

**GCE**

**Health and Social Care**

Unit **F920**: Understanding human behaviour

Advanced GCE

**Mark Scheme for June 2015**

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All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

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

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Annotation	Meaning of annotation
	Good response/positive
	Negative
	Benefit of doubt
	Cross
	Level 1
	Level 2
	Level 3
	Level 4
	Repeat
	Noted but no credit given
	Too vague
	Tick
	Development of point
	Omission mark

Question		Answer/Indicative Content	Marks	Guidance	
				Content	Levels of response
1	a	<p>Self-concept is the way an individual thinks about/sees themselves:</p> <p>Can include:</p> <ul style="list-style-type: none"> <li>• the opinion a person has of themselves</li> <li>• the view that a person has of themselves</li> <li>• self-confidence – how a person faces challenges</li> <li>• self-esteem – how a person feels about themselves</li> <li>• self-efficacy- how well the person thinks they will be able to complete a task</li> <li>• self -image – how a person sees themselves</li> <li>• self-perception – how a person perceives themselves</li> </ul> <p>+ any other appropriate comment</p>	4	<p><b>Levels checklist:</b></p> <p><b>Level 2:</b> Clear explanation Shows understanding Few errors of QWC</p> <p><b>Level 1:</b> Limited explanation Little understanding Muddled and list like Possible noticeable errors of QWC</p>	<p><b>Level 2: 3 - 4 marks</b> Candidate gives a clear explanation of what is meant by self-concept, demonstrating understanding. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p><b>Level 1: 1 - 2 marks</b> Candidate gives a limited explanation of what is meant by self-concept. The answer may be muddled, list like or lacks understanding. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>0 marks:</b> No response worthy of credit</p>
1	b	<p>Factors which affect/contribute to the development of low/poor self-concept:</p> <ul style="list-style-type: none"> <li>• Comparison with others – family/friends/peers/media images etc and feeling inferior</li> <li>• Feedback/criticism from others - family/friends/peers/media images etc and feeling inferior</li> <li>• Past experiences which have resulted in low/poor self-concept from early childhood</li> </ul> <p>+ any other appropriate factor</p>	8	<p><b>Levels checklist:</b></p> <p><b>Level 3:</b> Detailed explanation Good understanding Appropriate examples may be given Relates specifically to adolescence Relates specifically to low/poor self-concept Good QWC</p> <p><b>Level 2:</b> Sound explanation Sound understanding May not relate specifically to</p>	<p><b>Level 3: 7 – 8 marks</b> Candidate gives a detailed explanation of why an adolescent might have a low/poor self-concept, demonstrating good understanding. Appropriate examples may be given and the answer relates specifically to adolescence. The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p>

Question	Answer/Indicative Content	Marks	Guidance	
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	<p>Personal attributes on which comparison/feedback may be based could include:</p> <ul style="list-style-type: none"> <li>• appearance</li> <li>• intellectual ability</li> <li>• sporting ability</li> <li>• musical/artistic talent</li> <li>• ethnic background</li> </ul> <p>+ any other appropriate attribute</p> <p>Adolescents are particularly liable to have low/poor self-concept because they are:</p> <ul style="list-style-type: none"> <li>• more sensitive to what others think of them</li> <li>• wanting to fit in/ be liked</li> <li>• still developing a secure 'personal identity'</li> <li>• mixing with a wider variety of people, therefore subject to greater comparison</li> <li>• wanting to develop new friendships/relationships and are therefore vulnerable to rejection</li> <li>• often being compared to others e.g in school tests/exams etc in sporting events/activities</li> <li>• subject to being teased/bullied</li> <li>• under pressure to 'do well' and therefore more likely to feel that they do not 'measure up'</li> <li>• applying for work/college/ university etc and so are more likely to experience rejection</li> </ul> <p>+any other appropriate reason.</p>		<p>adolescence May not relate specifically to low/poor self-concept Sound QWC</p> <p><b>Level 1:</b> Limited explanation Limited understanding Not related to adolescence Not related to low/poor self-concept Muddled and list like Low QWC</p>	<p><b>Level 2: 4 – 6 marks</b> Candidate gives a sound explanation of what can cause an individual to have a low/poor self-concept, demonstrating sound understanding, although this might not relate specifically to adolescence. Alternatively, aspects of adolescent's self-concept may be explained but not clearly linked to the development of a low/poor self-concept. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1: 1 – 3 marks</b> Candidate gives a limited explanation of what can cause a person to have a low/poor self-concept. Answer does not relate specifically to adolescence. Alternatively, aspects of adolescent's behaviour may be identified but not linked to the development of a low/poor self-concept. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b> No response worthy of credit.</p>

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				Content	Levels of response
1	c	<p>An adolescent with low/poor self-concept is more likely to feel</p> <ul style="list-style-type: none"> <li>intimidated by others</li> <li>aggressive towards others:</li> <li>jealous of others</li> </ul> <p>Comparisons likely to be based on:</p> <ul style="list-style-type: none"> <li>appearance</li> <li>intellectual ability</li> <li>sporting ability</li> <li>musical/artistic talent</li> <li>ethnic background</li> <li>popularity</li> </ul> <p>+ any other appropriate attribute</p> <p>Feeling inferior to others can result in:</p> <ul style="list-style-type: none"> <li>bullying</li> <li>racism</li> <li>aggression</li> <li>rejection of others' values – ridiculing academic /artistic/ musical/sporting achievements</li> <li>criticising/ridiculing others appearance/style/fashion etc</li> <li>disparaging/ridiculing others' beliefs/religion/family</li> <li>developing dependence/ friendships with individuals/ groups of similar levels of self-concept– allegiance to 'gangs' etc</li> </ul> <p>+ any other appropriate result</p>	8	<p><b>Levels checklist:</b></p> <p><b>Level 3:</b> Detailed assessment Good understanding Appropriate examples may be given Relates specifically to adolescence Good QWC</p> <p><b>Level 2:</b> Sound assessment Sound understanding May not relate specifically to adolescence Sound QWC</p> <p><b>Level 1:</b> Limited assessment Limited understanding Not related to adolescence Muddled and list like Low QWC</p>	<p><b>Level 3: 7 – 8 marks</b> Candidate gives a detailed assessment of how having a low/poor self-concept might affect an adolescent's concept of others, demonstrating a good understanding. Appropriate examples may be given and the answer relates specifically to adolescence. The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p> <p><b>Level 2: 4 – 6 marks</b> Candidate gives a sound assessment of how having a low/poor self-concept might affect an individual's concept of others, demonstrating a sound understanding, although this may not relate specifically to adolescence. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1: 1 – 3 marks</b> Candidate gives a limited</p>

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					Content	Levels of response
						<p>assessment of how having a low/poor self-concept might affect an individual's concept of others. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b> No response worthy of credit.</p>
2	a		<p><b>One</b> mark for a correct response from:</p> <ul style="list-style-type: none"> <li>• Eysenck</li> <li>• Cattell</li> </ul> <p>+ accept any other appropriate theorist</p>	1		
2	b		<p>Effects of possible genetic conditions:</p> <p>Cystic fibrosis-</p> <ul style="list-style-type: none"> <li>• Physical effects on lungs/respiration, digestive system/ fertility, sweat production.</li> <li>• Social and emotional effects caused by frequent physiotherapy, time off school/work, feeling 'different' from peers, fear/anxiety for future/passing on to children.</li> <li>• Intellectual effects unlikely other than as a result of interrupted education.</li> </ul> <p>+ any other appropriate effect</p>	7	<p>Accept any condition which could have a genetic or chromosomal link, check specific physical effects for the named condition. Generic terms such as 'embarrassment', 'being upset' etc must be used appropriately and in context. The effects do not have to cover different aspects of P.I.E.S.</p> <p><b>Levels checklist:</b></p> <p><b>Level 3:</b> Appropriate genetic condition identified Good explanation Good understanding</p>	<p><b>Level 3: 5 – 7 marks:</b> Candidate identifies an appropriate genetic condition and gives a good explanation of at least two possible effects, demonstrating a good level of understanding. The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p> <p>Sub-max of 4 marks for one effect done well.</p>

Question		Answer/Indicative Content	Marks	Guidance	
				Content	Levels of response
		<p>Haemophilia-</p> <ul style="list-style-type: none"> <li>Physical effects include poor blood clotting, bruising, inflammation of joints.</li> <li>Social and emotional effects caused by limited involvement in sports/physical activities, fear/ anxiety for future/passing on to children.</li> <li>Intellectual effects unlikely other than as a result of interrupted education.</li> </ul> <p>+ any other appropriate effect</p>		<p>At least two effects Good QWC</p> <p><b>Level 2:</b> Appropriate genetic condition identified Sound explanation Sound understanding One or more effects Sound QWC</p> <p><b>Level 1:</b> Appropriate genetic condition identified Effects inappropriate or very general Limited understanding Muddled and list like Low QWC</p>	<p><b>Level 2: 3 – 4 marks</b> Candidate identifies an appropriate genetic condition and gives a sound explanation of one or more possible effects, demonstrating a sound level of understanding. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation and spelling.</p>
2	b	<p>Huntington's disease-</p> <p>Effects not usually apparent until adulthood, but then are progressive, getting worse over time, eventually leading to total dependency.</p> <ul style="list-style-type: none"> <li>Physical effects include tremors, jerky movements, twitches, poor balance, poor muscle control, muscle rigidity leading to paralysis.</li> <li>Social and emotional effects include mood swings, personality changes, irritability. Fear/anxiety for future/having passed on to children.</li> <li>Intellectually perception, thinking, speech, memory and awareness are all affected.</li> </ul>			<p><b>Level 1: 1 – 2 marks</b> Candidate identifies an appropriate genetic condition. Effects given may be inappropriate or generic and only loosely linked to the specific condition. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b> No response worthy of credit.</p>

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	<p>+ any other appropriate effect</p> <p>Tourette's syndrome –</p> <ul style="list-style-type: none"> <li>• Physical effects include uncontrollable/involuntary movements and noises (tics). Echopraxia (mirroring/copying the movements of others) may also occur.</li> <li>• Social and emotional effects likely to result from being labelled/stereotyped/misunderstood/feared by others. Embarrassment/ low self-esteem and social isolation possible effects.</li> <li>• Intellectual effects unlikely although educational achievement may be affected because of bullying, inability to concentrate in class etc</li> </ul> <p>+ any other appropriate effect</p> <p>Down's syndrome-</p> <ul style="list-style-type: none"> <li>• Physical effects include distinctive facial features, short stature, heart defects common</li> <li>• Social and emotional effects more likely to be the result of others' responses - may include bullying/teasing. Otherwise likely to have range of friends in appropriate social situations. Less likely to be concerned about future difficulties.</li> <li>• Intellectual effects – learning difficulties, lowered intelligence, slower progress</li> </ul> <p>+ any other appropriate effect</p>			

Question		Answer/Indicative Content	Marks	Guidance	
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2	c	<p>Effects of having a phobia:</p> <ul style="list-style-type: none"> <li>• Everyday life restricted because of fear of meeting the object of the phobia</li> <li>• Medical needs affected because of 'needle phobia'</li> <li>• May not be able to go to work/hold down a job</li> <li>• Time consuming because everything needs to be checked/avoided</li> <li>• Social interaction/activities may be restricted/ limited</li> <li>• Travel/holidays restricted or not possible</li> <li>• May be unwilling/afraid to leave the house</li> <li>• May involve repeated behaviour such as hand washing</li> <li>• Physical reactions such as panic attacks may occur</li> <li>• Emotional stress may lead to physical symptoms</li> <li>• May be subjected to ridicule or insensitive behaviour from others</li> <li>• Embarrassment leading to lowered self confidence</li> <li>• Difficulties becoming involved in family activities with children</li> </ul> <p>+ any other appropriate effect</p>	7	<p>The question does not ask for a specific phobia to be identified, although using appropriate examples would demonstrate greater understanding of the condition. 'Relating to an adult' may be by implication i.e. refers to work/jobs or other adult relevant activities, rather than more child related activities such as going to school.</p> <p><b>Levels checklist:</b></p> <p><b>Level 3:</b> Detailed discussion Good understanding More than one P.I.E.S Relates to adult Good QWC</p> <p><b>Level 2:</b> Sound discussion Sound understanding Relates to adult Sound QWC</p> <p><b>Level 1:</b> Limited discussion Limited understanding May or may not relate to adult Muddled and list like Low QWC</p>	<p><b>Level 3: 5 – 7 marks</b> Candidate discusses in detail how having a phobia could affect an adult's development, demonstrating a good level of understanding and using more than one aspect of P.I.E.S. Examples given relate specifically to an adult. The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p> <p><b>Level 2: 3 – 4 marks</b> Candidate discusses how having a phobia could affect an adult's development, demonstrating a sound understanding. Examples given relate to an adult. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1: 1 – 2 marks</b> Candidate attempts to discuss how having a phobia could affect an adult's development. Examples given may or may not relate to an</p>

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						<p>adult. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b> No response worthy of credit.</p>
3	a	i	<p>Noise pollution: Possible sources: road traffic, air traffic, building works, noisy working environment, noisy animals/pets, noisy neighbours, pubs/clubs/bars, loud music/parties</p> <p>+ any other appropriate example</p> <p>Possible effects: disturbed sleep, headaches, stress, lack of concentration. Damage to hearing should be linked to long term/extreme exposure</p> <p>+ any other appropriate example</p>	<p>1</p> <p>1</p>	Answers should indicate that the level of noise is intrusive ie: <u>loud</u> music	
3	a	ii	<p>Air pollution: Possible sources: chemical / traffic fumes, smoke, dust, pollen</p> <p>+ any other appropriate example</p> <p>Possible effects: respiratory/breathing difficulties, asthma, allergic reactions</p> <p>+ any other appropriate example</p>	<p>1</p> <p>1</p>		

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3	a	iii	<p>Water pollution: Possible sources: chemicals, sewage, rats  + any other appropriate example</p> <p>Possible effects: stomach upsets/ diarrhoea, sickness/vomiting, eye infections, skin rashes  + any other appropriate example</p>	1  1	References to cholera, dysentery, typhoid etc should be appropriately expressed within the context of the possible source.	
3	b		<p>Possible immediate/short term effects:</p> <ul style="list-style-type: none"> <li>Physical – panic, stress etc may relate to existing health problems such as angina, heart attack etc. Mobility issues may lead to greater difficulties. Physically unable to collect/rescue pets, possessions etc. Prescriptions/medication etc may be lost/left could be a delay in replacing essential tablets etc</li> <li>Emotional – loss of treasured possessions which cannot be replaced (eg related to spouse/family who have died) causes extreme distress. Sense of loss / disempowerment can be compared to bereavement.</li> <li>Intellectual – may not know who to turn to for help/support eg insurance, housing/ benefits. May find it difficult to deal with everything relating to financial issues.</li> <li>Social – have to leave friends/</li> </ul>	14	<p><b>Levels checklist:</b></p> <p><b>Level 3:</b> Detailed analysis At least two effects At least two P.I.E.S Specifically related to later adulthood May include possible positive effects May refer to longer term consequences Good QWC</p> <p><b>Level 2:</b> Sound analysis At least two effects May not relate specifically to later adulthood Mostly negative Sound QWC</p> <p><b>Level 1:</b> Limited analysis At least one effect May not relate to later adulthood Muddled and list like Low QWC</p>	<p><b>Level 3: 11 – 14 marks:</b> Candidate gives a detailed analysis of at least two possible effects, related specifically to an individual in later adulthood and using at least two aspects of P.I.E.S. Although the answer is likely to be mainly negative some reference may be made to possible positive outcomes. Candidate is likely to refer to longer term effects and consequences. The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p> <p><b>Level 2: 6 – 10 marks</b> Candidate gives a sound analysis of at least two possible effects, although these may not relate specifically to an individual in later adulthood. The answer is likely to be</p>

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	<p>neighbours, community which they have known for a long time/support network.</p> <p>+ any other appropriate effect</p> <p>Possible long term effects:</p> <ul style="list-style-type: none"> <li>• May trigger health issues, related to stress, anxiety – medical services may be more alert/sensitive to health issues</li> <li>• May lead to a move into sheltered housing or residential care earlier than would otherwise have been needed – may have a positive outcome.</li> <li>• Specialist services may become involved which may have a positive outcome</li> <li>• Extreme emotional distress may shorten life.</li> <li>• Person may ‘give up’ because of the loss of home and possessions.</li> <li>• May not want to return to former home if an opportunity to move to somewhere more suitable is provided.</li> <li>• Opportunity for home to be redecorated/improved may be seen positively</li> <li>• Family/friends/community may provide support which was not evident before the flooding crisis.</li> </ul> <p>+ any other appropriate response</p>			<p>mainly negative and may not refer to longer term effects and consequences. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1: 1 – 5 marks</b> Candidate gives a limited analysis of at least one possible effect which may not relate specifically to an individual in later adulthood. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b> No response worthy of credit</p>

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4	a	i	<p>One mark for a correct response from:</p> <ul style="list-style-type: none"> <li>• Pavlov</li> <li>• Skinner</li> </ul> <p>+ any other appropriate theorist</p>	1		
4	a	ii	<p>The behavioural perspective focuses on reinforcing an individual's behaviour, involving:</p> <ul style="list-style-type: none"> <li>• Positive reinforcement – giving praise/recognition/attention/ reward for desired/good/ required/ approved behaviour</li> <li>• Negative reinforcement – creating an unpleasant experience such as expressing disapproval / ignoring inappropriate behaviour so that the individual changes their behaviour to avoid the unpleasant experience</li> <li>• Punishment is used with care (it blocks a particular behaviour rather than identifying or promoting the desired behaviour)</li> </ul> <p>it can therefore be used to:</p> <ul style="list-style-type: none"> <li>• establish routines – particularly appropriate for residential settings</li> <li>• clearly identify and reinforce required behaviour</li> <li>• promote socialisation and good behaviour in a social setting</li> <li>• promote a positive environment – children are expected to behave well and are rewarded for good behaviour</li> <li>• reinforce 'good manners'/being polite etc</li> </ul> <p>+ any other appropriate use</p>	8	<p>Although the use of the term 'children's home' implies a setting in which children are being cared for in a residential setting other than within a 'family home' with their parents it is not essential that the answer makes this overtly clear. The essential requirement is that the answer relates to a residential/social setting rather than an educational setting. Therefore examples given should relate to social behaviour/establishing routines etc rather than being rewarded for completing work, handing work in etc.</p> <p><b>Levels checklist:</b>  <b>Level 3:</b>            Clear understanding            Related to residential/social setting            Appropriate examples            Good QWC</p> <p><b>Level 2:</b>            Sound understanding            May not relate to residential/social setting            Examples may not be appropriate to setting            Sound QWC</p>	<p><b>Level 3: 7 – 8 marks:</b>            Candidate demonstrates a clear understanding of the behavioural perspective, giving a detailed explanation of how it could be used in a residential/social setting. Examples given are appropriate and demonstrate understanding of the application of the theory. The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p> <p><b>Level 2: 4 – 6 marks</b>            Candidate demonstrates a sound understanding of the behavioural perspective, giving some explanation of how it could be used, although this may not relate specifically to a residential/social setting. Examples given may not be fully appropriate to the setting specified although. Sentences and paragraphs are for the most part relevant with the material presented in a balanced,</p>

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					<p><b>Level 1:</b>            Limited understanding            Limited application to setting            Examples not appropriate            Muddled and list like            Low QWC</p>	<p>logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1: 1 – 3 marks.</b>            Candidate demonstrates limited understanding of how the behavioural perspective could be used. The answer may be more of an account of a theory from the behavioural perspective with little attempt to apply the theory to the setting. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b>            No response worthy of credit.</p>
4	b	i	Respite care is the term given to temporary/short term provision by carers other than the main carers (who are likely to be family/friends). It may be carried out in the client's own home or might involve a temporary move into a residential setting. It is usually designed to provide a break for the main carers or to provide a different environment/routine/type of care for the client.	1	Any definition which demonstrates understanding of the temporary/short term nature of the change of carers should be credited.	

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4	b	ii	<p>Emotional development: Effects can be expressed in positive and/or negative terms:</p> <ul style="list-style-type: none"> <li>• + feel relieved/good/pleased that their main carers can have a rest/break/holiday or</li> <li>• - resent main carers going away</li> <li>• + enjoys/looks forward to change (sees it as a 'holiday') or</li> <li>• - finds change stressful/dislikes change</li> <li>• + enjoys meeting new carers or</li> <li>• - dislikes having new carers</li> <li>• + feels less of a 'burden' to main carers or</li> <li>• - feels guilty that main carers need a break</li> <li>• + may benefit from new carers/ may experience better care/new treatment/therapy or</li> <li>• - may receive poor standard of care</li> <li>• + may realise the benefits of new care regime/like being in residential care or</li> <li>• - may dislike new regime/being in care and so be more resistant to possible change in the future</li> </ul> <p>+ any other appropriate emotional effect.</p>	10	<p>Respite care relates to temporary/ short term provision by carers other than the main carers who are likely to be family/friends. It may be carried out in the client's own home or might involve a temporary move to a residential setting. NB: may also be taken from the <b>carer's</b> perspective.</p> <p><b>Levels checklist:</b> <b>Level 3:</b> Detailed evaluation Good understanding Both positive and negative Good QWC</p> <p><b>Level 2:</b> Sound evaluation Some understanding Either positive or negative Sound QWC</p> <p><b>Level 1:</b> Limited evaluation Little understanding Muddled and list like Low QWC</p>	<p><b>Level 3: 8 – 10 marks</b> Candidate gives a detailed evaluation of the ways receiving respite care could affect an individual's emotional development. Candidate demonstrates a good understanding of what respite care entails and is likely to give both positive and negative aspects of receiving respite care. The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p> <p><b>Level 2: 4 – 7 marks</b> Candidate gives a sound evaluation of the ways receiving respite care could affect an individual's emotional development. Candidate demonstrates some understanding of what respite care entails but is likely to give only either positive or negative aspects of receiving respite care. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation or spelling.</p>

Question			Answer/Indicative Content	Marks	Guidance	
					Content	Levels of response
						<p><b>Level 1: 1 – 3 marks</b> Candidate attempts to give a limited evaluation of ways receiving respite care could affect an individual's emotional development. Candidate demonstrates little understanding of what respite care entails. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b> No response worthy of credit.</p>
5	a	i	<p>Bandura:</p> <ul style="list-style-type: none"> <li>• behaviour learned/developed through observation /imitation/copying</li> <li>• importance of role models</li> <li>• child most likely to copy someone <ul style="list-style-type: none"> <li>-they identify with - gender</li> <li>- they look up to</li> <li>- they want to be like</li> </ul> </li> <li>• child most likely to copy behaviour which is <ul style="list-style-type: none"> <li>- rewarded</li> <li>- easy to copy</li> <li>- interesting/different</li> </ul> </li> <li>• rewards may be extrinsic or intrinsic/ tangible or intangible</li> <li>• vicarious reward as effective as direct reinforcement</li> <li>• Bobo doll experiments</li> </ul>	<p>1</p> <p>2x2</p>	<p>One mark to be awarded for naming an appropriate theorist</p> <p>Two features to be outlined One mark for identification of a feature, the second mark for development.</p>	



Question	Answer/Indicative Content	Marks	Guidance	
			Content	Levels of response
	<ul style="list-style-type: none"> <li>• All babies are born with a 'Language Acquisition Device' (LAD)</li> <li>• There is a 'critical period' for the acquisition of grammatical language (up to and including puberty)</li> <li>• Babies born deaf still 'vocalise'</li> </ul> <p>Imitation approach:</p> <ul style="list-style-type: none"> <li>• Skinner</li> <li>• Bandura</li> </ul> <p>Who believe that:</p> <ul style="list-style-type: none"> <li>• Language is 'picked up' from others</li> <li>• Adults (particularly parents) react to early vocalisation and reinforce behaviour</li> <li>• Children are rewarded for vocalising – by results/ praise/attention</li> <li>• Children copy the language they hear and are rewarded/ praised/understood</li> </ul> <p>Interactionists:</p> <ul style="list-style-type: none"> <li>• Piaget</li> <li>• Vygotsky</li> <li>• Bruner</li> </ul> <p>Who believe that:</p> <ul style="list-style-type: none"> <li>• Children's language development is closely linked to their intellectual achievements</li> <li>• Concept formation enables children to develop language to express hypothetical statements</li> <li>• Language develops from social interaction</li> </ul>			

Question			Answer/Indicative Content	Marks	Guidance	
					Content	Levels of response
			<ul style="list-style-type: none"> <li>Language is a tool which a child develops to help make sense of the world</li> </ul> <p>+ any other appropriate theorist</p>			
5	b		<p>At 5 years old a child's language:</p> <ul style="list-style-type: none"> <li>Will be dependent upon the experience they have had/input from parent/carers</li> <li>May be fluent and expressive</li> <li>May have restricted 'code' if parents/carers communication skills are limited</li> <li>Previous language may have been mainly directive/giving instructions/being told what to do</li> <li>Neglect in early years may lead to limited language skills</li> </ul> <p>Social learning theory will emphasise:</p> <ul style="list-style-type: none"> <li>Imitation of others/copying language</li> <li>Seeing behaviour/language being rewarded/punished (vicarious) and responding appropriately</li> <li>Influence of groups/role models</li> <li>Wanting to 'fit in'</li> <li>Wanting to please/be approved of, especially by teacher</li> </ul> <p>Influence of school:</p> <ul style="list-style-type: none"> <li>Dramatic increase in vocabulary(1000 words at 4 years old to between 8000 and 14000 words at 5 and beyond)</li> <li>Wider vocabulary used for different situations</li> </ul>	15	<p><b>Levels checklist:</b></p> <p><b>Level 4:</b>            Good understanding            Detailed ways of influence            Social learning theory well related to language development            Relevant examples            Clearly related to a 5 year old            High QWC</p> <p><b>Level 3:</b>            Clear understanding            Examples mostly relevant            Social learning theory linked to language development            Related to a 5year old            Good QWC</p> <p><b>Level 2:</b>            Some understanding            Examples not fully relevant            Social learning theory only loosely applied to language development            May or may not relate to 5 year old child            Sound QWC</p> <p><b>Level 1:</b>            Little understanding</p>	<p><b>Level 4: 12 – 15 marks</b>            Candidate demonstrates a good understanding and gives detailed ways in which a child's language development will be influenced by attending school. Examples given are relevant and there is a clear understanding of the role of social learning theory in language development, which is related appropriately to a 5 year old child. The answer is clearly and concisely expressed in a planned and logical sequence, using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There are few, if any, errors of grammar, punctuation or spelling.</p> <p><b>Level 3: 8 – 11 marks</b>            Candidate demonstrates a clear understanding of ways in which a child's language development will be influenced by attending school. Examples given are mostly relevant and there is some understanding of the role of social learning theory in</p>

Question	Answer/Indicative Content	Marks	Guidance	
			Content	Levels of response
	<ul style="list-style-type: none"> <li>• Greater attention given to development of grammar</li> <li>• More formal use of language for discussion/analysis etc</li> <li>• Development of communication in group activities for expressing ideas/planning play</li> <li>• Exposed to a wider range of communication styles – language for a purpose</li> <li>• Encouraged/required to take part in more formal use of language eg ‘show and tell’, speaking in front of groups</li> <li>• Encouraged to use language more creatively eg making up stories, in imaginative play</li> <li>• Required to use more ‘reflective language’ eg what you did at the weekend, what was the book about?</li> <li>• Wider circle of friends – more diverse language backgrounds</li> <li>• Language used at school may not be what the child’s family uses at home and therefore may be developing a new language</li> <li>• Influences on dialect/slang/‘bad’ language from others</li> <li>• Development of reading and writing skills</li> <li>• Greater exposure to reading/ books/literature</li> <li>• Use of an extended/elaborated code of language in school aids development</li> </ul> <p>+ any other appropriate influence</p>		<p>Examples inappropriate Social learning theory may not relate to language development May not relate to 5 year old child Low QWC</p>	<p>language development, which is related appropriately to a 5 year old child.</p> <p>The answer is in a planned and logical sequence using appropriate health and social care terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There may be occasional errors of grammar, punctuation or spelling.</p> <p><b>Level 2: 4 – 7 marks</b> Candidate demonstrates some understanding of ways in which a child’s language development will be influenced by attending school, although this may be only loosely related to theory. Alternatively there is some understanding demonstrated of social learning theory but this is only loosely related to language development of a 5 year old child. Examples given may not be fully relevant. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question, there may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1: 1 – 3 marks</b> Candidate makes a limited attempt</p>

Question			Answer/Indicative Content	Marks	Guidance	
					Content	Levels of response
						<p>to use theory to suggest ways in which attending school might influence a child's language development, demonstrating little understanding. Alternatively an outline of social learning theory is given but with little reference to language development. Examples given not appropriate to setting or age of child. The answer may be muddled and list like and little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p><b>0 marks:</b> No response worthy of credit.</p>

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