

Mark Scheme (Results)

June 2010

GCE

GCE Applied Health & Social Care (6949/01)



Edexcel is one of the leading examining and awarding bodies in the UK and throughout the world. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers.

Through a network of UK and overseas offices, Edexcel's centres receive the support they need to help them deliver their education and training programmes to learners.

For further information, please call our GCE line on 0844 576 0025, our GCSE team on 0844 576 0027, or visit our website at www.edexcel.com.

June 2010

Publications Code UA023472

All the material in this publication is copyright
© Edexcel Ltd 2010

1006
6949

GENERAL INTRODUCTION

Mark schemes are prepared by the Principal Examiners and revised, together with the relevant questions, by a panel of senior examiners and subject teachers. The schemes are further amended at the Standardisation meetings attended by all examiners. The Standardisation meeting ensures as far as possible that the mark scheme covers the candidates' actual responses to questions and that every examiner understands and applies it in the same way.

The schemes in this document are the final mark schemes used by the examiners in this examination and include the amendments made at the meeting. They do not include any details of the discussions that took place in the meeting, nor do they include all of the possible alternative answers or equivalent statements that were considered to be worthy of credit.

It is emphasised that these mark schemes are working documents that apply to these papers in this examination. Every effort is made to ensure a consistent approach to marking from one examination to another but each marking point has to be judged in the context of the candidates' responses and in relation to the other questions in the paper. It should not be assumed that future mark schemes will adopt exactly the same marking points as this one.

Edexcel cannot under any circumstances discuss or comment informally on the marking of individual scripts. Any enquiries about the marks awarded to individual candidates can be dealt with only through the official Enquiry about Results procedure.

Question Number	Answer	Mark
1(a)(i)	<p>e.g.</p> <ul style="list-style-type: none"> • New brother/father away from home; • Idea that mother too busy to pay attention to him/idea of feeling left out; 	2 marks

Question Number	Answer	Mark
1(a)(ii)	<p>1-2 marks for a partial explanation 3-4 marks for a full explanation</p> <ul style="list-style-type: none"> • Description of behaviour or reference to behaviour changing; • When the poor behaviour happens, e.g. when the teacher is working with another child; • Why it happens, e.g. suggests jealousy/he needs the attention of an adult; • Clear links to family/father, e.g. Imran could be jealous of the attention given by his parents to his new baby brother/father away from home; 	4 marks

Question Number	Answer	Mark
1(b)(i)	<p>Two from:</p> <ul style="list-style-type: none"> • A counsellor would be involved; • Examine a person's problems/thoughts/feelings; • Try to convince them that their beliefs are not logical/valid; 	2 marks

Question Number	Answer	Mark
1(b)(ii)	<p>1-2 marks for a partial explanation Candidates may define initial assessment but not make it clear why one needs to be carried out. Conversely they make some reference to what needs to be done, but not show they understand what an initial assessment is.</p> <p>3-4 marks for a full explanation Candidates will make it clear that they understand the concept of an initial assessment. They will also show they understand why one needs to be carried out.</p> <p>Initial assessment:</p> <ul style="list-style-type: none"> • Idea of measuring/checking/looking at/identifying behaviour; • Relating to now/ present situation/beliefs/background information; <p>Reasons:</p> <ul style="list-style-type: none"> • Idea of changes cannot be known; • unless there is a baseline against which they can be measured; 	4 marks

Question Number	Answer	Mark
1(c)	<p>Level one response (1- 2marks) Candidates identify some advantages or disadvantages of the approach but these are not linked to young children, e.g. People need to want to help themselves; SPG may be limited.</p> <p>Level two response (3-5 marks) Candidates identify advantages and/or disadvantages of the approach. They may have some idea of the principles behind a cognitive approach, but they may not be clear. There may be some mistakes with SPG</p> <p>Level three response (6-8 marks) Candidates give relevant advantages and disadvantages of the approach and these are linked to the circumstances of people mentioned in the case study. It should be very clear that the principles of the approach are understood. There should be very few mistakes with SPG</p> <p>Principles of a cognitive approach:</p> <ul style="list-style-type: none"> • How we feel and how we behave are determined by what we think and what we believe; • Emotional problems are the result of negative and distorted thinking - arising out of dysfunctional beliefs; • If we can change this negative and distorted thinking, we will help people to overcome their emotional and behavioural problems; <p>Advantages of cognitive approach:</p> <ul style="list-style-type: none"> • Structured/clear goals/measurable outcomes; • Non-threatening; • Basic ideas are simple to understand; • Gives strategies for self-help themselves; • Works well with stress/anxiety; <p>Disadvantages of cognitive approach:</p> <ul style="list-style-type: none"> • A “quick fix” which deals with symptoms and not underlying causes • Requires the client to be able to understand and think through causes and effects, to problem solve and have insight; • Would not be suitable where clients cannot express feelings. • May not work with young children; • Clients may not want to talk about problems; 	8 marks

Question Number	Answer	Mark
1(d)	<p>Level one response (1- 3marks) Candidates identify some advantages or disadvantages of the approach but these are not linked to the circumstances of a family with young children, e.g. It takes a lot of time; It needs all the members of the family to be involved. SPG may be limited.</p> <p>Level two response (4 - 7 marks) Candidates identify advantages and disadvantages of the approach. Candidates at the higher end of the mark band make some links to the case study. Credit should be given to candidates who make good links but who may not fully consider the advantages or disadvantages of the approach. There may be some mistakes with SPG.</p> <p>Level three response (8-10 marks) Candidates give relevant advantages and disadvantages of the approach and these are linked to the circumstances of people mentioned in the case study/or a suitable example. There should be an overall conclusion given. There should be few mistakes with SPG.</p> <p>Advantages of family therapy: e.g. Family therapy could address problems relating to any family member. Everyone in the family could be involved; It could lead to new and supportive relationships and management strategies.</p> <p>Disadvantages of family therapy: e.g. Family therapy may take control away from the clients; They need an “expert” to help him; There may be a waiting list, delays, it may be hard to keep appointments; They may be labelled as a “problem family.”</p>	<p style="text-align: right;">10 marks</p>

Question Number	Answer	Mark
2(a)(i)	<p>Two from:</p> <ul style="list-style-type: none"> • Deaf; • Arthritis; • Has to live in a care home; • He thinks that no one likes him; 	2 marks

Question Number	Answer	Mark
2(a)(ii)	<p>Partial explanation (1-2 marks) Candidates may define dysfunctional beliefs but not give a relevant clear example. Conversely, they relate to the case study, but not make it clear they understand the concept of dysfunctional beliefs clearly.</p> <p>Full explanation (3-4 marks) Candidates will make it clear that they understand the concept of dysfunctional beliefs. They will also relate to the case study.</p> <p>Dysfunctional beliefs:</p> <ul style="list-style-type: none"> • Idea of distorted or irrational thinking; • Based on limited evidence or no evidence at all; <p>Example from case study;</p> <ul style="list-style-type: none"> • Percy w ays people do not like him; • He ways they do not answer him when he speaks to them; 	4 marks

Question Number	Answer	Mark
2 (a)(iii)	<p>Partial explanation (1-2 marks) Candidates may define effective communication but not relate it clearly to the case study. Conversely, they may talk about the case study, but not make it clear they understand about effective communication clearly.</p> <p>Full explanation (3-4 marks) Candidates will make it clear that they understand why effective communication is important. They will also relate their answer clearly to the case study.</p> <p>Effective communication:</p> <ul style="list-style-type: none"> • Idea of communication being two-way; • Understood by both parties; • Percy needs to be able to get across his feelings to Martin; • Martin needs to understand what Percy feels is wrong; • Makes Percy feel more empowered; • Building up of trust; 	4 marks

Question Number	Answer	Mark
2(b)(i)	<p>1-2 marks for a partial explanation 3-4 marks for a full explanation</p> <ul style="list-style-type: none"> • Idea of reward; • For good behaviour; • Behaviour is likely to be repeated; • Suitable example e.g. trips out; 	4 marks

Question Number	Answer	Mark
2(b)(ii)	<p>Level 1 response (1-3 marks) Candidates have a basic understanding of a ‘time-out’. Limited reference to use with an older person. Likely to be just description.</p> <p>Level 2 response (4-6 marks) Candidates are able to explain the time out strategy and make appropriate references to older people such as Percy, giving advantages and/or disadvantages. For six marks there should be a consideration of both advantages and disadvantages</p> <p>E.g.:</p> <ul style="list-style-type: none"> • Time out means removing someone from all sources of social reinforcement; • Often used to extinguish unwanted behaviour; • Having Percy sit on his own away from the other residents; • Idea of calming down/reflection on inappropriate behaviour; • Usually used with young children; • May be felt not to be appropriate with adults; 	6 marks

Question Number	Answer	Mark
2(c)	<p>Level One (1 - 3 marks) Candidates have a basic understanding of a person-centred approach. Answer may not be linked to suitable example. Candidates may identify advantages or disadvantages SPG may be limited.</p> <p>Level Two (4 - 7 marks) At the bottom end of the range there will be an attempt to explain and discuss how a person-centred approach can be effective in changing behaviour. Should be reference to an appropriate example. At the top end there should be some advantages and some disadvantages given. There may be some mistakes with SPG</p> <p>Level Three (8 - 10 marks) Advantages and disadvantages of the approach should be discussed in some detail. At the top end of this mark band, the candidates should come to a conclusion, based on the arguments given. There should be few mistakes with SPG.</p> <p>Advantages include:</p> <ul style="list-style-type: none"> • Counsellor is not intrusive - non-directive; • Thus client is given the opportunity to talk; • Client may enjoy talking to someone who is not family or friend; • Easier to talk to someone who is not close; • Counsellor meets client as an equal; • Counsellor does not 'show' expertise; • Counsellor is not judgemental; • Thus client does not feel threatened; • Promotes care value base (or descriptions given); • Ensures clients feel they are considered; <p>Disadvantages include:</p> <ul style="list-style-type: none"> • Requires client to be motivated; • Percy may not talk if he is feeling depressed; • Requires good communication skills on the part of the client; • Older people may be more frightened about talking; • Client may expect advice; • Thus may not feel he is being helped; 	10 marks

Question Number	Answer	Mark
3(a)	<p>Level one response (1 - 2 marks) Candidates will make a few comments about the trends in data, but these may not be quantitative.</p> <p>Level two response (3 - 4 marks) Candidates should make quantitative comments about all the drugs groups or they may do this in part, but give a summary of their conclusions</p> <p>Possible answers: e.g.</p> <ul style="list-style-type: none"> • boys higher than girls for all groups of drugs; • Cannabis highest for males and for females; • LSD lowest for males and for females; • Percentages quoted (to nearest %) for each of the drug groups; • Overall conclusions - idea that cannabis is the biggest drug problem by far (or % quoted), whereas the others, in particular LSD, is much less common; • Overall, in addition, the problem is more prevalent in all cases for males; 	4 marks

Question Number	Answer	Mark
3(b)	<p>Level 1 response (1 - 2 marks) Candidates will make a few general comments about negative self concept but may not relate them to drug misuse.</p> <p>Level 2 response (3 - 4 marks) Candidates should make specific explanations linked well to drug abuse.</p> <p>Possible answers eg</p> <ul style="list-style-type: none"> • See themselves as unworthy / not good for anything • Use drugs as escapism 	4 marks

Question Number	Answer	Mark
3(c)	<p>Level 1 response (1 - 2 marks) Candidate has a basic understanding of Social Learning theory. Answer is not linked/parents to case study.</p> <p>Level 2 response (3 - 4 marks) Candidate is able to demonstrate understanding of Social Learning theory. At the top end the answer is illustrated with examples from the case study.</p> <ul style="list-style-type: none"> • Idea of learning from others /copying; • Young men observe and copy other drug users; • Idea of peer pressure /specialist language; • wanting to 'fit in'/feel accepted 	4 marks

Question Number	Answer	Mark
3(d)	<p>Level one response (1 - 3 marks) Candidates are likely to make only basic comments about the advantages and/or disadvantages of confidentiality. The answer may not be directly related to residential drug rehabilitation. SPG may be limited.</p> <p>Level two response (4 - 6 marks) Candidates should give some advantages and disadvantages of confidentiality of confidentiality. There may be some mistakes with SPG</p> <p>Level three response (7 - 8 marks) In addition, candidates' answers should make clear reference to residential drug rehabilitation. There should be few mistakes with SPG.</p> <p>Possible answers: e.g.</p> <ul style="list-style-type: none"> • Confidentiality means not discussing what service user says with others; <p>Advantages:</p> <ul style="list-style-type: none"> • enables the service user to speak freely; • Idea of trust is built up; • Helps the best treatment to be determined; • Idea that rehabilitation may be quicker; <p>Disadvantages:</p> <ul style="list-style-type: none"> • Client may reveal something upon which action needs to be taken; • Example of this e.g. self-harming/suicide/harming others etc.; • Carers may feel unable to discuss care with other colleagues to gain help and advice in dealing with individuals; • Professionals often not clear about information they can and cannot pass on - may lead to a breakdown in communication; 	8 marks

Question Number	Answer	Mark
3(e)	<p>Level one response (1- 3marks) Candidates identify some advantages or disadvantages of the approach but these are not linked to drug rehabilitation. SPG may be limited.</p> <p>Level two response (4-7 marks) Candidates identify advantages and disadvantages of the approach. They may have some idea of the principles behind a psychodynamic approach, but they may not be clear. Candidates at the higher end of the mark band make some links to drug rehabilitation. Credit should be given to candidates who make good links but who may not fully consider the advantages or disadvantages of the approach. There may be some mistakes with SPG</p> <p>Level three response (8-10 marks) Candidates give relevant advantages and disadvantages of the approach and these are linked to drug rehabilitation. It should be very clear that the principles of the approach are understood. There should be an overall conclusion. There should be few mistakes with SPG.</p> <p>Principles of a psychoanalytical approach: e.g.</p> <ul style="list-style-type: none"> • People may not understand why they take drugs; • Could be his id following the pleasure principle; • His id is not controlled by his ego; • Psychotherapist uses interpretation / analysis of dreams / free association to understand his unconscious thoughts; • Provides drug users with insight to allow them to change their behaviour. <p>Advantages of psychoanalytical approach:</p> <ul style="list-style-type: none"> • Approach relevant to the problem e.g. oral gratification / pleasure principle; • May uncover unconscious reasons for taking drugs; • Deals with underlying causes, not surface behaviour; <p>Disadvantages of psychoanalytical approach:</p> <ul style="list-style-type: none"> • Highly specialised approach/needs qualified psychotherapist; • Drug users must want to change their behaviour; • They must be able to discuss their feelings & behaviour; • May be long and expensive; • Underlying ideas are complex and difficult for others to understand; • Method has no scientific basis 	10 marks

Further copies of this publication are available from
Edexcel Publications, Adamsway, Mansfield, Notts, NG18 4FN

Telephone 01623 467467
Fax 01623 450481

Email publications@linneydirect.com

Order Code UA023472 June 2010

For more information on Edexcel qualifications, please visit www.edexcel.com/qualifications
Alternatively, you can contact Customer Services at www.edexcel.com/ask or on 0870 240 9800

Edexcel Limited. Registered in England and Wales no.4496750
Registered Office: One90 High Holborn, London, WC1V 7BH

