

CAMBRIDGE NATIONALS

Moderators' report

HEALTH AND SOCIAL CARE

J801, J811

R022-R023, R025-R029, R031
Summer 2022 series

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Introduction

Our Lead Moderators' reports are produced to offer constructive feedback on centres' assessment of moderated work, based on what has been observed by the 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 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 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.

Advance Information for Summer 2022 assessments

To support student revision, advance information was published about the focus of exams for Summer 2022 assessments. Advance information was available for most GCSE, AS and A Level subjects, Core Maths, FSMQ, and Cambridge Nationals Information Technologies. You can find more information on our [website](#).

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Unit R022 General overview

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place and these anomalies can be picked up.

Evidence was usually presented in a well organised manner, although some centres are still submitting work in numerous plastic wallets. It is easier for moderation purpose if the work is hole punched and treasury tagged.

Witness statements were used from the Mandatory Set Assignment and were mostly annotated appropriately, however some centres still use generic statements.

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 these resources can be accessed from the [Cambridge Nationals Hub page](#).

FAQs are also a very valuable source found on OCR website.

During the past two years centres have used Exambuilder not only for examined units but a valuable resource for various aspects of the NEA units. Accessed via Interchange.

Adaptations allowed in this unit in LO3.

LO1 – Understand how to communicate effectively

There were no adaptations for LO1.

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.

We often saw a wide range of factors included from the specification, however, sometimes they do not show how they **positively** influence communication, which is being assessed. Negative aspects of the factors are often given, e.g., lighting – individuals will feel less at ease if lighting is dim. This does not meet the assessment evidence criteria. The evidence should relate to positive communication and for the higher mark band **all** the factors should be addressed.

The same factors are often used as the barriers, which is not an issue if both sections do not include negatives and the duplicate work has not been marked twice. The focus of the evidence is effective communication.

Generally, candidate's evidence for barriers is much better than in previous series. 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 and to communication, evidence should not include generic ways of how to overcome barriers, e.g., build a ramp at the centre is general, where 'build a ramp at the GP Surgery' is related to a setting.

LO2 – Understand the personal qualities that contribute to effective care

There were no adaptations for LO2.

Personal qualities and effective care need to be linked together to show how they are used when caring for an individual. The examples should 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. It was encouraging to see that candidates had also addressed behaviours that fail to value in this LO. There were appropriate examples and detailed explanations given to meet the criteria. Assessors had accurately marked this evidence in LO3.

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

Adaptations allowed in LO3.

Task 4: Communicating in one-to-one and group settings

Candidates must plan for both a group and a one-to-one interaction in line with the current unit requirements. However, they only need to demonstrate **one** of the two interactions if using the unit adaptations in place.

Participants could wear face coverings during the interactions if it was felt necessary. In these cases, assessors should not need to assess facial expression.

The interactions could have taken place face-to-face or via video link.

The teacher was allowed to be both a participant in the interaction and the assessor for the witness statement.

Many centres used the permitted adaptation for this unit and only completed one interaction as allowed. Most centres did the one-one interaction as opposed to the group interaction.

The adaptation did not apply to the first part of LO3, as candidates were still required to plan for both interactions. They could then just carry out one. Several candidates only submitted the plan for the interaction that they undertook.

A separate plan is required for both interactions and the candidates that achieved the higher mark bands had followed the i.e. in LO3 in the specification on planning. Many candidates include a transcript, and although this is mentioned in the specific guidance on the tasks, is for the benefit of the candidate and does not have to be included with the work.

When carrying out the interactions most centres did this as a role-play and used the scenarios from the live assessment material (set assignments 1, 2 or 3).

As part of the assessment evidence the candidates must show behaviours that fail to value. It was pleasing to see that this was covered by most candidates and usually as a separate written piece of evidence. Some centres have included it in the planning section and some in LO2 under personal qualities and effective care. If it is clearly signposted it can be addressed anywhere in the assignment, but it must be given marks as part of LO3 part b.

There should be a witness statement included, which can be found at the end of the live assessment material (Set Assignment). There needs to be one for each interaction (and where unit adaptations were used and only one interaction completed only one witness statement was required). Detailed notes from assessors on the witness statement should comment on how well the candidate took part in the interaction. This will support the justification of the marks given.

We continue to see some centres getting candidates to include an evaluation. Candidates should not be encouraged to do this as it is not an assessment requirement.

It was encouraging to see more candidates including synopticity, however there are still several candidates that simply list the unit numbers with no reference to how or why they have used the links which impacts on marks that can be awarded. Also, we see that the teacher on many portfolios had indicated that synoptic links had been used by the candidate and in some cases identified them. This should come from the candidate in their work to show their understanding of the links that have been made, and not a comment by the teacher on the URS or an annotation on the candidates work.

Unit R023 General overview

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place which can help to pick up these anomalies.

Evidence was usually presented in a well organised manner, although some centres are still submitting work in numerous plastic wallets. It is easier for moderation purpose if the work is hole punched and treasury tagged.

Witness statements were not always used from the live assessment material (Set Assignment).

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Adaptations allowed in this unit in LO3.

LO1 – Know how body systems work

There were no adaptations for LO1.

Most candidates were able to demonstrate sound knowledge of how the cardiovascular, respiratory, and digestive systems work. The evidence required for each body system should be the same for this LO. Some candidates did more research on one than the others. 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 it was pleasing to see some candidates had annotated their own hand-drawn body system diagrams.

There are still too many candidates downloading diagrams from the internet. While this is acceptable, the source should be clearly referenced and the diagram annotated by the candidate to show knowledge and understanding, and to avoid plagiarism.

LO2 – Understand disorders that affect body systems

There were no adaptations for LO2.

Candidates do not always achieve the higher mark bands in this LO as they do not give detailed reasons for the symptoms. 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. Also, we continue to see candidates often adding in treatments. This should be discouraged as it is not a requirement of the assessment evidence.

Often evidence is taken from the internet to support the work but again without appropriate referencing as a result of this candidates do not always show thorough understanding which impacts the detail in their descriptions.

Assessment for learning



It can be helpful to combine LO1 and LO2 which link together and helps candidates to give a full understanding of each body system. However, teachers/assessors must make sure that the LOs are assessed separately.

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

There were adaptations allowed for LO3.

Adaptation - Where candidates are not able to take real measurements, centres should give them sets of results to compare and interpret. We recommended that candidates were given several results to choose from, rather than all candidates in a centre using the same set.

Task 4: Measuring body rates and interpreting the results

It may not have been possible for candidates to demonstrate measuring pulse, peak flow, or Body Mass Index on another person due to COVID restrictions.

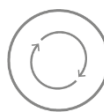
Where candidates were not able to take real measurements, centres could give sets of results to compare and interpret. It was recommended that the centre should provide different sets of results for candidates. Often candidates had all been given the same sets of results and along with that in many instances these had not been interpreted or recorded correctly. In some cases, candidates omitted any reference to the results of body rates to the functioning of healthy body measurements. When the results are interpreted they should still be compared to the norms and this was not done sufficiently well to meet the middle and higher grading criteria. The information given should also allow the candidate to have access to the full range of marks available and to be given the higher mark bands candidates need to be able to fully interpret the data obtained from measuring body rates and comparing against the norms.

Witness statements were not always included and only a reference made on the URS, which is not acceptable. A witness statement was required and this was mentioned on the adaptations. There is a witness statement in all 3 live assessment materials for this unit. When witness statements were included overall they were thoroughly annotated and clearly reflected the candidate's confidence when carrying out the body measurements

There was however some good practice shown in the use of the professional dialogue to meet the criteria and to show authentication of the task being undertaken.

Evidence of synopticity is still weak in this unit and is often referenced by the assessor. As with other units, this evidence should be provided by the candidate to show understanding of how what they have learnt in other units is relevant in this unit.

Assessment for learning



To help with interpretation of results we recommend that candidates are given several sets of results to practise their interpretation and recording before completing their assessment to reduce the chance of making errors.

Unit R025 General overview

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place and these anomalies can be picked up. 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.

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There were no permitted adaptations for this unit.

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 3 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. Many had used charts for this evidence and often this gave the impression of being a cut a paste activity. in the main centres had referenced the source. Evidence presented in this way does not always allow the command word to be fully met.

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.

Assessment for learning



When writing about P.I.L.E.S Best practice is to split the age range into 3 life stages, relevant to this specification, of childhood/adolescence/adulthood.

LO2 – Understand the ageing process in older adulthood

Many candidates were able to provide a thorough description of the ageing process. However, 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. A generic definition of ageing was often given instead of the process of ageing.

There was limited evidence as to how a person's role in life changes through the ageing process. Links need to be much more specific to the 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 well-being not only of the individual but also of the family, this was often omitted. The conditions chosen did not reflect how progress had been affected. P.I.E.S. need to be considered to achieve the assessment criteria successfully.

Candidates require 2 case studies for different life stages. These should be taken from the case studies in the OCR live assessment material (set assignments) for this unit. Centres can use their own case studies if they wish to, and these should be included with the chosen assignment when evidence is submitted for moderation. When centre case studies are provided they must make sure that the case study allows the candidate to be able to access the full range of the assessment criteria and also ensuring that over direction is not given within the content as this could result in candidates being disadvantaged. 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 well-being of the individual and their family. Effect on the family should be evident in the work but is often missing or implied. The effect of the conditions should be discussed through the life stages. This was also often omitted and generically discussed instead of what would happen being applied to the individual if they had this condition.

LO4 – Be able to create support plans

For this task candidates are asked to produce a support plan. The support plan only needs to be for one individual, Middle mark band work was seen by candidates who had used one of the individuals from LO3. Several candidates did not link the support plan to the life stage.

The plans did not always show how support for the individual with the chosen condition would be given in the plan instead focussing on meeting the medical needs of the individual and how these would be administered. Therefore, candidates were not always meeting the assessment criteria. The plan should include how the needs and wishes of the individual will be achieved/how these will be met.

Candidates at all levels should be encouraged to draw on synoptic links from other units within the specification, this should show how they have applied knowledge not just reference to which units have links.

Assessment for learning



A useful source of information is the Social Care Institute for Excellence which explains the purpose of care planning and what should be included.

<https://www.scie.org.uk/mca/practice/care-planning/person-centred-care>

Unit R026 General overview

There were no permitted adaptations for this unit.

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place and these anomalies can be picked up.

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.

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 these resources can be accessed from the [Cambridge Nationals Hub page](#).

We also have a series of videos giving hints and tips for each unit on a [YouTube playlist](#).

LO1 – Know about careers in health, social care or the children and young people's workforce

For this LO only one sector needs to be chosen from health, social care or the children and young people's workforce. Candidates should provide some information on the sector; often this was not evidenced and only professionals in the sector were written about. Candidates should then give employment opportunities of different service providers within the chosen sector. To achieve the higher mark band a wide range was needed, and this was not always evident.

At least two roles should include a description of entry points and qualifications needed for the chosen sector. To achieve the higher mark band the description needed to be thorough.

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. Research had been included by many candidates to support this evidence. Health and safety issues which are likely to be encountered should be explicit to the chosen sector and not generic examples.

Centres need to make sure candidates follow the same sector/services throughout the LOs to help the candidates to access all the assessment criteria. Candidates performed better in this LO where the centre had used the live assessment material (set assignment) for this unit, which is a mandatory requirement. Evidence was often more than assessment requirements with a lot of web based generic researched 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 clearly referenced either in the body of the text or as a bibliography.

Support Plans submitted were generally weak. Only one plan needs to be produced. This plan should be carried through to include developmental goals, how to improve behaviours, skills, and attributes.

Candidate did not have a clear understanding of these developments and resulted in plans not always meeting assessment criteria. Many plans gave a resume of what the candidate could do.

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

Unit R027 General overview

Permitted adaptations were allowed for this unit for LO3

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place and these anomalies can be picked up.

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 (Set Assignment) and were annotated appropriately.

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 these resources can be accessed from the [Cambridge Nationals Hub page](#).

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

No adaptations allowed for this LO1.

Most 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 quite well, however candidates did not always address the 3 different groups, children and young people, adults, and older adults. If all 3 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

No adaptations allowed for this LO2.

Candidates need to show a thorough understanding of the benefits from participating in creative activities across the 3 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.

Assessment for learning



It can be helpful when candidates write up their work to combine LO1 and LO2 together. However, teachers/assessors must make sure that the LOs are assessed separately.

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

Adaptations were allowed for LO3. This could be adapted by using role-play, simulations and evidence recorded at home where the practical tasks identified are challenging to deliver.

Task 3: Carrying out and evaluating a creative activity

This can take place as a role-play in a simulated environment if participants in the role-play can show realistic characteristics of the intended group. (This is already allowed for this unit.). The creative activity can take place in a classroom, with the candidate delivering the activity to other class members.

Assessors were allowed to view a video recording of the creative activity being carried out at home with another person taking the role of the participant. The recording should have allowed the assessor to authenticate that it is the candidate who is carrying out the activity. Professional discussion could also take place (in person or via video link) to give extra evidence if appropriate. A witness statement should have been submitted as normal.

Most candidates carried out their activity using a role-play. The activity was usually for an individual and rarely as a group. Evidence shows that it was often carried out at home as permitted by the adaptations.

A comprehensive plan needs to be produced to achieve the higher mark band. The set assignment includes a list of what should be included in the plan. We saw this in the work of a lot of candidates but the work of some candidates had not made use of or included all/most details from the list in the set assignment.

All activities were usually carried out and witness statements appropriately completed to support the evidence and used to authenticate if the activity had been undertaken out of centre. 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.

A review is required of the activity, 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 General overview

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place and these anomalies can be picked up.

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.

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 these resources can be accessed from the [Cambridge Nationals Hub page](#).

Adaptations allowed for this unit in LO3.

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

No adaptations allowed for LO1.

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. However, some candidates used downloaded charts and some wrote briefly in tables. As a result they did not always meet the assessment criteria and they also omitted referencing evidence that supported the charts.

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 set assignment, or the centre can produce its own, submitting it with the chosen set assignment at moderation. When the centre produces the case study the information should make sure that the candidate is able to access the full mark marks given in the assessment evidence criteria and be disadvantaged. Likewise, if too much information is given in the case study this will constitute giving over direction and could lead to malpractice.

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 meet this criterion.

Comparisons are not required on a week-by-week basis (3 months, 6 months, 12 months, 1 year, etc. as set out in the set assignment would be acceptable) some candidates did not get the sequence of development correct resulting in the evidence being muddled across the age ranges.

Some candidates included synoptic assessment; however, centres still need to address this evidence criteria. Synoptic links need to be shown by the candidates and not identified by the assessor. Application of how the links have been made can be evidenced as either a separate piece of written work or throughout the body of the text but it should be easily identifiable.

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

No adaptations allowed for LO2.

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.

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 Set Assignment, or the centre can produce its own, submitting it with the chosen Set Assignment 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 meet this criterion

Comparisons are not required on a week-by-week basis (3 months, 6 months, 12 months, 1 year, etc. as set out in the set assignment would be acceptable) some candidates did not get the sequence of development correct the evidence was muddled across the age ranges.

Some candidates included synoptic assessment; however, centres still need to address this evidence criteria. Links need to be shown by the candidates and not identified by the assessor. Application of how the links have been made should be evidenced as either a separate piece of written work or throughout the body of the text.

LO3 – Be able to create a safe environment to protect children (in an early years setting)

Task 3: Assessing risks in early years environments

You must carry out a risk assessment in an early year setting, completing the relevant documentation.

If it is not possible to use a real early years setting, candidates can use a case study (for example, a virtual early years setting, a video recording, or a case study). Alternatively, the candidate can perform the risk assessment in their own centre.

Adaptations allowed for LO3.

This LO can be adapted by using case studies or alternative settings to carry out the risk assessment. Most candidates had considered types of risks and hazards and ways of protecting early years children.

The candidate must carry out a risk assessment. It was not always evident that the risk assessment had been carried out although a risk assessment pro forma had been included.. Many centres used the adaptation and gave case studies or used settings from the internet for candidates to carry out the risk assessment on. Many centres used the adaptation for this LO because of COVID restrictions. This had been done well by centres using a virtual centre from the internet and completing the risk assessment appropriately to meet the assessment evidence criteria. If the adaptation was used there should be a variety of virtual centres used and different case studies for candidates to base their evidence on. A limited number of centres gave over direction with information in the case study to the risk assessment. This must be the candidates own findings either from the virtual centre or the case study.

Centres must not provide templates for the risk assessment.

Most candidates had produced a plan for a safe environment and had covered the features given in the Set Assignment and clearly explained them in the plan. There was interesting and varied work submitted for moderation.

Unit R029 General overview

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place and these anomalies can be picked up.

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 required for this unit and should be taken from the live assessment material (set assignment). Where they were included they were annotated appropriately.

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 these resources can be accessed from the [Cambridge Nationals Hub page](#).

Adaptations allowed for this unit in LO3

Where the practical tasks identified are challenging to deliver, this unit can be adapted by using professional discussion.

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

No adaptations allowed for this LO1.

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. It was encouraging to see a variety of presentations were given to meet the evidence.

Most candidates produced government guidelines and dietary requirements. To achieve the higher mark bands this needs to be thorough. The Eat well plate had been covered by most candidates but often there was no link given as to the significance of the information on the 'plate'.

When list like evidence of the nutrients is given this does not show understanding and does not always allow the candidate to meet the command word in the assessment grading grid.

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

No adaptations allowed for this LO2.

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 detail information on the condition rather than the dietary requirements of the individual with the condition. The Set Assignment 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.

Some candidates gave a generic healthy diet which did not address the needs of an individual with a specific dietary condition.

Synoptic links were implicit and sometimes rather vague. Candidates just linked the units together without saying specifically how they had applied the knowledge and understanding from one unit to another. Candidates that did this successfully gave the evidence as a separate piece of written evidence and a few did it throughout the unit in the specific areas it related to in the body of the text.

Centres need to note that a lifestyle choice is not a dietary condition, e.g., Vegetarianism isn't a dietary condition. Specific examples are given in the specification.

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

Adaptations allowed for LO3.

Task 3: Producing a nutritional meal for a specific dietary requirement

If it's difficult for candidates to create a meal because of access to equipment, the following parts of Task 3 can be replaced with a professional discussion.

Create a meal for a person with a specific dietary need.

Follow procedures for hygiene and safe food preparation.

Candidates should talk through the stages involved in creating the meal, and the hygiene procedures that they would follow. Where possible, the relevant equipment and ingredients lists should be available to prompt discussion. The discussion should include the following points:

the stages involved in creating the meal, and how these would be carried out

the procedures for hygiene and safe food preparation that would be followed during the preparation of the meal.

Centres must provide a witness statement that includes judgements on these points. The professional discussion can take place in person or via video link.

The dietary plan created in LO2 should then be used to produce the meal in LO3 for the specific dietary needs. Several candidates did not do this, and the evidence was muddled.

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 to meet the needs of their dietary condition

Some 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. Some candidates did use professional discussion to interpret these findings but did not always link it to the needs of the individual's meal and dietary condition.

A meal must be produced. Or as was permitted a professional discussion as to how it would be created. Both methods require a witness statement clearly annotated to support this. This is also showing the authentication of the activity being carried out away from centre. Most centres used the witness statement in the set assignment, and they were clear and concise.

Although safety and hygiene are covered in the witness statement, this should also be supported by written evidence from the candidate this is particularly important when the activity is not carried out but is assessed by a professional discussion to show a thorough understanding. It is insufficient evidence for the assessor to acknowledge it on the URS.

Unit R031 General overview

Adaptations are allowed for this unit in LO1 and LO3

Where the practical tasks are challenging to deliver, this unit can be adapted by using professional discussions and simulations.

Most centres complete the URS accurately, however several centres omit candidate numbers and make errors when adding up the marks. Good practice is to make sure internal standardisation takes place and these anomalies can be picked up.

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 (set assignment) and were annotated appropriately

Centres must remember that this unit can only be evidenced in the context of adult individuals.

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 these resources can be accessed from the [Cambridge Nationals Hub page](#).

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

Adaptations allowed for LO1.

Task 1: Assessing the scene

This can take place through a professional discussion about case study scenarios. This should include discussion of the following points:

- how to assess the dangers to the casualty, the first aider and others
- how the area can be made safe
- how to obtain informed consent
- how to communicate clearly.

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 by using role-play and many used the adaptation of a professional discussion either face-to-face or via a video link which both being acceptable. A few candidates did not access the full assessment criteria as the professional discussion was a Q and A session which did not allow the candidate to show their knowledge and understanding of the assessment marking criteria. Most centres provided the witness statement to authenticate the activity had taken place either through role-play or professional discussion. The 'demonstration' also needs to have supporting written evidence from the candidate. This was not provided by all candidates and was often given in bullet point format, which does not warrant the higher mark bands being given as the evidence does not meet the command word in the assessment criteria mark band.

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

emergency services. Work was often repeated for the emergency services when candidates are asked to identify extra support.

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 set assignment with most causes listed. A thorough description of symptoms is required for mark band 3, list like evidence is generally given the lower mark band. There was a wide range of different types of evidence presented with often excessive amounts of inappropriate evidence to meet the criteria.

Centres should not provide templates for the first aid procedures. It is recommended that centres consult our [guide to generating evidence](#). This guide covers areas to be aware of when preparing and conducting assessments for Cambridge Nationals. Likewise, First Aid Booklets do not allow the candidate to meet the assessment criteria.

LO3 – Be able to apply basic first aid procedures

Adaptations allowed for LO3

Task 4: Demonstrate first aid procedures

If there are restrictions on candidates demonstrating first aid on other candidates, a dummy or props could be used. This is already allowed for this unit. Where this is not possible, the following adaptations are allowed:

The assessor can watch a video recording of the candidate demonstrating the first aid procedures at home on another member of the household. The recording must allow the assessor to authenticate that it is the candidate who is demonstrating the procedure. A professional discussion could also take place (in person or via video link) to provide further evidence if appropriate. A witness statement must be submitted as normal.

The demonstration can be replaced by a professional discussion. Candidates should show the first aid procedures as far as possible during the discussion, for example demonstrating on themselves, and by using props or diagrams. The discussion should include the following points: how each first aid procedure is carried out using the correct sequence of steps showing understanding of practical application.

Most candidates demonstrated the first aid procedures in the correct sequence and were supported by the witness statement included in the Set Assignment 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).

Some 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. There was evidence also of good professional discussion to meet the assessment criteria with written supporting evidence from the candidates. A few centres who did a Q and A session were not able to elicit enough information from candidates and so work did not access the full marking criteria and written evidence alongside of this was not enough to give the marks given for these candidates.

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 or 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 or identified by the assessor on the URS.

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