-house training and e-learning offered to staff to ensure confidence and competence in supporting service-users. As needs vary, the learning and development team has tailored the training to promote the company's attitude and knowledge, thus creating PCP. Additionally, Inspire will support staff in gaining further qualifications relating to health and social care and this will support their registration with Scottish Social Services Council (INSPIREPTL.ORG, 2023). Incentives such as training and qualification support can help retain staff and allow for personal and professional development, thus then promoting consistency regarding staffing and services – impacting service-users positively.

D) Family is a primary agent of socialisation (AoS), meaning it's the initial social influence in a child's life that teaches behaviours, culture, norms, and values, as well as nurturing development and helping to shape self-identity. (IVYPANDA.COM, 2020). Additionally, the family should provide a safe, loving, supportive, and enriching environment to promote healthy development (URBANCHILDINSTITUTE.ORG, 2013). As children who experience parental problematic substance use (PPSU) are 4.2 times more likely to experience neglect, this means that the role and responsibility of family socialisation will likely not be met and the child's health and education will suffer as well as their physical, emotional, and cognitive development (SOLIS, J.M. et al., 2012) (HARDY, R., 2017). With deprivation of attention and needs not being met, this can create lifelong issues with building and maintaining relationships with others, as well as internal battles about

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oneself, their worth, and their purpose. Additionally, poor attendance to education will create

barriers to employment later in life, potentially impacting housing, healthcare, etc

(ELSTONALLSAINTS.NOTTS.SCH, 2012). As it was reported that **53%** of adolescents who experienced

PPSU developed their own addictions, compared to the **25%** of adolescents without PPSU it's crucial

a **social worker** intervene as soon as possible to provide support (SOLIS, J.M. et al., 2012). A child

may turn to PSU either because its learned behaviour or as a coping mechanism; they may blame

themselves for their parent's dependency and these feelings could fester into poorer mental health

such as low self-esteem, depression, and anxiety (NSPCC.ORG, 2023).

Mass Media is a secondary AoS, meaning that as well as reinforcing what was learned within

primary socialisation, it also introduces new behaviours, cultures, and norms that are deemed

appropriate in the wider society (SOCIALSCI.LIBRETEXTS.ORG, 2021). Media can come in many forms

including but not limited to movies, tv, news, magazines, books, websites, and social media. Media

can have both positive and negative impacts on society, and as there's no real limit on content, it

can create a lot of conversations and controversy (OPEN.LIB.UMN.EDU, 2016). An individual using a

care-service to help support their **body dysmorph**ia **(BD)** may find the use of media in everyday life

overwhelming, thus further triggering their **mental health condition**. It was reported that **4 in 10**

teenagers in the UK had poor self-image following the use of media, and **35%** of those stopped

eating in response to those feelings of discontentedness (MENTALHEALTH.ORG, 2019). Additionally,

24% of 18–24-year-olds reported their self-image being negatively impacted after watching reality

TV, and **15%** of those reported self-harming because of this. Furthermore, **23%** experienced suicidal

ideation because of the impact of media on their self-image (BUSBY, M., 2019). Media is responsible

for promoting often unrealistic beauty standards. A consumer of fashion media such as this

individual with BD will likely compare themselves negatively to those seen in magazines,

advertisements, or on TV, leaving them with feelings of body dissatisfaction and a desire to alter

their image to conform to the accepted norms within society (SOLOMON, D., 2022.). If BD goes

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untreated then further health conditions can arise such as obsessive behaviours, eating disorders, anxiety, depression, etc (NHS.UK, 2020).

Peers are a secondary AoS and are typically those of similar ages, social statuses, and backgrounds. Bonds are formed over shared interests and continuously evolve (LITTLE, B., 2020). Peers help shape more complex development thus helping individuals navigate through each lifespan stage (PEPLER, D. and BIERMAN , K., 2018). An individual in receipt of **counselling** for **depression** may find that having the right peers around them improves mental health. It was reported that some students, young adults and minorities find peer support provides better self-esteem, coping competence and happiness Additionally, **45%-65%** of students struggling do not seek professional help (RICHARD, J. et al., 2022). A study also found that **76%** of its participants felt that their peers provided crucial support to their mental health, more so than their parents or health professionals (HANCKEL, B. et al., 2022). However, peers can also have a negative effect on mental health, for example, if there's not a genuine desire for others to do well then peer pressuring can occur, causing sabotage and poor choices to be made (PUGLE, M., 2022). Additionally, Individuals with depression may have low self-esteem and find themselves comparing their circumstances to their peers i.e., relationships, jobs, income, housing, etc. furthering deteriorating their mental health and feelings of inadequacy.

E) **Functionalist theory (FuT)** looks at interrelated groups within society such as the government, the education system, families, etc., and how they work together to create a safe, predictable, and stable functioning civilization. FuT believes that these groups have **interdependence**, and this is what creates consistency within society; If one of these fails then this has an overall impact on lives and the economy (CLIFFSNOTES.COM, 2023). Additionally, FuT believes that these groups within society work well together as there's **consensus** on how life works, meaning they agree about **society's norms, values, and roles**. Those who do not conform to the accepted and expected behaviours are seen as **dysfunctional** as they threaten the predictability and stability of society

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(BROWN, S., 2013) According to FuT, a child working with a **social worker** due to physical abuse occurring at **home** may be seen as coming from a **dysfunctional family**. Witnessing abuse will likely have an impact on a child's education attendance and mental health thus impacting society. FuT also considers the impact this has on later life if the child remains in the **home** i.e., employment (roles), and utilised publicly funded services such as social services, healthcare-services, etc (NICKERSON, C., 2022). An understanding of this theory would be beneficial when working with the child as it would highlight the importance of early intervention. Providing support early on **within a care-service** can allow the child to re-learn norms, values, and roles (NSPCC.ORG, 2021). With that being said, it may be beneficial to keep the child living at **home** with family to avoid further stress and mental health decline. Where possible, the aggressor could be removed, and home and education support provided to re-establish development.

Symbolic Interactionist theory (SIT) believes that thoughts, feelings, and beliefs about individuals, groups, and symbols have been created and shared within societies via 'labelling', ultimately influencing human interactions (H, L.Y., 2022). Additionally, SIT examines the impact of social interactions on one's self-concept and response of role-taking because of the feedback received via symbolic communication (MILLER, J., 2015). With that being said, labelling can lead to prejudice and discrimination either consciously or subconsciously by society and so SIT suggests that an individual with a **mental illness such as schizophrenia** living at **home** may absorb negative **labels** such as "psycho" and "dangerous", thus impacting their **self-concept** and risking further mental decline and isolation (GROVER, S., SHOUAN, A. and SAHOO, S., 2019). SIT would also say that this individual may **adopt the role** given to them by society as everyone is **social actors**, and their behaviour can change accordingly to fit the stigmas that come with their condition (AGUIRRE, L., 2020). An understanding of this theory is beneficial because it recognises the impact of one's environment and community, **out-with a care-service,** on their diagnosis and risks worsening the QoL for individuals (DUPAS, G., 1997). Receiving care at **home** or in a **care-setting** is circumstantial; communities may positively or

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negatively impact mental health, so the individual's environment and its risks must be considered as there's potential for someone to become a risk to themselves if not monitored correctly.

Feminist theory (FeT) focuses on highlighting the importance of women in society whilst fighting against sexual inequalities between men and women, such as the gender pay gap. FeT also raises awareness of how women have been subordinated and oppressed by the patriarchy in the past and advocates for change so that **gender equality** , <u>not</u> female superiority, can be achieved in the future (MILLER, J., 2015). If a father is unhappy about his daughter who still lives at **home** experiencing **teenage pregnancy**, then FeT may believe that she'd be better cared for in a **care-setting**. FeT would say that the daughter is at risk of **oppression and subordination**, as her father holds the power, control, and authority. FeT would also state that due to **gender role socialisation**, which has been inbuilt into society, the father would be the assertive decision-maker and the mother would follow said-decisions, avoiding confrontation and upset with the patriarchy. This means, the father can order an abortion or threaten the daughter's **eviction**, even if it's against the daughter and mother's wishes because their thoughts and feelings hold less importance due to being female (STUDYSMARTER.CO.UK, 2023.). Following the birth of the baby, FeT would predict that society's expectations are for the mother of the baby to sacrifice her education and career to assume her 'natural' role and responsibility in raising the child. However, if evicted then she and the baby would require further support within a **care-setting** so this may further impact education etc. (MILLER, J., 2015). Commonly, after the break in education/employment, women return to the lowest-paid jobs, i.e., care, retail, cleaning, etc. leaving them at a disadvantage (WBG.ORG, 2019). In 2020 there were approximately **3,300 teenage pregnancies** in Scotland, therefore these vulnerable women must be provided with the right support, protection, and education to support their and their child's futures (PUBLICHEALTHSCOTLAND.SCOT, 2022). Being cared for at home is circumstantial, but if a woman is pressured, threatened, and bullied into making decisions against her will then it's paramount they're moved elsewhere so that they have autonomy and a safe space to make informed life choices.

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F) Erikson's **'8 Stages of Development'** focuses on how inevitable conflict experienced throughout an

individual's *whole* lifespan, alongside sociocultural factors, shapes one's psycho-social development

i.e., their identity, emotions, and relationships with others (MILLER, J., 2015) (BROWN-WEINSTOCK,

P., 2023). Erikson believed that within each of the 8 stages of development, a **conflict** would arise,

and if individuals succeeded at each stage, they would develop a particular strength **(virtue)** that

could be used to tackle future conflicts, thus helping to shape a healthy personality. However, failure

to complete a particular stage of development will have an **unfavourable outcome** and create an

unhealthy relationship with oneself and others (CHERRY, K., 2022) (DESAI, S., 2014). This theory

would say that a 16-year-old adolescent would be experiencing the **Identity vs Role Confusion**

conflict, which involves a lot of personal development such as prioritisation of friends and romantic

relationships, seeking independence, and questioning their gender, sexual orientation, political

views, religion, and career path. Usually, adolescents have the autonomy to explore this and often

experiment, which helps develop the virtue of **fidelity** which means **establishing their self-identity**

(COLLIN, B., 2019). For a **young carer** who looks after a relative, they likely won't have the same

freedom for exploration to find their true-identity, which will affect how they fit into society as they

won't feel like an integrated person. Failing to experiment with their values, belief, and behaviours

would cause an unfavourable outcome which is **role confusion**, meaning that there's confusion

about one's identity and purpose. Role confusion can lead to long-lasting mental health and

restricted life chances (DESAI, S., 2014). An a**dvantage** of this theory in relation to the brief is that it

recognises the importance of supporting people to evolve, grow and find their true-identity, which

can happen both at **home** or in a **care-setting**, depending on their circumstances. Support can be put

in place to remove individuals from the home for short periods, and allow them to socialise and

participate in hobbies with others in similar situations. Another **advantage** is the recognition of the

importance of relationships with others to develop. If an individual is not having social needs met

whilst living at home, then a **care-setting** may be more beneficial to allow them to flourish. There

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are pros and cons to this theory as a whole, but it's hard to relate it to the brief as it's circumstantial

to an individual's experiences.

Rogers' 'Person-Centred Theory' focuses on the importance of empowering others through

autonomy, thus allowing them to control their destiny as he believed in the expertise one possessed

of themselves to self-heal (DESAI, S., 2014). Rogers' theory is made up of four key features – 'Self-

Concept', 'Conditions of Worth', 'Locus of Evaluation', and 'Core Conditions (CC)', all of which are

person-centred. This theory would say an individual with depression may be struggling with their

self-concept, which is broken down into self-image, self-esteem, and ideal-self, ultimately meaning

how an individual thinks and feels about themselves (MILLER, J. et al., 2000). Self-image refers to

how someone analyses and perceives their whole self, thus shaping their personality and impacting

relationships, mental health, and well-being (NICKERSON, C., 2023). Self-esteem refers to the level

at which someone accepts who they are, the level they believe their worth and capabilities to be,

and how much they value themselves (HAYES, N. and STRATTON, P., 2012). Ideal-self refers to whom

someone aims to be i.e., characteristics, ambitions, social-roles, goals, etc. The ideal-self is forever

evolving and can be more extreme the lower someone's self-esteem (MILLER, J. et al., 2000).

Additionally, client/therapist relationships are recognised as necessary for essential and adequate

change to occur, and therefore the three CCs are required – empathy, congruence, and

unconditional positive regard (UPR). Empathy refers to the therapist putting themselves in the

client's shoes to truly understand the thoughts, feelings, and experiences being described to them.

Congruence is important as it refers to the therapist's genuineness with the client to build trust,

meaning body language and conversation aligns with true feelings. UPR refers to the therapist

looking past anything disclosed by the client and always treating them as a good person who's

accepted no matter what. Therapists understand that people make mistakes and offer a space to

open up without fear of judgement or criticism (COUNSELLINGTUTOR.COM, 2022) (WATSON, R.,

2019). An advantage of this theory in relation to the brief is that there are tools in place to provide

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therapy at **home** or in a **care-setting**, depending on the individual's needs. An individual can access

therapy sessions face-to-face, online, or over the phone, and the conversation can flow in the same

natural way. However, to some, a **disadvantage** may be that better care outcomes may arise from

face-to-face appointments in a care-setting as the three CCs can help build a stronger relationship

and a better care journey. This may be overwhelming to someone with depression who struggles to

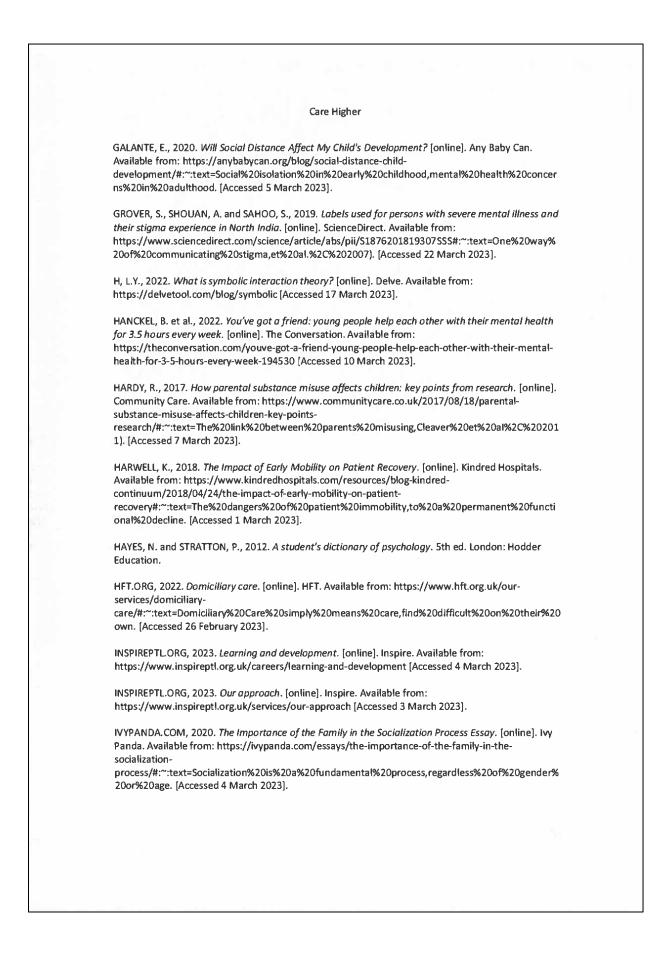leave their home, thus potentially prolonging positive outcomes.

Adams, Hayes, and Hopson's **'Transition Theory'** focuses on the stages and impact a major life event

has on someone's self-esteem and behaviour. This theory suggests that there are seven stages of

transition – **(1)Immobilisation, (2)Minimisation, (3)Depression, (4)Acceptance of Reality,**

(5)Testing, (6)Searching for Meaning, and **(7)Internalisation** (CRAM.COM, 2023). This theory

believes that each stage needs to be completed to achieve an effective transition, however, there

are cases where people become stuck resulting in ongoing depression. Each stage brings new

emotions and so it's important to understand that this is 'normal' and should pass with time given

the right support/environment (MILLER, J., 2015). This theory would suggest that someone who

requires **palliative care** will work their way through this transition model. (1) refers to the shock,

numbness, and confusion felt between their health expectations and reality. (3) refers to the

awareness of their death, frustration, helplessness, and the impact it'll have on others. (7) may

consist of them adapting to preparation for death and accepting these new behaviours and ideas as

their 'norm', i.e., creating a will, funeral planning, and organising finances (AMEDISYS.COM, 2023).

An a**dvantage** of this theory in relation to the brief is that it recognises the importance of factors

such as emotional security and supportive/familiar environments provided at **home** in helping ease

transitions (WILLIAMS, D., 2008). In conclusion, an individual who requires palliative care may not

benefit from living in a **care-setting**, as it restricts their availability to family access and home

comforts. If an individual remains at **home** then this will allow them to navigate internalisation with

more ease, thus making it an a**dvantage** as it potentially motivates and expedites the transition so

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that end-of-life can be valued and peaceful. Allowing home care meets client's preferences and

provides dignity and self-esteem, which will fluctuate throughout the transition. Nonetheless, the

debate between home care and care-service depends on circumstances as someone may not have a

healing environment/support network and this may result in getting 'stuck' at the start of the

transition.

G) To conclude, I believe that health and social care is not black and white and therefore it's

impossible to determine whether specific care-services, as a whole, are best delivered in or out-with

the individuals home. Ultimately, it's the clients unique needs and wants that will determine their

care journey, thus meaning it's paramount that care is holistic and person-centred, ensuring to

consider all factors in an individual's life.

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