

Mark Scheme (Results)

Summer 2015

Pearson Edexcel GCE Health and Social
Care (6949/01)

Unit 12: Understanding Human
Behaviour

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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	Mark
1(a)	<p>Any two of the following</p> <ul style="list-style-type: none"> • behaviour can be observed (1); • behaviour is learned (1); • behaviour can be reinforced (1); • behaviour can be modelled (1); • behaviour can be changed/modified (1); <p>Credit any other reasonable point</p>	(2)

Question Number	Indicative content	
1(b)	<p>Indicative content:</p> <ul style="list-style-type: none"> • token economy is based on positive reinforcement • token economy uses rewards (sticker/prize/relevant example can be used) • token economy can motivate/encourage desired behaviours • rewards will be given (to Robert) for demonstrating desired behaviour • Robert/child will want to get more rewards so repeats behaviour • behaviour (of child/Robert) will improve/be desirable • rewards/tokens are exchanged for a bigger reward/primary reinforcer (example can be used; stickers exchanged for extra play time) • importance of desirability (to Robert/child) of the Secondary and Primary reinforcer being used • ratio of Exchange being agreed and realistic so Robert/child can achieve his rewards <p>Credit any other reasonable point</p>	
Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates demonstrate a basic knowledge of a token economy system. Explanation may be limited to ideas of rewarding behaviour but without evidence of depth of understanding.
Level 2	4-6	Candidates demonstrate strong knowledge of a token economy system. Explanation will reflect a depth of understanding of the token economy processes.

Question Number	Answer	Mark
1(c)(i)	<p>Internal locus of control</p> <ul style="list-style-type: none"> • active decision maker (1) • responsible for outcomes (1) • they accept own role in choices (1) • can/will change own behaviours (1) • set own expectation of self (1) • believe life events are in their control <p>External locus of control</p> <ul style="list-style-type: none"> • passive recipient (1) • external forces responsible for outcomes (1) • believe they have no control over destiny (1) • rely on other people/others expectations (1) • blame other people (1) <p>e.g. a person with an external locus of control blames others for their actions (1) whereas a person with an internal locus of control takes responsibility for outcome of decisions (1).</p> <p>e.g. a person with an external locus of control believe that they have no control over what happens to them (1) and they believe 'fate'/'destiny' decides the outcome (1) whereas a person with an internal locus of control believes that they are active decision makers (1) and they take responsibility for consequences of their actions consequences (1)</p>	(4)

Question Number		Indicative content
1(c)(ii)		<p>Arguments for external locus of control</p> <ul style="list-style-type: none"> • rewards (from the Token Economy system) have resulted in Robert attributing his behaviours to external controls not his own actions • Robert developed a reliance on rewards to behave desirably, needs to be directed by others and cannot/does not take responsibility for himself • Robert does not (cannot) attribute his problem behaviour to his own decisions, but believes he has no control over his actions and that it is the environment/people around him • He seeks control/direction from others allowing himself to be distracted by peers in class • Robert believes his learning/education will be down to fate/destiny so does not concentrate. <p>Arguments against external locus of control</p> <ul style="list-style-type: none"> • Behaviour pre-existed the reward system, so External LoC was not created by external rewards/controls • Age of child/intellectual development level is too young to judge any Locus of Control, cannot make own choices/decisions/be self-reliant at 5 years old • Could be ADHD/medical explanation/Locus of Control is just one opinion/there are other theories • External Locus of Control hard to prove/observe/test • Teacher blames others for distracting Robert, so Robert has learned to blame others from his teacher (role models/social learning) <p>Credit responses that use alternative approaches</p> <p>Credit any other reasonable point</p>
Level	Mark	Descriptor
	0	No rewardable material
1	1-3	Candidates will make brief or vague statements. Discussions will be limited. There will be omissions in their knowledge and understanding. QWC will be weak.
2	4-6	Candidates will make valid and appropriate statements. Discussions will be present, may be limited. Knowledge and understanding is clearly evident and may be linked to the case study. QWC will be good with some minor mistakes.
3	7-8	Candidates will present clear coherent statements and arguments. Knowledge and understanding is comprehensive and may be linked to the case study. There will be clear evidence of discussion skills. QWC will be good.

Question Number		Indicative content
1(d)		<p>Promoting the care value base may include;</p> <ul style="list-style-type: none"> • importance of/reasons for equality in care provision • empowerment and/or respect underpinned by equality/fairness/non-discriminatory practices • genuineness, acceptance and empathy promote equality with Robert/Sarah • congruence between Robert/Sarah and counsellor • Sarah may feel her concerns are being met • empowerment of Robert by addressing needs his holistically • Sarah may feel understood/supported/accepted <p>Not promoting the care value base may include;</p> <ul style="list-style-type: none"> • Robert may be too young to communicate/understand/explain his needs • Sarah may want explanations so feel let down by counsellor • Sarah could be excluded from counselling if focus is Robert • Robert may not believe/understand counsellor • Robert may fear counsellor so feel marginalised/unequal • inequality of power balance adult/child • Sarah may feel powerless/helpless/less able as a parent than counsellor <p>Credit responses that use alternative approaches</p> <p>Credit any other reasonable point</p>
Level	Mark	Descriptor
	0	No rewardable material.
1	1-3	Candidates will make brief or vague statements. Care values and humanistic approach will be addressed, but may be basic links. Analysis will be limited if present. There will be omissions in their knowledge and understanding. QWC will be weak.
2	4-7	Candidates will make valid and appropriate statements. Care values and humanistic approach will be addressed well. Analysis will be present, may be limited. Knowledge and understanding is clearly evident and may be linked to the case study. QWC will be good with some minor mistakes.
3	8-10	Candidates will present clear coherent statements and arguments. Care values and humanistic approach will be addressed in detail. Knowledge and understanding is comprehensive and may be linked to the case study. There will be clear evidence of analytical skills. QWC will be good.

Question Number	Answer	Mark
2(a)	<p>Lower economic status leads to social exclusion because;</p> <ul style="list-style-type: none"> • less money • stress/anxiety • depression • impact on self-concept/self-worth/self-esteem • unable to socialise • isolation • stereotyped/discrimination • cycle of poverty <p>e.g. having less disposable income (1) means people cannot socialise with friends (1) which can leave people isolated (1) and less able to engage with their local community (1)</p> <p>Credit any other reasonable point</p>	(4)

Question Number	Answer	Mark
2(b)	<p>Possible answers may include:</p> <ul style="list-style-type: none"> • increased level of self confidence • ability to cope with life events • feel good factor • positive outlook on life/happier • good self-concept • understanding/knowledge of entitlement • hope/goals for future • empowerment <p>e.g promotion of rights can positively affect self image (1) as Ian will feel happy (1) can make plans for the future (1) will feel more empowered (1) and can take positive actions to reduce exclusion (1)</p> <p>Credit any other reasonable point</p>	(4)

Question Number	Answer	Mark
2(c)(i)	<p>Explanation of initial assessment</p> <ul style="list-style-type: none"> • identify needs • plan to meet needs/working hypothesis • background information • targets identified • individualised/personal care plan • baseline record • monitoring/tracking <p>e.g. purpose of identifying concerns relating to present situation (1) and to gather background information (1) which provides a baseline record (1) against which progress of client can be measured (1)</p> <p>Credit any other reasonable point</p>	(4)

Question Number	Indicative content
2(c)(ii)	<p>Dysfunctional beliefs can explain depression</p> <ul style="list-style-type: none"> • dysfunctional beliefs are negative schemas that people develop through negative experiences • dysfunctional beliefs lead to misunderstandings of why things happen/people behave the way they do • dysfunction beliefs are distorted so people interpret what they experience in a maladaptive/ irrational way <p>Dysfunctional beliefs do not explain depression</p> <ul style="list-style-type: none"> • depression is a medical condition, not a cognitive process • not everyone with dysfunction beliefs has depression (so something else causes it) • dysfunctional beliefs cannot be tested/observed or proven <p>Credit responses that use alternative approaches</p> <p>Credit any other reasonable point</p>

Level	Mark	Descriptor
	0	No rewardable material
1	1-3	Candidates will make brief or vague statements. Assessment will be limited. There will be omissions in their knowledge and understanding. QWC will be weak.
2	4-6	Candidates will make valid and appropriate statements. Assessment will be present, may be limited. Knowledge and understanding is clearly evident and may be linked to the case study. QWC will be good with some minor mistakes.
3	7-8	Candidates will present clear coherent statements and arguments. Knowledge and understanding is comprehensive and may be linked to the case study. There will be clear evidence of assessment skills. QWC will be good.

Question Number		Indicative Content
2(d)		<p>Advantages</p> <ul style="list-style-type: none"> • intervention strategies based on the individual needs/issues specific to that client • can help client manage dysfunctional beliefs by breaking them down into small tasks to address • encourages client to look at his actions rationally • uses homework to empower client to continue therapy beyond the sessions • addresses current problem/feelings from now • offers practical coping strategies/mechanisms/skills • structured with specific goals to provide direction for client • empowers clients to recognise own feelings/emotions to develop self-control • can be continued independently once skills/strategies have been learnt by client • requires no medication/medical intervention <p>Disadvantages</p> <ul style="list-style-type: none"> • requires confidence in communicating, which may be frightening/difficult • may be difficult to be open/trust therapist • client may feel judged/embarrassed • requires client to have a committed desire to change • ignores possible influences from experiences during lifetime so does not address underlying/ongoing concerns • will not remove any other potential cause of depression/tackle external or wider problems (e.g. Ian's unemployment) <p>Credit responses that use alternative approaches</p> <p>Credit any other reasonable point</p>
Level	Mark	Descriptor
	0	No rewardable material
1	1-3	Candidates will make brief or vague statements. Evaluation will be limited. There will be omissions in their knowledge and understanding. QWC will be weak.
2	4-7	Candidates will make valid and appropriate statements. Evaluation will be present, may be limited. Knowledge and understanding is clearly evident and may be linked to the case study. QWC will be good with some minor mistakes.
3	8-10	Candidates will present clear coherent statements and arguments. Knowledge and understanding is comprehensive and may be linked to the case study. There will be clear evidence of evaluation skills. QWC will be good.

Question Number	Indicative content	Mark
3(a)(i)	<p>Possible answers may include:</p> <ul style="list-style-type: none"> • child shows no distress/fear/upset when primary carer leaves them • child displays no anxiety towards strangers • no interest in reunion with carer • no/infrequent affection/communication <p>e.g child has little or no interest in reunion with primary carer (1) affection/communication is infrequent with primary carer (1)</p>	(2)

Question Number	Indicative content	Mark
3(a)(ii)	<p>Possible answers may include:</p> <ul style="list-style-type: none"> • child shows distress/upset when primary carer leaves them • child avoids strangers unless primary carer is present • positive reaction on reunion • reciprocal affection/communication with carer • has formed a positive bond with carer • child feels safe/carers provides safe base <p>e.g. child is happy/positive reaction to reunion with primary carer (1) affection/communication is reciprocal between primary carer and child (1)</p>	(2)

Question Number		Indicative content
3(b)		<p>Answers may include;</p> <ul style="list-style-type: none"> • develops from a person's experiences with others • blue print for future relationships/social skills • is connected to attachment experiences in early childhood • influences what we expect from self and others • experiences create (internal) perceptions the self as not valuable/not valuable • experiences create (internal) perceptions others as not trustworthy/untrustworthy • experiences create (internal) perceptions of how effective/poor their interaction with others/world around them is <p>Credit any other reasonable point</p>
Level	Mark	Descriptor
Level 0	0	No rewardable material.
Level 1	1-3	Candidates demonstrate a basic knowledge of an internal working model. Explanation may reflect limited understanding of an internal working model.
Level 2	4-6	Candidates demonstrate strong knowledge of an internal working model. Explanation will reflect a depth of understanding of an internal working model.

Question Number		Indicative content
3(c)		<p>Advantages</p> <ul style="list-style-type: none"> • aims to identify cause/find solutions to difficult/problematic behaviour • helps client understand/be aware/identify their adult-child-parent ego states • client and therapist work together/collaborate to develop sense of trust/equality/respect • attempts to address negative early childhood experiences that influence adult relationships • no medication is required/used/drug free therapy • views client positively as able to make effective changes to achieve their goals <p>Disadvantages</p> <ul style="list-style-type: none"> • may be difficult to be open/trust therapist with personal feelings and thoughts • can be difficult for the client to understand the complexities of the adult-child-parent ego states • therapy is time consuming/can be expensive • clients feelings from early childhood could be too upsetting/stressful/frightening for them to cope with • will not remove any other potential cause of problem (e.g. post-natal depression) • unconscious processes are not testable/observable • progress of client may be complicated to monitor/check <p>Credit responses that use alternative approaches</p> <p>Credit any other reasonable point</p>
Level	Mark	Descriptor
	0	No rewardable material
1	1-3	Candidates will make brief or vague statements. Evaluation will be limited. There will be omissions in their knowledge and understanding. QWC will be weak.
2	4-7	Candidates will make valid and appropriate statements. Evaluation will be present, may be limited. Knowledge and understanding is clearly evident and may be linked to the case study. QWC will be good with some minor mistakes.
3	8-10	Candidates will present clear coherent statements and arguments. Knowledge and understanding is comprehensive and may be linked to the case study. There will be clear evidence of evaluation skills. QWC will be good.

Question Number		Indicative content
3(d)		<p>Positive impacts</p> <ul style="list-style-type: none"> • effective early socialisation contributes to the development of appropriate individual beliefs/values/norms/attitudes so self-image is realistic • positive socialisation in early years develops positive identity, raises self-esteem • effective primary socialisation helps child develop healthy understanding of self/others and realistic self-concept • primary carer positively models expected norms/behaviours for child to copy, ideal self and self-image likely to have congruence • secure attachments to primary carer give model for child's relationships with others so self-esteem is raised • positive early socialisation provides reinforcement/feedback to child that develops high self-esteem <p>Negative impacts</p> <ul style="list-style-type: none"> • ineffective early socialisation contributes to the development of maladjusted beliefs/values/norms/attitudes so self-image is unrealistic • poor socialisation in early years develops instability surrounding child's own concept of their identity, lowers self-esteem • unsuccessful primary socialisation created misunderstandings of self/others and unrealistic/unstable self-concept • anxious/avoidant attachments to primary carer give negative model for child's relationships with others leading to low self-image/self-esteem and poor self-concept • lack of/unsupportive early socialisation lacks any positive reinforcement/feedback to child and low self-esteem develops • instability during early socialisation creates incongruence between ideal self and self-image that lowers self-esteem <p>Credit responses that use alternative approaches</p> <p>Credit any other reasonable point</p>
Level	Mark	Descriptor
	0	No rewardable material
1	1-3	Candidates will make brief or vague statements. Examination will be limited. There will be omissions in their knowledge and understanding. QWC will be weak.
2	4-7	Candidates will make valid and appropriate statements. Examination will be present, may be limited. Knowledge and understanding is clearly evident and may be linked to the case study. QWC will be good with some minor mistakes.
3	8-10	Candidates will present clear coherent statements and arguments. Knowledge and understanding is comprehensive and may be linked to the case study. There will be clear evidence of examination skills. QWC will be good.

