

Health and Social Care

Advanced GCE

Unit **F920**: Understanding human behaviour

Mark Scheme for January 2011

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Question		Expected Answer	Mark	Rationale/Additional Guidance
1	(a)	<p>One mark for a correct response from:</p> <ul style="list-style-type: none"> • Tajfel • Latane • Bandura 	[1] 1x1	
	(b)	<p>One mark for identification, TWO required One mark for development, TWO required</p> <p>Two required from:</p> <ul style="list-style-type: none"> • Tajfel <ul style="list-style-type: none"> - those with low self-esteem will identify with a group having a positive self image - the stronger the positive image results in the more positive social identity - need to identify with the 'in group' - identification of 'out groups' who may be rejected or ostracised - experimental work involved allocating rewards on an arbitrary basis to random groups - the 'onion' theory –layers of different influences. • Latane <ul style="list-style-type: none"> - the presence of others affects behaviour – more likely to wait for guidance, to follow others – deferred/shared responsibility - 'bystander' effect – the more people present the fewer will come forward to help - social impact – leading to conformity and obedience - individuals put in less effort when in a group - experimental work resulted from murder of Kitty Genovese/involves responding to people in distress/danger 	[4] 2x1 2x1	

Question		Expected Answer	Mark	Rationale/Additional Guidance
1	(b)	<ul style="list-style-type: none">• Bandura<ul style="list-style-type: none">- observation and imitation/copying of behaviour- choose role models who can be identified with- low self esteem can lead to greater imitation- vicarious reinforcement increases likelihood of imitation- reward often intrinsic – does not depend on imitator receiving reward/recognition- experimental work based on Bobo doll		

Question	Expected Answer	Mark	Rationale/Additional Guidance
1 (c)	<p>Level 3 (8-10 marks) Candidate demonstrates clear understanding of an appropriate theory. At least two relevant changes in behaviour which can occur during adolescence are clearly explained and are clearly linked to features of the theory selected. Detailed knowledge of the theory should be evident at this level with specific relevance to the changes which take place during adolescence. Answer is presented 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 the material presented in a balanced, logical and coherent manner which addresses the question; there will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 (5-7 marks) Candidate briefly explains an appropriate theory and some links are made to changes in behaviour during adolescence. At least one relevant change in behaviour which can occur in adolescence is given. An attempt is made to show how the theory can be used to explain changes in behaviour. Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 1 (0-4 marks) Candidate gives only a very brief explanation which is more of a description of an appropriate theory, little or no reference is made to changes in behaviour which can occur during adolescence. Alternatively a description of behaviours characteristic of adolescence may be given but with little or no reference to the theory chosen. Answer may be list like, sentences and paragraphs have limited coherence and structure. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>	[10]	

Question		Expected Answer	Mark	Rationale/Additional Guidance
1	(c)	cont		
		<p>Social Learning Perspective:</p> <ul style="list-style-type: none"> • adolescence is a 'social construct' which is the result of the society in which the person is brought up • responses to the physical changes of puberty are learned behaviours resulting from upbringing and societal influences • examples could include: smoking, experimenting with drugs, fashion changes, taste in music, antisocial behaviour, supporting causes (eg 'green issues') <p>Plus any other appropriate example</p> <p>Tajfel:</p> <ul style="list-style-type: none"> • individuals seek group identity eg by age, interests, gender etc • personal identity is established through socialisation • groups are seen as being 'in-groups' or 'out-groups' • behaviour conforms to the expectations of the in-group • young people in particular want to fit in with their in-group • adolescents gain a 'sense of belonging' by being accepted as a group/gang member, which they may not feel within their family <p>Latane:</p> <ul style="list-style-type: none"> • bystander apathy experiments likely to be described • behaviour conforms to expectations of the group • people copy the behaviour of those around them • young people in particular want to fit in with peer group • people 'behave like sheep', adolescents will go along with the views of others in their social group • adolescents particularly concerned about what others of their age think of them 		

Question	Expected Answer	Mark	Rationale/Additional Guidance
	<p>Bandura:</p> <ul style="list-style-type: none"> • Bobo doll experiment likely to be described – should be linked to adolescence • behaviour is copied/imitated from those who a <ul style="list-style-type: none"> - person identifies with - person looks up to/sees as role models - person sees being rewarded • it is more likely to be imitated by those who <ul style="list-style-type: none"> - lack self-confidence} commonly a feature of - have poor self image} adolescence • adolescents are more likely to copy peers/friends/celebrities rather than parents 		

Question		Expected Answer	Mark	Rationale/Additional Guidance
2	(a)	<p>One mark for each correct response, FOUR required from</p> <ul style="list-style-type: none">• family• education• housing• culture• access to health services• nutrition – accept diet• income differences – accept income	[4] 4x1	
	(b)	<p>One mark for a correct response from</p> <ul style="list-style-type: none">• Maslow• Rogers	[1]	

Question	Expected Answer	Mark	Rationale/Additional Guidance
2 (c)	<p>Level 3 (11-15 marks) Candidate demonstrates a clear understanding of an appropriate humanist theory and the ways in which a child minder could use the theory to influence a child's intellectual development. At least two ways, which link directly with theory, are given to illustrate how a child's intellectual development could be influenced. 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 address the focus of the question with information presented in a balanced and coherent manner. There are few errors of grammar, punctuation and spelling.</p> <p>Level 2 (6-10 marks) Candidate demonstrates understanding of an appropriate humanist theory and is able to make some links with the ways in which a child minder could influence a child's intellectual development. At least one way is given to illustrate how a child's intellectual development could be influenced by a child minder and this is directly linked to theory. Candidate has shown limited ability to organise the relevant information. Sentences and paragraphs are not always relevant and answer does not always address the focus of the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 (0-5 marks) Candidate demonstrates some understanding of an appropriate humanist theory but may not link this to ways in which a child minder could influence a child's intellectual development. Alternatively at least one way is given to illustrate how a child's intellectual development could be influenced by a child minder but this may not be linked to theory. Answer may be muddled with inappropriate or irrelevant examples given. Little understanding of the focus of the question is demonstrated. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>	[15]	

Question			Expected Answer	Mark	Rationale/Additional Guidance
2	(c)	cont	<p>Maslow</p> <ul style="list-style-type: none"> child has self motivation to progress – internal drive to learn/be curious/discover for self needs identified in a hierarchy – deficit needs must be met before higher order needs (intellectual/cognitive) can be addressed physical/physiological needs – food, water, sleep etc must be met first (a child is less likely to learn/be able to concentrate if they are hungry/thirsty/tired) safety/security – the child must feel safe in the child minder's care sense of belonging/love – the child must feel emotionally secure with the child minder self-esteem – feeling good about self, the child needs to feel confident in their ability to learn cognitive – learning, intellectual stimulation, the child needs to be provided with opportunities to learn aesthetic needs – an appreciation of beauty/art/music, a sense of 'awe and wonder' self actualisation – 'being all that you can be' <p>Rogers</p> <ul style="list-style-type: none"> positive regard from others leads to positive self regard – child needs to feel good about self in order to be confident learners/develop intellectually conditions of worth distorts perception of self – if the child minder sets 'conditions' the child is less likely to learn confidently inbuilt need to explore – actualising tendency – children need to be provided with appropriate materials/activities in a safe environment social pressures decrease/distort the actualising drive – children can be inhibited in their learning unconditional love/positive regard aids a child's willingness and ability to learn 		

Question			Expected Answer	Mark	Rationale/Additional Guidance
2	(c)	cont	<p>Examples of ways child minder could influence intellectual development:</p> <p>Meet deficit needs first by</p> <ul style="list-style-type: none"> • providing food and drink, make sure child is not hungry or thirsty • allowing for sleep/rest/nap time so that child is not tired • providing a safe/secure environment, locks etc, toys in good condition, visitors checked, ensure no bullying etc between children (or children and adults) • give sense of belonging – child has own toys/cup/coat hook etc • give praise, support, encouragement etc to raise child's self esteem • ensure unconditional/positive regard <p>Then higher order (cognitive) needs can be met</p> <ul style="list-style-type: none"> • provide appropriate activities and opportunities for learning 		

Question		Expected Answer	Mark	Rationale/Additional Guidance
3	(a)	<p>One mark for each correct response, THREE required from</p> <ul style="list-style-type: none"> • Cystic fibrosis • Down's Syndrome • Tourette's syndrome • haemophilia • Huntington's disease • susceptibility to cancers • susceptibility to heart disease <p>Plus any other appropriate response</p>	<p>[3] 3x1</p>	
	(b)	<p>One mark for a correct response, ONE required from</p> <ul style="list-style-type: none"> • Eysenck • Cattell 	<p>[1]</p>	

Question		Expected Answer	Mark	Rationale/Additional Guidance
3	(c)	<p>Level 3 (12-16) Candidate gives a detailed explanation, demonstrating a clear understanding of the way the theory chosen suggests personality is determined. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There are few errors of grammar, punctuation and spelling.</p> <p>Level 2 (6-11) Candidate gives a sound explanation, demonstrating some understanding of the way the theory chosen suggests personality is determined. 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>Level 1 (0-5) Candidate makes a limited attempt to explain an appropriate theory. 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>	[16]	

Question			Expected Answer	Mark	Rationale/Additional Guidance
3	(c)	cont	<p>Eysenck</p> <ul style="list-style-type: none"> • personality is inherited/genetic • trait theory - individuals can be placed at a point on a continuum between extremes • extroversion – introversion • stability – instability (neuroticism) • tough minded – tender minded • personality can be tested, measured • linked to Galen’s work on ‘humours/body fluids’ • criminal behaviour can be linked to traits <p>Cattell</p> <ul style="list-style-type: none"> • personality is inherited/genetic • 16 personality factors - personal profile plotted on continuum between extremes • sociable – unsociable • intelligent – unintelligent • emotionally stable – unstable • dominant – submissive • cheerful – brooding • conscientious – undependable • bold – timid • sensitive – insensitive • suspicious – trusting • imaginative – practical • shrewd – naïve • self assured – apprehensive • radical – conservative • self-sufficient – group adherence • self-disciplined – uncontrolled • tense – relaxed • personality can be tested/measured 		

Question		Expected Answer	Mark	Rationale/Additional Guidance
4	(a)	<p>One mark for identification, TWO required One mark for development, TWO required</p> <p>Causes of anxiety</p> <ul style="list-style-type: none"> • money worries – may not be able to afford food, heating etc • illness – who will look after them • isolation - loneliness/lack of social contact • bereavement/death – actual or anticipated • loss of mobility – not being able to cope with shopping etc • poor eyesight – not being able to read etc • poor hearing – not being able to take part in conversations/social activities etc • threat/burglary - vulnerable <p>Plus any other reasonable suggestion</p>	<p>[4] 2x1 2x1</p>	
	(b)	<p>One mark for a correct response, ONE required from</p> <ul style="list-style-type: none"> • Freud • Erikson 	[1]	

Question	Expected Answer	Mark	Rationale/Additional Guidance
4 (c)	<p>Level 3 (11-15 marks) Candidate demonstrates clear understanding in using an appropriate perspective to explain difficulties which older people may experience in adapting to changes resulting from the need to move into residential care. 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 may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (6-10 marks) Candidate demonstrates some knowledge of an appropriate perspective and an attempt is made to explain difficulties which older people may experience in adapting to changes resulting from the need to move into residential care. 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 noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 (0-5 marks) Candidate uses some aspects of an appropriate perspective but little or no attempt is made to explain difficulties which older people may experience in adapting to changes resulting from the need to move into residential care. Alternatively, examples of difficulties in adapting to change associated with old age are identified but no link is made to an appropriate theory. 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>	[15]	

Question			Expected Answer	Mark	Rationale/Additional Guidance
4	(c)	cont	<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 • feelings of increased dependence reminding of being dependent as a child • defence mechanisms affect emotional state and responses to change <p>Erikson</p> <ul style="list-style-type: none"> • ability to cope with change linked to ways in which crises/dilemmas are met earlier in life • experiences contribute to emotional development throughout life and the ability to approach change positively • adaptive/maladaptive responses learned earlier determine responses to later crises • final stage of ego integrity v despair linked to adaptive/maladaptive state 		

Question	Expected Answer	Mark	Rationale/Additional Guidance
5	<p>Level 4 (20-25) Candidate uses one or more appropriate theories and demonstrates a clear and detailed understanding of how a child learns language, giving a detailed explanation of the processes involved. The different stages of language development will be explained, using correct terminology. At this level there is likely to be reference to the different opinions about the relative importance of inherited/biological/nature influences and learnt behaviour/nurture influences, giving a balanced approach. At least two factors which could affect the development of language skills are analysed in detail and with understanding and are specifically related to a 5 year old child in foster care. The answer has a clearly defined, logical structure using appropriate H, SC and EY terminology confidently and accurately. Sentences and paragraphs, consistently relevant address the focus of the question. There are few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 3 (14-19) Candidate uses appropriate theory and demonstrates a good understanding of how a child learns language giving an explanation of the processes involved. Different stages of language development may be described using appropriate terminology. At least two factors which could affect the development of language skills of a 5 year old child in foster care are analysed, demonstrating understanding. The answer is well planned and has a logical sequence, using appropriate health and social care terminology. Sentences and paragraphs address the focus of the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (7-13) Candidate uses appropriate theory with some understanding of how a child learns language with some explanation of the processes involved. There may be an attempt to describe the different stages of language development with some use of appropriate language. At least one factor which could affect the development of language skills is analysed, demonstrating some understanding, or only one factor is clearly analysed in detail. Sentences and paragraphs are not always relevant and may not fully address the question with some use of health, social care and early years terminology. There may be noticeable errors of grammar, punctuation and spelling.</p>	[25]	

Question	Expected Answer	Mark	Rationale/Additional Guidance
	<p><i>Candidates who fully explain how a child learns language but with no reference to factors which might inhibit the development of language skills in a 5 year old child in foster care can gain a sub-max of 10 marks.</i></p> <p>Level 1 (0-6) Candidate uses appropriate theory to explain how a child learns language, little attempt is made to explain the processes involved. There may or may not be an attempt to explain the different stages of language development. One factor which could affect the development of language skills is briefly analysed. The answer may be expressed in very general terms or list like with little use of appropriate health, social care and early years terminology. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><i>Behaviourist approach (Skinner)</i></p> <ul style="list-style-type: none"> • viewed babies as ‘empty vessels’ which language had to be ‘put in to’ • all language developed by input from others – children simply absorb and repeat language <p><i>Social constructivist approach (Piaget, Vygotsky and Bruner)</i></p> <ul style="list-style-type: none"> • communication between people within positive relationships essential for language development • human beings are born with a need to be part of a culture which stimulates the need to communicate 		
	<p><i>Biological approach (Chomsky and Lennerberg)</i></p> <ul style="list-style-type: none"> • children are born ready to learn whatever languages they hear around them – through a ‘language acquisition device’ (LAD), there is a specific period during childhood when language development is triggered • children learn to talk because they are genetically equipped to do <p><i>Social learning approach (Bandura)</i></p> <ul style="list-style-type: none"> • early communication based on copying/imitation • children respond to input by repetition which is rewarded 		

Question	Expected Answer	Mark	Rationale/Additional Guidance
	<p>Stages of language development</p> <ul style="list-style-type: none"> • prelinguistic – sounds, noises, gurgling etc. Baby listens intently, responds to tone of voice, recognises familiar voices. By 9 months repeats sounds, uses appropriate gestures. Babbling takes on ‘tune’ of language they are hearing • holophrase – single words have range of meanings, used with purpose. Co-operation develops in conversations and in following instructions. Tuneful babble develops into expressive ‘jargon’ – voice goes up and down appropriately. To approx 12 months • telegraphic – abbreviated phrases used with meaning eg ‘doggie gone’. Understands wide range of vocabulary and uses around 50 words. Uses own name and names objects and actions. Rapid development of vocabulary and understanding. Enjoys songs, conversations, rhymes etc. To approx 2 yrs • developing grammar – plurals, pronouns, adjectives, tenses etc. Complex sentence structure, examples of ‘virtuous errors’ eg I goed to the park. Enjoys conversations and asking questions. Between approx 2-3 yrs • extended use of language – Can use past, present and future more easily. Enjoys jokes, nonsense words etc – metalinguistics. Will imitate swearing. Will learn their address, age etc. Between approx 3 - 4 yr • from 4 years language is used creatively and fluently. The immediate culture influences the use of language – adapting to conventions, roles of language etc. children being to understand that different audiences and situations require different ways of talking <p>Factors</p> <ul style="list-style-type: none"> • babies need to be spoken to and communicated with. Use of Baby Talk Register (BTR), (‘motherese/fatherese’) – high pitched, slow and repetitive with a ‘pattern’ of conversation ie pausing for response from baby (smile, frown, quietening, waving) then responding and continuing babies need to hear 		

Question	Expected Answer	Mark	Rationale/Additional Guidance
	<p>speech, language, conversation going on around them</p> <ul style="list-style-type: none"> • language needs to be put into context – use of gestures, commentary on what is happening • babies need to have opportunities for individual focus and attention – eye contact, facial expression etc (hearing TV etc does not stimulate language development) • babies need to be encouraged to respond – positive feedback given to early attempts • children need to be given opportunities to practice language in a supportive environment, listened to, allowed to make mistakes, encouraged to ask questions etc • social factors influence language development through exposure to wide vocabulary, different uses of language etc – Bernstein’s restricted and elaborated language codes • reading and story telling contributes to development of understanding of grammar, use of language etc <p><i>Inhibiting factors (may be experienced prior to fostering)</i></p> <ul style="list-style-type: none"> • lack of stimulation – not being spoken to, listened to, read to • deprivation and neglect – extreme cases of isolation • poor parenting, abuse – reasons for need of foster care • disruption, frequent changes of carer – linked to being in foster care • lack of opportunity to practice – noisy environment, surrounded by TV, music, lack of specific conversation with child • excessive correction, stress, pressure leading to anxiety in use of language • disability – visual and hearing impairment. Learning difficulties. Facial deformity, poor muscle control etc <p>Plus any other appropriate factor</p>		

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