

Health and Social Care

Advanced GCE

Unit **F920**: Understanding human behaviour

Mark Scheme for January 2012

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, OCR Nationals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

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.

OCR will not enter into any discussion or correspondence in connection with this mark scheme.

© OCR 2012

Any enquiries about publications should be addressed to:

OCR Publications
PO Box 5050
Annesley
NOTTINGHAM
NG15 0DL

Telephone: 0870 770 6622
Facsimile: 01223 552610
E-mail: publications@ocr.org.uk

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

	Good response/positive
	Negative
	Attempts evaluation
	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

Marking crossed out and duplicated answers

OCR currently provides examiners with 'rules' for marking crossed out answers (which may be partially or wholly correct) and duplicated answers. Duplicated answers refer to two (or more) alternative responses to the same question, or responses to more optional questions than required within the paper rubric.

The rules are as follows:

Crossed out answers

- where a candidate crosses out an answer and provides an alternative response the crossed out response is not marked and gains no marks
- where a candidate crosses out an answer to a whole question, but makes no second attempt and the inclusion of the answer would not cause a rubric infringement, the assessor should attempt to mark the crossed out response and award marks appropriately.

Duplicated answers

- normally all responses are marked and the highest mark given
- where alternate answers are provided to a multiple choice question, no mark should be awarded (for example: following a request to tick one box, the candidate ticks two or more boxes)
- where the candidate provides contradictory responses, no mark should be awarded (for example: the candidate writes a statement such as 'water freezes at 0°C this means it is a liquid at -10°C'). The candidate, here, does not seem to understand the context of the 'question'
- where the candidate has adopted a 'scattergun' approach by providing multiple answers to a single response question, no mark should be awarded.

Question		Answer	Mark	Guidance
1	(a)	<p>Any three from</p> <ul style="list-style-type: none"> • traffic / road noise / machinery • workplace / factories / work equipment • aircraft / airports • building works / road works • car / house / burglar alarms • pubs / clubs / noisy neighbours • dogs / animals • music / pop concerts / discos / parties / personal music systems • trains / stations • schools / playgrounds 	<p>3x1</p> <p>3</p>	<p>Plus any other appropriate source.</p>
	(b)	<p>Any two from</p> <ul style="list-style-type: none"> • poor sleep / lack of sleep / disturbed sleep leading to tiredness / lack of concentration • unable to study / revise / do homework / concentrate leading to stress / poor results / effects on memory • frustration / anger / annoyance / temper / stress • damage to hearing / tinnitus / ringing in the ears / possible long term effects / deafness 	<p>4</p>	<p>Sentences required to gain the two marks. Sub-max of two for identification only. It is not necessary to identify PIES.</p> <p>Plus any other suitable effects.</p>

Question		Answer	Marks	Content	Guidance
					Levels of response
1	(c)	<p>Theorists using the appropriate behavioural perspective include Skinner and Pavlov.</p> <p>Essential features:</p> <ul style="list-style-type: none"> behaviour which is reinforced will be repeated positive reinforcement is based on receiving outcomes which are pleasurable / (attention / praise / reward) negative reinforcement is based on the removal of an unpleasant experience / situation / (the ending of being ignored / disapproved of / excluded from friendship group / being bullied) <p>Behaviour in adolescence:</p> <ul style="list-style-type: none"> reinforcement most importantly comes from friends or peer group at this stage parental influence may be less effective than during early childhood fashion / style of dress / appearance / music – positive reinforcement: that which receives approval / positive comment from friends will be ‘reinforced’ / continued / (parental disapproval may be interpreted as positive reinforcement!) negative reinforcement: that which is ignored by friends will be ‘extinguished’ / discontinued – leading to the adolescent changing their style / appearance to stop being ignored in order to receive approval / inclusion in group habits such as smoking / drinking / drug use - that which receives approval / positive comment from friends will be ‘reinforced’ / continued / negative reinforcement: that which is ignored by friends will be ‘extinguished’ / discontinued – leading to the adolescent changing their behaviour to stop being 		The question does not ask for a theorist to be identified so Skinner or Pavlov need not be named in the answer.	<p>Level 3: 7 – 8 marks Candidate demonstrates clear understanding of the behavioural perspective, relating it directly to behaviour changes which might occur during adolescence. A good explanation of the ways in which behaviour is reinforced by the response received is given. The answer is planned and logical using appropriate health and social care terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2: 4 – 6 marks Candidate demonstrates some understanding of the behavioural perspective, giving some explanation of ways behaviour is reinforced by the response received. An attempt is made to explain how this may be related to behaviour changes in adolescence. Sentences and paragraphs are not always relevant to the focus of the question. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1: 0 – 3 marks Candidate makes a limited attempt to explain the behavioural</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
		<p>ignored in order to receive approval / inclusion in group</p> <ul style="list-style-type: none"> • use language / slang / 'in words' etc - reinforcement as above • attitudes such as working hard at school, aiming high, revising etc - reinforcement will depend on whose approval the adolescent values, their friends may hold similar aspirations, parents views may also be valued in this situation <p>Accept any other relevant examples of behaviour in adolescence</p> <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' • focus on desired behaviour – identify appropriate rewards / reinforcement • ignore unwanted behaviour – being ignored is unpleasant and so behaviour will change to avoid this situation (hopefully to produce the desired behaviour which is then rewarded and reinforced) • punishment must be used with care – it merely stops behaviour, not result in producing the desired behaviour • behaviour which is rewarded is repeated - use of praise, approval, friendship, inclusion in admired group • behaviour which is ignored is 'extinguished' • individual has to experience the reward themselves (conditioning does not allow for seeing others being rewarded and copying their behaviour) 			<p>perspective but no attempt is made to link this to changes in behaviour which might occur during adolescence. Alternatively changes of behaviour which might occur during adolescence may be given but these are not linked to the behavioural perspective or the effects of reinforcement and response. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
			<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 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 			

Question		Answer	Mark	Guidance
2	(a) (i)	<p>Any one from</p> <ul style="list-style-type: none"> • cystic fibrosis • Down's syndrome • Tourette's syndrome • haemophilia • Huntington's disease • predisposition to cancers, heart disease 	1x1 1	<p>The genetic condition / factor given does not have to be one listed in the specification, it is difficult to be precise about the causes of some conditions so unless there is clear evidence that the condition named does not have a genetic / inherited link answers should be accepted.</p> <p>Accept any other appropriate genetic condition / factor.</p>
	(ii)	<p>Two ways required in which physical development could be affected relating to the condition identified in 2ai:</p> <p>Cystic fibrosis – sticky secretions of mucus clog the airways, leading to breathing difficulties, chest infections. Difficulty in conceiving in females, sterility in males. Very salty sweat. Physiotherapy needed daily to clear lungs. Digestive difficulties lead to inability to absorb nutrients, 'failure to thrive'.</p> <p>Haemophilia – deficiency in blood protein 'factor viii', poor blood clotting, bruising, inflammation of joints, pain.</p> <p>Down's syndrome - distinctive facial features, poor muscle control of tongue, short stature, heart defects common.</p> <p>Huntington's disease - physical effects not apparent until adulthood. Tremors, jerky movements, twitches, poor muscle control, muscle rigidity leading to paralysis.</p>	2x2 4	<p>Sentences only required.</p> <p>Accept appropriate physical effects for any other inherited factor chosen.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
	(b)	<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 		The question does not ask for a theorist to be identified so Eysenck or Cattell need not be named in the answer.	<p>Level 3: 8 – 10 marks Candidate gives a detailed explanation, demonstrating a clear understanding of how theory from the biological perspective 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 will be few, if any errors of grammar, punctuation and spelling.</p> <p>Level 2: 5 – 7 marks Candidate gives a sound explanation, demonstrating some understanding of how theory from the biological perspective 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 some errors of grammar, punctuation and spelling.</p> <p>Level 1: 0 – 4 marks Candidate makes a limited attempt to explain how personality could be determined, with limited understanding of theory from the biological</p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
						perspective. 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.

Question		Answer	Mark	Guidance
3	(a)	<p>One definition from:</p> <ul style="list-style-type: none">• 'wild' children / children who have grown up in the wild• children who are beyond parental / adult control• children without adult care / supervision• members of a gang• children who are 'living rough' / are homeless	2	<p>A sentence is required. 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> <p>Accept any other reasonable definition.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
3	(b)	<p>Effects of deprivation and neglect, particularly during Chomsky's 'critical period' are likely to have a negative effect on language development because of:</p> <ul style="list-style-type: none"> • lack of stimulation – not being spoken to, listened to, read to • isolation – no surrounding conversation / speech • physical abuse / punishment when making a noise / attempting to communicate – made to keep quiet • lack of opportunity to practice – no adult attention / interest, noisy environment • hunger / fear / stress – better to keep quiet <p>Accept any other appropriate factor.</p> <p>Language development affected because:</p> <ul style="list-style-type: none"> • babies may not be spoken to and communicated with / parents / carers do not use '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 do not hear speech, language, conversation going on around them, because they are left alone for long periods, are ignored etc • language is not put into context – use of gestures, commentary on what is happening does not happen • babies do not have opportunities for individual focus and attention – eye contact, facial expression etc (hearing TV etc does not stimulate language development) • babies are not encouraged to respond – there is no positive feedback given to early attempts at communication • children are not given opportunities to practice language 	8		<p>Level 3: 7 – 8 marks Candidate demonstrates a clear understanding of how language develops and gives a detailed explanation of how experiencing deprivation and neglect could affect language development. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2: 4 – 6 marks Candidate demonstrates some understanding of factors involved in language development and attempts to explain why these factors may not be met in situations of deprivation and neglect. 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 answer presented in a way that does not always address the focus of the question. There may be some errors of grammar, punctuation and spelling.</p>

Question			Marks	Guidance	
				Content	Levels of response
		<p>in a supportive environment, are not listened to, allowed to make mistakes, encouraged to ask questions etc</p> <ul style="list-style-type: none"> • social factors influence language development through exposure to wide vocabulary, different uses of language etc – Bernstein’s restricted and elaborated language codes, in situations of deprivation and neglect children do not experience different uses of languages • reading and story telling contributes to development of understanding of grammar, use of language etc this is unlikely to happen in situations of deprivation and neglect • language input not experienced during Chomsky / Lennerberg’s critical period 			<p>Level 1: 0 – 3 marks Candidate demonstrates some understanding of factors involved in the development of language but makes little attempt to link these with experiences of deprivation and neglect. Alternatively, candidate gives a general account of the effects of deprivation and neglect but makes few links to language development. The candidate has used little, if any, appropriate health, social care and early years terminology. Information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
3	(c)	<p>Poverty might lead to:</p> <ul style="list-style-type: none"> • poor diet, lack of essential vitamins and minerals – linked to effects on brain development, ability to concentrate / learn • crowded / noisy / inappropriate living conditions –reduces opportunities for language development, reading, doing homework • ‘homelessness’ / living in temporary accommodation leading to frequent moves / lack of stability linked to disruption of attendance at preschool settings / school etc • poor health / frequent illnesses such as colds / respiratory infections etc (resulting from poor diet and / or poor housing conditions) leading to lethargy, lack of interest in learning • stress for parents leading to lack of attention, lack of time spent on intellectual stimulation of child • limited access to toys / resources / books / internet etc leading to lack of intellectual stimulation • lack of transport linked to limited opportunities to take part in activities which would promote intellectual development eg holidays, educational visits etc • lack of parental encouragement to achieve in education, parents not able to engage in supporting the child’s education <p>May be positive aspects in that parents may be more determined that their child will do well.</p> <p>Accept any other appropriate way</p>			<p>Level 3: 8 – 10 marks Candidate demonstrates a good understanding of the links between poverty and intellectual development, analysing at least two ways in which a child’s intellectual development could be affected by poverty. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2: 5 – 7 marks Candidate analyses two ways in which a child’s intellectual development could be affected by poverty, although links are not well developed. The candidate has shown limited ability to organise the relevant information, sentences and paragraphs may not always be relevant, with the answer presented in a way that does not always address the focus of the question. There may be noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 5 marks for one way done well.</i></p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
						<p>Level 1: 0 – 4 marks Candidate analyses one way in which a child’s intellectual development could be affected by poverty. The answer may be muddled or list like demonstrating little understanding of the focus of the question. The candidate has used little, if any, appropriate health, social care and early years terminology. Information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question		Answer	Marks	Content	Guidance
					Levels of response
4	(a)	<p>Self-concept: An individual's cultural background and upbringing (primary socialisation) would teach them to be proud of (positive) or to be ashamed of (negative), aspects such as:</p> <ul style="list-style-type: none"> • appearance / skin colour • religion / values / lifestyle • family / cultural group • accent / language • clothes / fashion • music / entertainment / films • education / qualifications / career / work • food / dietary observances • traditions / customs / festivals / celebrations • country of origin <p>Accept any other appropriate aspect of culture / upbringing. All of the above can affect / determine self-concept.</p> <p>Concept of others: An individual's cultural background and upbringing could teach them to be tolerant (positive) or intolerant (negative) of other people's</p> <ul style="list-style-type: none"> • appearance / skin colour • religion / values / lifestyle • family / cultural group • accent / language • clothes / fashion • music / entertainment / films • education / qualifications / career / work • food / dietary observances • traditions / customs / festivals / celebrations • country of origin <p>All of the above can affect / determine concept of others.</p>		<p>Answer should clearly relate to primary socialisation- although cultural background and upbringing do not need to be treated as separate issues. The same aspect can be used for both self-concept and concept of others i.e. personal appearance is one aspect; it can affect both the way a person sees/feels about themselves and the way they see/feel about other people. The answer could give a positive interpretation of that aspect relating to an individual's self-concept and a negative interpretation for that individual's concept of others or vice versa.</p>	<p>Level 3: 8 – 10 marks Candidate clearly assesses (both positive and negative) how an individual's cultural background and upbringing could affect their own self-concept and their concept of others. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2: 5 – 7 marks Candidate attempts to assess (both positive and negative) how an individual's cultural background and upbringing could affect either their own self-concept and/or their concept of others. The focus of the answer is likely to be mainly either positive or negative. The candidate has shown limited ability to organise the relevant information, sentences and paragraphs may not always be relevant, with the answer presented in a way that does not always address the focus of the question. There may be some errors of grammar, punctuation and spelling. <i>Sub-max of 5 for either positive or negative.</i></p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
						<p>Level 1: 0 – 4 marks Candidate makes a limited attempt to assess how an individual’s cultural background and upbringing could affect either their own self-concept and/or their concept of others. Alternatively self-concept and the concept of others are described but these are not linked to cultural background or upbringing. The answer may be muddled or list like demonstrating little understanding of the focus of the question. The candidate has used little, if any, appropriate health, social care and early years terminology. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question		Answer	Marks	Content	Guidance
					Levels of response
4	(b)	<p>Use in providing care in a nursing home:</p> <ul style="list-style-type: none"> • meet physiological needs by providing appropriate / nutritious food, drink, medication, medical care, comfortable temperature, sleep etc • necessary support / encouragement / physical help with eating, drinking, personal hygiene etc given in an appropriate way • secure environment provided, including emotional security, free from worry, threat, bullying, intimidation etc as well as physical security • sense of belonging created by using preferred name, personal possessions around, own clothes etc • self-esteem supported by use of appropriate language, allowing for independence according to need and ability • flexible approach to social visits, family and friends encouraged to visit and to visit at times appropriate to them (shorter, more frequent visits may be more appropriate for someone needing nursing care, who may spend periods of time during the day receiving treatment or asleep) • staff make time to talk, spend time with residents, ensure they have company as meets their needs. Don't ignore residents who cannot take part in a conversation, who are often asleep • continuity of carers / identification of carers helps build social and emotional relationships • regular visits from spiritual leaders (priest / vicar / rabbi etc) may be of particular relevance to individuals requiring nursing care 	15	<p>Examples given must relate to care provided in a nursing home. Candidates often suggest that residents should help with tasks such as setting tables, gardening etc these are unlikely to be applicable to an individual requiring care in a nursing home. Similarly social activities such as outings, dances etc may not be appropriate.</p> <p>Candidates may focus on one named theory or use more than one theory in their response. Both approaches are acceptable.</p>	<p>Level 3: 11 – 15 marks Candidate demonstrates a high level of understanding of appropriate theory from the humanist perspective, using it to give a detailed explanation of how the social and emotional needs of an older person can be met in a nursing home. Appropriate examples are given to illustrate points made which are clearly linked to theory and which recognise that a nursing home is generally providing care for individuals with high dependency. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2: 6 – 10 marks Candidate uses appropriate theory from the humanist perspective to give an explanation of how social and emotional needs of an older person can be met. Examples given may not always relate clearly to care in a nursing home or may not be appropriate to meeting social and emotional needs. Links to theory may not be well explained. The answer may</p>

Question	Answer	Marks	Guidance	
			Content	Levels of response
	<p>Maslow:</p> <ul style="list-style-type: none"> • hierarchy of needs have to be met in order – physiological needs must be addressed before social and emotional needs • safety and security contributes to emotional well being, sense of belonging <p>Rogers:</p> <ul style="list-style-type: none"> • unconditional positive regard essential for social and emotional well being • conditions of worth attached to providing care affects emotional well being 			<p>be very general in nature, may have some inaccuracies or lack clarity. The candidate has shown limited ability to organise the relevant information, sentences and paragraphs may not always be relevant, with the answer presented in a way that does not always address the focus of the question. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1: 0 – 5 marks Candidate has identified appropriate theory from the humanist perspective and has made a limited attempt to use it to explain how the social and emotional needs of an older person could be met. Alternatively ways in which social and emotional needs of an older person in residential care could be met are described but few links made to theory. The answer may be muddled or list like demonstrating little understanding of the focus of the question. The candidate has used little, if any, appropriate terminology. Information presented may be muddled and lack relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
5	(a)	<p>Piaget:</p> <ul style="list-style-type: none"> staged theory (sensorimotor 0 – 2, pre-operational 2 – 7, concrete operations 7 – 11, formal operations 11 >) links to educational stages – move to secondary school, developing more abstract thinking cognitive development linked with maturation processes of assimilation, accommodation , equilibrium – development of schemas free play essential child develops own understanding through experiences trial and error learning object permanence concept formation – mass, volume etc animism – attributing lifelike qualities to inanimate objects <p>Vygotsky:</p> <ul style="list-style-type: none"> emphasises social interaction / importance of adults or ‘more knowledgeable others’ language is the driving force behind cognitive dev pre-intellectual language and pre-intellectual thought operate separately before 2 – 3 social linguist stage - language only used for social reasons (meeting needs) at age 2 – 3 language and thought interact - controlling own behaviour and thinking – creating ‘self-talk’ (often spoken out loud, occurs during play) from age 7 self-talk becomes silent inner speech social processes shape language / language shapes thought sensation and attention are innate the process of learning stimulates a motive to learn more zone of proximal development – the distance between the child’s current and potential ability 			<p>Level 3: 8 - 10 marks Candidate has identified either Piaget or Vygotsky, and has given a detailed outline, demonstrating a good understanding of their theory. The answer has a well planned and logical sequence with health, social care and early years terminology used accurately. Sentences and paragraphs are used to address the focus of the question. There will be few, if any, errors of punctuation and spelling.</p> <p>Level 2: 5 - 7 marks Candidate identifies and gives a sound outline of an appropriate theory. Sentences and paragraphs are not always relevant, with material presented in a way that does not fully address the question. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1: 0 - 4 marks A brief outline of an appropriate theory is given. Sentences and paragraphs have limited coherence and structure, often being of doubtful relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
5	(b)	<p>Putting Piaget into practice:</p> <p>Useful:</p> <ul style="list-style-type: none"> + clear identification of ages and stages + allows for selection of age / stage related activities + provide a wide range of activities / experiences + adults role is to facilitate learning / development by providing opportunities for children to learn from + encourages clear structuring of learning programmes + emphasises individual play + detailed record keeping of child's progress helps planning + 'culture free' – importance of background seen to have less importance (although experiences will vary) <p>Not useful:</p> <ul style="list-style-type: none"> - different children may go through stages at different ages - requires detailed record keeping to identify child's stage of progress - minimises value of group activities – less appropriate for early years settings - emphasises individual experiences for child – minimises role of teacher - minimises role of background culture and interaction with others - learning by 'trial and error' can be time consuming 		<p>The term 'children's centre' tends to refer to a provision catering for children of a wide range of ages. It is possible to provide one-to-one attention although group work and activities may also take place.</p> <p>Attendance may be occasional/drop in or regular and pre-programmed.</p> <p>Parents/carers may or may not also take part. Children attending may have on-going particular or special needs or may be experiencing temporary disruption/trauma in their lives. The children's centre may involve voluntary staff, especially if they are run by organisations such</p>	<p>Level 4: 11 - 15 marks</p> <p>Candidate gives a detailed evaluation of the application of the theory to a children's centre, using appropriate examples and giving both positive and negative aspects of the theory's usefulness. A clear conclusion has been drawn. The answer has a clearly defined structure, using appropriate health, social care and early years terminology accurately and with confidence. Sentences and paragraphs, consistently relevant, are well structured and clearly address the focus of the question. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 3: 8 – 10 marks</p> <p>Candidate gives an evaluation of the application of the theory to a children's centre using examples and giving both positive and negative aspects of the theory's usefulness. There may not be a clear conclusion. The answer has a well planned and logical sequence with health, social care and early years terminology used accurately. Sentences and paragraphs address the focus of the question. There may be some errors of punctuation and spelling.</p>

Question	Answer	Marks	Guidance	
			Content	Levels of response
	<p>Putting Vygotsky into practice: Useful:</p> <ul style="list-style-type: none"> + emphasises role of adult in being able to interact with child to help learning + group work and shared learning activities are seen to be beneficial + children can learn from other children 'more knowledgeable others' + planning activities allows flexibility + encourages social interaction – useful in children's centres + structured learning can be planned more easily for a group <p>Not useful:</p> <ul style="list-style-type: none"> - family background has major impact on early development - importance of child working quietly on their own minimised – how do children learn to be 'independent learners'? - importance of talking and interaction with others - same age groupings may not be most beneficial - difficult to arrange mixed age groups - careful observation and recording of progress essential to identify zone of proximal development - ages / stages not so clearly identified – less easy to compare child's progress 		<p>as Barnardos, NSPCC, NCH etc</p>	<p>Level 2: 5 – 7 marks Candidate attempts to apply the theory to a practical situation with some evaluation, either positive or negative aspects being identified. There is limited ability to organise relevant material, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with material presented in a way that does not fully address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1: 0 -4 marks A limited attempt is made to apply or link the theory to practice. Alternatively examples of activities related to a children's centre are given but not linked to theory. Some appropriate health, social care and early years terminology is used although not fully related to the question. Sentences and paragraphs have limited coherence and structure, often being of doubtful relevance to the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

Education and Learning

Telephone: 01223 553998

Facsimile: 01223 552627

Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored

Oxford Cambridge and RSA Examinations
is a Company Limited by Guarantee
Registered in England
Registered Office; 1 Hills Road, Cambridge, CB1 2EU
Registered Company Number: 3484466
OCR is an exempt Charity

OCR (Oxford Cambridge and RSA Examinations)
Head office
Telephone: 01223 552552
Facsimile: 01223 552553

© OCR 2012

