



Scottish Further Education Unit

Skills for Work:  
**Health and Social Care  
Higher**

Understanding and Supporting People in  
Health and Social Care Settings



Support Material

July 2007

 scotland's colleges



## **Acknowledgements**

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# **Health and Social Care (Higher) Understanding and Supporting People in Health and Social Care Settings F1C5 12**

## **Introduction**

These notes are provided to support teachers and lecturers presenting the Scottish Qualifications Authority Unit F1C5 12, *Understanding and Supporting People in Health and Social Care Settings (Higher)*.

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## **Class Sets**

Class sets of this pack may be purchased direct from the printer. Costs are dependent on the size of the pack and the number of copies. Please contact:

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## **How to Use this Pack**

None of the material in this pack is mandatory. Rather, it is intended as a guide and an aid to delivery of the Unit and aims to provide centres with a flexible set of materials and activities which can be selected, adapted and used in whatever way suits individual circumstances. It may also be a useful supplement to tried and tested materials that you have developed yourself. The pack is available on the SFEU website in Word format to enable you to customise it to suit your own needs.

The pack is organised into several sections:

The **Reference Section** provides information on the rationale for, and ethos behind, Skills for Work courses, the course rationale and contains the Employability Skills Profile for Health and Social Care (Higher), showing where the specified employability skills and attitudes can be evidenced and assessed throughout the Course and in this unit.

The **Tutor Support Section** contains a suggested approach to teaching the Unit, advice on learning and teaching with under-16s, guidance on unit delivery and advice on integrating the development of employability skills throughout the unit. Finally, this section suggests resources which may be useful for tutors and students.

The **Student Support Section** contains guidance and instruction on:

- the strands of human development through life stages
- what affects development and behaviour
- how to apply Carl Rogers theory of self concept
- the investigation into stress and stress management

Activities are identified with the symbol:



## **Reference Section**

## **What are Skills for Work Courses all about?**

Skills for Work Courses are designed to help candidates to develop:

- skills and knowledge in a broad vocational area
- Core Skills
- an understanding of the workplace
- positive attitudes to learning
- skills and attitudes for employability.

A key feature of these Courses is the emphasis on **experiential learning**. This means learning through practical experience and learning by reflecting on experience.

### **Learning through practical experience**

Teaching/learning programmes should include some or all of the following:

- learning in real or simulated workplace settings
- learning through role play activities in vocational contexts
- carrying out case study work
- planning and carrying out practical tasks and assignments.

### **Learning through reflecting at all stages of the experience**

Teaching/learning programmes should include some or all of the following:

- preparing and planning for the experience
- taking stock throughout the experience - reviewing and adapting as necessary
- reflecting after the activity has been completed - evaluating, self-assessing and identifying learning points.

The Skills for Work Courses are also designed to provide candidates with opportunities for developing **Core Skills** and enhancing skills and attitudes for **employability**.

## **Core Skills**

The five Core Skills are:

- Communication
- Numeracy
- Information Technology
- Problem Solving
- Working with Others

## **Employability**

The skills and attitudes for employability, including self-employment, are outlined below:

- **generic skills/attitudes valued by employers**
  - understanding of the workplace and the employee's responsibilities, for example timekeeping, appearance, customer care
  - self-evaluation skills
  - positive attitude to learning
  - flexible approaches to solving problems
  - adaptability and positive attitude to change
  - confidence to set goals, reflect and learn from experience.
- **specific vocational skills/knowledge**

Course Specifications highlight the links to National Occupational Standards in the vocational area and identify progression opportunities

Opportunities for developing these skills and attitudes are highlighted in each of the Course and Unit Specifications. These opportunities include giving young people direct access to workplace experiences or, through partnership arrangements, providing different learning environments and experiences which simulate aspects of the workplace. These experiences might include visits, visiting speakers, role play and other practical activities.

*A Curriculum for Excellence* (Scottish Executive 2004) identifies aspirations for every young person. These are that they should become:

- successful learners
- confident individuals
- responsible citizens
- effective contributors.

The learning environments, the focus on experiential learning and the opportunities to develop employability and Core Skills in these Courses contribute to meeting these aspirations.

## **The Course in Health and Social Care (Higher)**

### **Course Rationale**

The primary target group for the Higher Health and Social Care Course is candidates who have reached an appropriate point in their secondary education although adult returners may also find it a useful stepping stone to employment or further study.

The Higher Health and Social Care Course is an introductory Course designed to equip candidates with the knowledge and skills relevant to the health and social care sectors. The NHS, local authorities, voluntary and private organisations make up these sectors and provide care to people in a variety of establishments such as nursing homes, residential homes for older people, hospitals and resource centres for people with a learning disability. The demands of both these sectors are increasing and as a result the need for health and social care professionals is also increasing. This Course has been designed to allow candidates to develop the knowledge and both generic and vocational employability skills relevant to these sectors. It has also been designed to help candidates develop an understanding of the nature of health and social care work in order that they can make informed decisions about whether or not they wish to gain employment in these sectors.

The structure of this Course has been designed to cover the essential knowledge and skills needed to go into employment or further study at further/higher education institutions. Candidates will begin by investigating who may need care, what provision is available and the roles and responsibilities of a care worker. This knowledge will give candidates a good introduction to what care work consists of. It is also essential that care workers operate from a sound ethical value base. Therefore, candidates will be investigating the principles underpinning the National Care Standards, to enable them to understand the nature and importance of such a value base if they choose to work with people in need of care. Candidates will also study, from psychology, how people develop through life and how to manage stress. This will help prepare candidates for further training or working with any service user (patient or client receiving care) in any setting. Candidates will also learn about essential procedures in relation to health and safety and carry out a risk assessment which is invaluable experience before working in health and social care establishments. They will also learn about protection issues in relation to aggressive behaviour and service users who have experienced abuse.

The emphasis throughout the Course is on experiential learning through real or simulated work settings. Candidates will, therefore, have the opportunity to learn about and practise essential generic employability skills such as working with others, good timekeeping and a positive attitude to learning. They will also be learning about and practising skills particularly valued by the health and social care sectors such as listening skills, verbal and non-verbal communication skills and planning.

The **general aims** of the Course are to:

- allow candidates to experience vocationally related learning
- provide candidates with a broad introduction to the health and social care sectors
- encourage candidates to foster a good work ethic, including timekeeping and a positive and responsible attitude to work
- provide opportunities to develop a range of Core Skills in a realistic setting
- encourage candidates to take responsibility for their own learning and development
- facilitate progression to further education or employment.

The **specific aims** of the Course are to:

- prepare candidates for work within the health and social care sectors
- help candidates to communicate effectively with a range of service users for example older people in residential care, patients in a hospital, children with a disability or people with dementia in a nursing home
- develop a caring and understanding attitude towards service users
- develop an awareness of health, safety and protection issues in health and social care settings
- develop skills of reflection and evaluating in relation to practice
- promote a positive and responsible attitude to health and social care work
- develop the skills to become a valued team member
- build candidates' confidence as they develop their own knowledge and skills
- develop essential knowledge for working with people in health and social care settings
- give candidates practical experiences in health and social care contexts and allow them to develop skills within these practical contexts.

In this Course it is important that a variety of learning environments are available to allow candidates to learn and develop skills in practical contexts. It will be important that candidates have access to, for example, real or simulated health and social care environments, work placements or visits to health and social care settings and visiting speakers. It is, therefore, important that centres delivering the Course build on existing partnerships between schools, Further Education colleges, employers and other training providers. Partnerships of this nature will allow the Course to be delivered in appropriate learning environments.

The Higher Health and Social Care Course builds on material covered in the Unit *Understanding Care Skills (Intermediate 2)* which is part of the Care (Intermediate 2) Course and builds on material covered in the Unit *Child Development and Health (Intermediate 2)* which is part of the Early Education and Childcare (Intermediate 2) Course. It also complements material covered in the Units, *Psychology for Care* and *Values and Principles in Care* which are part of the Care (Higher) Course. Unlike other Care Courses at this level it is not only developing knowledge in an experiential way, it is also developing employability skills.

The Course reflects National Occupational Standards for Health and Social Care and so helps prepare candidates to progress to:

- Scottish Vocational Qualifications (SVQs) in Health and Social Care
- further/higher education courses
- training/employment.

## **Unit Outcomes, PCs and Evidence Requirements**

### **National Unit Specification: statement of standards**

#### **Unit: Understanding and Supporting People in Health and Social Care Settings (Higher)**

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

#### **Outcome 1**

Explain the strands of human development and their relevance for health and social care workers.

#### **Performance Criteria**

- a) Describe the strands of human development which relate to different life stages.
- b) Explain the factors that influence human development and behaviour at different life stages.
- c) Explain why it is important for care workers to understand the strands of human development.

#### **Outcome 2**

Explain how Carl Rogers' theory of self-concept can be applied to help specific individuals in health and social care settings.

#### **Performance Criteria**

- a) Describe the main points of Carl Rogers' theory of self-concept.
- b) Explain how the theory can be applied by a care worker to help a specific person to develop a positive self-esteem.
- c) Explain how the theory can be applied by a care worker to help maintain a specific person's sense of identity in a residential setting.

### **Outcome 3**

Investigate strategies for preventing and managing stress.

#### **Performance Criteria**

- a) Identify and describe different models of stress.
- b) Identify and explain the main causes of stress and the particular causes of stress for people receiving care.
- c) Identify and explain the effects of stress.
- d) Identify and explain healthy and unhealthy strategies for preventing and managing stress.
- e) Evaluate the benefits and disadvantages of these strategies.

#### **Evidence Requirements for this Unit**

Written and/or recorded oral evidence which covers all Outcomes and Performance Criteria is required for this Unit.

#### **Outcomes 1 and 2**

Candidates will produce written and/or oral evidence which may be in response to a series of structured questions based on scenarios set in health and social care contexts. The evidence will be produced by candidates on their own at appropriate points throughout the Unit with candidates having access to relevant learning and teaching materials.

The structured questions will require candidates to generate evidence covering:

- **five** strands of human development (social, physical, intellectual, cultural and emotional)
- **three** socio-economic factors and three life experiences that influence human development and behaviour
- the importance for care workers of understanding the strands of human development through the life stages
- the main points of Carl Rogers' theory of self-concept. This should include explanations of self-concept, organismic self, external and internal locus of evaluation, conditions of worth and positive regard
- **two** ways in which the theory can be applied by a care worker to help a specific person develop a positive self-esteem
- **four** ways the theory can be applied by a care worker to help maintain a specific person's sense of identity in a residential setting.

### **Outcome 3 - Folio**

Candidates will investigate stress and stress management on their own, to a given brief, at appropriate points throughout the Unit. The information gathered will be contained in a folio and progress will be discussed with the assessor at an appropriate point during the investigation to ensure that the folio is the candidate's own work. A record of the discussion should be retained.

Candidates will be given a clear investigation brief informing them that the evidence for the folio must cover:

- **two** models of stress chosen from the Engineering, the Transactional, the Physiological and the Personality Traits models
- **six** main causes of stress covering three internal and three external causes
- **five** possible causes of stress for people receiving care
- **six** effects of stress covering two psychological, two physical and two social effects
- **six** strategies for preventing and managing stress, covering three regarded as healthy and three regarded as unhealthy
- evaluate the benefits and disadvantages of these strategies.

The National Assessment Bank (NAB) pack provided for this Unit illustrates the standard that should be applied. It contains appropriate case studies accompanied by structured questions and a candidate brief for the investigation. If a centre wishes to design its own assessments for this Unit, they should be of a comparable standard.

**NB Centres must refer to the full Unit Specification for detailed information related to this Unit.**

## Employability Skills Profile

In addition to the specific, vocational skills developed and assessed in this Course, employability skills are addressed as detailed in the table below. For the purposes of the table, the Units are referred to as A, B, C and D as indicated.

<b>Understanding and Supporting People in Health and Social Care Settings</b>	=	<b>A</b>
<b>Care Principles and Practice</b>	=	<b>B</b>
<b>Working in Health and Social Care Settings</b>	=	<b>C</b>
<b>Health, Safety and Protection Issues in Care Settings</b>	=	<b>D</b>

Employability skill/attitude	Evidence
• positive attitude to learning	C
• verbal and non-verbal communication skills	C
• listening skills	C
• good timekeeping	C
• ability to reflect on own abilities	C
• demonstrate reliability by completing tasks	C, B, D
• respect for others	B, C, D
• ability to work on feedback from others	C
• organisational skills	A, B, C
• planning skills	A, B, C
• willingness to carry out instructions	B, C, D
• ability to work with others	B, C
• health and safety awareness	C, D
• understanding roles and responsibilities	B, C, D
• awareness of care values	A, B, C, D

### Assessment evidence in all Units:

- A = Case study based on Carl Roger's theory of self-concept and investigation into stress and stress management.
- B = Group investigation and presentation on the National Care Standards and the production of a care plan.
- C = Investigation of health and social care provision, the production of a CV for a specific job role, participating in an interview for a specific job role and candidate reviews of employability skills.
- D = Closed book test on health and safety responsibilities and protecting service users, case study on managing aggressive behaviour and carrying out a risk assessment in a real or simulated health and social care setting.

## **Careers Scotland Support**

**for School-College Collaboration for Scotland's Colleges  
in the Scottish Enterprise area**



In August 2006 Careers Scotland (SE and HIE areas) received funding from the Scottish Executive to support college/school collaboration and encourage and promote vocational educational choices for pupils in schools. Following consultation each area produced a local action plan outlining how they intended taking forward key activities. Careers Scotland's focus is to support the career guidance needs of all S2-5 pupils involved in the opportunities which school/college collaboration brings, supporting them to make vocational educational choices, and with particular consideration for those young people at risk of becoming not engaged in employment education or training.

Skills for Work (SfW) courses are a key aspect of enhanced school/college collaboration and Careers Scotland has an important role in selection and recruitment and pre-entry career guidance, as well as ongoing support and pre-exit career guidance, to ensure the pupils' experience of SfW is capitalised upon in any future career planning. Careers Scotland also supports the career guidance needs of pupils involved in other vocational/pre-vocational programmes where relevant. Career Box delivery is a valuable tool in helping meet the needs of school pupils and lessons reflect options available within colleges; both at school and post school.

Careers Scotland activity takes place at local and national levels. This may involve a combination of any of the following services which can be tailored to local needs:

- awareness raising of Skills for Work courses (and other vocational programmes where relevant) – for pupils, teachers and parents - demonstrating how these educational choices have implications for future career options, and support the achievement of future career goals
- careers guidance support for individuals and groups, before, during and after involvement in SfW courses, resulting in better informed career decisions and effective transitions
- providing support for pupils who have been unsuccessful in attaining a place on a SfW course
- providing transitional skills development for those completing SfW courses
- capacity building through relevant shared CPD events, for Careers Scotland staff, teachers and college lecturers
- capacity building through the development of resources to support pupils, parents or teachers

- delivery of relevant Career Box lessons, where appropriate
- making connections with other existing support for pupils
- participation in local planning and management arrangements
- contributing to local and national discussions on provision and strategic development
- capturing good practice and evaluating effectiveness, using the community of practice site on our website ([www.careers-scotland.org.uk](http://www.careers-scotland.org.uk)) and sharing successes and concerns

In addition there are opportunities for developmental activities which can help to take forward CPD, good practice, resource development and learning opportunities for Skills for Work for young people, teachers, college lecturers, parents, Careers Scotland Advisers and employers.

For further information on Careers Scotland (SE)'s involvement in school/college collaboration in your college, please get in touch with one of our Careers Scotland Regional contacts:

**South East Region            (Edinburgh and Lothians; Forth Valley; Borders)**

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## **Tutor Support Section**

## Learning and Teaching with Under 16s

Scotland's Colleges have made significant progress in meeting the needs of young learners. Our knowledge of the learning process has increased significantly and provides a range of strategies and approaches which gives us a clear steer on how lecturers can add to their skill repertoire. Lecturers can, and do, provide a stable learning environment where young students develop a sense of self-respect, learn from appropriate role models and see an opportunity to progress. There are basic enabling skills for practical application which can further develop the learning process for this group of students. So what are the characteristics of effective learning and teaching which will help to engage young learners?

### Ten ways to improve the learning process for under 16s

(This list is not exhaustive!)

1. **Activate prior knowledge and learning** – ascertain what the learner knows already and teach accordingly. Young people do have life experience but it is more limited than adult learners and they may not always be aware of how it will assist them in their current learning.

**Tips** - Question and answer; Quick Quiz; Quick diagnostic assessment on computer; present key words from the course or unit and see how many they recognise or know something about.

2. **Tune learners into the Big Picture** – the tutor knows the curriculum inside out and why each lesson follows a sequence, however the young learner does not have this information and is re-assured by being given the Big Picture.

**Tips** – Mind map or concept map; use visuals, for example wall displays of diagrams, photographs, flow charts; explain the learning outcomes in language they will understand; We Are Learning Today (WALT) targets and What I'm Looking For (WILF) targets; give clear and visible success criteria for tasks.

3. **Use Advance Organisers** – these are lists of the key concept words that are part of the course or unit.

**Tip** – Highlight on any text the concept words that you will be using; make a visible list and put it on display – concept words can be struck off or referred to as they occur (NB this helps with spelling and independent learning as they do not have to keep checking meaning); highlight essential learning and action points.

4. **Vary the teaching approaches.** The two main approaches are instructing and demonstrating, however try to provide opportunities to facilitate learning.

**Tips** – Ask students what they know now that they did not know before, or what they can do now they could not do before, at appropriate points in the lesson or teaching block; ensure there are problem solving activities that can

be done individually or in groups; ask students to demonstrate what they have learned; use a range of question and answer techniques that allow participation and dialogue, eg. provide hints and cues so that they can arrive at answers themselves.

5. **Preview and review of learning.** This helps to embed previous learning and listening skills and provides another opportunity to elicit learner understanding. Consolidates and reinforces learning.

**Tips** – At the beginning of each lesson, or session, review previous learning and preview what is coming up; at the end of each lesson or session, review what has taken place and what will be focussed on next time – these can both be done through question and answer, quizzes and mind mapping activities.

6. **Language in the learning environment.** Do not assume that the language which is used in the learning environment is always understood by young learners, some words may be familiar but do not have the same meaning when used vocationally.

**Tips** - At appropriate points ask students what words mean; explore the various meanings of words to find out if they may have come across this language in another context; by looking at the structure and meaning of words there is an opportunity for dialogue about learning and to build vocabulary.

7. **Giving instructions in the learning environment.** This is one of the most difficult tasks a tutor has to do whatever the curriculum area. With young learners this may have to be repeated several times.

**Tips** – Ask a student to repeat back what you have asked them to do before beginning a task; ask them to explain the task to one of their peers; use the KISS principle – Keep It Short and Simple so that they can absorb and process the information.

8. **Effective feedback.** Feedback is very important for the learner to assess their progress and to see how and what they can improve. Provide opportunities to engage in dialogue about the learning function of assessment – provide details of the learner’s strengths and development needs either in written or spoken form. With younger learners identifying one or two areas for development is sufficient along with acknowledgement of what has been done well.

Essentially, learners are helped by being given a **specific** explanation of how work can be improved. You can also use summative assessment formatively, ie. as an opportunity to identify strengths, development needs and how to improve.

**Tips** – Ask students themselves to identify their own strengths and development needs – self evaluation; peer evaluation of work can be successful once they have been taught how to do it; the tutor can produce a piece of work and ask students to assess it anonymously; have a discussion

about the success criteria for the task and ensure the students are clear about them; allow learners to set criteria for success and then measure their achievements against these.

9. **Managing the learning behaviour.** Under 16s are coming into Scotland's Colleges and training establishments from largely structured and routine-driven environments in schools and early feedback from those undertaking Skills for Work courses indicates that they very much enjoy the different learning environment that colleges and other training providers offer. Remember though that these are still young learners. They will still expect tutors to provide structure and routine, and will perform best in a calm, orderly learning environment. Young students will respond to firm, fair, and consistent management. Such routines have to be established quickly and constantly reinforced.

**Tips** - Health and safety is non-negotiable and consequences of non-compliance with the regulations should be made clear and adhered to at all times; set out your expectations from day one and provide a consistent message; have clear beginnings, middles and endings for each session; be a positive role model for your students, ie. be there before they are and manage the learners with respect; always deliver what you promise; build up good relationships and get to know the learners, make the curriculum interesting and stress the relevance of the learning; set up a positive behaviour management system. By following these guidelines you will build up two-way respect, which, while sometimes challenging to achieve, can be very powerful and work to everyone's benefit.

10. **Care and welfare issues.** School/college partnerships mean increasing numbers of young learners in college. Tutors have to be aware of their professional responsibilities and mindful of young people's rights. However tutors have rights too, in terms of feeling safe and secure in working with young people and there are basic steps staff can take to minimise risks. It is essential that colleges ensure that tutors have a working knowledge of the Child Protection policies (local authority and college documentation) and follow procedures and policies diligently. School/College Liaison Officers will be familiar with these documents and can provide support and advice. There are also training sessions on Child Protection available from SFEU (see the following page).

**Tips** - Avoid one-to-one situations with young students in a closed area; do not do or say anything that could be misinterpreted; if the opportunity arises, do some observation in schools to see and discuss how teachers use the guidelines for their own protection as well as the young person's.

Most young people are a delight to work with and they will positively enjoy the experience of learning in college. However, there will inevitably be some who are disengaged, disaffected and who have not yet had an opportunity to experience success. 'Skills for Work' is a unique educational initiative that young people can be motivated to buy into – you as the tutor are key to the success of these programmes.

## **Skills for Work Workshops**

To take this 10 point plan forward and to add to it, you can attend one of SFEU's '*Get Skilled Up*' half day workshops for tutors delivering Skills for Work Courses, when we explore further the learning process and look at a range of specific teaching and learning techniques to use with the under 16 age group. To find out when the next event is visit our website [www.sfeu.ac.uk](http://www.sfeu.ac.uk) or contact the Learning Process team at SFEU on 01786 892000.

## **Child Protection Workshops**

These are run on a regular basis by staff at SFEU in Stirling and also in colleges. For more information on these workshops please contact members of the Access and Inclusion team at [www.sfeu.ac.uk](http://www.sfeu.ac.uk) or contact the team at SFEU on 01786 892000.

## General Guidance on Unit Delivery

### Induction

Students will benefit from a brief induction explaining what will be covered and how it will be taught. Explain the place of the Unit in the Health and Social Care Course, why it is important and how Employability Skills are incorporated. This will set students in the right direction before commencing.

It would be helpful to emphasise to students that what they get out of studying this Unit will depend largely on how much they are willing to put into it. The Unit involves some self awareness, willingness to be open with others to some degree and perhaps willingness to put themselves on the line in the role plays. All of this could benefit them a great deal if they are willing to grab these learning opportunities.

### Good Practice

In this Unit, there is the opportunity to help raise the student's self-esteem and confidence in specific areas. Observing students and pointing out specific and genuine things that they have done well or skills they have progressed in, can make a substantial difference to their self-esteem and confidence. Modelling the process you are teaching in this way will go a long way to helping the students' understanding of the material and modelling it themselves.

### Sequence of Delivery

It is recommended that this Unit be delivered after the students have covered Outcome 1 of the Unit *Working in Health and Social Care Settings*. This gives them an introduction to care work and the roles and responsibilities of health and social care workers. It is also recommended that students will have had input on the employability skills and attitudes as outlined in Outcome 4 of *Working in Health and Social Care Settings* before starting this Unit. This will enable the students to make use of the activities to develop their skills as well as gain understanding of the Unit content.

This is a 40 hour Unit, which means approximately 13 hours per Outcome. A plan of work is not included here because centres may wish to integrate the Unit with others in the Course. It is not essential that Outcomes 1-3 be taught in sequence - they can be integrated or taught alongside other Outcomes in other Units. Since Outcomes 1 and 2 are more theoretical than other Outcomes in other Units, you may decide to teach Outcome 1 alongside Outcome 1 of *Health, Safety and Protection Issues in Care Settings* balancing more academic work with practical work such as risk assessments.

## **Understanding Human Development and its Relevance for Care Workers**

Psychological concepts may be completely new to the students, so informing them that psychology has a language of its own which they will soon master will be reassuring. Students will not be going into the level of detail that they would in other Units on the subject since this is only one outcome. However, it is important that students have a basic understanding in order to identify and meet people's needs in care work.

### **Applying Carl Rogers' Theory of Self-Concept**

In this section of the Unit, students will be exploring Carl Rogers' theory of self-concept. Since the students may not have studied any psychological perspectives before it may be useful to cover some background on the Humanistic perspective first. Psychology language or 'jargon' may also be unfamiliar to the students and they may therefore, benefit from some reassurance that psychology terms often sound more complex than they actually are.

Any care course or training involves some element of self-exploration and self-awareness. This *Skills for Work* Course also has an emphasis on self-awareness and confidence building. Exploring self-concept and self-esteem in this Unit is an opportunity for students to help build their confidence and where appropriate help raise their self-esteem. It is important however, to emphasise that the classes are not an opportunity for group or individual therapy. Students may raise personal issues of concern to them, but students with specific issues need to be referred to student guidance or counselling services for assistance.

### **Investigating Strategies for Preventing and Managing Stress**

For this Outcome students will be involved in an investigation into stress and stress management. It is not anticipated that students will go into great depth since this is one Outcome and not a whole Unit on the subject.

Students should find it relatively easy to access information on the causes of stress, the effects of stress and strategies for prevention and management. They will, however, probably need assistance in gathering information on the models of stress. This will vary from centre to centre depending on material available in student resource centres, learning centres or local libraries. It may be useful for tutors to create stress resource files covering the models of stress or request that student learning centres create them and make them available in their reference only sections. In case it is difficult for students to access information, appropriate to their age group on the models, handouts are provided should you need them.

As part of their investigation, students will be gathering information on the causes of stress for people receiving care. A useful way of getting this information would

be to ask care workers or people receiving care. Students will need guidance from you on the most appropriate way to get this information. The students may:

- choose to invite a care worker to speak to them and prepare questions to ask the worker on the subject. They will need guidance on who to contact and how to go about it.
- interview care workers, if they are on placement or visiting care establishments.
- decide to phone local care establishments and ask for a phone interview to gather the information. It is obviously unhelpful for all students to phone up the same person so guidance here would be appropriate.

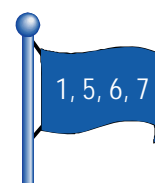
## Guidance on Integrating Employability Skills

As part of the Health and Social Care Higher Course, students will be completing the Unit, *Working in Health and Social Care Settings*. In this Unit they will be evaluating progress they have made on the 15 employability skills. Opportunities for learning about and developing these skills and attitudes must, however, be integrated throughout all the Units in the Course. Since workplace placements are not mandatory, students may be developing the employability skills through class exercises or assessments for the various Units.

It is strongly advised that course teams meet together to discuss and agree a co-ordinated approach to the teaching and development of the employability skills throughout the Course and to ensure that the team has a common interpretation of the skills and attitudes.

## Signposting Employability Skills

Throughout the pack there are numbered flags like the one shown here, showing which specific employability skill can be highlighted and/or assessment evidence recorded when students are busy with the various activities in the Unit.






1	Positive attitude to learning	6	Demonstrate reliability by completing tasks	11	Willingness to carry out instructions
2	Verbal and non-verbal communication skills	7	Respect for others	12	Ability to work with others
3	Listening skills	8	Ability to work on feedback from others	13	Health and safety awareness
4	Good time keeping	9	Organisational skills*	14	Understanding roles and responsibilities
5	Ability to reflect on own abilities	10	Planning skills*	15	Awareness of care values*

Employability skills and attitudes which are **directly** assessed in *Understanding and Supporting People in Health and Social Care Settings* are marked with an asterisk\*.

Opportunities for highlighting and developing some of these skills in this Unit are shown in the table which follows.

## Generating Evidence and Assessment Opportunities for Employability Skills

Employability Skills	Delivery Advice	Possible Activities/Contexts
	<p>When students are researching, discussing and presenting their findings on human development, they have the chance to develop and demonstrate their organisational abilities, good timekeeping, communication skills, ability to work with others and a positive attitude to learning as they carry out instructions. They can show their respect for each other as they work together and communicate with the other groups.</p>	<ul style="list-style-type: none"> <li>• Activities 2, 3 and 4 are occasions when students are working together on some research and presenting their findings to others. An opportunity to develop and progress in the skills mentioned.</li> </ul>
	<p>Where students are learning about Carl Rogers' theory of self-concept and its relevance for care work then, respect, listening and awareness of care values are particularly relevant. Rogers' approach encompasses respect for persons and the need to listen to people and understand their perspective. It also includes not judging people and respecting the diversity of individuals. Highlighting this will help students to connect the skills and attitudes with care theories. There are also a couple of activities which provide the opportunity for students to develop their listening skills and verbal and non-verbal communications skills.</p>	<ul style="list-style-type: none"> <li>• Activity 17 provides an opportunity to develop the skills, attitudes and values as they explore their opinions of themselves with each other.</li> <li>• Activity 19: The role play is an opportunity to practise their skills and attitudes. This could be an opportunity for the students to reflect, evaluate their skills and get feedback from their tutor or fellow students.</li> </ul>

 <p>2, 9, 10, 12</p>	<p>As part of the investigation into stress and stress management, the students have an ideal opportunity to develop their organisational and planning skills. If they invite speakers along or interview people then they have the chance to develop their communication and listening skills and their ability to work with others. Since the students will be taking a lot of responsibility for their own work and learning here, they will have the opportunity to demonstrate a positive attitude to learning, reliability through completing tasks and willingness to carry out instructions.</p>	<ul style="list-style-type: none"><li>• The students' planning of their investigation and how to present their research.</li><li>• Organising speakers or interviewing people as part of their investigation.</li></ul>
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## Resources

### Workplace Placements

Workplace placements are not mandatory for this Course; however, if they are available they will give students an invaluable experience. If students are able to undertake a couple of different placements, this will give them insight into care work in a range of settings. Placements also give students the opportunity to develop the employability skills and attitudes and learn first hand the opinions of service-users. Workplace placements should be organised in line with college procedures and disclosure requirements.

### Visiting Speakers

Visiting speakers will be a valuable resource in this *Skills for Work* Unit. Having access to speakers from a variety of health and social care settings will expose students to a breadth of experience and knowledge.

### Books



Boyd, D & Bee, H (2006) ***Lifespan Development***, Allyn and Bacon. USA.

Detailed information on development through the life stages.

Miller, J (ed) (2005) ***Care Practice for S/NVQ 3***, Hodder Arnold. London

Good all round general text for health and social care work. Includes information on the Humanistic perspective and the work of C Rogers.

Miller, J (2000) ***Care in Practice for Higher Still***, ed Janet Miller. Hodder and Stoughton. London.

Good all round general text on health and social care and provides information on the strands of development.

Miller, J and Gibb, S. (ed) (2007) ***Care in Practice for Higher***, 2nd ed.

Good all round general text and includes information on cultural development.

Rogers, C (2004) ***On Becoming a Person***, Constable. London

Detailed guide to Carl Roger's theories.

Thorne, B (1993) ***Key figures in Counselling and Psychotherapy*** Carl Rogers, London

Easy to read guide to the theories of Carl Rogers.

Mearns, D & Thorne, B (1999) **Person Centred Counselling in Action**, Sage. London

Guide to Carl Roger's theories in action especially the Core Conditions.

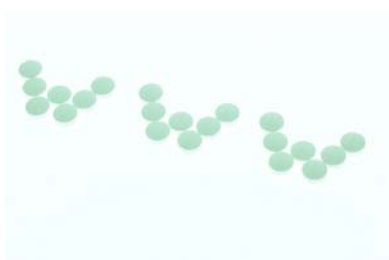
Hayes, N (1993) **A First Course in Psychology**, Nelson. Croatia.

Introductory psychology book with information on stress.

Gross, R (2005) **Psychology: The Science of Mind and Behaviour**, Hodder Arnold. London

Comprehensive psychology book which includes various models of stress.

## Websites



National Learning Network

<http://www.nln.ac.uk/>

Useful interactive website on many aspects of health and social care

Scottish Commission for the Regulation of Care

[www.carecommission.com](http://www.carecommission.com)

Information on the National Care Standards

The Stress Management Society

<http://www.stress.org.uk/>

Useful resource with basic information on stress and stress management.

Mind – mental health charity

[www.mind.org.uk](http://www.mind.org.uk)

Useful website with information on stress and stress management

## **Student Support Section**

## **Tutor Note on Student Activities**

This section includes both student notes and activities. Use of these materials is not mandatory and they are offered to centres as a flexible set of notes and activities which can be selected, altered and used whatever way suits individual centres and their particular situation - for example as a supplement to centres' own tried and tested materials. In the case of the student activities you might want to talk through the instructions with the learners and then give the instructions out on paper as reminders

## **Welcome to the Health and Social Care Higher Course!**

### **Introduction**

As part of this Course, you are studying this Unit *Understanding and Supporting People in Health and Social Care Settings*. In this Unit you will be introduced to some aspects of Psychology, such as understanding how people develop physically, emotionally, intellectually and socially. You will be learning how people develop a **self-concept** and what stress consists of and how to manage it.

You will be involved in different activities designed to help you learn in an enjoyable way. Some of these activities you will do on your own and some in pairs or small groups.

As part of the Health and Social Care Higher Course you will be learning about specific employability skills and attitudes that are valued by health and social care employers. Throughout the course you will have the opportunity to practise and develop these skills and you will be evaluating your progress. While you are studying this Unit you will be shown the relevance of these skills and attitudes. Being aware of the care values of, for example, showing respect, being non-judgemental, respecting diversity and giving choice comes into all your studies and work. You will also be involved in activities that give you the chance to develop your listening, planning, organisational and communication skills.

## **Understanding Human Development and Its Relevance for Care Workers**

As part of your studies in understanding people and their behaviour you will be looking at people's development through the different life stages. These studies form part of developmental psychology.

The different life stages are generally divided into:

- Infancy (0 – 2 years)
- Childhood (early childhood 2 – 6 years, childhood 6 – 12 years)
- Adolescence (13 – 19 years)
- Adulthood (early adulthood 19 – 40 years, middle adulthood 40 – 60 years)
- Mature Adulthood (60 years plus)

Different books may differ slightly in the age ranges, but the above are common categories.

You will be studying, what is commonly known as the **strands of human development** or developmental processes or aspects of development, depending on what books you read.

The strands we will be looking at are **Social, Physical, Intellectual, Cultural and Emotional** – easy to remember as **SPICE**. Some researchers refer to psychological instead of emotional and some refer to cognitive rather than intellectual.

When exploring these developmental processes we are looking at the developments and changes people experience at different times in their life.





### Activity 1

In pairs, write down what you think the different strands of development consist of.

<b>Physical Development</b>	
<b>Intellectual Development</b>	
<b>Emotional Development</b>	
<b>Social Development</b>	
<b>Cultural Development</b>	

## Answers to Activity 1

Compare your ideas with those below:

<b>Physical Development</b>	Concerned with how our bodies change. It's about growth, strength, mobility, hormonal changes and perhaps deterioration in mobility and strength.
<b>Intellectual / Cognitive Development</b>	How we make sense of the world. About how people think. Language development; learning to speak and communicate. Learning to read and write. Developing the skills of listening, negotiating and compromising. How we understand gestures and body language. How the five senses are used to explore our world. The development of our memory and its deterioration.
<b>Emotional Development</b>	How we cope with our feelings. How we express our feelings. How we feel about others and how we feel about ourselves. In children, it is about bonding and attachment; it's about establishing trust in people and developing self confidence.
<b>Social Development</b>	How we relate to people. About the relationships we develop and how they might be different at different stages in life. The social roles we have at different times in life and how these change e.g. daughter/son, pupil, parent, worker, sister/brother, husband/wife or carer. It's about the activities we are involved in with other people.
<b>Cultural Development</b>	How we develop an understanding of the <b>culture</b> we are a part of. How our cultural identity can change at different points in life. About the traditions we learn and practise. Development of faith and practising of religion. It's concerned with ways of doing things that are particular to social class, community or country. It's learning about rituals and attitudes that are passed down through generations. It's about having a sense of belonging to a particular religion, community or country.



When learning about how people develop, it is important to understand that these are only generalisations and that not everyone develops and changes in exactly the same way. It is also important to approach human development in a holistic way. This means viewing people as a whole. One aspect of development can have an impact on another.

For example, if children receive little stimulation, no love and the parent doesn't talk to them, then this will have an impact on their intellectual development and possibly their physical development as well as their emotional development. If children grow up in this way, then it is likely to affect their social development as well because they will probably have difficulty relating to others. All of these aspects are connected.

You will read here about **developmental milestones**. This is the term given to the different stages it is expected that children and young people will reach by a particular age. For example, a developmental milestone for a baby would be that they should be able to sit up without support between 7 and 9 months and able to walk upstairs one foot per step between 3 and 4 years old. These are based on what is considered to be normal for children generally. It's important, however, to remember that all children are unique and there will be differences in when they reach these different stages. Nevertheless, being aware of these general milestones helps us to identify if there is a health or social problem that may be affecting a child's development.



## Activity 2



In groups you will be researching the developmental processes/changes going on for one of the following:

- Infancy
- Early Childhood
- Childhood
- Adolescence
- Adulthood
- Mature Adulthood



You should use the library, learning bases, Internet, textbooks, or videos to find out about the physical, social, emotional, intellectual, and cultural development/changes going on for people at the life stage you have been given. A table is provided for you to complete.

## Infancy

Physical	Emotional	Intellectual/Cognitive	Social	Cultural

## Early Childhood

Physical	Emotional	Intellectual/Cognitive	Social	Cultural

## Childhood

Physical	Emotional	Intellectual/Cognitive	Social	Cultural

## Adolescence

Physical	Emotional	Intellectual/Cognitive	Social	Cultural

## Adulthood

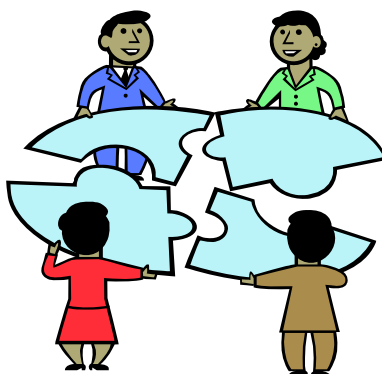
Physical	Emotional	Intellectual/Cognitive	Social	Cultural

## Mature Adulthood

Physical	Emotional	Intellectual/Cognitive	Social	Cultural



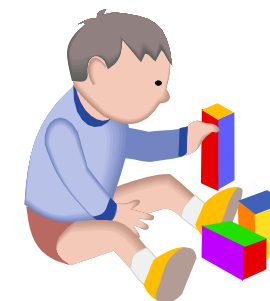
### Activity 3



- Now you've gathered your information, one of your group will join another group, pass on the information you have researched and clarify anything that they don't understand. As one of your group moves on, so you will gain a member from one of the other groups and get information from them on their life stage.
- When your tutor calls time, you will repeat this process. The person who moved on to another group will move on again to a different group. You will repeat this process until each person has gathered information on each life stage. A good way of meeting new and interesting people!
- Look at all the information you now have. Do you understand it all? If not, ask the group who supplied the information or your tutor to explain.
- Look at the life stage that applies to you. Do the developments/changes tie up with your experience? Is there anything missing you think should be added?
- Check the answers you have against the handout your tutor will give you.

You may have included some of the following points in your research:

## Infancy



Physical	Emotional	Intellectual/Cognitive	Social	Cultural
<ul style="list-style-type: none"> <li>• Has head control (0 - 18 months)</li> <li>• Sits unsupported</li> <li>• Crawls</li> <li>• Pulls to stand</li> <li>• Reaches for objects</li> <li>• palmer grasp,</li> <li>• builds 2-3 storey tower with blocks</li> <li>• Cruises around furniture (18 - 24 months)</li> <li>• Walks</li> <li>• Climbs onto furniture</li> <li>• Holds and lifts cup</li> <li>• Turns book pages</li> </ul>	<ul style="list-style-type: none"> <li>• Cry and smile to show emotions (3 - 6 months)</li> <li>• Need for warmth, love and closeness</li> <li>• Bonding to carer</li> <li>• Develop a wariness of strangers (6-9mths)</li> <li>• Can become distressed when separated from main carer</li> <li>• exploring surroundings, but regularly returning to carer for reassurance (15 - 18 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Puts all objects into mouth to explore</li> <li>• Recognising people meaningful to them</li> <li>• Development of memory</li> <li>• Beginning of number skills</li> <li>• Developing concept of objects</li> <li>• Learns simple games such as 'peek-a-boo'</li> <li>• Obeys simple requests (18 - 24 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Shy or anxious around strangers (0 - 12 months)</li> <li>• Plays alone even in the company of other children</li> <li>• As get older can play with others for brief periods.</li> <li>• Has no understanding of sharing adult attention.</li> </ul>	<ul style="list-style-type: none"> <li>• Will often be dressed in gender specific clothes - pink for girls and blue for boys.</li> <li>• Often given gender specific toys such as dolls for girls, trucks for boys.</li> <li>• Will attend rituals such as birthday parties.</li> <li>• May be taken to religious events or community events</li> </ul>

## Childhood

Physical	Emotional	Intellectual/Cognitive	Social	Cultural
<ul style="list-style-type: none"> <li>• Eating and drinking without assistance</li> <li>• Control of bladder</li> <li>• Control of bowels</li> <li>• Growing taller</li> <li>• Draws recognisable figures (3 – 5 years)</li> <li>• Uses scissors (5 - 7 years)</li> <li>• Puberty can start for some about 10 years.</li> </ul>	<ul style="list-style-type: none"> <li>• Less dependence on parents (2 - 5 years)</li> <li>• Gender identity emerging(2 - 5 years)</li> <li>• Can put words to how they are feeling (2 - 5 years)</li> <li>• Increased self-confidence (3 - 5 years)</li> <li>• Makes efforts to control temper (3 - 5 years)</li> <li>• May be frightened of the dark</li> <li>• Developing a self-concept.</li> <li>• Protective of younger children</li> <li>• Finds it difficult to cope with being teased.</li> </ul>	<ul style="list-style-type: none"> <li>• Writes sentences</li> <li>• Develops mathematical ability</li> <li>• Time becomes understandable</li> <li>• Language development more sophisticated</li> <li>• Understands the value of coins</li> <li>• Interested in reading books (7 - 10 years)</li> <li>• Enjoys discussion and debate</li> <li>• By age 12 may understand abstract thinking.</li> </ul>	<ul style="list-style-type: none"> <li>• Learns to share possessions (3 - 5 years)</li> <li>• Takes on roles in play</li> <li>• Enjoy the company of children their own age</li> <li>• Becoming more competitive (5 onwards)</li> <li>• Developing social skills</li> <li>• Able to participate in groups</li> <li>• Chooses a best friend</li> <li>• Family the centre of their life.</li> </ul>	<ul style="list-style-type: none"> <li>• May join community or religious groups and clubs such as scouts or brownies</li> <li>• Learning the do's and don'ts of their family traditions such as how they celebrate birthdays, weddings etc.</li> <li>• Learning what behaviour is culturally acceptable and what isn't - such as dress, obeying the law.</li> <li>• If family is religious then they may be participating in worship with family.</li> </ul>

## Adolescence

Physical	Emotional	Intellectual/Cognitive	Social	Cultural
<ul style="list-style-type: none"> <li>• A rapid increase in growth</li> <li>• Start of puberty. For girls, growth of pubic hair, enlargement of breasts, start of periods on average age 13.</li> <li>• For boys, deepening of the voice, growth of pubic hair, enlargement of the penis and increase in muscle strength.</li> </ul>	<ul style="list-style-type: none"> <li>• A lot of emotional development at this stage.</li> <li>• Creating a sense of self exists throughout life, but developing a sense of identity can be particularly important here.</li> <li>• Rotating between wanting to be independent and wanting the security of dependence.</li> <li>• Can experience emotional ups and downs.</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive development varies for different young people.</li> <li>• Many young people are capable of more abstract thought.</li> <li>• Can analyse arguments and see beyond the obvious.</li> <li>• Often question the views of adults.</li> <li>• Some young people become very creative in their thinking.</li> <li>• Can be a time of great intellectual stimulation and new learning.</li> </ul>	<ul style="list-style-type: none"> <li>• Peers are very important and spending time with family less important.</li> <li>• Can be a time of some conflict with parents/carers.</li> <li>• Long lasting friendships can develop.</li> <li>• Sometimes the start of sexual relationships.</li> <li>• Changing social roles e.g. from pupil to student or worker.</li> <li>• Social life is important.</li> </ul>	<ul style="list-style-type: none"> <li>• May be involved in activities that reflect their culture e.g. football or faith youth groups.</li> <li>• There may be a questioning of traditions.</li> <li>• Young people may refuse to adhere to family's religious practices.</li> <li>• Being a part of peer culture can be important e.g. listening to certain music, having a particular look.</li> </ul>

## Adulthood

Physical	Emotional	Intellectual/Cognitive	Social	Cultural
<ul style="list-style-type: none"> <li>• Early adulthood is usually the healthiest time of life.</li> <li>• People at their peak of fitness in early adulthood.</li> <li>• Pregnancy and childbirth common.</li> <li>• Some people in mid adulthood put on weight and lose fitness mainly due to lifestyle.</li> <li>• In mid adulthood there is a loss of calcium from the bones which can lead to osteoporosis.</li> <li>• Often stamina increases.</li> <li>• Eyesight deteriorates in 40's.</li> </ul>	<ul style="list-style-type: none"> <li>• For many, self – esteem connected to their job or their role as a parent. (Unemployment can lead to lower self-esteem and lack of confidence).</li> <li>• Can experience some very emotional periods due to many transitions or losses. Marriage, divorce, parenthood, work, changes in career, death of parents.</li> <li>• Emotional support often comes from family and a few close friends.</li> </ul>	<ul style="list-style-type: none"> <li>• Have acquired a great deal of knowledge.</li> <li>• Have acquired a lot of skills including problem solving skills.</li> <li>• Memory may be poorer in mid adulthood, but this may be because of the extra demands on people.</li> <li>• Cognitive development can be impaired as they get older, however.</li> <li>• Many people have a desire to learn and develop more especially if stagnating in job. They do courses or re-train.</li> </ul>	<ul style="list-style-type: none"> <li>• People have intimate relationships – get married or live with partners.</li> <li>• Friendships are important.</li> <li>• Change in social roles – become parents, care for own parents, worker.</li> <li>• A change in social relationships. They come from work contacts or contact with other parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Pass on knowledge and skills to others especially children e.g. traditions, religious practices.</li> <li>• Sometimes people return to the religion of their childhood.</li> <li>• Sometimes in mid adulthood people develop a sense of their roots. A sense of belonging to their nation, culture or community can become more important.</li> </ul>

<ul style="list-style-type: none"><li>• Menopause for women mainly in 40's/50's - hot flushes and sleep deprivation are possible.</li></ul>	<ul style="list-style-type: none"><li>• Sense of self continues to develop. Some people comment on being much more comfortable with themselves in mid - adulthood.</li><li>• Some people experience a mid-life crisis when they evaluate what they have achieved in relation to their expectations.</li></ul>			
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## Mature Adulthood

Physical	Emotional	Intellectual/Cognitive	Social	Cultural
<ul style="list-style-type: none"> <li>• Usually a gradual loss in muscle strength and mobility.</li> <li>• Slowing down of reaction times.</li> <li>• More difficulty adapting to light and darkness.</li> <li>• Loss of hearing.</li> <li>• Ability to differentiate smells lessens.</li> <li>• Motor abilities decline.</li> <li>• Sexual activity declines.</li> <li>• Dementia more common.</li> </ul>	<ul style="list-style-type: none"> <li>• Retirement can have a positive or negative emotional impact.</li> <li>• May experience a change in sense of identity due to change in roles e.g. retired.</li> <li>• Perhaps more dependent.</li> <li>• More time to see friends can mean stronger bonds.</li> <li>• Bereavement.</li> <li>• Loss of abilities can be upsetting.</li> <li>• Having grandchildren can be a great pleasure.</li> <li>• Emotional problems related to isolation, racism or poverty.</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive decline – ability to take in new information slows down. However, some people have been known to study for a distance learning degree.</li> <li>• Loss of memory.</li> <li>• Wisdom and creativity may be more important.</li> </ul>	<ul style="list-style-type: none"> <li>• May be more confident socially and experience a fuller social life since have more free time.</li> <li>• Fewer social roles because have fewer duties and responsibilities.</li> <li>• Relationships with siblings often become more important after parents die.</li> <li>• Contact with own children is usually important. Contact with grandchildren diminishes as they grow older.</li> </ul>	<ul style="list-style-type: none"> <li>• Having a sense of one's roots can be very important for some people – a sense of belonging to a nation or community.</li> <li>• In some cultures it is considered one's duty to look after parents in old age, therefore, some older adults move in with their children. Sometimes they move in because of love and companionship.</li> <li>• The familiarity of cultural traditions and rituals can be comforting e.g. celebrating Hogmanay in a traditional way.</li> </ul>

			<ul style="list-style-type: none"><li>• Friendships often lessen in number, but not in importance. The amount of contact with friends is related to life satisfaction because of laughter, companionship and shared activities.</li><li>• For many, less money means less money for socialising.</li></ul>	
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#### Activity 4



- For this activity, you need to go into the same groups you were in for researching development at the different life stages.
- Now choose a different life stage from the one you researched. If another group choose the same life stage as you, you will need to negotiate which group will do what life stage!
- In your group create a poster with images representing the different strands of development for the life stage you have chosen. You can use pictures from magazines, newspapers, draw images etc. You could choose images that represent the changes that are taking place at that life stage or activities that encourage and enhance development.
- Once completed, put your poster on the classroom wall and explain your poster to the other groups and your tutor.
- Now vote on the best poster!



## What Influences People's Development and Behaviour?

Now you have an understanding of the developments and changes people go through, think about what might have an impact on these developments.



### Activity 5

There has been a lot in the news recently about what has an impact on us physically. There are government campaigns trying to encourage us to behave in certain ways that may have a positive impact on our health.



What are these factors that we are being told may have an impact on our physical development?

Using the Internet, magazines or newspapers make a list of these factors and how they may affect us.

## Answers to Activity 5

You may have come up with some of the following and more besides:



- what we eat - high fat, high sugar foods are bad for our health
- how much we eat – too much energy (food) going in and not enough being used up (exercise) can lead to being overweight
- exercise – we need to exercise to keep our bodies fit and mobile
- drugs – the general message is that they are bad for your body and your mind
- smoking – causes cancer and heart disease
- alcohol – drinking too much makes you vulnerable to attack, can lead to liver disease etc.
- living in poverty – people living on little money are more likely to die younger and they are more likely to have health problems such as heart disease, than people who are wealthier
- stress – people who are constantly under stress are more likely to suffer from stomach problems, backache and headaches.



## Activity 6

Have a look at the above list and your own list.

In what way might these factors have an impact on people's behaviour?

For example, if we eat a lot of fatty/sugary foods, does this affect our desire to exercise?



Does taking drugs make people behave in a certain way? If someone has no spare money to spend, how might it affect the way they feel and behave?

## **Answers to Activity 6**

You may have thought of some of these:

- Eating high fatty and sugary foods usually makes people feel lazy and you are less likely to exercise. For some people, however, sugar can make them hyper.
- Taking drugs can mean people do risky things and they may end up breaking the law, failing at school or losing their job.
- Having no money can make you feel depressed and fed up since you don't have money to go places or buy things. Some people might steal or get so fed up they stop trying to earn money.
- Being stressed a lot of the time can mean you get very down and can withdraw from people and stop getting involved in activities.



## Socio-economic Factors and Life Experiences

Certain factors or circumstances can influence our physical development and behaviour. One experience can have an impact on us physically, emotionally, socially, culturally and intellectually. This is because these factors are all connected.

Certain circumstances have been grouped into what we call socio-economic factors. Socio refers to social circumstances and economic refers to finances or related to money in some way.

Under this heading of socio-economic factors we can have, for example:

- poverty
- **discrimination** (e.g. racial discrimination, sex or disability discrimination)
- unemployment
- poor living circumstances (e.g. damp houses or overcrowding)

There are other circumstances that can also have an impact on our development and behaviour and we will look at them under the heading of '*Life Experiences*'.

These can include:

- illness
- disability
- going into a home (could be a young person being looked after or an older person etc)
- family disruption (could be a parent going to prison or separation/divorce)
- marriage (marriage can have negative or positive consequences)
- abuse
- loss (can be loss of a person, or a change in circumstances resulting in a loss of some kind)

## Poverty

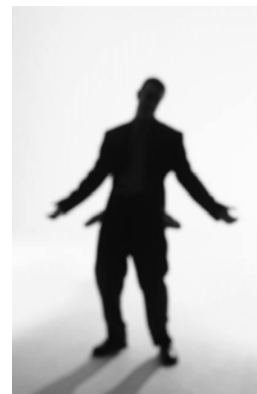
Poverty can have an impact on people's lives in many ways. If someone grows up in poverty, there is usually no money left over for luxuries such as holidays, or nights out, or money for some sports or hobbies. This means that people's social development can be affected.

If someone lives in poverty and they constantly see TV programmes that show other people with money doing things they can never afford, it can affect a person's self-esteem or make them feel depressed (**emotional development**).

Poverty can mean that people don't have adequate clothing, shelter or nutritious food. This can affect someone's immune system or lead to illness. In some cases children may not reach their developmental milestones (**physical development**).

Someone who has no money to socialise may miss out on community activities, such as, going to a football match (**cultural development**). However it may mean other cultural practices, such as worshipping with friends or being involved in arts activities, which don't cost money, are very important to them.

Lastly, if someone lacks nutritious food, or feels depressed due to their circumstances then this can have an impact on their concentration, e.g. at school, their ability to think clearly or memory (**intellectual development**).



## Discrimination

Discrimination is when a person or group is treated less favourably than others.

People can be discriminated against for a variety of reasons, for example, because of their:

- gender
- sexual orientation (homosexual or heterosexual)
- disability
- ethnicity
- religion
- age etc.

Discrimination can have far reaching effects on people's lives.



### **Activity 7**

Joshua lives with his wife and two children in Glasgow. Joshua worked as a successful, award winning journalist when he lived in Zimbabwe. He fled the country a couple of years ago with his family because they were threatened with execution if he wrote anything else against the government. Since arriving in Britain, Joshua has had several job interviews, but hasn't been successful even though he has all the necessary qualifications and experience. He is aware that sometimes the jobs have gone to people with much less experience than he has.

On your own have a go at answering the following questions:

1. Joshua has been discriminated against because of his nationality and skin colour. What impact could this have on Joshua emotionally and socially?
2. What impact could living in Britain have on Joshua's children's cultural development?

## **Answers to Activity 7**

You may have included some of the following points:

1. Being discriminated against may have an impact on Joshua's self esteem which may mean he loses confidence or gets depressed. If he is unemployed, he won't have much money for socialising and may miss out on activities which generally make life more enjoyable. If he also experiences discrimination in the community then he may be isolated and not a part of his community.
2. If Joshua's children are accepted in the community then they will become a part of a new **culture** and will begin to feel as though they belong. Having left Zimbabwe and their African culture though, it may be difficult to maintain any of that in Glasgow.

## Unemployment

Unemployment can affect people in different ways. If it has been part of a family's culture with different generations - father, son, grandson - all being unemployed then it may have a different emotional impact than if someone suddenly finds him/herself unemployed. Either way, unemployment can often affect people's confidence and they gradually begin to believe they aren't capable of working. They may lose, or think they have lost, the ability to relate to people at work or work as part of a team. A person's intellectual development may be affected because long periods of unemployment can mean s/he isn't intellectually stimulated by work and may not be used to problem solving any more. They may not be used to thinking under pressure and get anxious at the thought of working again.

## Poor Living Circumstances

Poor living circumstances can cover a lot of things. It can be overcrowding, eg. 3 adults and 3 children in a two bedroom house. It can mean living in a run down housing scheme with no play areas, used needles left lying around by drug users, no gardens and in an area that's not a safe place to walk around at night. It could also mean poorly built flats that are damp, resulting in health problems such as asthma, bronchitis or skin problems such as eczema (**physical development**). It could also include living in a run-down cottage in the country which is difficult and expensive to heat, poorly furnished and far from any amenities such as a shop, doctor or leisure facilities. People can become isolated in any of these circumstances. An older person without family can end up with no contact with other people or a single parent might be without support from family and neighbours leading to depression (**emotional development**).



## Life Experiences

Everybody will react differently to different life events because we are all unique individuals. However, just as with socio-economic factors there are some common reactions to certain life experiences. Some life experiences will have a positive impact on people's development, such as having loving or caring family or carers, having good health, enjoying school or work, having friends, a safe place to live etc. Other life experiences can have a more negative impact.

**Illness:** Physically this can mean a child doesn't reach the anticipated developmental milestones. An older person may lose muscle strength, agility and mobility if in hospital for a long time. Emotionally, illness can affect our relationships with people and how we express our feelings e.g. anger and frustration because of pain and lashing out at people.

**Disability:** Children with a physical disability may spend a lot of time getting medical treatment or waiting for a suitable school place, which will have an impact on their intellectual development because they may miss vital schooling. If someone is in a wheelchair and cannot easily access facilities, this can have an impact on their social development. Discriminatory, insulting remarks can isolate people, affect their relationships with others or leave them with low self-esteem. It can also make some people very determined not to be de-valued and they might actively campaign to change the law, people's attitudes and their rights.



### Activity 8



Imagine for a moment that for some reason you had to leave your own home and go into a home run by social services. You are no longer surrounded by familiar people and things and the home is 8 miles from your friends and school/college.

How do you feel?

What do you think people will say about you?

What will you miss?

Now imagine you have to stay there for a year. You have your own room and you like most of the staff. There is often trouble in the house though, which you hate and find quite scary. There are quite a lot of arguments going on and occasionally a fight. Most of the young people don't go to school and you don't want to go anymore either. You haven't seen your friends for months because it costs too much to keep getting the train to meet them.

How do you think this experience could affect your intellectual development?

How could this experience affect your social development?

### **Answers to Activity 8**

Many looked after young people (those cared for by care workers or foster carers) can feel isolated, lonely, anxious, down and unmotivated. They are often discriminated against because they are labelled as troublemakers.

If someone feels fearful, down or anxious it's very difficult to concentrate on school or college work which means their intellectual development can suffer. If they are isolated because of moving away then their social development may suffer especially if they aren't accepted within the new community.

## Marriage/Separation/Divorce/Family Disruption

The influence of these life experiences will depend on a lot of factors, for example:

- how close the people were/are
- how much the people love each other
- whether or not there were tensions or aggression
- how much someone was dependent on the person who is gone
- how much contact there will be or how much contact is wanted.



Any change can be stressful for people, even good change. Someone getting married may find it stressful if it means a big adjustment, or it can be just exactly what they hoped for. It can mean someone's self-esteem and confidence grows and their health is good because they are happy. Separation or divorce can be a relief for all involved or can be distressing and leave people feeling lonely or perhaps lacking in self-confidence. It can mean relationships break down, friendships are lost and loss of their familiar social life. For others it can mean the opposite of all that and they may for the first time try something new, get a new job, gain in confidence and realise they are an attractive person.

## Abuse

Experiencing abuse can have an impact in many ways. An adult or child who experiences emotional abuse (e.g. ridiculed or rejected) may have their emotional development affected. The person may have difficulty forming relationships, feel they are useless and experience great loneliness. This can have an impact on a child's physical development resulting in not meeting developmental milestones, or illness. Someone who is neglected may develop health problems due to lack of nutrition or not grow as they should. Their cultural development may be affected if they don't have the chance to mix with people or get involved in the life of their community.

Sexual abuse can lead to poor self worth, and difficulty in developing friendships or intimate relationships and physical abuse can lead to severe illness or disability.





## Activity 9

*Be Creative!*



### Test Yourself

- For this activity it would be useful to go into small groups of 3 to make good use of your life experiences and creativity.
- You may need to refresh your memory by going back over the definitions of the physical, intellectual, emotional, social and cultural aspects of development.
- You will need a large piece of paper, (poster size) and felt pens.
- For this activity you need to create a case study of somebody's life. Your story needs to include:
  - two socio-economic factors
  - three life experiences
  - the impact they have had on the person physically, socially, intellectually, emotionally and culturally.

Your story can be about one person or a family or someone and their friends; it doesn't matter as long as you include all the necessary information.

- Your case study should be about 200-250 words long and written on the poster paper - a couple of pictures to illustrate your points would be good. Your story will then be put on the wall and you should nominate someone from your group to present it to the class.

## **Understanding Human Development and its Relevance for Care Workers**

### **Why is it important to study the strands of human development?**

It is important for you as potential health or social care workers to understand the strands of human development because you need to know what changes people are likely to be experiencing at different points in their life. This enables you to better understand people's experiences, feelings and behaviour. In care work you can be working with someone of any age living in any social setting.

Learning about aspects of development also enables care workers to understand people's needs. Care workers are involved in creating care plans with [service users](#). These care plans are based on assessing people's needs and identifying ways of meeting these needs. For example if a care worker knows an older person may experience memory loss then they can make sure they leave written messages reminding them of things they need to do.

It is also important that care workers understand the strands of development because a child may have developmental delay and it is essential that this is identified. If they are not meeting their milestones they may have an illness or there may be abuse or neglect that needs to be addressed.

## **Applying Carl Rogers' Theory of Self-Concept**

Carl Rogers (1902–1987) was an influential American humanistic psychologist. The **humanistic perspective** developed from the 1950s onwards with Carl Rogers and Abraham Maslow as its two most well known developers. Rogers started by studying scientific agriculture, moved on to history, theology and then psychology.

His ideas, especially the 'core conditions', have become the basis of many communication, counselling and therapy courses. His theory of **self-concept** has also been very influential in helping people to understand what affects their sense of self (who they are) and how to assist someone have a more positive self-esteem. You are studying his theory because issues of self-esteem affect many people in life. Self-esteem issues will definitely arise in your work as a health or social care worker.

Carl Rogers was initially trained in the Freudian psychodynamic perspective, but found it to be limited in its usefulness. His humanistic approach contradicted some of the main psychodynamic views. For example Rogers had a very positive view of human nature and its potential. He thought from the day we come into the world we are trying to grow and develop - driven towards the goal of reaching our full potential. The psychodynamic perspective has a less positive view of human nature with an emphasis on people being driven by unconscious desires. Rogers believed that people had free will and could choose how they act rather than being controlled by unconscious factors.

Before we can look at applying Carl Rogers' theory in a practical way, we need to explore his theory of self-concept in some detail and get to grips with some of the psychological terms he uses. Don't be concerned about psychological language – it's less complex than it actually sounds! We'll start by exploring the following terms:

- self-concept
- self-esteem
- positive self-regard
- conditions of worth
- organismic self
- internal and external locus of evaluation.

## **Self-Concept**

So, what is Rogers talking about when he refers to someone's self-concept?

**Self-concept** is how we view ourselves and what we feel about ourselves - the awareness we have about ourselves, our personality traits and what kind of person we think we are. It is also about how worthy we think we are.

Initially Rogers dismissed the importance of 'self' in psychology, but after working with clients and allowing them the freedom to talk about themselves he discovered that people said things like 'It feels good to just be myself here' and 'I don't want anyone to know the real me'. He began to think about this idea about the self, what it was, what affected people's sense of themselves and how to help people be their true selves.

Through listening to his clients he began also to realise that people were trying to aspire to an ideal self of some sort and were often feeling frustrated and distressed because they were far from attaining it. This ideal self is the kind of person you would really like to be, e.g. able to sing like Britney Spears, or play football like David Beckham, or to be much kinder, or more intelligent.



### Activity 10

1. Take a moment and think about this idea of an **ideal self**.

Do you have an ideal self?

Do you have in mind the kind of person you would ideally like to be?

If yes, write down what your ideal self would consist of. (You don't have to share this with anyone!). Draw a picture to go with it!

2. Now have a look at what you have written down. Does your ideal self bear any resemblance to the person you see yourself as, or is it nowhere near how you see yourself?

Rogers' point is that the closer your ideal self is to how you actually think of yourself, then the greater the chance is that you are happy with the way you are i.e. you are likely to have what is known as a **positive self-esteem**. Of course it could be argued that it is possible to have a substantial gap between how you view yourself and your ideal self and not let it bother you. Some comedians make a living out of laughing at this discrepancy and how they don't match up to the ideal and we can all identify with them to some degree. For Rogers, however, the greater the gap between the two, the greater the chance a person will have a poor self-concept and the greater the chance of some psychological disturbance e.g. depression or anxiety. We will look later on at how he suggested a person may be helped to improve this.

Rogers discovered that people's self-concept could change a lot from day to day. One day a person can feel pretty positive about themselves and the next feel totally worthless and demoralised. He decided then that one's self concept is not fixed, but can change in light of experiences. It could be experiences from the past that affect us, or from the present such as a comment from another person.

The good thing though is that if someone has a pretty poor self-concept then it can change and Rogers thought people were constantly striving towards changing for the better.



### Activity 11

Take a moment to answer the questions below. It is useful when you work with someone to have an idea of what has affected their self-concept in a positive or negative way. This exercise will help you to understand what has had an impact on your self-concept.

1. Who in your life (present or past) do you think has/had a positive influence on how you feel about yourself?	
2. Who in your life (present or past) do you think has/had a negative influence on how you feel about your self?	
3. What events/ circumstances do you think have had a negative influence on how you feel about yourself?	
4. What events/circumstances do you think have had a positive influence on how you feel about yourself?	
5. What decisions could you make now that will have a positive impact on how you think of yourself?	

## Self-esteem

Let's now look at the term **self-esteem**. The terms self-esteem and self-concept are often used interchangeably. Self-esteem is an aspect of self-concept in that, self-esteem is about how people value themselves.

So when we describe someone as having low or negative self-esteem we mean they don't value themselves very highly. Rogers also referred to this as lacking **positive self-regard**. This is, as it suggests, lacking a positive view of themselves. This may be because they think they are ugly, stupid, less able than others or think others don't like them etc.

Likewise people with high or positive self-esteem, i.e. people who have positive self-regard, value themselves and think they have attractive or admirable qualities.

We will look later at what impact having high or low self-esteem can have on people's feelings and behaviour.



## Conditions of Worth

In his books, Rogers writes about **conditions of worth**. This is when someone's worth or value is dependent on certain conditions being in place.

For example, a condition of worth might be that a child is considered acceptable or of worth only if they never express their anger.

For an adult, a condition of worth might be that they are only valued or worthy if they work way beyond the normal working hours each day and always agree with the boss.



### Activity 12

Think for a moment about what **conditions of worth** you know of. Maybe you have noticed a parent with their child, or a teacher with a pupil, or noticed the way friends are with each other.

Write down below what conditions of worth you have noticed people being subjected to?

## Answers to Activity 12

You may have come up with things like:

- Need to wear the 'right' clothes to be valued or
- Listen to the same music as others to be included.
- Person needs to do what they are told to be found worthy.
- A child may need to always be polite and never talk back.
- Someone may need to be pretty in order to be worthy.
- Someone may need to be amusing in order to be worthy.

There are many other conditions of worth you may have come up with as well. All of us can probably identify with some of them at some time in our lives.

For Rogers, the problem is if someone's value/worth is consistently dependent on certain conditions, rather than just being worthy and valued because they are a human being.

If you are studying this Unit as part of the 'Higher' Health and Social Care Course then you will also be studying the different types of abuse people may experience.

One form of abuse is called **emotional abuse**. An aspect of emotional abuse can be this idea of only being accepted and valued if a person meets certain conditions. You may find yourself working with a young child one day who is very anxious to always please a parent or carer. A reason for this may be that they are learning they are only accepted if they please the parent.



## The Organismic Self

Another part of Rogers' theory is the idea of what he called the '**organismic self**'. It is the term Rogers gave to the 'true' self. This is the person we would have been if we hadn't been affected by negative experiences and people's comments. Left to its own devices, the organismic self knows what it needs from others and experiences to progress, but people have a great need for the approval of others and this takes priority.

### Example

For example, imagine as a young child you hurt yourself while playing and went crying to your Mum or Dad. You are feeling upset and want some comfort; some kind of acknowledgement that it is sore and perhaps a cuddle. This is what your true/organismic self needs and encourages you to get. Supposing, however, the response you get from your Mum or Dad is to say 'I told you that would happen; don't be such a cry baby.' Then you have a problem because you know what you really need, but you are told that you are being a cry baby by wanting it.



According to Mearns and Thorne (P9. 1989), if we pursued these promptings of the organismic or our true self for comfort etc., it could mean people become angry with us or disapprove of us. We then have a conflict between wanting someone's approval and wanting to respond to our organismic self and get the comfort/cuddles we need. So what happens? According to Rogers, generally the needs of the organismic self take a back seat. The need for the approval (the positive regard) from people significant to us, takes priority. This often comes at a price though and the person learns not to trust these promptings of the organismic self and so develops a self concept (opinion of them) that is far from their real or organismic self.

The child in this example could grow up never showing they are upset because they need the approval (positive regard) of their parents or they could believe they deserve to be criticised or punished whenever they are upset and want to be comforted.

## Internal and External Locus of Evaluation

Rogers' theory also includes the terms **internal and external locus of evaluation** - a bit of a mouthful, but not as difficult as it sounds.

**Internal** means, as you might have guessed, to do with what comes from inside a person and **external** is about what is from outside a person. The **locus of evaluation** is the place we make decisions or evaluations from. So, this means, a person who has an **internal locus of evaluation** is someone who makes decisions from inside themselves, based on their own opinions. They are people who trust their own senses about things and trust their own judgements about situations and their judgements about themselves. They are likely to like themselves and have confidence in their ability to make appropriate choices.

In contrast, someone who has an **external locus of evaluation** is someone who makes decisions mainly based on other people's point of view. If people have grown up only being accepted if they behave in a certain way, they will likely have an external locus of evaluation. This means they are so accustomed to referring to the judgement of others that they don't trust their own natural judgement any more. What they feel about themselves will be dependent on what others (people important to them) have said about them or to them.



For example, imagine a young person called Steve. Steve gets the message, from his father through childhood, that he is only really accepted if he does extremely well at school and has the same opinions as his father.

Steve, being human, craves the positive regard of his father, but there are conditions attached. Steve, therefore, tries hard to be the perfect pupil and takes on board his father's views and opinions as his own. In Rogers' words, he develops an external locus of evaluation. His evaluation of himself and situations is based on what he thinks his father would think. He has lost touch with his natural (internal) sense about things. Steve is only likely to have a positive self-esteem if his father lets him know he is valued and important. In the absence of this, Steve is likely to have quite low self-esteem.

However, all is not lost. Carl Rogers had a very positive view of human nature and people's capacity to heal, grow, change and become all they can be. All they need is the right conditions, which we will look at next.

Before we move on to consider these conditions, check your understanding of what we have covered so far by completing the following exercise in pairs.



4. Summarise in a few sentences what Rogers meant by the organismic self.

5. What, according to Rogers, can be the problem with having an external locus of evaluation?

Now compare your answers with others in the class and with this answer sheet.

### Answers to Activity 13

1. *You should have included something about it being:*

- our opinion of ourselves, or
- how we view ourselves, or
- how worthy we think we are.

2. *You should have mentioned something about*

- people being left feeling very anxious or depressed because they feel they don't measure up to how they would really like to be. It would affect their self-concept.

3. *You should have mentioned something about:*

- **low self esteem** meaning people don't value themselves very highly and
- **positive self esteem** being the opposite, i.e. people who think they have attractive or positive qualities.

4. *You should have included something about:*

- it being a person's true self
- it encourages you to get what you need
- the needs of the organismic self take a back seat to our need for approval from people important to us
- it can lead to a self concept that is far from our real self.

5. *You should have included something about it meaning that:*

- people make decisions based on other's views rather than their own, and
- they don't trust their own judgements.

## Approaches to Help Raise Self-esteem



### The Core Conditions

In this section we are going to explore how to help improve a person's self-esteem starting with Carl Rogers' '**core conditions**' which is part of his counselling approach known as **client centred therapy**.

A research study by Butler and Haigh (Rogers, 1961 p.257) revealed that after Rogers' client centred therapy, clients valued themselves more highly.

So what made the difference?

Rogers' approach to therapy included creating the right conditions so that people could grow and develop. Rogers' background was in agricultural science and he studied how creating the correct conditions, i.e. water, sunlight, minerals etc. meant crops would grow. This influenced his view of people and how we also need the correct conditions to grow and develop emotionally.

Rogers' view was that people have an inbuilt natural desire for **actualization** i.e. to be all they can be. Rogers thought that if you create the correct conditions then people will be more likely to achieve this. So, in relation to having a positive or high self-esteem, people will be more likely to achieve this if the psychologist/carer creates the right environment that enables them to re-think their negative view of themselves.

The conditions he referred to consisted of:

- [empathy](#)
- [congruence](#), and
- [unconditional positive regard](#)

and are known as the **Core Conditions**.



### Activity 14



Before we begin to look at The Core Conditions, imagine you decided you were going to talk to a care worker or psychologist about something you wanted to change. It may be about raising your self-esteem, or feeling less anxious or upset about something, or changing the way you feel or behave in certain situations.

What qualities would you like the care worker/psychologist to have? How would you like them to behave towards you? What would make the difference between you being honest and talking freely and you clamming up and deciding this was a bad idea?! Write your thoughts in the space below.

Now compare and discuss why certain qualities are important.

## **Answers to Activity 14**

Everyone's answers will vary but there are often common things that we all want. You may have wanted the care worker/psychologist to be:

- caring
- easy to talk to
- someone who will listen and doesn't interrupt
- someone who isn't critical or judgemental
- someone with a sense of humour
- able to understand what you were getting at
- honest
- able to speak in a way you understood
- not easily embarrassed
- someone who will keep what you say confidential
- someone who shows you respect

**Remember!**

When you become a health or social care worker and people need to talk to you, the qualities you wished for and mentioned, they will hope to find in you.

## Theory of Core Conditions

Carl Rogers asked himself a similar question about what people needed if they were to get help to change and develop psychologically. He paid attention to what seemed to make a difference to the clients he worked with and he came up with his theory of the **core conditions**. We will now have a look at the three core conditions of:

- Congruence
- Unconditional Positive Regard
- Empathy.

## Congruence

In his book *'On Becoming a Person'*, Carl Rogers considers **congruence** to be possibly the most important of the three core conditions. The term 'congruence' is also sometimes referred to as genuineness. When Rogers refers to therapists or clients, just think of care worker and service user/patient because although Rogers was a therapist/psychologist he thought these conditions applied equally to care workers.

Imagine talking to someone whose help you need, but they come across to you as fake in some way. Maybe you just weren't convinced they were as able or knowledgeable as they said they were or perhaps something just didn't fit, but you weren't sure what. Rogers would probably suggest that the person was being **incongruent**, that is, not genuine or real. He wrote:

*'It has been found that personal change is facilitated when the psychotherapist (or carer) is what he (she) is, when in the relationship with his client he is genuine and without "front" or façade, openly being the feelings and attitudes which at the moment are flowing in him (or her)'* (brackets are writers own).  
(Rogers, 2004 page 61).

Rogers is saying that it is important to be genuine and real with a client/patient and not pretending to be something you're not or feeling something you're not. He goes on to give the example of watching an advert on TV and being aware that the actor is 'putting on' a voice, playing a role and saying something she/he doesn't really feel. This is an example of incongruence, a kind of mismatch, rather than congruence, whereby, how the person comes across seems to reflect who they really are. If someone is being congruent, the message of their body language matches the message they are giving verbally (when they talk). The more genuine and congruent the carer is in the caring relationship, the more probability there is that change will take place in the client/patient. Rogers himself didn't believe the therapist was the expert in people's problems. Quite the contrary - he thought the client was the expert, the one who could solve their own problems if provided with the right conditions. Rogers, therefore, never wanted to come across as the expert, the one with all the answers because this would mean he was incongruent, unreal, trying to be something he wasn't.



## Activity 15



What does this mean for you as a care worker?

How can you be congruent in your work with people? Write your thoughts in the space below.

### **Answer to Activity 15**

There are many points you could have come up with here. You may have said something like:

- Not pretending to understand someone's experience when you don't.
- Not pretending to be more knowledgeable or able than you are, just to have more authority or power.
- Being yourself, being honest and sincere.
- Your body language giving the same message that you give when you speak.

## **Unconditional Positive Regard**

Remember what was said earlier about positive self-regard; it is about regarding/viewing yourself positively. Well positive regard of others is, not surprisingly, viewing others in a positive way and **unconditional positive regard** means that positive regard is unconditional, i.e. it isn't dependent on certain conditions.

It isn't dependent on the person behaving in a certain way, achieving at school, or being a certain person e.g. being pretty or selfless etc. The positive regard is unconditional. The person is accepted for who they are and not for being or behaving in a particular way.

If the carer is warm, positive and accepting towards the client then this facilitates change. In practice, showing unconditional positive regard is about being **non-judgemental** (not judging the person) and accepting the person as they come 'warts and all'.



## Activity 16



Imagine what it would be like if you had something really personal to tell someone, or something you were ashamed of. Imagine what it would feel like if the person was judgemental towards you. How would you feel? What difference would it make to what you told them?

Discuss your answer with others in the class and check if they have similar thoughts.

The chances are you may feel angry, upset, or down about yourself if you were being judged.

You may also have thought you wouldn't want to continue telling the person any more details.

Rogers realised that **feeling accepted** and **not being judged** was an essential part of the caring/helping relationship. If someone feels they are not being judged then they are more likely to be honest about themselves and how they feel. That is what helps bring about change. Also when the carer shows this **unconditional positive regard** or acceptance then the service user begins to think that perhaps they can view themselves in the same way. 'If the carer accepts me as I am maybe I can accept myself too. Maybe I don't need to always be patient, clever, attractive etc. Maybe I'm OK as I am; maybe I don't have to keep trying to be something I'm not'.

## Empathy

The third core condition that Rogers wrote about was **empathy**. Empathy means understanding another person's world, their thoughts, feelings and their experiences. As a carer you 'put yourself in the shoes of the other person' to try to understand their experiences. Everybody's life is unique to them. Even if we have similar problems to each other, our experience will still be unique to us. It is important not to presume you know or understand someone's problems or experiences. For Rogers it is important to imagine yourself in the other person's position and how they would be feeling. Once you understand someone's experiences, it is then about managing to communicate that understanding to them. When a person feels truly understood then it brings about change.

*'When someone understands how it feels and seems to be me, without wanting to analyze me or judge me, then I can blossom and grow in that climate'. (Rogers 2004. page 62).*

Showing empathy to a service user enables the person to become more aware of their true feelings, so they are more likely to work with you and explore their thoughts and feelings. So how do you show empathy? One way is what is called the skill of **reflecting of feelings**. This involves trying to understand not only what the person is saying but also what they may be feeling. You then 'reflect' back to them what you think they are feeling. For example, the carer might say 'It sounds to me like you were feeling very frustrated and angry'. If the care worker is unable to fully understand a person's experience and gets it wrong, even the fact that they are trying can make a big difference to the service user. The user appreciates that the care worker is trying to understand and help them.

So what other approaches are there, that may help someone to improve their self-esteem?

We will look at another two approaches: **challenging** and **encouraging**. Both of these approaches should be carried out in conjunction with the core conditions.

## **Challenging**

**Challenging** involves helping someone to explore and challenge beliefs they have about themselves that are limiting for them in some way. For example, supposing someone thinks they are useless and never as good as other people at doing things.

This belief will probably affect their behaviour - they probably won't try new things. For example they won't volunteer to be in the school play; won't apply for a job they want; won't ask the person out that they fancy! Why not? Because they think they're useless and not as good as others so why bother, they will only get rejected.

So how do you help someone challenge their limiting/negative beliefs about themselves? First of all you need to know what negative beliefs about themselves they have in the first place and then look for evidence for these beliefs.



### Activity 17

1. In the table below are words used to describe people. Underline or highlight the ones you think best describe you most of the time.

caring	unattractive	attractive
intelligent	strong	frightened
ugly	warm	happy
kind	unique	loveable
beautiful	clever	creative
stupid	angry	confident
thoughtful	supportive	emotional
insightful	likeable	enthusiastic
useless	intolerant	active
pathetic	worthless	worried
wise	lazy	boring
artistic	proud	shy
sloppy	interesting	incapable

2. Now have a look at the words you have underlined/highlighted. Which ones would you say were positive descriptions and which ones are negative? Circle the ones that are negative.
3. Now with a partner take turns each and explore the negative ones you have circled. You do this by asking how they know that the description is true. For example if your partner has circled 'useless'. Ask them how they know they are useless? What evidence do they have?
4. Does your partner have plenty of evidence to hold on to that belief or is it based on one thing they haven't done well or based on someone telling them they are useless. Ask them if they think they really have enough evidence to hold on to that negative belief about themselves or should they be changing it to a more positive one instead?
5. Take turns each and go through each negative self-belief in the same way. If your partner decides they haven't got enough evidence for their negative belief, which more positive word could they underline instead now, or is there another word not mentioned there that suits better?

The exercise you have carried out is one which can change the way someone feels about him/herself and their behaviour. People's behaviour is determined by the beliefs they have about themselves. Often people don't question or challenge the negative beliefs about themselves because they just know they are true. We don't tend to question the things we know to be true, only the things we are unsure about.

## **References**

Rogers, C (2004) *On Becoming a Person*, Constable. London

Mearns, D & Thorne, B (1999) *Person Centred Counselling in Action*, Sage. London



## Activity 18

### Points to Ponder!

- Do you know where all your negative beliefs about yourself come from? If not, should you accept these beliefs as being true if you don't know where they come from?
- If your negative beliefs about yourself are based on what someone has told you, is that person's opinion vitally important to you? If not, then should you be building your life on the opinion of someone who isn't vitally important to you?
- If your negative beliefs about yourself are based on what someone has told you, is this person someone whose opinion you respect and judge to be accurate? If not, then should you be building your life on the opinion of this person?
- Is your negative belief about yourself based on something that happened quite a long time ago? If yes, is your belief about yourself still valid, or is out of date now?

Only you know the answer to the above questions and only you can decide whether or not there is good evidence for you to continue to hold on to your negative self-beliefs.

Likewise when you are working alongside people as a care worker, only the person themselves can decide on what beliefs to hold on to. All you can do is to help them explore these beliefs.

Telling someone they are wrong doesn't usually help. People need to explore the evidence for themselves to be convinced they should change their beliefs.

Another aspect of challenging would be to help someone challenge their idea of their **ideal self**. Remember Carl Rogers wrote that people can have an 'ideal self' in mind which they never live up to. The bigger the gap between how someone views her/himself and their ideal self, then greater the chance they will feel inadequate and perhaps even depressed or anxious. It is important, therefore, to explore with someone if their ideal self is very unrealistic and help them to have a more realistic ideal self.

## Encouraging

The next approach we will look at is **encouraging**. Encouraging can take different forms. It can be:

- encouraging someone to engage in an activity that will boost their confidence
- encouraging a person by pointing out how good they are at doing something
- encouraging a person by paying them a compliment about how they look.

If you are encouraging a person to take up an activity that will boost their confidence, it is important that you choose something that the person has some chance of achieving. Achieving something realistic, but something that stretches the person's abilities will most likely boost their confidence which in turn can have a positive effect on their self-esteem.

## Example

Jenny is a 30 year old woman who has a learning disability and lives with her parents. Jenny goes everywhere with her parents, because she doesn't know how to travel by bus. The social worker suggests Jenny could do a college course on developing self travel skills. Jenny is transported to and from college until she is able to travel by the bus. Jenny starts to meet her friends at the shops because she can go by bus now. She then starts another college course on independent living skills and by the end of the year she has grown in confidence enormously and she feels good about herself because she can do so much more and can socialise like other people her own age.

Another approach is encouraging a person by commenting on **positive things** about them. This helps them to see positive aspects of themselves that they hadn't thought of. It is important that the comments are genuine though and not made up. You need to be able to justify your comments.

## Example

Donald is 7 years old and attends the Hospital for Sick Children for treatment for his leukaemia. The treatment can be unpleasant, so the staff try to make his time there as fun as possible and they encourage him to play in the activities room with the other children receiving treatment.

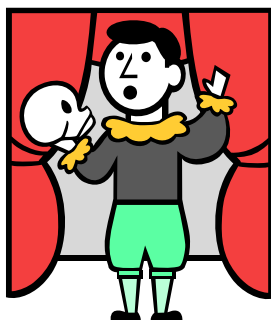
The health care assistant, David, helps out in the room. He notices closely what the children are able to do; how they relate to each other and how they look. He makes a point of commenting on things that Donald achieves such as building a castle out of bricks. He is very specific about what he thinks is good about it. He lets Donald know he noticed him involving one of the new children and said he was proud of him. When Donald turned up with a new hat on to cover his hair loss, he commented on how cool it looked. David believes that people may forget what you say to them, but people never forget how you make them feel. The health care assistant makes it his job to help the children feel good about themselves as well as helping to distract them from the treatment. He says the knack of it is to be specific and not general and always be genuine. Children know when you aren't being honest.

## References

Rogers, C. (1961) *On Becoming a Person*. Constable and Robinson. London



## Activity 19



### Role Play:

#### Role of Care Worker

Your name is Nicola/Nicky and you work for a voluntary organisation that provides support for people with a mental illness. Your job as a day centre worker is to help support people who attend the drop-in centre. You have been asked to work with Joan/John who is 17 years old and recently started attending the centre. Joan/John has spent some time in the local psychiatric hospital because of a bout of severe depression. Joan/John has low self-esteem and has said she/he wants to work on this. Joan/John left school without any qualifications mainly due to depression. The only other information you have is that Joan/John has had a difficult childhood, but you don't know in what way.

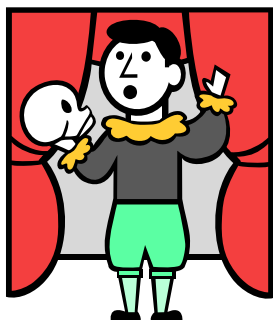
You are now going to meet Joan/John for the first time for your first individual session together. You will need to use this time to get to know Joan/John and gather information to help you plan out how to help her/him begin to work on their self-esteem.

Prior to meeting Joan/John you should decide what approach you should take and what information you need.

### Remember!

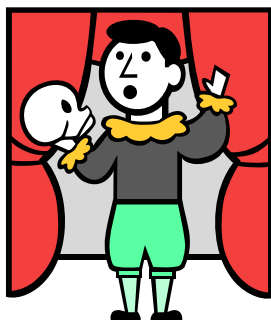
Remember **employability skills**? This is an opportunity for you to practise and develop some employability skills, such as:

- your verbal and non verbal listening skills
- showing respect
- the care values of being: non-judgemental, respecting diversity and giving choice.



**Role of Care Worker – Notes:**

## Role Play - Role of Joan/John



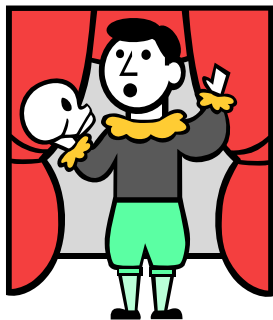
You are playing the role of Joan/John and you are 17 years old. You have just spent some time in a psychiatric hospital because of a bout of severe depression. You left school before getting any qualifications because of your depression- however, you are capable of getting Highers. You live at home with your parents, but things have been difficult because you don't get on with your father and your parents haven't been getting on for years - there are lots of arguments.

Your community psychiatric nurse recommended that you attend a drop-in centre for people recovering from a mental illness which you have agreed to do. The nurse commented that she thought you had pretty low self-esteem and you might like to work on this. You agreed that would be a good idea because you know you lack confidence, but want to move on from your depression and go to college or get a job.

You are now going to meet Nicola/Nicky at the centre for your first meeting.

In preparation for this role play you should think about how you want to come across. You can develop the role the way you want and provide what information you want. You could prepare by thinking about:

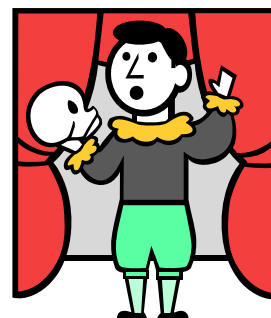
- hobbies your character could have
- things they are good at
- things they aren't good at
- things they like about themselves
- problems your character is having at home
- how your character might feel and behave.



## Role of Joan/John - Notes:

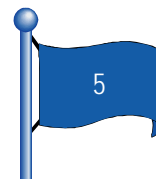
## Role Play Feedback

Constructive, helpful feedback will help your fellow students develop their skills. Helpful feedback means commenting on the way they handled the situation and the skills they used. In the box below fill in your feedback on how you think your fellow student handled the role.



Skills	Feedback
Did they come across as friendly?	
Did they come across as interested in you?	
Did they listen to you?	
Did they ask useful questions?	
Did they come across as someone you would want to talk to? If yes, say why and if no, say why.	
Any other feedback you want to give.	

## Role Play Reflection



Think back on when you were in the role of the care worker and reflect on how well you think you came across.

Now honestly answer the following questions:

Do you think you came across as friendly? If yes, in what way?	
Do you think you came across as interested in the person? If yes, how did you show interest and if, no, why not?	
Did you listen to them or did you interrupt a lot?	
Do you think you asked useful questions?	
Do you think you came across as someone people would want to talk to? If yes, say why and if no, explain why not.	
On reflection, what do you think would be good for you to improve on.	



## Activity 20



Your tutor has given you out a piece of paper for *each* person in your class.

On each piece of paper write the name of a fellow student in your class.

On the reverse side of the piece of paper write 3 things you like about the person. These can be about the way they look, the way they did something, an aspect of their personality – it doesn't matter as long as there are three things.

Fold the papers in half and 'post' them into the envelopes the tutor has placed on the floor in front of each of your fellow students.

You will now have a piece of paper from each of your fellow students in your own envelope. Read each piece and keep them.



Your answers to these questions will depend on who you are and what is important to you. Often people want to take photographs because they remind them of good times and of people past and present. Events help to shape our sense of identity as do other people. You might want some mementos with you, a present or letter etc. To maintain your sense of identity it may be important that you have your favourite music with you or specific clothes or games. All of these things can reflect who you are.



People move into residential care long term for a variety of reasons. It may be a **young** person whose parents cannot care for them sufficiently and they move into a young people's home for a while. It may be an **elderly** person who is too frail to look after her/himself or someone with a learning disability who needs cared for after their parents die. Needing residential care may be due to long term or terminal illness. Whatever the reason, it is important that people maintain a sense of their own **individual identity**. When a lot of people are cared for together this can get missed and care workers need to be vigilant in treating people as unique individuals with their own specific sense of identity. There are different ways this can be done:

- Ask someone how they wished to be addressed and respect this. For example Mr, Mrs, Miss or by their first name or nickname. Don't presume, ask.
- Ensure the person has personal objects around them e.g. pictures, photos.
- Find out what the person's interests are and help them to maintain them e.g. listening to certain radio programmes or hobbies.
- Enabling people to buy and wear the type of clothes that express who they are.
- Spending time listening to the person, finding out about them and listening to their stories, all help someone to maintain a sense of who they are.
- Respecting people's religion and helping them to worship as they choose or practise their religion the way they are accustomed to.
- Finding out about any particular cultural practices that may be important to the person, such as eating certain foods or dressing in a particular way and helping the person to maintain these.
- Helping the person to maintain contact with the community they came from. This could mean taking them shopping in familiar places or out for a coffee or drink where they used to go.

- Maintaining contact with friends and family are also important ways of helping someone to maintain their sense of identity.
- Ensuring people have some personal space, their own room, a private place to meet people are also important.

## Investigating Strategies for Preventing and Managing Stress

For this part of your studies you will be involved in an investigation into stress and stress management. You will then be producing a folio of the information you have gathered.



### Guidance on Investigating

Investigating is a very interesting way of learning. You will have a lot of freedom on how you go about your research, but there are some pointers you should consider.

Like all good pieces of work, investigations involve advance planning.

- Be sure of your remit (what you need to do). Have a good read of the investigation brief you have been given by your tutor and then re-read it to make sure you know what you have to cover.
- Be clear on your timescale and manage your time to ensure you aren't rushing at the last minute and missing vital opportunities. An investigation takes time, thought, energy and some creativity.
- Write down a list of all the places you may be able to access information. Remember, you need to use a variety of sources.
- Decide how you are going to go about your research. Will you visit places and interview people? Will you ask your tutor if you could invite a visiting speaker to the class and you will prepare questions to ask her/him? Will you 'phone organisations and ask for a telephone interview? Will you get your information from local medical centres, libraries etc? You need to decide.
- Remember to keep a note of where you have researched your information because you will need to reference your material in the folio.



### Interviewing service users

If you are going to interview people then there are a couple of things you need to bear in mind.

- If you are on placement and want to interview a service user then you should get the **person's permission** and the **permission** of their **carer**.
- You should only interview the person in the care establishment with a care worker present.
- The questions you intend to ask should be discussed with the care worker in advance.

If you are going to interview a care worker then you should likewise ensure you have prepared your questions in advance and that they are relevant to the investigation brief.

If you are going to invite someone to speak to your class then discuss it with your tutor in advance as rooms will need to be booked. Someone needs to be nominated to contact the speaker, to introduce and thank them afterwards. You will also have to prepare your own questions in advance.

## Models of Stress



As part of your investigation you will be investigating different **models of stress**. Be clear on how many you have to investigate. You may want to read about several to ensure you know the difference between them all, but know how many you will summarise for your folio.

Where do you get information on the models? Introductory psychology books will help and also specialised books on stress.

As a first step, ask your tutor for guidance, they may know of resource packs or resources on stress which will give you the information you need.

## **Handouts on Models of Stress**

The following handouts on models of stress can be given out to students or included in resource packs should accessing information be difficult for them.

## Models of Stress

There are different models of stress, all with a different emphasis. Some emphasise the causes of stress, the reactions to stress, the importance of personality traits or how we think about stressful situations.



Here we will look at 4 of these:

- the engineering model
- the physiological model
- the transactional model, and
- the personality traits models.

### The Engineering Model of Stress

This model is also commonly known as the elasticity model. It is concerned with what causes stress. The term is borrowed from Hooke's law of elasticity in physics which describes stress placed on metals. Metals put under stress have an 'elastic limit. After the stress is removed the metals will return to their original state provided the strain hasn't been too great. However, if the strain forces the metal beyond its 'elastic limit' then it will be damaged permanently. This concept is then applied to people. This means that people can experience stress up to a point where it makes no difference to them, but if it goes beyond a certain point (beyond the elastic limit) then they will experience damage in some way. In fact stress can be good for you up to a point, it keeps you alert and motivated, but if there is too much of it then it can cause a lot of damage.

Just as different metals can cope with different levels of stress put on them, so can different people cope with different levels of stress. Looking at stress in this way also means we need to identify the different conditions that are likely to cause strain for people and the following have been suggested:

- Excessive noise, heat, cold, humidity or overcrowding
- Disrupted physiological functioning caused by disease, drugs, sleep loss etc
- Sensory deprivation such as, being isolated, confined to somewhere etc
- Group pressure
- Believe your values and goals are under threat from someone/something
- Lack of control over events in your life.

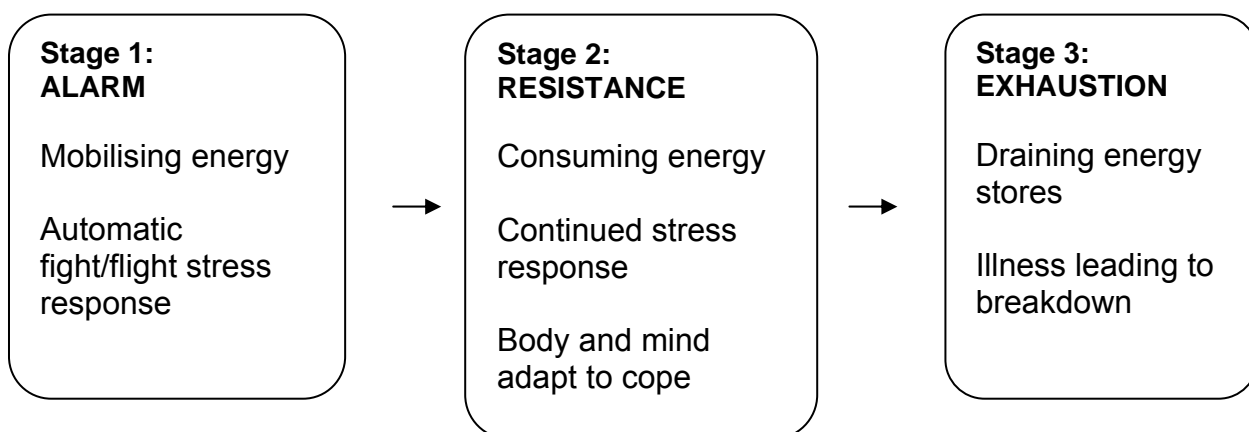
## Physiological Model

Whereas the engineering model was concerned with the causes of stress the physiological model of stress is concerned with the **body's reaction to stress**.

*“Stress is the non-specific response of the body to any demand made upon it.”*  
(Selye in Gross 2005. page 200)

Hans Selye, a leading person in the study of physiological responses to stress, is known for his model of how the body responds to stress which he called the **General Adaptation Syndrome (GAS)**. Selye identified 3 stages of response to a stressful situation (i.e. something a person perceives to be stressful).

Stage 1: **Alarm**, then if stress is not removed ► Stage 2: **Resistance**, then if stress is not removed ► Stage 3: **Exhaustion**



### Stage 1: Alarm

The automatic fight/flight response refers to the changes that take place in our bodies when faced with a threat. Our bodies prepare us to either fight or get out of the situation. It prepares us in many ways including:

- releasing hormones e.g. adrenalin
- mobilising energy in the form of sugars and fats
- heart beats faster so the muscles get a quick supply of oxygen
- becoming more alert
- pupils in the eyes dilate so the person can see better
- hearing becomes more acute.

All of this energy that has been created would, in prehistoric days, be used up by fighting or running away and our bodies would return to normal. Our bodies are still designed for this reaction, but the way we tend to deal with stress/threats in modern times is through speaking or writing.

This built up energy is not being used up in the same way it was in the past and instead gets bottled up rather than used up and this can cause health problems long term if the person is repeatedly in the alarm stage. Occasionally being in the alarm stage isn't a problem because the body returns to normal functioning, but if someone is experiencing stress over a long time, such as, going through a divorce or living with someone they fear, then health problems can be the result.

### **Stage 2: Resistance**

If the cause of the stress continues then the person enters the second stage. In this stage the body continues to produce adrenalin, but other symptoms such as heart rate go back to normal. The person appears to be coping and in some ways they are, but because of the extra adrenalin the person may be jumpy or nervous. If the person doesn't find a way of releasing the excess energy and the situation continues then they can experience headaches, backache, skin rashes etc.

### **Stage 3: Exhaustion**

If the stress reaction continues then there comes a point where the energy is spent, the body can no longer resist the stress and the person reaches 'burn out'. This is when the body gives up adapting to the stress. The person can then experience serious long term ill health or death.

*"...stress reactions use up a lot of the body's resources, so the body can't devote the same amount of effort to fighting off disease and illness."*  
(Hayes, 1993 page 400).

## The Transactional Model

The transactional model is concerned with the interaction between a person and their **environment** and in particular their **perception** of how things are. If there is an imbalance between a person's view of the demands being made of them and their ability to meet those demands then they experience stress.



What all of this means, is that how a person perceives something (thinks about it) will determine how they feel about it and therefore, behave. If, for example, two people come face to face with a robber holding a gun and one person thinks “that’s it I’m going to die; I can’t deal with a man with a gun” and the other person thinks “tricky situation, I’d better start negotiating my way out of this” then these two people are going to have different stress reactions. The first is going to experience the situation as extremely stressful and the second much less so.

If someone is regularly viewing situations as difficult and beyond their ability to deal with them, then they are going to experience stress a great deal. They will need help to change their thinking to perceive things as less threatening. This is known as ‘**cognitive restructuring**’.

## Personality Traits Models

There has been a lot of research over the years by psychologists into whether people with a particular personality type or who behave in certain ways are more susceptible to stress than others. Friedman and Rosenman (1974) identified two personality types - A and B.

They stated that people with Type A personality, 'the **ambitious** type', have the following characteristics:

- a need to succeed
- are active and energetic
- are not prepared to waste time
- allow work to take priority over home life
- do several things at once
- are aggressive and argumentative
- find it hard to accept failure
- seldom find time to relax.



People with Type B personality traits, 'the **calm** type', have the following characteristics:

- are tranquil and placid
- are patient and unworried
- have time to think and reflect
- do not set impossible objectives
- can give and receive affection and praise
- are seldom irritated by others
- have time for leisure and relaxation
- keep a balance between work and home.



Talking of Type A personality traits changed to talking of Type A behaviour patterns and referred to competitiveness behaviour, aggression and time urgency. Initial studies in the 1950's suggested that people with Type A personality traits/behaviour patterns were vulnerable to stress and were more likely to suffer high blood pressure and coronary heart disease. However, later research suggested that this wasn't the case and people with Type A traits or behavioural responses were no more likely to have coronary heart disease than Type B people.

Research in the 1990's (Forshaw, 2002 in Gross, 2005. page 208) suggests that '**hostility**' is more likely to lead to coronary heart disease than anything else. This means people who:

- tend to dislike others
- tend to see the worst in others
- are angry
- are envious
- lack compassion
- tend to be aggressive
- may bully others.



## The Three C's Model

As research develops other behaviour patterns may be identified as those most likely lead to heart problems due to stress levels.

In the meantime, others (Kobasa in Gross. 2005. page 209) have identified that people who show '**hardiness**' seem to be less likely to be ill due to stress. People described as showing 'hardiness' show the three C's. That is:

- commitment
- control
- challenge.

**Commitment** – they approach life with a sense of curiosity; they think life is meaningful and they really involve themselves in whatever they are doing.

**Control** – they don't mind change and believe they have control over what happens to them. This makes them less likely to suffer from anxiety or depression which can be experienced by people who dislike change and feel they have no control over their lives.

**Challenge** - they view change as normal, a challenge and an opportunity for personal growth rather than a threat.

So, if you want to **deal with stress well**, then you need to:

- view new things/changes as opportunities and challenges,
- believe you can have some control over your life (rather than being at the mercy of fate)
- get involved in life, and
- approach things with an sense of curiosity!

## References

Hayes, N (1993) *A First Course in Psychology*, Nelson. Croatia.

Gross, R (2005) *Psychology: The Science of Mind and Behaviour*, Hodder Arnold. London

## Internal and External Causes of Stress

You are required to research causes of stress, but specifically **internal** and **external causes of stress**. What is the difference between the two?

Internal is within and external means outside. So, in relation to stress, you are considering causes within a person that may result in stress for them and causes outside of the person that may cause stress. Think of it in relation to yourself first of all.

What within you, your body, your way of thinking can cause you stress?

What outside of you, around you, in your environment, your circumstances causes you stress?

## Effects of Stress

You will see in your investigation brief that you are to investigate the **psychological, physical and social effects of stress**.

### Think!

- When you are exploring **psychological** effects, think of thinking and emotions.
- When exploring **physical** effects, think of the body, how the body functions and illness.
- When considering **social** effects think of relationships and social life.

## Strategies

You will also be investigating **strategies** for preventing and managing stress, some of which are considered healthy and some unhealthy. Bear in mind here that unhealthy strategies can often have short term benefits/enjoyment which is why people choose them, but that in the long term they cause problems.

## Evaluation

For this assessment, you also need to evaluate these strategies you have researched. Evaluate means you are going to make a judgement.

### Imagine!

Imagine you have been asked to be a judge on *Fame Academy*. Someone sings a song, dances along to it and you are asked for your judgement of their performance. What do you say?

Whatever you say, you need to back it up. So if you say, 'Sorry, but your singing was pretty awful'. You need to say why. 'It was awful because you were out of tune most of the time and you couldn't reach the high notes. Your dancing was good though. You danced in time with the beat and you were very energetic!'

You need to do likewise, when you evaluate the strategies. Be clear on what your judgement about them is and back it up with specific, detailed reasons.

## **Folio Guidance**

Re-read the instructions you have been given on compiling your folio. What are the essentials?

You need to decide on how you are going to present your information in the folio.

Is it going to be all written; a mixture of verbal and written; pre-recorded information with some written summaries?

You need to decide, but make sure you have covered all the requirements and make sure it is:

- clear
- accurate, and
- well presented.

## Glossary of Terms used in Health and Social Care

<b>Term</b>	<b>Meaning</b>
<b>Congruence</b>	Being genuine and real. Your verbal and non-verbal communications give the same message.
<b>Culture</b>	The way people live, their values, and lifestyle. It's also the messages people get about what is good, bad, desirable and undesirable.
<b>Discrimination</b>	Where groups or individuals are treated less favourably than others.
<b>Empathy</b>	Putting yourself in someone else's shoes and trying to imagine how they feel; trying to understand their experiences.
<b>Humanistic Psychology</b>	Branch of psychology associated with C. Rogers and A. Maslow. Considers how people experience the world from their point of view. Has a positive view of human nature.
<b>Self-concept</b>	A personal judgement about one's own worth; how a person views him/herself.
<b>Service user</b>	A person receiving care or assistance; sometimes referred to as clients.
<b>Unconditional Positive Regard</b>	Accepting someone without any conditions attached and not judging them.



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