

Examiners' Report/ Principal Moderator Feedback January 2011

GCE

GCE Health & Social Care (6949) Unit 12 - Understanding Human Behaviour

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General Comments

The paper was similar in format to previous series. It allowed candidates to demonstrate their knowledge of the specification well. The questions discriminated well, with a wide range of marks being seen in each question. There were many good answers and centres are to be congratulated in preparing many candidates well for this paper. They seem to be using past papers to help prepare candidates. In particular, some candidates could answer explain, discuss and evaluate questions better. However, a significant number of candidates are not reading the case studies carefully enough or paying enough attention to the command words of the questions. Candidates are reminded that for explain questions they should be giving reasons for their answers and for discuss questions they should be giving both advantages and disadvantages. In addition, evaluation questions require a conclusion.

Question 1

This question was based on a teenager drinking. It allowed the candidates to demonstrate skills in the analysis of data. It also enabled them to demonstrate their knowledge and understanding of the cognitive and humanistic (person-centred) approaches of managing behaviour.

Part (a) was about peer pressure. It was accurately answered by most candidates. Most got the idea of copying and to help them fit in with their friends who drank. However, there were a few who did not read the question carefully enough and did not link peer pressure clearly enough to how this might influence teenage drinking habits.

In part (b) the difference in the ability of candidates began to show in the quality of answers given for this question. A few more able candidates achieved full marks, whereas most scored only a couple of marks, usually for the idea of dependent or unable to stop drinking. Some mentioned that too much alcohol caused problems or withdrawal symptoms when trying to stop. However, few gave specific answers. Very few answers made reference to the effect on families or financial implications.

In part (c) most candidates did read the guide in the question and compared the data, with respect to gender, age and both time periods. Thus most achieved three out of the four marks. Only a few candidates made specific reference to the qualitative nature of the data and thus gained the fourth mark. Some candidates only made brief reference to the data, not really offering any meaningful statements and therefore found it difficult to gain many marks.

In part (d)(i) most candidates could provide examples of dysfunctional beliefs and some did relating alcohol in the question. However, only the more able candidates also included a clear explanation of what is meant by the term dysfunctional belief.

In part (d)(ii) candidates appeared to understand the difference between internal and external loci of control and many provided clear explanations. However, a substantial number only provided an example relating to one or the other rather than to both in their answer.

Part (e) saw some disappointing answers and a lack of knowledge and understanding of the person-centred, humanistic approach. A significant number seemed to confuse this approach with other approaches. Some answers gave the advantages of

one approach and then the disadvantages of a completely different approach. Most candidates did attempt the question and some did manage to gain marks in the level 2 band of 4-7 marks. Most answers only gained a maximum of three marks, either because disadvantages were not considered or because their answer was too generic and did not focus on someone who was an alcoholic.

Question 2

This question was based on a child who was misbehaving. It tested candidates' knowledge and understanding of aspects of a behavioural approach, including positive and negative reinforcement. It also asked about the advantages and disadvantages of family therapy.

Part (a) was answered well with many candidates gaining two or three marks. However, some learners focused entirely on Molly and made no mention of Martin.

In part (b)(i) most candidates showed a good understanding of positive reinforcement and provided suitable relevant examples in their answers. If marks were lost it was usually because the idea that good behaviour is likely to be repeated.

Part (b)(ii) should have been straightforward to answer, but unfortunately many candidates showed they did not understand the concept of negative reinforcement, confusing it with punishment. Some gained credit as they made reference to Molly being too young to understand that things will get better if she behaves better.

In part (c) many candidates showed a good understanding of a behavioural approach when applied to young children. However, a significant number only gave positive aspects and as such limited themselves to mark band one.

In part (d) centres are to be commended on using past papers to prepare candidates, as this question about family therapy was generally answered well. Many candidates gave both advantages and disadvantages and gained marks in mark band two. However, some candidates gave the same points for advantages and disadvantages, such as a therapist would be involved. Others mixed up this approach with others such as the person-centred (humanistic) or cognitive behavioural approach.

Question 3

This question was based on an older person who is depressed. It tested candidates' knowledge and understanding of aspects of a cognitive behavioural approach and a psychodynamic approach. It also linked the case study to care values.

Part (a) was about the care value base was answered well, with many candidates gaining three or four marks. Occasionally a mark was dropped as the identified care value was not described well or the example given was not linked well to the care value.

Part(b)(i) saw almost all candidates gaining at least one mark, for the idea that the cognitive approach was to do with a person's thinking or beliefs. Many also gained the second mark for the idea that their distorted thinking could be changed to more positive, rational thinking.

Part (b)(ii) saw some mixed responses. Many did link their answers to a cognitive approach and to someone who was depressed. However, a significant number of answers were generic and did not focus clearly enough on the question.

Part (c) discriminated well and the full range of marks were seen. Many candidates showed a good knowledge and understanding of the id, ego and superego, although some appeared to be confused between the ego and the superego. Most candidates said that a balance between all three was important, but fewer could clearly explain why, relating their answer to all three.

Part (d) was a question about the relative advantages of a psychodynamic approach compared to other approaches when dealing with someone who is depressed was not answered well at all. A significant number of candidates appeared not to have read the question properly and only gave the advantages and disadvantages of a psychodynamic approach alone, with no mention of any other approach. Those who did referred to other approaches often gained marks within mark band two, although some of the references to the other approaches were very tentative. Very few candidates gained marks within mark band three.

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