

GCE

Health and Social Care

Unit **F920**: Understanding human behaviour

Advanced GCE

Mark Scheme for June 2017

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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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Annotations

Used in the detailed Mark Scheme (to include abbreviations and subject-specific conventions)

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

MARK SCHEME:

Question			Answer/Indicative Content	Marks	Guidance	
					Content	Levels of response
1	a	i	Nature refers to: Genetic/inherited characteristics Predetermined tendencies/ development Biological theories (Eysenck or Cattell)	2	<p>One mark awarded for a one word/ limited identification, the second mark to be awarded for further description.</p> <p>Use  for first mark and  for description.</p>	
1	a	ii	Nurture refers to: Influences of upbringing/family background/culture/education/learning Environmental influences Social learning/behavioural theories (Bandura, Latane, Tajfel, Skinner or Pavlov)	2	<p>One mark awarded for one word/ limited identification, the second mark to be awarded for further description.</p> <p>Use  for first mark and  for description.</p>	

1	b	<p>Nature could explain fears because of:</p> <p>Inbuilt mechanisms/instinctive responses for protection such as fear of:</p> <ul style="list-style-type: none"> - fire - water - falling - the dark - loud/sudden noises - threat/attack/danger - also some evidence that fear of snakes/spiders etc. is 'inbuilt' <p>Personality type:</p> <ul style="list-style-type: none"> - Eysenck's neuroticism/instability - Cattell's apprehension/timidity <p>+ any other appropriate response</p> <p>Nurture could explain fears because of:</p> <p>Responses which have been specifically taught during childhood:</p> <ul style="list-style-type: none"> - don't run/climb too high – you'll fall - don't go near dogs they will bite - mice/rats/spiders are dirty/bite/carry disease <p>Responses learned from personal experience such as:</p> <ul style="list-style-type: none"> - being burned/scalded in an accident - being hurt from falling/cutting etc. - having unpleasant/painful medical treatment 	11	<p>Levels checklist:</p> <p>Level 3: Detailed explanation Both sides (nature and nurture) High level of understanding Appropriate examples Good QWC</p> <p>Level 2: Some explanation Both sides (nature and nurture) Some understanding Some appropriate examples Sound QWC</p> <p>Level 1: Limited explanation May use just one side (nature or nurture) Limited understanding No appropriate examples Low QWC</p>	<p>Level 3: 9 – 11 marks Candidate gives a detailed explanation from both nature and nurture, demonstrating a high level of understanding of the ways in which each side of the debate may lead to fears being developed, using appropriate examples. The answer is in a planned and logical sequence with health, social care and early years terminology used accurately. Sentences and paragraphs are for the most part relevant and address the focus of the question. There are few errors of grammar, punctuation and spelling.</p> <p>Level 2: 5 – 8 marks Candidate gives some explanation from both nature and nurture, demonstrating some understanding of the ways in which each side of the debate may lead to fears being developed, using some appropriate examples. 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 noticeable errors of grammar, punctuation and spelling.</p> <p>Sub-max of 5 for one side done really well (nature or nurture)</p>
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1	b	<ul style="list-style-type: none"> - being frightened from getting into difficulties in water/ getting lost/dog barking/attack/ being in the dark etc. - being involved in an accident such as car crash/ sporting injury etc. - sensations of embarrassment/ humiliation such as having to give a talk/presentation <p>Responses developed from listening to/reading about comments made by others:</p> <ul style="list-style-type: none"> - hearing about accidents/injuries /medical situations - referring to items in the news/ on television e.g. about crime / terrorism <p>Responses developed from observing responses of others:</p> <ul style="list-style-type: none"> - to spiders/mice/animals - during medical treatment - giving talks/performances - carrying out specific activities <p>Increased responsibility for others:</p> <ul style="list-style-type: none"> - fear that their child/loved one might be hurt/attacked etc. - being in a position of authority, needing to set an example <p>+ any other appropriate response</p>			<p>Level 1: 1 – 4 marks Candidate gives a limited explanation of the ways fears may develop, with no appropriate examples given. Only one side, either nature or nurture, may be covered. Alternatively the candidate explains what is meant by the nature/nurture debate but makes little reference to the way this could link to the development of fears. 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> <p>0 marks: No response worthy of credit given.</p>
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2	a	<p>A feral child could be:</p> <ul style="list-style-type: none"> • a 'wild' child / child who has grown up in the wild • a child who has not been socialised • a child who is beyond parental / adult control • a child without adult care / supervision • a child who is a member of a gang • a child who is 'living rough' /homeless 	<p>2</p> <p>One mark for one word or limited answer. ✓</p> <p>The second mark to be awarded for further explanation. ✓+</p> <p>This is a very imprecise term which can be used in many different ways according to context, so any reasonable attempt should be accepted. Answer does not have to be limited to Britain.</p>	
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2	b	<p>Social learning perspective is based on:</p> <ul style="list-style-type: none"> Learning from/copying/observing others <p>Each theory has a slightly different focus:</p> <p>Bandura:</p> <ul style="list-style-type: none"> behaviour is copied/imitated from those who the child identifies with /looks up to/ sees as role models/ have authority/ sees being rewarded - child is most likely to copy the behaviour of parents/ carers parents/carers have poor social skills themselves child has not been taught social skills such as saying please and thank you child may have been 'encouraged' to behave badly e.g. adults laughing at child swearing/ throwing toys/ fighting child has not had experience of socialising with others outside the immediate family Bobo doll experiment likely to be described - child copies aggressive behaviour especially of parents or if seen to be rewarded <p>Tajfel:</p> <ul style="list-style-type: none"> children seek group identity – will copy the behaviour of those they want to be identified with –family/ parents /carers - who may have poor social skills themselves 	11	<p>The question does not ask for a theorist to be named and so the answer does not need to relate specifically to just one theory.</p> <p>Levels checklist:</p> <p>Level 3: Good understanding Good analysis Clearly related to child's social skills One or more reason Example/s given Good QWC</p> <p>Level 2: Sound understanding Sound analysis Related to child's social skills One or more reason May not give example/s Sound QWC</p> <p>Level 1: Limited understanding Little analysis Limited reference to child's social skills Example not given or not appropriate Low QWC</p>	<p>Level 3: 9 –11 marks Candidate demonstrates a good understanding of the social learning perspective. There is a good analysis of one or more reasons why a child might have poorly developed social skills, using appropriate example/s. The answer is 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 are few errors of grammar, punctuation and spelling.</p> <p>Level 2: 5–8 marks Candidate demonstrates sound understanding of the social learning perspective. There is a sound analysis of one or more reasons why a child might have poorly developed social skills, although this may not be supported with appropriate example/s. 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 occasional errors of grammar, punctuation and spelling.</p>
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2	b	<ul style="list-style-type: none"> • personal identity is established through mixing with others (who may not have good social skills) • groups are seen as being 'in-groups' or 'out-groups' – child's behaviour will conform to the expectations of the in-group – family/friends/carers, who may not have good social skills • children seek approval from/ want to fit in with their in-group and so will behave accordingly <p>Latane:</p> <ul style="list-style-type: none"> • child's behaviour conforms to family/ group expectations – family may have poor social skills • development of social skills largely influenced by family, peers and friends – child has not been taught appropriate social skills • children copy the behaviour of those around them – especially family but also friends/ neighbours/ peer group • children want to fit in with family/ friends/ peer group • bystander apathy experiments likely to be described – children will wait until others act and then follow, behaving in the same way <p>+ any other appropriate response</p>			<p>Level 1: 1–4 marks Candidate demonstrates limited understanding of the social learning perspective. There is little analysis of reasons why a child might have poorly developed social skills. Alternatively the social learning perspective is explained but there is little reference to the development of a child's social skills. The answer may be muddled and list like. Sentences and paragraphs have limited coherence and structure often being doubtful in relevance to the main focus of the question. There may be noticeable and intrusive errors of grammar, punctuation and spelling.</p> <p>0 marks: No response worthy of credit given.</p>
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2	c	<p>Humanist perspective is based on meeting needs:</p> <ul style="list-style-type: none"> • physiological needs first – nutritious meals, sufficient sleep, suitable clothing • safety/security – reassuring child that foster carers will ‘stand by’ and support them • sense of belonging/love – child feels ‘one of the family’, included in activities • self-esteem – child praised/ supported/achievements recognised • positive regard essential to support self esteem • unconditional love needed – child will be loved for themselves rather than their achievements • practical support such as providing space for play/ toys/taking to clubs/activities essential to underpin emotional development etc. <p>Maslow:</p> <ul style="list-style-type: none"> • meeting needs in order/hierarchy – deficit needs to be met first then higher order needs • physical/physiological needs – food, water, sleep • safety/security – housing, free from threat or intimidation • sense of belonging/love – member of a family or social group • self-esteem – feeling good about self 	12	<p>The question does not ask for a theorist to be named and so the answer does not need to relate specifically to just one theory.</p> <p>Levels checklist:</p> <p>Level 3: Good understanding Detailed assessment Related to emotional needs of a child Related to foster care Good QWC</p> <p>Level 2: Some understanding Sound assessment Related to emotional needs of a child Limited reference to foster care Sound QWC</p> <p>Level 1: Limited understanding Limited assessment Little or no reference to foster care Low QWC</p>	<p>Level 3: 9 – 12 marks Candidate uses the humanist perspective to give a detailed assessment of how a foster carer could meet the emotional needs of a child, demonstrating good understanding. The answer is in a planned and logical sequence with health, social care and early years terminology used accurately. Sentences and paragraphs are relevant and address the focus of the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2: 5 – 8 marks Candidate uses the humanist perspective with some understanding to give a sound assessment how the emotional needs of a child could be met. There may be limited reference to foster care. 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 noticeable errors of grammar, punctuation and spelling.</p>
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2	c	<ul style="list-style-type: none"> • cognitive – learning, intellectual stimulation aesthetic – sense of beauty, music, ‘awe and wonder’ • self-actualisation – ‘being all that you can be’ (not applicable to children) • self-motivation to progress – internal drive. <p>Rogers:</p> <ul style="list-style-type: none"> • positive regard from others leads to positive self-regard • conditions of worth distorts perception of self • inbuilt drive/need to develop/explore – actualising drive/tendency • social pressures decrease/distort the actualising drive • unconditional love/regard required from carers. • self-esteem – child praised/ • supported/achievements recognised – emotional support given • positive regard essential to support self esteem <p>+ any other appropriate response</p>			<p>Level 1: 1 – 4 marks Candidate gives a limited assessment of how the emotional needs of a child could be met. There may be little or no reference to foster care and limited understanding of the humanist perspective. Alternatively, theory from the humanist perspective is explained but not linked to meeting emotional needs of a child or to foster care. 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> <p>0 marks: No response worthy of credit.</p>
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3	a	<p>During adolescence:</p> <p>Hormonal activity creates higher levels of:</p> <ul style="list-style-type: none"> • Oily secretions – good personal hygiene/washing/cleansing helps to avoid skin problems. • Sweat – regular bathing/ showering prevents build up/body odour <p>Physical development/changes such as menstruation require appropriate care/ management</p> <p>Physical activity levels/taking part in sports:</p> <ul style="list-style-type: none"> • Bathing/showering important after activity e.g. football, rugby etc. to remove mud/dirt • Bathing/showering important after activity to remove sweat <p>Social/group activity high during adolescence:</p> <ul style="list-style-type: none"> • Close proximity to others more likely – in school/college • Close physical contact with large number of friends • May be meeting new people/ going for interviews – need to give a good impression • May be involved in sexual activity <p>+ any other appropriate response</p>	2x2	<p>One mark to be awarded for identification of a possible reason why personal hygiene is important in adolescence and second mark to be awarded for development/ outline of that reason.</p> <p>Annotate with  and .</p> <p>Two reasons required.</p> <p>Answers may be expressed in terms either of why personal hygiene is a particular issue for adolescents, or how the issue might affect the adolescent, both approaches are acceptable.</p>	
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3	b	<p>Difficulties in accessing health services during adolescence:</p> <ul style="list-style-type: none"> • transport difficulties – cost of/no public transport, no independent transport/cannot drive/need parent/carer to take them • do not want to tell parents/carers that they want to see the GP/health professional on their own • parents/carers opposition to them seeking health care/advice – asking questions the adolescent doesn't want to answer • parents/carers dismissing/not understanding the adolescent's wish to seek health/medical advice • not aware of the possibility to seek help/advice e.g. sexual health screening/advice • not aware of what might be a problem/could benefit from medical care e.g. acne. • lack of confidence in services available – because of previous experiences/think they will be treated as a child • worried that parents/carers will be informed about their visit /discussions e.g. sexual health worries • do not want to be seen by the 'family' GP who knows their background/family culture etc 	8	<p>Answer must relate specifically to difficulties experienced in adolescence. Do not accept references to having to pay for prescriptions/ treatment. The cost of 'designer frames' rather than 'NHS glasses' is acceptable.</p> <p>Levels checklist:</p> <p>Level 3: Detailed explanation Clear understanding Specifically related to adolescence Good QWC</p> <p>Level 2: Sound explanation Some understanding Generally related to adolescence Sound QWC</p> <p>Level 1: Limited explanation Little understanding May not be related to adolescence Muddled and list like Low QWC</p>	<p>Level 3: 7 - 8 marks Candidate gives a detailed explanation of why an adolescent might find it difficult to access health services, demonstrating clear understanding. Examples given relate specifically to adolescence. The answer is in a planned and logical sequence with health, social care and early years terminology used accurately. Sentences and paragraphs are for the most part relevant and address the focus of the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2: 4 – 6 marks Candidate gives a sound explanation why an adolescent might find it difficult to access health services demonstrating some understanding. Examples may be general in nature although still apply to adolescence. 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 noticeable errors of grammar, punctuation and spelling.</p>
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3	b	<ul style="list-style-type: none"> • do not want treatment/ think they might not get treatment - because of their age, don't want to have to explain their reasons e.g. contraceptive advice • worried that friends/peers will find out/ask about why they are seeking advice • worried that there may be costs involved e.g. for specific style of glasses at opticians - dependent on parents/carers who may not be prepared to pay for 'fashion/style'. • lack of motivation /'too much effort' – can't be bothered to attend appointments/have vaccinations etc. • poor language skills – feel that they would not be able to explain their problem/worry – may not want to have someone else present to 'interpret'/explain • unable to make appointments at appropriate times – school/ college/part time work commitments • specific anxiety/fear e.g. of dental treatment/injections etc. • worried that they might be 'told off' e.g. because they had done something themselves e.g. home piercings/tattooing 			<p>Level 1: 1 – 3 marks Candidate gives a limited explanation why an adolescent might find it difficult to access health services. Alternatively, candidate may explain general difficulties in accessing health services but not relate them to adolescence. 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> <p>0 marks: No response worthy of credit given</p>
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3	b	<ul style="list-style-type: none">• may have 'deeper' issues than the immediate symptoms, which they do not want to face e.g. self-harming, eating disorder• may be involved in illegal activities such as drug taking. <p>+ any other appropriate response</p>			
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3	c	<p>Possible immediate/short term effects most likely to relate to intellectual (school/college) and social (friends/family) effects:</p> <p>Intellectual:</p> <ul style="list-style-type: none"> • may have lost course work/ background notes/ textbooks/ artwork • may have to miss school/ lessons because of disruption. • distracted from revising/ completing work • can't concentrate on homework/ coursework. • can't complete practical projects because of loss of equipment/ facilities • can't concentrate in lessons • not able to work in temporary accommodation because of lack of space/equipment/facilities • may miss deadlines for handing in work. • loss of revision time for exams • may miss/be late for exams • may be moved some way from school /college creating attendance difficulties • may be given extra support/ consideration in school • may be given extra time to complete work 	8	<p>Effects credited should be in context – losing contact with friends is likely to be temporary because of damage to/loss of phone rather than because of a permanent move out of the area. References to illnesses such as typhoid/cholera etc. should be explained in the context of poor sanitation, more likely in large scale disasters/underdeveloped areas etc.</p> <p>The answer may relate to 'PIES', it is not necessary to use examples from different aspects of development i.e. all effects could relate to intellectual development.</p> <p>Levels checklist:</p> <p>Level 3: Detailed analysis At least two effects Specifically related to adolescence May include possible positive effects May refer to longer term consequences Good QWC</p>	<p>Level 3: 7 - 8 marks: Candidate gives a detailed analysis of at least two possible effects, related specifically to adolescence. 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>Level 2: 4 - 6 marks Candidate gives a sound analysis of at least two possible effects, although these may not relate specifically to adolescence. The answer is likely to be 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>
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3	c	<p>Social and Emotional:</p> <ul style="list-style-type: none"> • may be moved away from immediate friendship group • may not be able to go to youth/ social/sports clubs • loss of possessions which cannot be replaced (e.g. related to parent/family member who has died or moved away/ lost contact with) may cause extreme distress. • sense of loss/ disempowerment/ displacement can be compared to bereavement. • family may be split up to stay with various friends /relatives • may go to live with other relatives e.g. grandparents and may develop closer relationship with them • may go to stay with friends – more enjoyable • parents likely to be stressed - causing difficulties if relationships already strained • may get more attention/make new friends through the experience 	<p>Level 2: Sound analysis At least two effects May not relate specifically to adolescence Mostly negative Sound QWC</p> <p>Level 1: Limited analysis At least one effect Not related to adolescence Muddled and list like Low QWC</p>	<p>Level 1: 1 – 3 marks Candidate gives a limited analysis of at least one possible effect which may be very general in nature and not relate specifically to adolescence. 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>0 marks: No response worthy of credit</p>
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3	c	<p>Physical:</p> <p>It is unlikely that the adolescent will suffer from any specific physical injury or illness, however:</p> <ul style="list-style-type: none"> • Involvement in sports teams/training may be difficult • May be unable to go to gym/ swimming pool etc. because of distance or lack of transport • Stress can increase susceptibility to colds/flu etc. • Existing conditions such as asthma may be made worse • May have sustained injury during the flooding/leaving flooded home (because of trips/falls/etc.) • Severe disability/impairment may need special consideration e.g. in rehousing <p>Possible longer term effects:</p> <ul style="list-style-type: none"> • Disruption in education might lead to poorer exam results – not getting into university – not getting higher level employment • May lead to long term changes in relationships eg changes in friendship groups, going to live with other family members eg grandparents, • May lead to a move into better housing – more space to study/work - may have a positive outcome. 			
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3	c	<ul style="list-style-type: none">• Specialist services may become involved e.g. extra tutorial support, which may have a positive long term outcome• May not want to return to former home if an opportunity is provided to move to somewhere better (or with someone else).• Opportunity for home to be redecorated/improved may be seen positively• Family/friends/community/school may provide support which was not evident before the flooding crisis may be of benefit in the long term.• May trigger health issues, related to stress, anxiety etc. <p>+ any other appropriate response</p>			
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4	a	<p>Theorists from behavioural perspective include:</p> <p>Pavlov and Skinner</p> <p>Pavlov</p> <ul style="list-style-type: none"> • theory comes from classical conditioning – response to behaviour • work developed from experiments with dogs (salivating/food/bells) - useful in establishing routine/ repetitive/ automatic behaviour • behaviour learned by association and direct experience - becomes automatic • based on reward/response to specific behaviour - identification of appropriate rewards/responses • avoidance of unpleasant experiences – linked to changes in behaviour <p>Skinner</p> <ul style="list-style-type: none"> • uses operant conditioning - behaviour operates on the environment to produce a response • positive reinforcement / praise / reward leads to behaviour being repeated and strengthened • negative reinforcement – avoiding unpleasant situations leads to bringing about 'desired behaviour' • punishment 'blocks behaviour' <p>+ any other appropriate response</p>	1 2x2	<p>One mark for a named theorist</p> <p>Two marks for each feature outlined. (One mark for one word or limited answer. The second mark to be awarded for further outline.)</p> <p>Annotate with  and .</p> <p>Two features required</p>	
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4	b	<p>Language development during infancy involves:</p> <ul style="list-style-type: none"> • Random noises • Babbling • Pre linguistic sounds • Emerging language • Responses to others <p>The behavioural perspective:</p> <ul style="list-style-type: none"> • views infants as ‘empty vessels’ which language has to be ‘put in to’ • all language is developed by input from others – infants simply absorb and repeat language • adults react to random babbling sounds made by infants, giving attention, praise, reward etc. – encourages infant to repeat the sounds to get more attention/ reaction • infants enjoy the attention gained from adult’s reactions and repeat behaviour • carers ‘interpret’ for infant by e.g. giving a biscuit when infant makes an approximate sound such as ‘bi bi’, or pointing to object e.g. cat (or car) in response to the infant saying ‘ca’ and saying/repeating the word • infant repeats sounds to get what they want e.g. biscuit 	10	<p>Levels checklist</p> <p>Level 3 Good understanding of behavioural perspective Detailed explanation of language development Related to infancy Good QWC</p> <p>Level 2 Some understanding of behavioural perspective. Sound explanation of language development May not relate specifically to infancy Sound QWC</p> <p>Level 1 Limited understanding of the behavioural perspective Limited explanation of language development Not related to infancy Low QWC</p>	<p>Level 3: 8–10 marks Candidate demonstrates good understanding of the behavioural perspective, using it to give a detailed explanation of how language develops during infancy. Stages of language development during infancy are mentioned. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are relevant and structured in a way that clearly addresses the focus of the question. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2: 4–7 marks Candidate demonstrates some understanding of the behavioural perspective using it to give a sound explanation of how language develops but this may not relate specifically to infancy. The answer may not mention the stage/level of language during infancy. The candidate has shown limited ability to organise the information, sentences and paragraphs may not always address the focus of the question. There may be some errors of grammar, punctuation and spelling.</p>
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4	b	<ul style="list-style-type: none"> • by talking to the infant/ describing what is happening/asking questions carers provide language which the infant responds to/ imitates • adults may use 'motherese'/ 'fatherese' – high pitched, slow, repetitive speech which infants respond to by making equivalent sounds • carers use of an 'elaborated code' of language enables infant to develop language in context • operant conditioning indicates that sounds and words which are not rewarded are not reinforced and are extinguished • carers can encourage and support infant's language development by talking to the infant, showing interest, engaging the infant in 'conversations' • reading 'together', asking the infant questions (Where's Spot? Who's that?) encourages thinking skills and associated language development • carers can restrict an infant's language development by ignoring / punishing/ over correcting the infant's attempts at words/ not speaking to the infant <p>+ any other appropriate comment</p>			<p>Level 1: 1–3 marks Candidate demonstrates limited understanding of the behavioural perspective with limited explanation of how an infant's language develops. The answer may be muddled or list like or may lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 marks: No response worthy of credit</p>
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5	a	<p>Self-concept is the way an individual thinks about/sees themselves.</p> <p>It can include:</p> <ul style="list-style-type: none"> • self -image – how a person sees themselves • self-confidence – how a person is able to face challenges • self-esteem – how a person feels about themselves • self-efficacy - how well a person thinks they will be able to do something/ complete a task • self-perception – how a person perceives themselves • the opinion/view a person has of themselves • the opinion/view a person has of the way others see them <p>Effects on self-concept in later adulthood could be:</p> <ul style="list-style-type: none"> • positive • negative • based on a comparison with self when younger • based on comparison with others of same age 	10	<p>Levels checklist:</p> <p>Level 3: Detailed analysis Good understanding of self-concept Specifically related to later adulthood Good QWC</p> <p>Level 2: Sound analysis Sound understanding of self-concept May not relate specifically to later adulthood Sound QWC</p> <p>Level 1: Limited analysis Limited understanding of self-concept Not related to later adulthood Low QWC</p>	<p>Level 3: 8 – 10 marks Candidate gives a detailed analysis of factors which could affect the self-concept of a person in later adulthood, demonstrating good understanding. Examples given relate specifically to later adulthood. 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>Level 2: 5 – 7 marks Candidate gives a sound analysis of factors which could affect the self-concept of a person in later adulthood, demonstrating sound understanding, although examples might not relate specifically to later adulthood. The candidate has shown limited ability to organise the information, sentences and paragraphs may not always address the focus of the question. There may be some errors of grammar, punctuation and spelling.</p>
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5	a	<p>Self-concept is likely to be affected by:</p> <ul style="list-style-type: none"> • physical appearance – ‘looking old’, – hair loss/thinning, changes in skin texture, loss of teeth, stooped/poor posture etc. • physical abilities – not able to do the same as when younger – decline in eyesight/hearing, walking/fitness etc. • physical health – in good general health or being in poor health/often ill/on medication etc. • having specific illnesses/disabilities associated with ageing – arthritis/ dementia • social situation – part of an extended family/many friends/social contacts or social isolation and being alone and lonely • emotional security – feeling safe/ secure /content with way of life. • level of independence – feels ‘in control’ or feels dependent and lacking control • intellectual abilities – being able to continue studying/achieving/ managing own affairs or experiencing cognitive decline and confusion 			<p>Level 1: 1 – 4 marks Candidate gives a limited analysis of factors which could affect self-concept. Answer does not relate specifically to later adulthood. Alternatively, aspects of later adulthood are analysed but not linked to 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>0 marks: No response worthy of credit.</p>
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5	a	<ul style="list-style-type: none">• feeling that they are a valuable part of a 'community' or feeling useless and a burden• having concerns about the future – needing to be cared for/ fear of death/bereavement etc.• bereavement/death of spouse/partner or separation/divorce – being a 'single person' rather than one of 'a couple'.• financial situation – able to enjoy good standard of living without worry – holidays/hobbies/ helping others/family/friends or living in poverty and hardship• enjoying retirement/continuing to work/volunteering or feeling bored. <p>+ any other appropriate response</p>			
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5	b	<p>The psychodynamic perspective includes theories from Freud and Erikson:</p> <p>Freud:</p> <ul style="list-style-type: none"> • emotional development linked to experiences in early years • failure to pass through stages successfully leads to fixation - <ul style="list-style-type: none"> - oral stage – passive, dependent, oral gratification such as smoking - anal stage stubborn, obsessed with tidiness, obsessive behaviours - phallic stage – reckless, risk taking, obsessed with sexual activity • defence mechanisms affect emotional state <ul style="list-style-type: none"> - denial - repression - rationalisation - displacement - projection - sublimation • unconscious feelings direct the way we behave • emotion and behaviour driven by id, ego and superego 	15	<p>The focus of this question is on how an understanding of theory would be helpful to people who work in residential care and therefore answers should not simply be repetition of the theory itself.</p> <p>Annotate with  to indicate a positive/helpful aspect and  to indicate negative/not helpful aspect.</p> <p>Levels checklist:</p> <p>Level 4: Excellent understanding of theory Good coverage of both positive and negative aspects of application (annotate with + and -) Clearly applied to residential care Relates to later adulthood Clear links made to maintaining individual identity Clear conclusion High QWC</p> <p>Level 3: Sound understanding of theory Either mainly positive or negative (annotate with + and -) Applied to residential care Sound links to maintaining individual identity May be no conclusion Good QWC</p>	<p>Level 4: 13 – 15 marks Candidate demonstrates an excellent understanding of theory from the psychodynamic perspective. Evaluation includes both positive ways in which it might be helpful/useful and reasons why it might not be (negative) in residential care. Clear links are made between theory and helping a person in later adulthood to maintain their individual identity. A clear conclusion drawn. The answer has a clearly defined structure and is well planned and logical. Sentences and paragraphs are relevant and fully address the focus of the question. There are few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 3: 9 – 12 marks Candidate demonstrates sound understanding of theory from the psychodynamic perspective in evaluating how it might be helpful/useful in residential care. The answer gives mainly either positive or negative aspects of how helpful the theory could be. A conclusion may not be drawn. Sentences and paragraphs are for the most part relevant and in a planned structure, addressing the focus of the question. There may be occasional errors of grammar, punctuation and spelling.</p>
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5	b	<p>Erikson:</p> <ul style="list-style-type: none"> • emotional development linked to ways in which crises/dilemmas are resolved earlier in life • experiences contribute to emotional development throughout life • adaptive/maladaptive responses learned earlier determine emotional development • age related dilemmas/crises – <ul style="list-style-type: none"> - trust v mistrust - autonomy v shame or doubt - initiative v guilt - industry v inferiority - identity v role confusion - intimacy v isolation - generativity v stagnation - ego integrity v despair <p>Ways of helping to maintain individual identity:</p> <ul style="list-style-type: none"> • Accept that individuals in later adulthood have all had different backgrounds and experiences – age may be the only thing they have in common • Do not presume that having had the same experience (e.g. being ‘in the war’) was the same for everyone • Do not expect everyone to react in the same way to situations e.g. being in residential care, diagnosis of illness, death of a loved one 	<p>Level 2: Some understanding of theory Limited evaluation Either positive or negative Limited links to residential care Few links to maintaining individual identity No conclusion Sound QWC</p> <p>Level 1: Little understanding of theory No evaluation May not be linked to residential care Not linked to maintaining individual identity Low QWC</p>	<p>Level 2: 5 – 8 marks Candidate demonstrates some understanding of theory from the psychodynamic perspective. There is only a limited attempt to evaluate whether it would be helpful. Few links are made to helping a person to maintain their individual identity. Candidate has shown limited ability to organise the information. Sentences and paragraphs are not always relevant and do not fully address the focus of the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1: 1 – 4 marks Candidate demonstrates little understanding of theory from the psychodynamic perspective and makes no attempt to evaluate whether the theory could be helpful. There may be little reference to ways in which theory could be used to help a person maintain their individual identity. Alternatively theory is described in detail but with no application to individuals in residential care. The answer may be muddled or list like demonstrating little understanding of the focus of the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>0 marks: No response worthy of credit</p>
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5	b	<ul style="list-style-type: none"> • Take an interest in the individual's past experiences/life story – talk to the person about their life/ask questions • Reflect on the individual's past experiences to help understand their current behaviour – may be showing resentment, anger, apathy etc. • Understand that 'inappropriate behaviour' may be 'unconscious' i.e. not deliberate • Allow individuals to have their own 'personal space' – both physical and emotional. • Encourage/enable individuals to maintain a routine which suits them e.g. when to get up/go to bed • Encourage/enable individual to have personal possessions/photos/mementos around them • Encourage/enable individual to maintain personal interests e.g. reading newspaper, listening to/playing music, watching particular television programmes • Make sure individual's own clothes are maintained/worn, allow personal choice of what to wear, even if difficult – provide help with fastenings such as buttons/ belts/shoe laces etc. rather than automatically changing to Velcro/slippers etc. • Support personal care preferences e.g. hairstyles, bathing/showering routines, shaving (electric or safety razor) etc 			
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5	b	<ul style="list-style-type: none"> • Help to maintain links with the individual's past – reminiscence sessions, encourage/facilitate visits from family/friends/neighbours etc. <p>Application of psychodynamic perspective to residential care might be helpful because it:</p> <ul style="list-style-type: none"> • makes staff focus on the individual • encourages staff to focus on the individual's personality and identity rather than their age • encourages staff to consider an individual's background and life history rather than just their present situation • enables staff to understand why a resident may find it difficult to adjust to a social/group setting • helps staff to recognise why particular things – possessions/ routines/tidiness etc. are important to individual residents • enables staff to respond more effectively to individual needs • reminds staff not to take antagonism personally • enables staff to avoid stereotyping – treat all residents as individuals • explains why individuals respond in different ways e.g. to bereavement, diagnosis of illness 			
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		<p>It may not be helpful because:</p> <ul style="list-style-type: none">• the psychodynamic perspective is very complex - not easy to fully understand and apply• 'psychoanalysis' requires lengthy and specific training before use• untrained staff should not attempt to be too 'analytical' – there may be simple explanations for behaviour – not liking particular food, being too hot or too cold• changes in behaviour may be the result of illness e.g. urinary infection, which might be missed if too much emphasis is put onto psychodynamic explanations• residents' behaviour may be the result of more straightforward causes e.g. not being treated with respect, not liking the people they are with, not wanting to take part in group activities (e.g. bingo), inherited personality traits etc.			
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OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

Education and Learning

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Head office
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Facsimile: 01223 552553

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