

CAMBRIDGE NATIONALS

Moderators' report

HEALTH AND SOCIAL CARE



J801, J811, J821

R022-R029, R031 Summer 2019 series

Version 1

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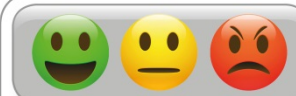
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Introduction

Our Moderators' reports are produced to offer constructive feedback on centres' assessment of moderated work, based on what has been observed by our moderation team. These reports include a general commentary of accuracy of internal assessment judgements; identify good practice in relation to evidence collation and presentation and comments on the quality of centre assessment decisions against individual Learning Objectives. This report also highlights areas where requirements have been misinterpreted and provides guidance to centre assessors on requirements for accessing higher mark bands. Where appropriate, the report will also signpost to other sources of information that centre assessors will find helpful.

OCR completes moderation of centre-assessed work in order to quality assure the internal assessment judgements made by assessors within a centre. Where OCR cannot confirm the centre's marks, we may adjust them in order to align them to the national standard. Any adjustments to centre marks are detailed on the Moderation Adjustments report, which can be downloaded from Interchange when results are issued. Centres should also refer to their individual centre report provided after moderation has been completed. In combination, these centre-specific documents and this overall report should help to support centres' internal assessment and moderation practice for future series.

General overview


The report on the units for June 2019 is very similar to the previous year in that the same issues are still not being addressed. There were many new centres this series and the interpretation of the assessment evidence grid was not always met. The report highlights the areas that are not always completed accurately or to the assessment evidence required for that particular unit. Evidence should be produced to meet the mark band command verb which dictates the depth and knowledge of understanding required for that specific assessment criteria.

Most centres completed the URS accurately; however a number of centres omitted candidate numbers and made clerical errors when adding up the marks. This interrupts the smooth running of the moderation process as moderators have to generate coursework amendment forms back to the centre and this becomes a lengthy process. If the errors are not detected then having the incorrect marks given can disadvantage candidates and this ultimately could affect their overall grade.

Good practice is to make sure that internal standardisation takes place so that these anomalies can be picked up. It ensures assessment criteria have been appropriately applied and that any arithmetical errors can be addressed before final submission of marks to OCR.

Evidence was usually presented in a well-organised manner, although some centres are still submitting work in numerous plastic wallets. Hole punched and treasury tagged is sufficient.

Witness statements were used from the Live Assessment Material (LAM) and were mostly annotated appropriately.

	Misconception	Synopticity. There is still some misconception around what is required for the synoptic element in a unit. Candidates should be applying the relevant knowledge, skills and understanding from previously studied units. Relevant synoptic units are given in the specification. For example: when candidates are being assessed on their ability to communicate clearly they could apply their learning from RO22 LO1. Work should be in paragraphs with explanation.
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To aid with your future delivery and assessment, we would like to draw your attention to the various resources that are available for this qualification, including delivery guides, sample work and live online Q&A webinars. All of these resources can be accessed from the Cambridge Nationals Hub page

<http://www.ocr.org.uk/qualifications/by-type/cambridge-nationals/>

We also have a series of videos giving hints and tips for each unit

https://www.youtube.com/playlist?list=PL6yDqj0yKMyhmkT_RO-0DyVBBRqROFVG

We would also like to highlight our guide to generating evidence. This guide covers areas to be aware of when preparing and conducting assessments for Cambridge Nationals.

Unit R022

Comments by LO

LO1 – Understand how to communicate effectively

To access the higher mark bands all types of communications listed in the specification should be addressed and appropriate examples related to health, social care and early years settings should be given to support the assessment evidence. Some candidates gave generic examples of communication, which lacked KUS (Knowledge, understanding and skills).

Candidates included a wide range of factors from the specification. They should show how they positively influence communication. The negative influences to communication were often given, e.g. lighting – individuals will feel less at ease if lighting is dim. This does not meet the assessment evidence criteria; this also gives repetition of evidence when addressing barriers.

The same factors are then used as the barriers, which is not an issue as long as both sections have not addressed the negatives.

Generally candidate's evidence for barriers is much better; to achieve the higher mark bands the candidate needs to give detailed and effective ways to overcome the barriers and these should be related specifically to health, social care and early years settings.


LO2 – Understand the personal qualities that contribute to effective care

Personal qualities and effective care need to be linked together to show how they are used together when caring for an individual. The examples will give justification of how the personal qualities are used and why. Some candidates were able to produce a thorough description of different personal qualities that contribute to care. A limited number of candidates gave detailed and in-depth connections between personal qualities and effective care to achieve the higher mark bands. It was the justification of how and why that needed to be strengthened in candidate evidence. Behaviour that fails to value was evidenced by some candidates in this LO and clearly annotated on the URS and appropriately assessed in LO3.

LO3 – Be able to communicate effectively within a health, social care and early years setting

A separate plan is required for both interactions and the candidates that achieved the higher mark bands had followed the i.e. from the specification on planning. Many candidates include a transcript, which is not a requirement.

When carrying out the interactions most centres did this as a role-play and used the scenarios from the live assessment material. Centres that have their candidates in placements carried them out in situ and presented the permitted changes with the chosen live assessment material at moderation.

	Misconception	<p>As part of the assessment evidence, in task 3 (LO2 and part of LO3) candidates have to show behaviours that fail to value. Through CPD training, Examiner and Moderator reports, it has been suggested that this is produced as a written piece of evidence. Centres should note that in the live assessment material this is given as a separate bullet point, so should be addressed separately and be clear and evident. Some centres have included it in the planning section and some in LO2 under personal qualities and effective care. As long as it is clearly signposted it can be addressed anywhere in the assignment but must be given marks as part of LO3 part b.</p>
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The witness statement must be included and this is found in the live assessment material. There needs to be one for each interaction. Detailed notes from assessors on the witness statement will ensure that the marks given are supported; the majority of centres did these very well. Some centres are still including an evaluation; again this is not an assessment requirement.

It was encouraging to see more candidates including synopticity. However there are still a number of candidates that simply list the unit numbers with no reference to how or why they have used the links. This evidence must come from the candidates and not a comment by the tutor on the URS or an annotation on the candidates work.

Unit R023

Comments by LO

LO1 – Know how body systems work

Most candidates were able to demonstrate sound knowledge of how the cardiovascular, respiratory and digestive system works. Candidates provided clear information to illustrate the structure and function for each body system. Many candidates presented their work in presentations with notes, booklets and annotated their own body system diagrams.

There are still too many candidates downloading diagrams from the Internet, while this is acceptable they should be clearly referenced to the source and annotated by the candidate to avoid plagiarism.

LO2 – Understand disorders that affect body systems

Candidates do not always achieve the higher mark bands in this LO. They need to give detailed reasons for most of the symptoms related to the disorder they have chosen for each body system. There needs to be clear links between effects of disorders and the structure of and/or functionality of the systems.

Candidates do not show thorough understanding and often evidence is taken from the Internet to support the work but again without appropriate referencing.

LO3 – Be able to interpret data obtained from measuring body rates with reference to the functioning of healthy body systems

To be given the higher mark bands candidates were able to fully interpret the data obtained from measuring body rates and comparing against the norms. Recording of results was not always accurate and this then made it difficult for candidates to access the higher marks. Candidates often omitted any reference to the results of the body rates to the functioning of healthy body systems or to the norms.

Witness statements were not always included and only a reference made on the URS, which is not acceptable. A witness statement is located in all of the three live assessment materials for this unit.

When witness statements were included on the whole they were thoroughly annotated and reflected clearly the candidate's confidence when carrying out the body measurements. Evidence of Synopticity is still weak in this unit and is often referenced by the assessor on the URS when it should be evidenced by the candidate in their work.

Unit R024

Note To Centres

After this series this unit can no longer be used towards the Certificate (120GLH) qualification as it is being withdrawn.

Comments by LO

LO1 – Understand the different forms of support available in health, social care and early years settings

Many candidates gave thorough descriptions of the sectors but the emphasis should be on the types of services provided by each sector, this was often missed or the professionals in each sector were discussed. Within each sector the candidates should provide evidence of services for Health, Social Care and Early Years. To achieve the higher mark band a thorough explanation of the tasks undertaken by a member of the informal sector should be included. This was often missed completely or was implicit in the evidence.

In the main partnership working was covered well and showed clear knowledge and understanding.

LO2 – Know the access routes and barriers to care pathways

Across most centres there was limited evidence of the role of the professionals in providing access to services. Although the different referral processes were well done. However these tended to be generic and not specific to the different services.

Barriers were done well and evidence was original and well presented.

LO3 – Be able to produce care pathways for individuals

There is still some confusion between the difference between a care plan and a care and support pathway. Candidates should produce both a care plan and a care pathway for a chosen individual.

A care plan should highlight the individual's needs and the services that would be involved in meeting the needs. The professionals involved will address the individual's condition.

A detailed and supportive care pathway would include the journey the individual goes through (this can then be drilled down to provide a specific care plan), describing which professionals are involved and how they communicate. A care pathway is sometimes referred to as a care journey and leads a service user through the various practitioners and settings they will experience.

Limited evidence was given on skills knowledge and understanding from other units. Centres need to address this for all units.

Unit R025

Comments by LO

LO1 – Understand the stages of development from young people to adulthood

Most candidates were able to provide a thorough explanation to show their understanding of the changes in P.I.L.E.S in the development of young people to adulthood. Best practice is to split the age range into the three life stages, children/adolescent/adulthood. Candidates using bullet points were not able to achieve marks from the higher mark bands as evidence does not give enough detail to meet assessment evidence criteria.

Most candidates followed the correct sequence of development. Many candidates provided a clear explanation of the factors affecting key developmental changes. To achieve Mark Band 3 all factors need to be covered. Work could be strengthened by candidates justifying their thoughts on the effects of life events.

LO2 – Understand the ageing process in older adulthood

Many candidates were able to provide a thorough description of the ageing process. The effects on P.I.E.S. in relation to the ageing process was not always evident. This must be explicit to achieve the higher mark bands.

There was limited evidence as to how a person's role in life changes through the ageing process. To achieve higher marks there needs to be a thorough explanation and justification of their own thoughts on how the person's role in life changes.

LO3 – Know which medical conditions may affect progress through the life stages

Candidates in general provided an overview of medical conditions; to further strengthen the evidence reference needs to show how they may affect progress through the life stages. They also need to include how they affect the health and social wellbeing not only of the individual but also of the family, this was often omitted.

Candidates require two case studies. These should be taken from the case studies in the OCR live assessment material for this unit. Centres can use their own case studies and these should be included with the chosen assignment when evidence is submitted for moderation. To award the higher marks evidence should include a thorough discussion of how each condition (one birth defect and one non birth defect) might affect the health and wellbeing of the individual and their family. Effect on the family is often missing or implicit. The conditions affects should be discussed through the life stages.


LO4 – Be able to create support plans

The support plan only needs to be for one individual, high mark band work was seen by candidates who had used one of the individuals from LO3. A number of candidates did not link the support plan to the life stage.

Candidates at all levels should be encouraged to draw on synoptic links from other units within the specification.

Unit R026

Comments by LO

	Misconception	Some candidates are writing about different sectors/services in the LOs. Centres need to make sure candidates follow the same sector/services throughout the LOs. This was evident in the work were the centres had used the live assessment material for this unit.
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LO1 – Know about careers in health, social care or the children and young people's workforce

Only one sector needs to be chosen from health, social care or the children and young people's workforce. Candidates should then give employment opportunities in a wide range of different service providers within the chosen sector to achieve the higher mark band.

Roles (at least two) should have a thorough description of entry points and qualifications needed for the chosen sector.

LO2 – Understand the nature of working in health, social care or the children and young people's workforce

Candidates should show a thorough understanding of the personal, attributes and skills necessary for the careers within the sector that they have chosen previously. To reach the higher mark bands examples should be explicit to the chosen sector not given as generic information.

LO3 – Be able to plan for careers in health, social care or the children and young people's workforce

Candidates' research usually reflected the sector previously chosen. A wide range of Internet sites were included but not always referenced.

Plans submitted were generally weak and did not inform their development. Only one plan needs to be produced. This plan should be carried through to include developmental goals, how to improve behaviours, skills and attributes.

Centres do not show a clear understanding of this unit and this is reflected in most of the work seen at moderation.

Synopticity again is an issue with this unit. Centres are advised to look at page 24 of the specification, which gives guidance on synoptic assessment for this unit. In appendix B guidance on synoptic assessment for each unit is given.

Unit R027

Comments by LO

LO1 – Understand the different types of creative activities available in health, social care and early years settings

Candidates gave a detailed description of the different types of creative activities. The creative activities should be the ones given as i.e. in the specification. How the activities meet the needs was also explained, however they did not always address the three different groups, children and young people, adults and older adults. If all three groups are not included only the lower mark bands can be given.

Examples were appropriate to support the evidence.

LO2 – Understand the benefits of participating in creative activities

Candidates need to show a thorough understanding of the benefits from participating in creative activities across the three groups to achieve the higher mark bands.

Clear links need to be made between the different types of creative activities and the relevant P.I.L.E.S. All P.I.L.E.S need to be addressed to show the benefits to the individual or group participating in the activity in a care setting.

Many centres combine LO1 and LO2 together, this is fine providing the assessment for each LO is done separately.

LO3 – Be able to carry out creative activities in a health, social care or early years setting

Most candidates carried out their activity in an early years setting. The activity can be for an individual or a group and must address the chosen group's needs.

A comprehensive plan needs to be produced to achieve the higher mark band. The LAM includes a list of what should be included in the plan.

All activities were usually carried out and witness statements appropriately completed to support them. A few centres omitted the witness statements and centres should be aware that it is not sufficient to just make a comment on the URS.

Candidates did include a review but this was often just a recap of what they had done during the activity and lacked suggestions for relevant improvements with justifications for the changes.

Unit R028

Comments by LO

LO1 – Understand the key milestones of physical, intellectual and language development between 0–5 years

Most candidates demonstrated a clear understanding of the physical, intellectual and language developmental milestones in children between 0-5 years. Several different formats of presentation were seen and showed originality. Pre-birth is not required.

Most candidates were able to apply the milestones of development within the comparison of their chosen child. The chosen child should be taken from the LAM or the centre can produce its own, submitting it with the chosen LAM at moderation.

Bullet point lists do not allow for marks at the higher mark bands, as this does not show a clear understanding of the development milestones.

Comparisons must be made across the age range 0-5 years (the child can be older than 5 and comparisons to the norms made up to the age of 5) If the child chosen is under 5 then predictions only can be made up to the age of 5 and not comparisons against the developmental norms.

Some candidates did not get the sequence of development correct.

LO2 – Understand the key milestones of emotional and social development between 0–5 years


Most candidates demonstrated a clear understanding of the emotional and social developmental milestones in children between 0-5 years. Several different formats of presentation were seen and showed originality. Pre-birth is not required.

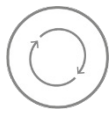
Most candidates were able to apply the milestones of development within the comparison of their chosen child. The chosen child should be taken from the LAM or the centre can produce its own, submitting it with the chosen LAM at moderation.

Bullet point lists do not allow for marks at the higher mark bands, as this does not show a clear understanding of the development milestones.

Comparisons must be made across the age range 0-5 years (the child can be older than 5 and comparisons to the norms made up to the age of 5) If the child chosen is under 5 then predictions only can be made up to the age of 5 and not comparisons against the developmental norms.

Some candidates did not get the sequence of development correct.

	Misconception	<p>Some candidates included synoptic assessment, however centres still need to address this evidence criteria</p> <p>Some candidates are including week-by-week comparisons. Comparisons are not required on a week-by-week basis (3 months, 6 months, 12 months, 1 year, etc. as set out in the LAM would be acceptable).</p>
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	AfL	<p>It is important that candidates understand the command verb in the marking criteria. For example, LO1 and LO2 the command verb is explain. Candidates should be taught how to write a response to this command verb. Bullet point lists can prevent candidates from accessing the full range of marks available as they often do not meet the command verb requirements.</p>
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LO3 – Be able to create a safe environment to protect children (in an early years setting)

Most candidates had considered types of risks and hazards and ways of protecting early years children. Candidates must carry out a risk assessment. It was not always evident that a risk assessment had been carried out although a risk assessment pro forma had been included. Best practice would be to get comments added to the risk assessment as to how appropriate it was by a member of staff at the setting where this was carried out.

Centres must not provide templates for the risk assessment and centres are directed to the OCR [Guide to Generating Evidence](#). This guide covers areas to be aware of when preparing and conducting assessments for Cambridge Nationals.

Most candidates had produced a plan for a safe environment and had covered the features given in the LAM and clearly explained them in the plan.

	Misconception	<p>Although there are many risk assessment templates available on line these should not be used by candidates when undertaking assessment. It is acceptable to use these when teaching about the requirements of a risk assessment for familiarisation, but candidates should generate their own individual risk assessment that includes detail from the specification and the centre where this will be carried out.</p>
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Unit R029

Comments by LO

LO1 – Know the dietary needs of individuals in each life stage

Most candidates produced evidence showing the dietary and nutritional needs of individuals at the different life stages, young people (5-16), adults and older adults. Most candidates also included the function of each nutrient. Candidates had produced information on government guidelines and dietary requirements. To achieve the higher mark bands this needs to be thorough. However, list like evidence of the nutrients does not show understanding.

LO2 – Be able to create dietary plans for specific dietary needs

Most candidates met factors that influence the diet. Following on from this most candidates produced a plan for an individual with a specific dietary condition. For the higher mark bands the plan should include details on how it reflects the needs of the individual they have chosen. Many candidates gave detailed information on the condition rather than the dietary requirements of the individual with the condition. The LAM gives a list of what should be included in the dietary plan. Good practice was seen by candidates producing a one-week plan explaining the importance and function and sources of nutrients.

Synoptic links were implicit and sometimes rather vague.

Centres need to note that vegetarianism isn't a dietary condition it is a lifestyle choice; suitable examples are given in the specification of dietary conditions.

LO3 – Be able to produce nutritional meals for specific dietary requirements

The dietary plan created in LO2 should then be used to produce the meal in LO3 for the specific dietary needs.

Depending on the choice of dishes the meal could be one dish, starter and main or main and dessert as long as the meal meets the nutritional requirements of the individual chosen.

Most candidates attempted to analyse the meal, however if using appropriate software programmes candidates should also give written evidence of the findings from the results. The command verb analyse was not clearly understood by candidates.

A meal must be produced. A witness statement clearly annotated should support this. Most centres used the witness statement in the LAM.

Although safety and hygiene are covered in the witness statement, this should also be supported by written evidence from the candidate.


Unit R031

Comments by LO

LO1 – Be able to assess scenes of accidents to identify risks and continuing dangers

Most candidates demonstrated they could assess the dangers to the casualty; first aider and others, including how the area can be made safe and obtaining informed consent. Most centres provided the LAM witness statement for this. Supporting written evidence was not provided by all candidates and was often given in bullet point format, which does not warrant the higher mark bands being given.

Many candidates did not provide a detailed description of when and how to seek additional support. Similarly, candidates did not always provide detailed information as to why information is given to emergency services.

	Misconception	There is a misconception that all that is required is the demonstration, but this section of work also needs to have supporting written evidence from the candidate.
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LO2 – Understand the first aid procedures for a range of injuries

Most candidates were able to demonstrate a thorough understanding of how to identify the nature and severity of the range of first aid procedures listed in the specification and the LAM with most causes listed. A thorough description of symptoms is required for Mark Band 3; list like evidence is generally given in the lower mark band.

Centres should not provide templates for the first aid procedures.

LO3 – Be able to apply basic first aid procedures

Most candidates demonstrated the first aid procedures in the correct sequence and were supported by the witness statement included in the LAM, which is specific to the first aid procedures being demonstrated. It is no longer a requirement for the unit to be witnessed/assessed by a first aid trainer. The witness for the practical element should hold a current first aid qualification (not paediatric first aid).

Many centres still used outside providers to deliver/witness the first aid procedures which is acceptable. However a first aid certificate issued by the trainer is not sufficient on its own and should be supported by comments on the witness statement from the first aid assessor.

Most candidates produced a review of the practical activities, however some candidates only produced a recap of the first aid procedures and did not review their competency, strengths and weaknesses suggest improvements to their performance.

Many candidates made links with other units but not giving specific reasons for the links, often they were list of units.

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