

Examiners' Report/  
Principal Examiner Feedback

Summer 2014

Pearson Edexcel in 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 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.

Centres are reminded that **factors affecting human behaviour** (12.1) are assessed within this examination unit and the candidate responses to these questions were not strong.

The **basic principles of the approaches** within the specification underpin the application of the approach and associated therapy. 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.

There was an **improvement** in the responses on the **psychodynamic approach**, however there were still many candidates leaving these questions blank. The responses to **separation** in this section were very limited and specialist terminology was rarely evident. Centres are recommended to continue with their development of this approach.

In addition, there was variation in the responses on the **behavioural approach**, with a significant number of candidates unable to distinguish between behavioural principles, theories (operant, classical, social learning) and therapies (token economy, behaviour modification, systematic desensitisation). Centres are recommended to guide candidates further in distinguishing between these.

The use of **command verbs**, such as describe, explain, discuss and evaluate should direct the candidate to appropriate styles of response, there are still some candidates that appear not to be aware of the requirements of these, for example a number of candidates 'describe' in a 'discuss' question. 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 developing their responses. For discuss questions they should be giving both advantages and disadvantages.

In addition, it is the case that evaluation questions require a **conclusion**, and candidates rarely provided a conclusion to their evaluations, limiting their marks. Centres are recommended to address the structure of longer answers for future exams.

Candidates are also reminded to **take time in reading the questions** to ensure their responses are fully relevant. At times candidates will provide answers that have little relevance to the question being asked, centres may wish to encourage candidates to ensure their responses focus on the question and not write all they know about a particular approach or therapy.

### **Comments on Individual Questions:**

#### **Question 1**

This question was based on a young child and her family context. 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 the practical process of therapy intervention.

Part (a) tested candidates' ability to extract relevant information from the case study. Many candidates missed the direction given in the question and failed to explain how her behaviour towards her father had changed.

In part (b)(i) 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)(ii) candidates were asked to examine why an initial assessment is important. There were a very large number of candidates who misunderstood the question and incorrectly explained an ABC behavioural/observation plan rather than an initial assessment, therefore not achieving the marks available here.

In part (c) candidates were required to discuss the use of a behavioural approach with a child. Some candidates answered this question well, showing a very high level of understanding of the approach and its application. However, where questions were less well answered, many candidates described therapies such as token economy, failing to address the advantages and disadvantages of behavioural approach overall. Some candidates based evaluations on incorrect understanding, most predominantly a misunderstanding of negative reinforcement, weakening their potential evaluation points due to an incorrect basis of knowledge. For the higher mark band a conclusion is expected, but very few candidates concluded their response.

In part (d) the candidates were asked to examine the use of family therapy. Overall this question was very well answered, with good use of evaluation and balanced points. Those not reaching a level 3 response tended to provide a 'learned' essay, rather than one specifically related to the case.

## **Question 2**

This question was based on stress. 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 and humanistic approach and also of the care value base and its function in promoting quality care.

Part (a) tested candidates' ability discuss the importance of the care value base in a hospital. Many candidates described a range of care values without any form of discussion around the importance of care values in a hospital setting, therefore few achieved high marks here.

Part (b) tested the candidate's ability to expand on the importance of care values, with a focus on empowerment and stress. A number of candidates answered this question very well, making coherent links between the benefits of empowerment specifically for service users with stress. Those who did not achieve high marks tended to miss the application to stress from their response and instead gave a generic explanation of empowerment.

Part (c) required candidates to identify two causes of stress. Many responses failed to quantify their answers, giving responses such as 'work' rather than 'excessive work load' and therefore not achieving marks for this question.

Part (d)(i) required candidates to examine the benefits of cognitive behavioural therapy in relation to stress. Few candidates made a clear link between the therapy and stress, instead giving a generic and often rote learned description of cognitive behavioural therapy. A number of candidates explained cognitive theory, such as dysfunctional beliefs, and not the therapy.

Part (d)(ii) tested the evaluative skills of candidates and their ability to evaluate the application of the humanistic (person centred) approach for a service user with stress. 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 stress, candidates often used generic statements without the use of technical or theoretical terminology, often discussing communication skills and little else. For the higher mark band a conclusion is expected, but few candidates concluded their response.

## **Question 3**

This question was based on a client suffering with 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 psychodynamic approach, including attachment theory.

Part (a) was generally well answered, with good application to the case study and many candidates achieved three or four marks. Candidates were quick to pick up on the issue of working with children with long term illness and the effect on Sue that this may have.

Part (b) required the candidates to make links between social isolation and self-concept. Answers were often limited and showed little understanding of the ways in which social isolation can affect Sue's self-concept. Self-concept was often incorrectly explained in terms of body image and attractiveness, which was not relevant to the question.

Part (c)(i) required an explanation of the key principles of a psychodynamic approach. This was answered well in many cases, with candidates achieving three to four marks. Improvements in the understanding of this approach compared to previous examinations is evident, however a significant number of candidates did leave this question blank, suggesting further development is required on this approach.

Part (c)(ii) required candidates to evaluate the use of a psychodynamic approach. There was understanding of unconscious mind, childhood experiences and some advantages and disadvantages were given by candidates. However, many candidates failed to apply the approach to Sue or demonstrate awareness of the practical problems of a psychodynamic approach, resulting in few achieving the top of mark band two, or mark band three. Improvements in the understanding of this approach compared to previous examinations is evident, however a significant number of candidates did leave this question blank, suggesting further development is required on this approach. For the higher mark band a conclusion is expected, but very few candidates concluded their response.

Part (d) asked candidates to evaluate the impact of separation in early childhood on later life stages. On the whole, this question demonstrated a poor level of understanding of attachment theory. Very few candidates explained the key concepts of Bowlby or Ainsworth, attachment, separation or an internal working model. A number of candidates described primary socialisation which is not part of this theory. Those who demonstrated some knowledge provided descriptions of concepts such as attachment disorder, but failed to analyse the impact of this in later life stages, therefore few candidates achieved beyond mid-level two marks here. For the higher mark band a conclusion is expected, but very few candidates who achieved level 3 concluded their response.

