

Examiners' Report/
Principal Examiner Feedback

January 2013

GCE Health & Social Care (6949)
Paper 01 Unit 12 - Understanding
Human Behaviour

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General Comments

The paper was similar in format to previous series and 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. The paper was deemed to be of a similar standard to previous series and the candidates' performance also appeared to be similar. Centres are to be congratulated for taking on board many of the comments in the previous reports. However, there are still some candidates who do not appear to pay enough attention to the case studies and to the command verbs, such as describe, explain, discuss and evaluate. Performance would be greatly enhanced if these issues were addressed.

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.

Comments on Individual Questions:

Question 1

This question was based on a teenager whose behaviour was causing concern. It allowed the candidates to demonstrate skills in comprehension. It also enabled them to demonstrate their knowledge and understanding of a behavioural approach and also of a percent-centred (humanistic) approach to managing behaviour.

Part (a) tested candidates' ability to extract relevant information from the case study. It was answered well and the majority of candidates gained the two marks here.

In part (b) (i) most candidates gained two or three marks for demonstrating an understanding of social theory. Most made reference to the case study, although some tended to give rather generic answers. In part (ii) most candidates gained at least three marks for showing some understanding of negative reinforcement. However, there are some candidates who wrongly believe that negative reinforcement involves punishment. The majority of candidates lost marks as they did not make enough reference to why the example was not an example of positive reinforcement. This was asked for in the question.

In part (c) candidates were asked to discuss the use of a behavioural approach with someone who takes drugs. Most candidates scored within mark band two, giving some disadvantages and advantages of the method. A few candidates only gained marks in mark band one as they only considered advantages. Some candidates tended to give rather generic answers and not relate their answer well enough to the case study of someone who takes drugs.

Part (d) required candidates to evaluate the use of a person-centred (humanistic) approach with someone who takes drugs. It was not answered particularly well. Some candidates appeared to confuse the approach with the cognitive approach and others tended to just give some details of a

person-centred approach and not discuss advantages and disadvantages. However, there were some candidates who did answer the question well and scored into mark band three.

Question 2

This question was based on mental health issues. It tested candidates' comprehension skills, their ability to draw conclusions from data and their knowledge and understanding of the use of family therapy in modifying behaviour.

Both parts of (a) were answered well. Most candidates were able to give reasons why the issues should result in mental health issues. Marks tended to be lost as reasons were not always linked well enough to specific examples of mental health issues.

Many candidates gave good answers to part (b) and gained three or four marks. Self-concept was explained well by most candidates and some made good links to mental health issues. As in part (a), the links were not always made to specific mental health issues and answers tended to be generic.

Numerous candidates found part (c) difficult, despite there being a wide variety of ways in which marks could be gained. Some gave very generic answers, not really relating to any specific data. Others tended to just repeat some of the data without saying what it was telling us. Had candidates taken each of the health professionals in turn and said to what extent the data showed an increase, they would have scored more marks. Had they backed this up with some data, this would have been even better. Candidates need more practise with questions of this type. There are many in the past papers database.

Part (d) required candidates to evaluate the use of family therapy with someone who has mental health issues. The question discriminated well and produced a variety of marks. Most candidates scored within mark band two as they gave some appropriate advantages of the approach and also some disadvantages. Those candidates also showed a good understanding of the approach itself. Unfortunately, there are still some candidates who only give advantages of the approach and therefore limit their answer to mark band one. It should be noted that to gain more marks than this there should be both advantages and disadvantages given.

Question 3

This question was based on a residential care home and a care worker who had dysfunctional views. It allowed candidates the opportunity to explain aspects of the care value base and it tested their knowledge and understanding of cognitive and psychodynamic approaches to modifying behaviour.

In part (a) most candidates scored at least two or three marks in both parts of the question, showing a good understanding of respect and empowerment in a residential care setting. Some candidates tended to give answers that were a little generic, not giving specific examples to illustrate their answers.

The first part of (b) was answered well, with the majority of candidates gaining two or three marks. A good knowledge and understanding of dysfunctional views was displayed. However, not many candidates related their answers clearly enough to the case study concerning many of the residents having dementia and this limiting them from gaining top marks.

The second part of the question asked candidates to compare the use of a cognitive approach in dealing with people like Zanaib who had dysfunctional view with someone who had dementia. It was not answered particularly well. The weaker candidates gave generic answers, often only giving advantages of the use of the approach with someone who has dysfunctional views. Many did not relate their answers well enough to people with dementia. However, there were some candidates who showed a good knowledge and understanding and did relate their answers well to the case study.

The final part of the question asked candidates to evaluate the use of a psychodynamic approach in helping someone who has dysfunctional views. It produced a variety of responses and a few candidates did not attempt the question at all. This is surprising as this type of question has been asked in previous papers. Some candidates did well gaining marks in mark band two or three. Others restricted themselves to mark band one as they only gave advantages or showed a limited understanding of the approach, sometimes confusing it with the humanistic or cognitive approaches. Only a very small minority of candidates gave a conclusion, despite previous reports indicating that they should be present in question with the command word 'evaluate'.

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