

Mark Scheme (Results)

Summer 2014

Pearson Edexcel GCE Health and Social  
Care (6949/01) Unit 12:  
Understanding Human Behaviour

## **Edexcel and BTEC Qualifications**

Edexcel and BTEC qualifications come from Pearson, the world's leading learning company. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information, please visit our website at [www.edexcel.com](http://www.edexcel.com).

Our website subject pages hold useful resources, support material and live feeds from our subject advisors giving you access to a portal of information. If you have any subject specific questions about this specification that require the help of a subject specialist, you may find our Ask The Expert email service helpful.

[www.edexcel.com/contactus](http://www.edexcel.com/contactus)

## **Pearson: helping people progress, everywhere**

Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at:

[www.pearson.com/uk](http://www.pearson.com/uk)

June 2014

Publications Code UA038021

All the material in this publication is copyright

© Pearson Education Ltd 2014

## General Marking Guidance

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.
- Mark schemes will indicate within the table where, and which strands of QWC, are being assessed. The strands are as follows:
  - i) ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear*
  - ii) select and use a form and style of writing appropriate to purpose and to complex subject matter*
  - iii) organise information clearly and coherently, using specialist vocabulary when appropriate.*

| Question Number | Answer   |     |
|-----------------|--|-----|
| 1 (a)           | <p>Possible answers:</p> <p>Mother and father are recently separated (1) This could make her unhappy as her father is no longer around (1)<br/>           Mother and father tend to argue a lot (1)<br/>           This could upset her/make her unhappy (1)</p> <p>Other factors include:</p> <ul style="list-style-type: none"> <li>• She has a new baby brother</li> <li>• She may feel that she does not get enough attention</li> <li>• Jealous</li> <li>• Copying behaviour</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> <p style="text-align: right;">(2x2)(4x1)</p> | (4) |

| Question Number | Answer  | Mark       |
|-----------------|---|------------|
| 1 (b) (i)       | <p>Any <b>two</b> of the following:</p> <p>Focus on observable behaviour (1)<br/>           Behaviour is learned (1)<br/>           Behaviour can be rewarded (1)<br/>           Behaviour can be reinforced (1)<br/>           Leading to it being repeated (1)<br/>           Behaviour can be modified or changed (1)</p> <p><i>[accept any other appropriate alternative]</i></p> <p style="text-align: right;">(2x1)</p> | <b>(2)</b> |

| Question Number |       | Indicative content   |
|-----------------|-------|--|
| 1 (b) (ii)      |       | <ul style="list-style-type: none"> <li>• Checking/measuring current state</li> <li>• Needs led</li> <li>• Assessing current position</li> <li>• Planning for the future</li> <li>• Baseline and measurements against which they can be measured</li> <li>• Identifying relevant strategies</li> <li>• Relating to now/present situation/beliefs/background information</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> |
| Level           | Mark  | Descriptor   |
| 0               | 0     | No rewardable material   |
| Level 1         | 1 – 2 | Limited response. Points identified but little examination present.  |
| Level 2         | 3 – 4 | Examination of key points has been presented. Response reflects knowledge however there is a lack of coherence between points. There should be some links to the case study.   |
| Level 3         | 5 - 6 | Coherent structured examination presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary. Explicit links to the case study should be clear.   |

| Question Number |            | Indicative content   |
|-----------------|------------|--|
| 1(c)            |            | <p><b>Advantages of a behavioural approach with a child:</b></p> <ul style="list-style-type: none"> <li>• easy to put into practice</li> <li>• simple idea to understand</li> <li>• relatively quick results</li> <li>• used to shape behaviour</li> <li>• based on principle that reinforced behaviour will be repeated/non-reinforced behaviour will not</li> <li>• the idea that it is objective – can be measured.</li> </ul> <p><b>Disadvantages of a behavioural approach with a child:</b></p> <ul style="list-style-type: none"> <li>• children may rebel against authority/being told what to do;</li> <li>• may not consider what people think/feel</li> <li>• may be seen as punishment</li> <li>• could be seen as de-humanising – reducing behaviour to simply responses to things that give/reduce pleasure.</li> <li>• may not want/desire the reward</li> <li>• fails to address cause of behaviour e.g. Nia missing her father is not resolved</li> </ul> <p><i>Candidates may use alternative theories in their discussion of the behavioural approach.</i></p> <p><i>[accept any other appropriate alternative]</i></p> |
| Level           | Mark       | Descriptor   |
|                 | <b>0</b>   | No rewardable material   |
| 1               | <b>1-3</b> | Limited response. Points identified but little discussion present.   |
| 2               | <b>4-6</b> | Discussion of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.  |
| 3               | <b>7-8</b> | Coherent structured discussion presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.  |

| Question Number |             | Indicative content  |
|-----------------|-------------|---|
| 1(d)            |             | <p><b>For example:</b></p> <p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>• Family Therapy could address any problems the individual has in their relationship with other family members;</li> <li>• Everyone in the family could be involved;</li> <li>• It could lead to a new and supportive relationship between family members;</li> <li>• Individuals may develop confidence to share worries with family;</li> <li>• Would help other family members have a greater understanding of each other's point of view;</li> <li>• The family may be able to help each other;</li> <li>• Individuals may feel valued/empowered/respected by family;</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>• Family Therapy may take any control away from the individual;</li> <li>• Individuals may be afraid of power imbalances;</li> <li>• Require individual to understand reasons for own behaviour;</li> <li>• The individuals may need an 'expert' to help them;</li> <li>• There may be difficulties in accessing appointments – waiting lists, travel problems, work commitments;</li> <li>• May be labelled as a 'problem' family;</li> <li>• Family members may not want to take part/be committed</li> <li>• Practical problems e.g. cost, time;</li> </ul> <p><i>Candidates may use alternative theories in their discussion of the behavioural approach.</i></p> <p><i>[accept any other appropriate alternative]</i></p> |
| Level           | Mark        | Descriptor  |
|                 | <b>0</b>    | No rewardable material  |
| 1               | <b>1-3</b>  | Limited response. Points identified but little evaluation present.  |
| 2               | <b>4-7</b>  | Evaluation of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.   |
| 3               | <b>8-10</b> | Coherent structured evaluation presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.   |

| Question Number |            | Indicative content   |
|-----------------|------------|--|
| <b>2(a)</b>     |            | Importance of <ul style="list-style-type: none"> <li>• maintaining confidentiality; privacy; personal information; sensitive issues e.g. may not want reasons for admission shared</li> <li>• effective communication; trust; understanding e.g. to ascertain full service user history for correct care</li> <li>• anti-discriminatory practice; avoid stereotypes/prejudice e.g. to prevent assumptions about reasons for admission to hospital</li> <li>• empowerment; e.g. to enable service user to make positive choices/continue treatment outside hospital</li> <li>• respect for individual choice; individual identity; respect culture and beliefs e.g. allow service users to make choice about care and support within hospital</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> |
| Level           | Mark       | Descriptor   |
|                 | <b>0</b>   | No rewardable material   |
| 1               | <b>1-2</b> | Limited response. Points identified but little discussion present.   |
| 2               | <b>3-4</b> | Discussion of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.  |
| 3               | <b>5-6</b> | Coherent structured discussion presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.  |

| Question Number |            | Indicative content  |
|-----------------|------------|---|
| <b>2(b)</b>     |            | <p>Empowerment described as enabling service users to cope with stress because it helps them:</p> <ul style="list-style-type: none"> <li>• understand the issues that are causing stress to enable them to cope better/identify issues as they arise</li> <li>• tackle stressors in their own ways/ways that they feel will help them most</li> <li>• feel they are part of the solution rather than part of problem</li> <li>• communicate freely/without judgement about the stressor</li> <li>• feel positive about actions they can take/have control over stressful events</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> |
| Level           | Mark       | Descriptor  |
|                 | <b>0</b>   | No rewardable material  |
| 1               | <b>1-2</b> | Limited response. Points identified but little explanation present.   |
| 2               | <b>3-4</b> | Explanation of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.  |
| 3               | <b>5-6</b> | Coherent structured explanation presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.  |

| Question Number | Answer   | Mark             |
|-----------------|--|------------------|
| 2(c)            | Any <b>two</b> of the following: <ul style="list-style-type: none"> <li>• work load</li> <li>• poor work relationships</li> <li>• poor social relationships</li> <li>• unemployment</li> <li>• poverty</li> <li>• poor health</li> <li>• poor family relationships</li> <li>• bereavement</li> </ul> <i>[accept any other appropriate alternative]</i> | (2x1) <b>(2)</b> |

| Question Number |            | Answer  | Mark       |
|-----------------|------------|---|------------|
| 2(d)(i)         |            | <p><b>Benefits include;</b></p> <ul style="list-style-type: none"> <li>• A counsellor would be involved/contact point;</li> <li>• The person can talk about their problems/share;</li> <li>• Idea of getting the person to examine their own ideas/beliefs; e.g. identify stressors</li> <li>• They might be given homework to do/continue therapy independently/self-help; e.g. diary of thoughts when feeling under stress</li> <li>• Based around concept that what we think determines what we do; e.g. deals with reasons behind stress;</li> <li>• Structured/clear goals/measurable outcomes; e.g. client has sense of achievement/measure stress reducing</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> | <b>(6)</b> |
| Level           | Mark       | Descriptor  |            |
|                 | <b>0</b>   | No rewardable material  |            |
| 1               | <b>1-2</b> | Limited response. Points identified but little examination present.   |            |
| 2               | <b>3-4</b> | Examination of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.  |            |
| 3               | <b>5-6</b> | Coherent structured examination presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.  |            |

| Question Number  |             | Indicative Content  |
|------------------|-------------|---|
| <b>2(d) (ii)</b> |             | <p><b>Humanistic approach</b></p> <ul style="list-style-type: none"> <li>• empathy; understanding shared between client/counsellor</li> <li>• genuineness; supportive/non-judgemental/no superiority</li> <li>• congruence; equality established</li> <li>• incongruence; client self-image and ideal-self incompatible</li> <li>• client directed; in control/empowering/confidence building</li> <li>• unconditional positive regard; value client as individual</li> </ul> <p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>• non-directive; client can make own choices/decisions e.g. set goals for managing stressors themselves</li> <li>• client is active decision maker; empowered/realistic choices e.g. tackle stressors that they believe most intrusive first</li> <li>• holistic; whole person/all circumstances e.g. address multiple issues creating stress such as employment/money/home life</li> <li>• valued; client may feel understood/accepted e.g. stressful factors are accepted as genuine issues by counsellor</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>• client led; needs to accept problem e.g. cause of stress must be acknowledged</li> <li>• client may look for direction e.g. want solutions from counsellor</li> <li>• communication problems; client may not be able to express their concerns e.g. language difficulties</li> <li>• incongruent with counsellor; client may not feel trust/empathy/genuineness with counsellor e.g. may feel patronised or that stressor is not fully understood by counsellor</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> |
| Level            | Mark        | Descriptor  |
|                  | <b>0</b>    | No rewardable material  |
| 1                | <b>1-3</b>  | Limited response. Points identified but little evaluation present.  |
| 2                | <b>4-7</b>  | Evaluation of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.   |
| 3                | <b>8-10</b> | Coherent structured evaluation presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.   |

| Question Number | Indicative content   |     |
|-----------------|--|-----|
| <b>3(a)</b>     | <p>Possible answers:<br/> She works with children who have long term illnesses<br/> (1) She may get to close to them emotionally (1) She cannot help but think about her patients when she gets home (1) Thinking about them all the time could upset her (1)</p> <p>Other factors include:</p> <ul style="list-style-type: none"> <li>• She has started to find it difficult to get up to go to work;</li> <li>• The idea that she cannot face going to work may upset her</li> <li>• She has long periods of illness</li> <li>• She may be stressed</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> <p style="text-align: right;">(4x1)(2x2)</p> | (4) |

| Question Number | Answer  | Mark       |
|-----------------|---|------------|
| <b>3(b)</b>     | <p>Possible answers:<br/> Lack of contact (1) maybe increase stress levels (1) cannot off load problems (1) which results in a negative self concept (1)</p> <p>Other factors include:</p> <ul style="list-style-type: none"> <li>• Self esteem</li> <li>• Self image</li> <li>• No social outlets</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> <p style="text-align: right;">(4x1)(2x2)</p> | <b>(4)</b> |

| Question Number | Answer   | Mark |
|-----------------|--|------|
| 3(c) (i)        | <p>Possible answers:</p> <p>We are influenced by things we are not aware of (1) our behaviour may be affected by childhood events (1) we have three states of mind (id, ego and superego) (1) uses techniques to reach repressed/unconscious thoughts (1)</p> <p>Other factors include:</p> <ul style="list-style-type: none"> <li>• bring repressed thoughts into consciousness so they can be discussed</li> <li>• internal working model influenced by early experiences</li> <li>• attachment issues from early years leads to adult behaviour</li> <li>• unconscious thought processes</li> <li>• id, ego and superego</li> <li>• fixation in early development stage can determine adult behaviour</li> <li>• underlying causes of behaviour</li> <li>• Pleasure principle/immediate satisfaction/gratification</li> <li>• Reality principle</li> <li>• Perfection/moral principle</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> <p style="text-align: right;">(4x1)</p> | (4)  |

| Question Number |            | Indicative content   |
|-----------------|------------|--|
| 3(c) (ii)       |            | <p><b>Advantages of psychodynamic approach:</b></p> <ul style="list-style-type: none"> <li>• Approach relevant to the problem e.g. Sue's early childhood experience in hospital;</li> <li>• May uncover unconscious reasons for not being able to get up and go to work e.g. avoiding dealing with own experiences;</li> <li>• Deals with underlying causes e.g. helps Sue address unconscious fears about children in hospital;</li> <li>• Not about just changing surface behaviour e.g. about Sue's experience not her observable actions/staying in bed;</li> <li>• Gives Sue understanding e.g. enable repressed/unconscious to be discussed Sue becomes more self-aware;</li> </ul> <p><b>Disadvantages of psychodynamic approach:</b></p> <ul style="list-style-type: none"> <li>• Highly specialised approach/needs qualified psychotherapist e.g. Sue may find this expensive/hard to find/in demand;</li> <li>• People like Sue must want to change their behaviour e.g. Sue needs to acknowledge there is an underlying problem;</li> <li>• They must be able to discuss their feelings &amp; behaviour e.g. Sue must be able/confident/willing to share personal experiences;</li> <li>• May be long e.g. Sue may need to get back to work quickly;</li> <li>• Underlying ideas are complex and difficult for others to understand e.g. Sue may not be sure of goals/aims or progress;</li> <li>• Method has no scientific basis e.g. Sue's experience are open to interpretation by the therapist;</li> </ul> <p><i>Candidates may use alternative theories in their discussion of the psychodynamic approach.</i></p> <p><i>[accept any other appropriate alternative]</i></p> |
| Level           | Mark       | Descriptor   |
|                 | <b>0</b>   | No rewardable material   |
| 1               | <b>1-3</b> | Limited response. Points identified but little evaluation present.   |
| 2               | <b>4-6</b> | Evaluation of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.  |
| 3               | <b>7-8</b> | Coherent structured evaluation presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.  |

| Question Number |             | Indicative content   |
|-----------------|-------------|--|
| <b>3(d)</b>     |             | <p><b>Possible theories:</b></p> <ul style="list-style-type: none"> <li>• Bowlby; attachment/bonding/maternal deprivation/critical periods</li> <li>• Ainsworth; secure/anxious/avoidant attachments</li> </ul> <p><b>Negative impact on adult behaviour/relationships</b></p> <ul style="list-style-type: none"> <li>• Separation leads to anti-social/criminal/unsafe adult behaviours</li> <li>• Internal Working Model (IWM); early years separation creates negative IWM;</li> <li>• separation leads to self as not valuable; adult relationships weakened due to lack of self-esteem/confidence</li> <li>• others as not trustworthy; limited/few adult relationships, characterised by lack of trust in friends/partner</li> <li>• poor interaction with others; unable to make long term/lasting/appropriate adult relationships with others</li> <li>• Anxious leads to personality disorders/anxious/anger/depression in adulthood</li> <li>• Avoidant leads to tension/insecurity/lack of trust/keep partners/friends at a distance in adulthood</li> </ul> <p><i>[accept any other appropriate alternative]</i></p> |
| Level           | Mark        | Descriptor   |
|                 | <b>0</b>    | No rewardable material   |
| 1               | <b>1-3</b>  | Limited response. Points identified but little analysis present.   |
| 2               | <b>4-7</b>  | Analysis of key points has been presented. Response reflects knowledge however there is a lack of coherence between points.  |
| 3               | <b>8-10</b> | Coherent structured analysis presented. Responses reflect accurate knowledge and understanding. Valid links have been made between points and there is accurate use of vocational vocabulary.  |



