

Principal Examiner Feedback

Summer 2015

Pearson Edexcel GCE in Health &
Social Care (6949)

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 range of marks being seen in each question.

The paper was deemed to be of a similar standard to previous series although the candidates' performance appeared to slightly lower than previous years. Centres are to be thanked for taking on board the comments in the previous reports as the content of some responses had improved.

However, there are still some candidates who do not appear to pay enough attention to the **case studies** and provide pre-learned, generic responses to questions rather than responses applied to the case provided. To achieve high grades the application of the approach is essential to the candidate response. Candidates would benefit from practising the application of approaches to a variety of client groups and making holistic connections between the specification sections 12.1, 12.2 and 12.3 to interlink concepts.

The **basic principles of approaches** within the specification underpin the application of the approach and associated therapy. As in previous years, few candidates demonstrated a solid understanding of these basic principles, often confusing them or being unable to separate principles from theories or therapies, therefore their longer answers were often poorly developed as a result of their underpinning knowledge.

In addition, there was variation in the responses to the therapy questions, such as **token economy therapy**, with a significant number of candidates unable to distinguish between a token economy programme and basic positive reinforcement, and **transactional analysis**, with some candidates explaining Freudian concepts of id, ego and super-ego as opposed to the therapy. Centres are recommended to guide candidates in distinguishing between theory and therapy in these cases.

There was an **improvement** in some of the responses on the **psychodynamic approach**. A significant number of candidates were better equipped to explore **transactional analysis**. However, the responses to **attachment** and **Internal Working Model** in this section were limited and specialist terminology was rarely evident. Centres are recommended to continue with their development of this approach.

The use of **command verbs**, such as describe, explain, discuss and evaluate, should direct the candidate to appropriate styles of response, there are still many candidates that appear not to be aware of the requirements of these. Performance would be greatly enhanced if these issues were addressed. Centres are recommended to address the structure of longer answers for future exams as many candidates do not give a balanced response in 8 or 10 mark questions.

Comments on Individual Questions:

Question 1

This question was based on a young child and his behaviour. It allowed the candidates to demonstrate skills in comprehension. It also enabled them to demonstrate their knowledge and understanding of approaches and also of the practical process of therapy intervention.

Part (a) some candidates identified the basic principles that underpin a behavioural approach correctly, however many gave therapies, such as token economy, or theoretical concepts, such as operant conditioning, and therefore did not achieve two marks.

In part (b) some candidates identified the basic principles that underpin a token economy programme, although many responses described positive reinforcement, failing to address how this is developed to become a token economy programme.

In part (c)(i) candidates were asked to explain the difference between internal and external locus of control. Responses were often basic and many showed a limited knowledge of the concepts.

In part (c)(i) some candidates were able to draw from the case study and discuss how Roberts behaviour could be explained using the concept of external locus of control. Very few addressed the 'extent to which' and failed to present a two sided response. Some candidates showed little knowledge of the concept.

In part (d) the candidates were asked to analyse the humanistic approach and how well this promotes the care value base. Those not reaching a level 3 response tended to provide a 'learned' essay, rather than one specifically related to the question. Some candidates gave learned responses about either a humanistic approach or care values, failing to address the question. Candidates often struggled to connect the two concepts, suggesting they would benefit from covering the specification content more holistically.

Question 2

This question was based on depression. It allowed the candidates to demonstrate skills in comprehension. It also enabled them to demonstrate their knowledge and understanding of factors affecting human behaviour along with the cognitive approach.

Part (a) was generally well answered, with candidates able to link lower economic status to social exclusion with a range of examples.

Part (b) was generally well answered, with candidates showing a good awareness of how rights can improve self-esteem. However, some candidates discussed the importance of rights, not answering the question. Centres are advised to guide students to carefully read the questions before they respond.

Part (c) tested candidates' ability to explain the importance of initial assessment. As in previous years, candidates often failed to discuss the importance, providing a generic, descriptive response.

Part (c)(ii) required candidates to assess the concept of dysfunctional beliefs in explaining depression. Some candidates showed good knowledge here and answered well. Again, many responses failed to 'assess' and gave a one-sided response and limiting themselves to a low mark band two.

Part (d) tested the evaluative skills of candidates and their ability to evaluate the application of the cognitive approach for a service user with depression. Mark band three was elusive in this question, often candidates failed to give balanced advantages and disadvantages. The approach was not always applied to the issue of depression, candidates often used generic statements without the use of technical or theoretical terminology, often discussing the need for Ian to be motivated and accept his depression. For the higher mark band a conclusion is expected, but few candidates concluded their response.

Question 3

This question was based on a young family and new mother and child. It allowed the candidates to demonstrate skills in comprehension. It also enabled them to demonstrate their knowledge and understanding of factors affecting human behaviour along with the psychodynamic approach, including attachment theory and the concept of internal working model.

Part (a)(i) and (ii) were generally poorly answered. Many candidates were unable to define 'avoidant attachment' and gave poor definitions of 'secure attachment'. Often candidates discussed the impact of attachments in later adulthood, rather than give the definition. Many focussed on the behaviour of the mother, Ashleigh, rather than defining the key terminology. For 'avoidant attachment' many responses stated that this was a poor bond, however poor bonding relates to more than one attachment type and is not specific enough to be credited. Repetition of the question stem, such as 'attachment is secure' was seen regularly.

Part (b) required the candidates to explain an internal working model. This was poorly answered in most cases, with some acknowledgement of attachment and bonding shown, but very limited coverage of the concept itself. Very few candidates used relevant terminology, such as 'blue print for future relationships'.

Part (c) there has been significant improvement in many candidate responses in connection with Transactional Analysis and centres are commended on the improvements in responses given to this therapy question. However, some candidates remain unclear on this area and focus incorrectly on psychodynamic concepts, such as id, ego, and super-ego; as opposed to the specifics of the therapy.

Part (d) asked candidates to examine the impact of early socialisation on the development of self-concept. This was generally not well answered, with candidate responses failing to go beyond attachment issues. Few candidates actually discussed primary socialisation, and many did not link early socialisation to self-concept particularly well. Again, mark band three was elusive in this question, often candidates failed to give balanced examination of the impact of early socialisation.

Grade Boundaries

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