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Principal Examiner Feedback

Summer 2016

Pearson Edexcel GCSE in Health and Social Care (6949/01)

Unit 12: Understanding Human Behaviour

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General Comments

The paper was similar in format to previous series and it allowed candidates to demonstrate their knowledge of the specification well. The questions discriminated well, with a range of marks being seen in each question.

The paper was deemed to be of a similar standard to previous series and the candidates' performance appeared similar to previous years. Centres are to be thanked for taking on board the comments in the previous reports as the content of some responses had improved.

The basic understanding of approaches within the specification underpin the application of the approach and associated therapy. As in previous years, few candidates demonstrated a solid understanding of the theories of human behaviour, being unable to provide depth in extended responses, and many being unable to give definitions of basic terminology associated with the theoretical concepts.

Clarification of the difference between the care values and the outcomes of care values (such as empowerment and dignity) should be addressed with the candidates. This misconception has, as in previous years, resulted in them providing inaccuracies in their responses.

There are still some candidates who do not appear to pay enough attention to the case studies and provide pre-learned, generic responses to questions rather than responses applied to the case provided. To achieve high grades the application of the approach is essential to the candidate response. Candidates would benefit from practising the application of approaches to a variety of client groups and making holistic connections between the specification sections 12.1, 12.2 and 12.3 to interlink concepts.

In addition, there was variation in the responses to the therapy questions, such as systematic desensitisation, with a significant number of candidates unable to fully explore the process of this therapy when treating a phobia. With person-centred counselling many of the responses were pre-learned essays, which often failed to address the question itself.

The use of command verbs, such as describe, explain, discuss and evaluate, should direct the candidate to appropriate styles of response, there are still many candidates that appear not to be aware of the requirements of these. Performance would be greatly enhanced if these issues were addressed. Centres are recommended to address the structure of longer answers for future exams as many candidates do not give a balanced response in 8 or 10 mark questions.

Comments on Individual Questions:

Question 1

This question was based on an adolescent with a phobia. It allowed the candidates to utilise their understanding of classical conditioning, systematic desensitisation as a therapy, the behavioural approach to human behaviour and the importance of care values.

Part (a) some candidates were able to define the key terms associated with classical conditioning, but few gave responses that were fully accurate. Many candidates were unable to define these terms, with mixed responses that either muddled the terminology and demonstrated a limited understanding.

Part (b) appeared to confuse a number of students, with the correct option of 'discrimination' rarely being selected. Understanding of the basic processes of classical conditioning was not evident in this question.

In part (c) some candidates were able to provide a discussion of systematic desensitisation. Many candidates gave a one-sided description of the basics of the therapy, and few were able to give the development required to achieve the higher mark bands.

In part (d) candidates were asked to explain why the care value base is important in this response. Some candidates were able to do this well, but many candidates gave an explanation of the care values. Centres should remind candidates that empowerment is one of the outcomes of effectively embedding the care values in practice, not a care value in itself.

In part (e) some candidates were able to evaluate the behavioural approach in terms of how it can promote the care values. Many candidates however, gave an explanation of a therapy rather than the approach itself. There were a number of misconceptions with regards the care values promoted by the behavioural approach, few, for example, discussed the dehumanising nature of a behavioural approach to human behaviour.

Question 2

This question was based on stress. It allowed the candidates to demonstrate skills in comprehension. It also enabled them to demonstrate their knowledge and understanding of factors affecting human behaviour along with token economy and also the cognitive approach.

Part (a) was generally well answered, with candidates able to give two basic reasons why some people would suffer stress but not others. Common errors were seen in candidates giving simplistic reversals, such as having an good coping mechanisms as reason 1, and then no coping mechanisms as reason 2. Some candidates scored well by ensuring their responses clearly illustrated how the reason they had given would make someone more stressed than someone else

Part (b)(i) required candidates to define a cognitive bias appropriate to the scenario of Joey. Most candidates were able to give a response that focussed on a negative bias, without actually identifying this. Some candidates were able to show very good understanding here and described an accurate cognitive bias such as primacy effect.

Part (b)(ii) tested candidates' ability to explain how information processing can lead to stress. This was often answered without full understanding of information processing as an underlying explanation of human behaviour according to the cognitive approach. Many candidates discussed negative thought processes or dysfunctional thinking, but often did not move beyond these ideas. Some candidates discussed ideas such as feeling overloaded by information, which is not a feature of cognitive explanations of information processing. The higher achieving candidates were able to draw on concepts of schema, dysfunctional thoughts, reliability of memory, and/or cognitive bias.

Part (c) required candidates to discuss the use of a reward system. As in previous years, candidates are clearly knowledgeable about a token economy and/or positive reinforcement. Either or both could be used here. Some candidates achieved well, although for many the marks here were limited to mid-band dues to a lack of balance, often giving only the positives of a reward system and not acknowledging the drawbacks. Some candidates gave a rote-learned essay, usually about children, which did not answer the question asked. Whilst extended essay practice is useful prior to exams, candidates should be reminded they must answer the questions asked rather than fit everything they know into their answer.

Part (d) tested the evaluative skills of candidates and their ability to evaluate the application of the cognitive approach for a service user with stress. Mark band three was elusive in this question, often candidates failed to give balanced advantages and disadvantages. The approach was not always applied to the issue of stress, and candidates often used generic statements without the use of technical or theoretical terminology, for example Joey will benefit from talking to the counsellor. There remains a misconception that cognitive therapy addresses the root cause of behaviour. For the higher mark band, a conclusion is expected,

but few candidates concluded their response.

Question 3

This question was based on Maureen and the impact of reduced mobility on her wellbeing. It allowed the candidates to demonstrate skills in comprehension. It also enabled them to demonstrate their knowledge and understanding of factors affecting human behaviour along with the psychodynamic approach, care values and person-centred counselling

Part (a) where the candidates applied their understanding, this question was well answered and the link between mobility and self-esteem was well made. However, those candidates who did not achieve as well often simply repeated the question stem, such as 'she struggles with day to day tasks which lowers her self-esteem', thus scoring zero marks.

Part (b) required the candidates to explain how reduced mobility can result in social isolation. Overall this question was answered well, with a number of candidates able to effectively connect the factor of mobility to social isolation. Where candidates did not achieve higher marks they often only gave a single point, rather than several points. Candidates should use the marks as a key to the level of content required in a question.

Part (c) the analysis of person-centred counselling was, as in other extended written responses, often one-sided. It is disappointing as candidates clearly have a preference for this therapy and show understanding, but limit their mark band level by giving often only the benefits and not engaging with the taxonomy of 'analyse'.

Part (d)(i) asked candidates to discuss how a psychodynamic approach could explain Maureen's behaviour. Some candidates were able to effectively utilise the childhood experiences in the scenario to discuss unconscious thoughts and experiences resulting in Maureen's behaviour. Many candidates discussed how transactional analysis would benefit Maureen, which was not following the direction of the question. Very few referred to terminology such as denial, repression or displacement.

Part (d)(ii) required candidates to evaluate how effectively the care value base promotes dignity. Where candidates achieved well, they were able to give a balanced argument, displaying understanding of the connection between care values and dignity. Where candidates achieved poorly, they often were unable to provide weaknesses or balance in their arguments. For the higher mark band, a conclusion is expected, but few candidates concluded their response.

Grade Boundaries

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