

## **Health and Social Care**

Advanced GCE

Unit **F920**: Understanding human behaviour

### **Mark Scheme for June 2012**

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Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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## Annotations

Annotation	Description
	Good response/positive
	Negative
	Benefit of doubt
	Cross
	Level 1
	Level 2
	Level 3
	Level 4
	Repeat
	Tick
	Too vague
	Omission mark
	Development of point

Question		Answer	Marks	Guidance
1	(a)	<p>Any <b>four</b> from</p> <ul style="list-style-type: none"> <li>• family</li> <li>• education</li> <li>• housing</li> <li>• culture</li> <li>• access to health services</li> <li>• nutrition</li> <li>• income differences</li> </ul>	4	<p>Do NOT accept just access to health.</p> <p>Accept just income.</p>
	(b)	<p><b>Two</b> marks for each effect described, <b>TWO</b> required</p> <ul style="list-style-type: none"> <li>• respiratory problems/colds/illness – damp/cold conditions</li> <li>• accidents/injuries/burns – poor maintenance</li> <li>• poor hygiene/infections/stomach upsets – lack of appropriate food storage/preparation, limited/poor sanitation</li> <li>• restricted opportunities for gross motor skill play – no outdoor space/cramped conditions</li> <li>• sleep affected/linked to growth in children – overcrowding /noise</li> </ul>	4	<p>The question asks for two effects and so it is not a requirement to give details of what is meant by 'poor quality housing'.</p> <p>Do NOT accept answers which relate to location/area, high crime rate, etc.</p> <p>Sub-max of two for identification only.</p> <p>Accept any other appropriate physical effect.</p>

Question		Answer	Marks	Content	Guidance
					Levels of response
1	(c)	<ul style="list-style-type: none"> <li>• cannot afford expenses associated with attending appointments/treatment/screening/check-ups, etc such as               <ul style="list-style-type: none"> <li>– transport – bus/train/taxi fares; petrol costs/parking</li> <li>– time off work – would lose pay</li> <li>– child care costs if children need to be looked after</li> </ul> </li> <li>• cannot afford treatment such as dental care, prescriptions (if not exempt), opticians (particularly paying for frames for glasses)</li> <li>• too busy working to access appointments</li> <li>• may not be registered with a G.P or dentist (because of frequent changes of/no permanent address)</li> <li>• may lack confidence/be intimidated by the medical profession               <ul style="list-style-type: none"> <li>– less likely to seek early appointment</li> <li>– less likely to question/ask for second opinion</li> <li>– less likely to attend for screening etc</li> </ul> </li> </ul>	12	<p>Answers to the effect of 'cannot afford treatment' are not appropriate if referring to treatment which would be available within the NHS – some exceptions such as dental care costs would be acceptable. The question refers to an adult 'on a low income' which could mean that they are not necessarily entitled to benefits such as free prescriptions. It would also cover adults in low pay/hourly paid employment which would restrict their taking time off for appointments etc.</p> <p>Accept any other appropriate explanation.</p>	<p><b>Level 3: (9 – 12 marks)</b> Candidate gives a detailed explanation, giving at least two suggestions why an adult on a low income could experience difficulties in accessing health services, demonstrating good understanding of the focus of the question. Planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs relevant, with information presented in a balanced, logical and coherent manner. There are few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 2: (5 – 8 marks)</b> Candidate explains at least two suggestions why an adult on a low income could experience difficulties in accessing health services. The candidate has shown limited ability to organise the relevant information, with material presented in a way which does not always address the focus of the question. There may be some errors of grammar, punctuation and spelling.</p> <p><b>Level 1: (0 – 4 marks)</b> Candidate attempts to explain at least one difficulty which an adult on a low income could experience in accessing health services. The answer may be muddled or list like, demonstrating little understanding of the focus of the question. Sentences and paragraphs have limited coherence and structure. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question		Answer	Marks	Guidance
2	(a)	<p><b>One</b> mark for a correct response</p> <ul style="list-style-type: none"> <li>• Maslow</li> <li>• Rogers</li> </ul>	1	
	(b)	<p><b>Two</b> marks for each feature outlined, <b>TWO</b> required</p> <p><b>Maslow</b></p> <ul style="list-style-type: none"> <li>• needs met in order/hierarchy– deficit needs then higher order needs</li> <li>• physical/physiological needs – food, water, sleep</li> <li>• safety/security – housing, free from threat or intimidation</li> <li>• sense of belonging/love – member of a family or social group</li> <li>• self-esteem – feeling good about self</li> <li>• cognitive – learning, intellectual stimulation</li> <li>• aesthetic – sense of beauty, music, ‘awe and wonder’</li> <li>• self actualisation – ‘being all that you can be’</li> <li>• self motivation to progress - internal drive</li> </ul> <p><b>Rogers</b></p> <ul style="list-style-type: none"> <li>• positive regard from others leads to positive self regard</li> <li>• conditions of worth distorts perception of self</li> <li>• inbuilt need to explore – actualising tendency</li> <li>• social pressures decrease/distort the actualising drive</li> <li>• unconditional love required from parents</li> </ul>	4	If individual levels within Maslow’s hierarchy are given, award one mark for identifying the level and the second mark for further information/example.

Question		Answer	Marks	Guidance	
				Content	Levels of response
2	(c)	<p><b>Emotional development:</b> Person being cared for:</p> <ul style="list-style-type: none"> <li>feels good that family/friends can have a break <b>or</b> may resent family/friends having time away</li> <li>enjoys change of routine (sees it as a 'holiday') <b>or</b> may find change of routine difficult/stressful</li> <li>enjoys meeting new carers <b>or</b> may dislike new carers</li> <li>feels less of a burden to family/friends <b>or</b> may feel more of a burden because they need a break</li> <li>may look forward to family/friends return <b>or</b> may be jealous because they have enjoyed themselves (been on holiday etc)</li> <li>may feel confident that new carers know what they are doing, they may introduce new and beneficial care/treatment/routines <b>or</b> may lack confidence in new carers/receive poorer care etc</li> </ul> <p>Family/friends/usual carers:</p> <ul style="list-style-type: none"> <li>feel good that they can have a break (holiday), are able to enjoy themselves, do what they want <b>or</b> they may feel guilty that they have left the person they care for</li> <li>can relax/rest because not required to maintain routine of caring <b>or</b> may feel unable to relax because of concern/worry that they are not providing the care</li> <li>feel less stress because they are not responsible for care <b>or</b> may feel more stressed because they are not in control of the care</li> </ul>	15	<p>The answer should clearly relate to respite care i.e. temporary/short term, usually provided to give a break for the main carers and to give some time apart. The term is usually applied to residential care (it may also take place in the cared for individuals own home) but so long as the candidate refers to 'having a break'/giving carers some time to themselves/person being cared for having different carers etc it is not essential to focus on the residential nature of the care or where it takes place.</p> <p>Accept any other appropriate emotional effect.</p>	<p><b>Level 3: (11 – 15 marks)</b> Candidate demonstrates a high level of understanding of a humanist theory and is able to give a detailed explanation of the ways receiving respite care could affect the emotional development of both the person receiving the respite care and family members who usually provide care. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs relevant, with information presented in a balanced, logical and coherent manner. There are few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 2: (6 – 10 marks)</b> Candidate explains ways receiving respite care could affect the emotional development of both the person receiving care and family members who usually provide care, with links made to an appropriate humanist theory. The candidate has shown limited ability to organise the relevant information with material presented in a way which does not always address the focus of the question. There may be some errors of grammar, punctuation and spelling.</p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
			<ul style="list-style-type: none"> <li>• may feel that they are entitled to a break and grateful for the respite care <b>or</b> may feel guilty that they are 'neglecting' the individual needing care</li> <li>• may feel happy that the individual is meeting new carers <b>or</b> may feel jealous that the new carers may be 'better' than they are</li> <li>• are confident that the individual is receiving good care <b>or</b> may be worried that individual is not being well cared for</li> <li>• will feel 'refreshed' when returning to caring and so will be happier/less stressed/more patient/tolerant <b>or</b> may be unwilling to face return, will be less happy/more resentful/less patient/less tolerant</li> </ul>			<p><b>Level 1: (0 – 5 marks)</b>                      Candidate attempts to explain the emotional development of either the person receiving care or family members/friends who usually provide care but few links are made to a humanist theory or respite care. Alternatively the candidate attempts to explain a humanist theory but does not relate this to receiving respite care, or there is little understanding of what respite care is. The answer may be muddled or list like, demonstrating little understanding of the focus of the question. Sentences and paragraphs have limited coherence and structure. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question	Answer	Marks	Guidance
3 (a)	<p><b>Effects:</b></p> <ul style="list-style-type: none"> <li>• adolescence is a time when the individual should be becoming more independent, meeting new people, starting part time work, having new experiences, travelling with friends, taking exams, applying for university etc; all of these will be affected if the adolescent has a particular phobia</li> <li>• as a child the individual may have received a level of protection from the focus of the phobia by parents/carers; people are more understanding of a child being afraid, upset, crying, etc; people are more likely to expect an adolescent to have 'grown out of' the fear</li> </ul> <p><b>Effects:</b></p> <ul style="list-style-type: none"> <li>• the adolescent might be unable/unwilling to make new friends/develop relationships</li> <li>• opportunities for employment might be restricted because of fear of encountering the focus of the phobia</li> <li>• not able to go places with friends eg cinema, pubs, clubs, friends' houses</li> <li>• not able to concentrate on revision/difficulty with sitting exams</li> <li>• physical responses to encountering the focus of the phobia include extreme fear, stress, distress, crying, hysteria, panic, etc</li> <li>• may be bullied/ridiculed for the phobia</li> <li>• emotional stress/distress may be diverted into self harm, etc</li> </ul>	7	<p>Practically anything can become the focus of a phobia. It is not a requirement for the candidate to name a particular phobia. Since the question relates to 'development' candidates are likely to structure their answer around PIES. It is not necessary for the answer to address each aspect of PIES, most effects are likely to be emotional and social although physical and intellectual effects are also possible.</p> <p>Accept any other appropriate effect.</p> <p><b>Level 3: (6 – 7 marks)</b> Candidate gives a explanation of at least <b>two</b> possible effects of phobias on development, specifically relating them to adolescence. Clear understanding of the focus of the question. The answer is in a planned and logical sequence using appropriate health and social care terminology. Sentences and paragraphs are for the most relevant with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 2: (3 – 5 marks)</b> Candidate attempts to explain at least <b>one</b> effect of phobias on development. This may be only loosely related to adolescence. The candidate has shown limited ability to organise the relevant information, using some appropriate health and social care terminology. Sentences and paragraphs are not always relevant, with the information presented in a way which may not address the focus of the question. There may be some errors of grammar, punctuation and spelling.</p>

Question			Answer	Marks	Guidance
					<p><b>Level 1: (0 – 2 marks)</b>                      Candidate gives a limited explanation of one effect on an individual’s development. Alternatively detailed explanation of behaviour in adolescence is given but only limited links are made to having a phobia. Candidate demonstrates little understanding of the focus of the question. Answer may be muddled and list like. Sentences and paragraphs have limited coherence and structure. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question	Answer	Marks	Guidance
3 (b)	<p>Application to residential setting</p> <ul style="list-style-type: none"> <li>• emphasis is on the individual, responding directly to the individual's behaviour and meeting the behavioural needs of that individual at that moment – particularly useful in working with children who are in residential care, since they will have experienced (to a greater or lesser extent) a disrupted background</li> <li>• useful for establishing routines – essential in adjusting to residential situations, may be particularly appropriate if child has had an unsettled background</li> <li>• clearly identifies required behaviour – gives child clear information where perhaps previous experiences have been unsettled/chaotic, encourages consistency of approach by all staff</li> <li>• effective means of socialisation – may be particularly necessary in a residential situation, establishing good behaviour in a social situation</li> <li>• children internalise behaviour – automatic responses, useful for helping a child to cope/adapt to change by developing positive responses</li> <li>• promotes a positive atmosphere – children are expected to behave well, may be particularly important if child is angry/upset about being in residential care</li> <li>• emphasis is on rewarding required behaviour – children want to be approved of, again may be of particular importance for children who are in residential care</li> </ul>	8	<p>The answer should relate to residential care therefore examples such as establishing routines, co-operative behaviour etc are more appropriate than classroom based examples such as handing in work etc.</p> <p><b>Level 3: (7 – 8 marks)</b> Candidate demonstrates a clear understanding of a relevant theory (Pavlov or Skinner) giving a detailed explanation of how it could be used by practitioners working with children in residential care. Examples used are appropriate and demonstrate understanding of the application of the theory. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs relevant, with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 2: (4 – 6 marks)</b> Candidate explains how a relevant theory could be used by practitioners working with children in residential care, showing some understanding of aspects of the theory. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be some errors of grammar, punctuation and spelling.</p>

Question	Answer	Marks	Guidance
	<p><b>Pavlov</b></p> <ul style="list-style-type: none"> <li>• theory comes from classical conditioning experiments with dogs – can conditioned responses be applied to children?</li> <li>• based on association with specific behaviour - identification of association can be difficult</li> <li>• avoidance of unpleasant experiences – linked to reasons for the need for residential care</li> </ul> <p><b>Skinner</b></p> <ul style="list-style-type: none"> <li>• behaviour which is rewarded is repeated – identification of appropriate rewards</li> <li>• behaviour which is ignored is extinguished – not talking to/giving attention to a child who is misbehaving</li> <li>• child has to experience the reward themselves (conditioning does not allow for seeing others being rewarded and copying their behaviour)</li> <li>• depends on ‘chance’/ catching the child being good – must be observant and reward each child each time they carry out the required behaviour</li> </ul>		<p><b>Level 1: (0 – 3 marks)</b></p> <p>Candidate gives a brief or muddled outline of a relevant theory with limited explanation of how it could be used by practitioners working with children in residential care. There is little, or no attempt to apply the theory to practice with little understanding of the focus of the question demonstrated. Candidate has shown limited ability to organise the relevant information, the answer may be list like. Sentences and paragraphs are not always relevant, with the material presented in a way that does not address the question. There may be noticeable and intrusive errors of grammar, punctuation and spelling.</p>

Question			Answer	Marks	Guidance
4	(a)	(i)	<b>One</b> from <ul style="list-style-type: none"> <li>biological perspective</li> <li>constructivist perspective</li> <li>humanist perspective</li> </ul>	1	The question asks for a psychological perspective <b>not</b> a theorist so individual names are not to be credited. Within the constructivist perspective Piaget takes more of an 'internal/pre-programmed/nature approach', whereas Vygotsky emphasises the importance of upbringing and environment so accept the perspective under both nature and nurture.
		(ii)	<b>One</b> from <ul style="list-style-type: none"> <li>behavioural perspective</li> <li>psychodynamic perspective</li> <li>social learning perspective</li> <li>constructivist perspective</li> </ul>	1	The question asks for a psychological perspective <b>not</b> a theorist so individual names are not to be credited. Within the constructivist perspective Piaget takes more of an 'internal/pre-programmed/nature approach', whereas Vygotsky emphasises the importance of upbringing and environment so accept the perspective under both nature and nurture.
		(iii)	<b>One</b> from <ul style="list-style-type: none"> <li>Cattell</li> <li>Eysenck</li> </ul>	1	
	(b)		<b>One</b> from <ul style="list-style-type: none"> <li>Freud</li> <li>Erikson</li> </ul>	1	

Question		Answer	Marks	Guidance
4	(b)	<p><b>Two</b> marks for each feature outlined, <b>TWO</b> required</p> <p><b>Freud</b></p> <ul style="list-style-type: none"> <li>• childhood experiences responsible for development</li> <li>• stages need to be successfully resolved – fixation at each stage gives rise to specific behaviours <ul style="list-style-type: none"> <li>– oral stage – link to feeding weaning – passive, dependent, gullible, oral pleasures eg smoking, eating drinking or suspicious and avoiding oral pleasure</li> <li>– anal stage – link to toilet training – stubborn, mean, obsessed with tidiness, organised or overgenerous, untidy, open to views of others.</li> <li>– phallic stage – recklessness, risk taking, obsessed with sexual activity or timid and avoiding reference to sexuality</li> </ul> </li> <li>• unconscious feelings direct the way we behave, people do not know why they behave in a certain way</li> <li>• emotion and behaviour driven by the id, ego and superego – balancing personal wants with social and moral values – Id predominating – egocentric, self seeking and selfish, superego predominating – conformist and self denying</li> <li>• regression – during periods of stress</li> <li>• defence mechanisms <ul style="list-style-type: none"> <li>– denial – blocking threatening information</li> <li>– repression – forgetting unpleasant thoughts</li> <li>– rationalisation – reinterpreting unpleasant events</li> <li>– displacement – transferring anger</li> <li>– projection – blaming others</li> <li>– reaction formation – overemphasising opposite emotions eg changing love into hate or hate into aggressive affection eg responses to carers</li> </ul> </li> </ul>	4	If individual stages are given for either Freud or Erickson award one mark for identification of the stage and the second mark for further development.

Question	Answer	Marks	Guidance
	<p><b>Erikson</b></p> <ul style="list-style-type: none"> <li>• early experiences provide a foundation for later development</li> <li>• life stages seen in terms of crises/dilemmas</li> <li>• development requires resolution of different stages – each stage may have a positive or negative outcome</li> <li>• trust v mistrust - Baby learns to be trusting of the world in general if their needs are responded to quickly; child who has learned to ‘trust’ will be less demanding later in life; ‘mistrusting’ develops into a ‘needy’ adult who is demanding in relationships, needs constant reassurance</li> <li>• autonomy v shame and doubt – linked to toilet training/bodily functions; child who develops a positive attitude will be able to develop close, mature physical relationships in adulthood; confident self image; negative outcome of this stage linked to poor self image/embarrassment</li> <li>• initiative v guilt – willingness to be curious/ask questions be confident in learning</li> <li>• industry v inferiority – willingness to work hard and try their best even if not always successful; being able to cope with setbacks or developing feelings of not being good enough, no point in trying because they will not succeed</li> <li>• identity v role confusion – developing a clear sense of ‘who you are’, having own values/aims/ambitions or trying to be what other people want and being torn between the different roles experienced eg son/daughter, friend, boyfriend/girlfriend, student, employee etc</li> <li>• intimacy v isolation – being able to develop and maintain mature relationships, involving intimacy, love and commitment or being self concerning, unable to share or consider the needs of others</li> <li>• generativity v stagnation – concern for others, family, relationships, community, able to consider future well being of others or being self-indulgent, self-centered, inward looking and unwilling to look to the future</li> <li>• integrity v despair – having a sense of satisfaction with life, having an understanding of the meaning of their life or being disappointed/dissatisfied with what they have achieved</li> </ul>		

Question		Answer	Marks	Content	Guidance
					Levels of response
4	(c)	<p><b>Freud</b></p> <ul style="list-style-type: none"> <li>childhood experiences are linked to future emotional development</li> <li>stages need to be successfully resolved – fixation at each stage gives rise to specific behaviours, during first year this is specifically the oral stage – link to feeding and weaning – can become passive, dependent, gullible, or can become dependant on oral pleasures eg smoking, eating, drinking or can become suspicious of and avoids oral pleasure</li> <li>unconscious feelings direct the way we behave, people do not know why they behave in a certain way but therapy might ‘uncover’ causative experiences from early childhood</li> <li>emotion and behaviour are driven by the id, ego and superego. In the first year the id (a basic drive to meet biological needs) is dominant, a child has to learn to control this basic drive though the development of the ego (and later the superego), failure to do so leads to extreme selfishness, inability to consider the needs of others</li> <li>fixations and defence mechanisms may result from learning and experiences in early childhood</li> </ul>	12	<p>The work of Bowlby is relevant here since the specification says ‘you also need to understand the importance of bonding between a child and their primary carer as initially studied by Bowlby and how this may relate to the psychological perspective of Freud and Erikson’. There is no need for candidates to explain how Bowlby’s work links to Freud’s or Erikson’s theories.</p>	<p><b>Level 3: (9 – 12 marks)</b> Candidate demonstrates a good understanding of theory, using the theory to analyse how the care a child receives in the first year of life could affect their future emotional development. Good understanding is demonstrated of the effects of care in early childhood on future emotional development. Well planned and has a logical sequence, using appropriate health and social care terminology accurately. Sentences and paragraphs address the focus of the question. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 2: (5 – 8 marks)</b> Candidate attempts to apply knowledge of theory in analysing how the care a child receives in the first year of life could affect their future emotional development. Some understanding is shown of the effects of care in early childhood on future emotional development. There is limited ability to organise the information, with the material presented in a way that does not fully address the question. Sentences and paragraphs are not always relevant There may be some errors of grammar, punctuation and spelling.</p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
			<p><b>Erikson</b></p> <ul style="list-style-type: none"> <li>• early experiences provide the foundation for later development</li> <li>• life stages are seen in terms of crises/dilemmas which are resolved to give either a mainly 'positive' outcome or a mainly 'negative' outcome</li> <li>• emotional development depends on the way the different life stages are resolved</li> <li>• the first stage is called 'Trust v Mistrust' the baby learns to be trusting of the world in general if their needs are responded to quickly; child who has learned to 'trust' will be less demanding later in life; 'mistrusting' develops when a babies needs are not responded to or are not interpreted appropriately eg a baby is always given a feed when perhaps the need is for company/attention (or vice versa); a 'mistrusting' child will develop into a 'needy' adult who is demanding in relationships, needing constant reassurance and attention</li> </ul>			<p><b>Level 1: (0 – 4 marks)</b>                      Candidate identifies theory and makes some attempt to link the theory to the ways care received in the first year of life. can affect future emotional development. Answer may be muddled and list like demonstrating a lack of understanding of the focus of the question. There is little use of health, social care and early years terminology. Sentences and paragraphs have limited coherence. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
			<p><b>Bowlby</b></p> <ul style="list-style-type: none"> <li>• attachment to primary carer is of key importance – bonding</li> <li>• separation anxiety similar to loss and grief when babies separated from primary carer</li> <li>• as a baby is fed, held and spoken to emotional, loving relationships develop and deepen</li> <li>• babies who find that adults respond quickly to their cries become trusting of life and are well-attached in warm, stable relationships</li> <li>• babies who do not make close emotional bonds with carer experience general difficulty in forming stable, warm, loving relationships later in life</li> <li>• babies who are responded to quickly are less demanding later in life</li> <li>• now believed that babies can form close attachments with more than one person</li> <li>• quality of the time spent with carers determines emotional attachment</li> <li>• difficulties arise from separation at birth e.g baby needs special care</li> <li>• attachment may be more difficult if baby has learning difficulties, vision or hearing impairments</li> <li>• children who have experienced many separations from those they have tried to form bonds with find it difficult in later life to understand social situations and form relationships</li> </ul>			

Question		Answer	Marks	Content	Guidance
					Levels of response
5	(a)	<p><b>Tajfel</b></p> <ul style="list-style-type: none"> <li>those with low self-esteem will identify with a group having a positive self image</li> <li>the stronger the positive image results in the more positive social identity</li> <li>need to identify with the 'in group'</li> <li>identification of 'out groups' who may be rejected or ostracised</li> <li>experimental work involved allocating rewards on an arbitrary basis to random groups</li> </ul> <p><b>Latane</b></p> <ul style="list-style-type: none"> <li>the presence of others affects behaviour – more likely to wait for guidance, to follow others – deferred/shared responsibility</li> <li>'bystander' effect – the more people present the fewer will come forward to help</li> <li>social impact – leading to conformity and obedience</li> <li>individuals put in less effort when in a group</li> <li>experimental work resulted from murder of Kitty Genovese/involves responding to people in distress/danger</li> </ul> <p><b>Bandura</b></p> <ul style="list-style-type: none"> <li>observation and imitation/copying of behaviour</li> <li>choose role models who can be identified with</li> <li>low self esteem can lead to greater imitation</li> <li>vicarious reinforcement increases likelihood of imitation</li> <li>reward often intrinsic – does not depend on imitator receiving reward/recognition</li> <li>experimental work based on Bobo doll</li> </ul>	10	An outline of the theory chosen requires more than just a description of the experimental work – eg describing Bandura's Bobo doll experiment. It needs to be put into the context of the overall theory.	<p><b>Level 3 (8 –10 marks)</b> Candidate identifies an appropriate theorist, giving a clear outline of their theory and demonstrating good understanding. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 2 (5 – 7 marks)</b> Candidate identifies an appropriate theorist and outlines aspects of their theory with some understanding. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be some errors of grammar, punctuation and spelling.</p> <p><b>Level 1 (0 – 4 marks)</b> Candidate has identified an appropriate theorist and outlined some aspects of their theory. Sentences and paragraphs have limited coherence and structure, information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question		Answer	Marks	Content	Guidance
					Levels of response
5	(b)	<p>Relevance to workers in meeting emotional needs of older people in residential care.</p> <p><b>Residents will</b></p> <ul style="list-style-type: none"> <li>observe behaviour of others – particularly that which receives approval of those in charge</li> <li>identify those they are most like, those they wish to be like/be friends with</li> <li>imitate behaviour that gains approval eg from carers/other residents</li> <li>identify with ‘in-group’ eg popular residents who have friends/take part in social activities</li> <li>identify the ‘out-group’ eg residents who are aggressive/rude/selfish/unco-operative</li> <li>(or vice versa – resident may wish to identify with the unsocial residents)</li> <li>wait to see what others will do before taking action eg making a complaint - ‘by-stander apathy’</li> </ul> <p><b>Residents may change their behaviour to</b></p> <ul style="list-style-type: none"> <li>fit in with routine/take part in social activities</li> <li>co-operate with others – carers and other residents/become more unco-operative, complaining, negative (depending on majority view)</li> <li>join in group activities/conversations eg following particular programmes on television/discussing families/health etc</li> <li>take up new hobbies/activities to become part of group</li> <li>new staff could observe the behaviour of more experienced staff and copy those who are most successful/liked</li> </ul>	15	<p>Evaluation must be of the application of the theory, not just a critique of the theorist’s methods etc</p> <p>It is not sufficient for the candidate to just repeat the theory – it needs to say how it can be put into practice.</p>	<p><b>Level 4 (11 – 15 marks)</b> Candidate gives a detailed evaluation of the application of the theory for workers in meeting the needs of older people living in residential care, using appropriate examples and demonstrating a clear understanding of the focus of the question. <b>Positive and negative</b> aspects of the usefulness of the theory are given which clearly relate to its practical application for older people in residential care. A clear conclusion is drawn for full marks. Answer has a clearly defined structure, using appropriate health and social care terminology. Well structured and clearly address the focus of the question. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 3 (8 – 10 marks)</b> Candidate gives a clear evaluation of the application of the theory for workers in meeting the needs of older people living in residential care, using appropriate examples. <b>Positive and negative</b> aspects of the application of the theory are given. Planned and logical sequence, using appropriate health, social care and early years terminology accurately. For the most part relevant, with information presented in a balanced, logical and coherent manner. There may be some errors of grammar, punctuation and spelling.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
		<p><b>Positive aspects of application</b></p> <ul style="list-style-type: none"> <li>workers can introduce residents to others who are happy/content/have a positive outlook/are optimistic/enjoy activities provided etc so that this behaviour/outlook is copied</li> <li>workers can encourage group activities so that residents can gain a positive social identity</li> <li>workers can recognise which residents are seen as 'role models' or positive leaders and so can 'use' them as examples</li> <li>when positive group responses are demonstrated workers can build on these to develop further positive behaviour</li> </ul> <p><b>Negative aspects of application</b></p> <ul style="list-style-type: none"> <li>older people may be less likely to be influenced by/copy the behaviour of others, they may become more isolated/lonely if they see others in established friendship groups</li> <li>those seen as role models/leaders may have a negative attitude to the care being provided/being in residential care and so may make others feel unhappy/dissatisfied with the care they are receiving, undermining the work of the carers</li> <li>less confident residents may be intimidated by other residents, may feel bullied/pressurised</li> </ul>			<p><b>Level 2 (5 – 7 marks)</b> Candidate uses <b>either positive or negative</b> aspects in attempting to evaluate how the theory could be applied by workers in meeting the needs of older people in residential care. Examples given may or may not relate to the focus of the question. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be some errors of grammar, punctuation and spelling.</p> <p><b>Level 1 (0 – 4 marks)</b> Candidate has made a limited attempt to evaluate how the theory could be applied to practice, or the application of the theory is inappropriate or irrelevant. Little understanding is shown of the focus of the question. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure, information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

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