

SVQ CARE LEVEL 2

Unit	Main Purpose	Candidate Profile	Uptake
<p>Promote Effective Communication & Relationships (BS68 04)</p>	<p>This Unit describes the role of the worker in developing and promoting effective communication and relationships — a basic requirement for anyone who works in the health and social care sector.</p>	<p>This Unit describes the role of the worker in developing and promoting effective communication and relationships — a basic requirement for anyone who works in the health and social care sector.</p>	<p>All care workers are now required to achieve a vocational qualification in order to register with the Scottish Social Services Council. Therefore take up of SVQs in Care is high and is rising. Level 2 is the minimum qualification for basic grade care workers.</p>
<p>Promote, Monitor and Maintain Health, Safety and Security in the Workplace (B6S9 04)</p>	<p>This Unit describes the requirement for promoting, monitoring and maintaining health, safety and security in the work environment. The work environment includes both home based environments (such as the homes of foster carers and clients' homes for those who offer domiciliary care) as well as the facilities of public, voluntary or private providers.</p>	<p>Candidates will be employed as basic grade care workers. This work may include those working with individuals in their own homes.</p>	<p>All care workers are now required to achieve a vocational qualification in order to register with the Scottish Social Services Council. Therefore take up of SVQs in Care is high and is rising. Level 2 is the minimum qualification for basic grade care workers.</p>
<p>Contribute to the Protection of Individuals from Abuse (B6V3 04)</p>	<p>This Unit is concerned with the worker contributing to the protection of individuals from abuse. It is designed for use in all settings, as abuse can occur in all care environments. Contribution to the protection from abuse is thorough: minimising the level of abuse within care environments, minimising the effect of abusive behaviour and monitoring individuals who are at risk from</p>	<p>Candidates will be employed as basic grade care workers. This work may include those working with individuals in their own homes.</p>	<p>All care workers are now required to achieve a vocational qualification in order to register with the Scottish Social Services Council. Therefore take up of SVQs in Care is high and is rising. Level 2 is the minimum qualification for basic grade care workers.</p>

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<p>Foster People's Equality, Diversity and Rights (B7AX 04)</p>	<p>abuse, whether they are named individuals who have been designated 'at risk' or others. Individuals at risk from abuse may be those abusing themselves, such as through the use of substances or self-harming, or be those at risk from abuse by another. This Unit takes a broad definition of abuse, including financial, emotional, psychological, physical and sexual.</p> <p>This Unit is about acknowledging the equality and diversity of people and their rights and responsibilities. Because of the often sensitive nature of the information about people with which the sector deals, the maintenance of confidentiality is also included. Whilst it is recognised that workers are not always in a position to change and influence structures directly, they are expected to be proactive against discrimination.</p>	<p>Candidates will be employed as basic grade care workers. This work may include those working with individuals in their own homes.</p>	<p>All care workers are now required to achieve a vocational qualification in order to register with the Scottish Social Services Council. Therefore take up of SVQs in Care is high and is rising. Level 2 is the minimum qualification for basic grade care workers.</p>

SVQ CARE LEVEL 2 — UNIT MONITORING REPORT2004 — ASSESSMENT INSTRUMENTS

Unit	Fitness for Purpose/Integration	Quality of Presentation	Level of Demand	Conditions of Assessment	Guidance on Criteria for pass and validity to PCs and range/Summary
Promote Effective Communication and Relationships (BS68 04)	Evidence is collected through direct observation of real work practice and candidates reflective accounts of their work with individuals receiving care. Evidence is supplemented with oral and written questions. No simulation is acceptable for this Unit. Integration was poor, despite the need for this Unit to be assessed throughout the qualification in many instances this was assessed as a free standing Unit.	Overall presentation of work in portfolios was of a fair standard. It was disappointing to note little or no difference in the quality of presentation since 1999, although the introduction of recording grids makes evidence easier to track now.	The level of demand is high for the job role of the candidates, this however has been addressed in the revision of the National Occupational Standards and new awards are designed to be more achievable.	It is appropriate that evidence is collected from real work practice.	Guidance was prepared following extensive consultation with the Care Sector. However the review of the guidance for the new awards will provide an opportunity to introduce greater clarity and lessen the chance for individual interpretation of what is required to prove competence. Very little integration has taken place. The Unit continues to be completed as stand alone and knowledge evidence continues to be over claimed.
Promote, Monitor and Maintain Health, Safety and Security in the Workplace (B6S9 04)	Evidence is collected through direct observation of real work practice and candidates reflective accounts of their work with individuals receiving care. Evidence is supplemented with oral and written questions. Some simulation is acceptable for this Unit in terms of first aid	Generally acceptable, some centres continue to rely solely on first aid certificates and workbooks of questions which do not clearly identify what the candidate has been taught or what their understanding of the subject is.	The level of demand is high for the job role of the candidates, this however has been addressed in the revision of the National Occupational Standards and new awards are designed to be more achievable.	It is appropriate that the majority of evidence is collected from real work practice, while this can be supplemented with evidence from workbooks or first aid courses, these should not form the main source of evidence.	Guidance was prepared following extensive consultation with the Care Sector. However the review of the guidance for the new awards will provide an opportunity to introduce greater clarity and lessen the chance for individual interpretation of what is required to prove competence. The overall standard of this Unit remains unchanged in the main since 1999, although it was noted

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	<p>techniques. Integration with other Units was poor, part of this Unit lends itself to being integrated with direct care tasks but this opportunity is often ignored and it tends to be assessed alone which is not good practice and leads to over assessment of candidates.</p>				<p>that more candidates now complete full first aid qualifications as a method of providing evidence for Outcome 3. The use of knowledge based workbooks as the main source of evidence is a concern as it does not show the application of the knowledge in practice.</p>
<p>Contribute to the Protection of Individuals from Abuse (B6V3 04)</p>	<p>Evidence is collected through direct observation of real work practice and candidates reflective accounts of their work with individuals receiving care. Evidence is supplemented with oral and written questions. No simulation is acceptable for this Unit. Little integration of this Unit, however given the work role of the candidates and the complexity of the content, this is understandable and acceptable.</p>	<p>Presentation of this Unit was acceptable.</p>	<p>The level of demand is high for the job role of the candidates, this however has been addressed in the revision of the National Occupational Standards and new awards are designed to be more achievable.</p>	<p>It is appropriate that all evidence for this Unit is collected from real work practice.</p>	<p>Guidance was prepared following extensive consultation with the Care Sector. However the review of the guidance for the new awards will provide an opportunity to introduce greater clarity and lessen the chance for individual interpretation of what is required to prove competence. This Unit is often supported by written knowledge questioning and that is appropriate due to the complexity of the content. Candidates and assessors appear to have difficulty in identifying appropriate evidence for some of the performance criteria, and this is likely to be due to the wording of the Unit rather than the candidate job role and assessment opportunity.</p>

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<p>Foster People's Equality, Diversity and Rights (B7AX 04)</p>	<p>Evidence is collected through direct observation of real work practice and candidates reflective accounts of their work with individuals receiving care. Evidence is supplemented with oral and written questions. No simulation is acceptable for this Unit. It is important that this Unit is assessed through all of the other Units in the award, and the evidence shows that this seldom happens. There is some evidence of reliance on workbooks to demonstrate knowledge and this alone is insufficient to show competence.</p>	<p>This Unit is not well presented, it is mainly assessed as stand alone and this is not good practice. Candidates often use 'learned language' without any clear identification that they understand the meaning or that they are genuinely applying the values of social care in a knowing and meaningful way.</p>	<p>The level of demand is high for the job role of the candidates particularly in terms of the language of the knowledge evidence. This, however, has been addressed in the revision of the National Occupational Standards and new awards are designed to be more achievable.</p>	<p>It is appropriate that all evidence is collected from real work practice, it is not possible to address the issues raised by the Unit in a hypothetical manner.</p>	<p>Guidance was prepared following extensive consultation with the Care Sector. However the review of the guidance for the new awards will provide an opportunity to introduce greater clarity and lessen the chance for individual interpretation of what is required to prove competence. We were disappointed to see that the 'O' Unit continues to be assessed as stand alone and that neither the assessors nor the candidates appear to have a real understanding of the content and purpose of the Unit.</p>

SVQ CARE LEVEL 2 — UNIT MONITORING REPORT 2004 — CANDIDATE PERFORMANCE EVIDENCE

Unit	Accuracy of Assessment Decisions	Consistency of Application of Standards	Examples of Good Assessment Practice/Summary	Comparison Over Time
<p>Promote Effective Communication and Relationships (BS68 04)</p>	<p>Assessment decisions were variable but consistently poor, lack of standardisation across centres. Knowledge evidence did not demonstrate understanding — knowledge too often inferred. Assessors and candidates tend to use language without understanding eg 'I approached a client in an open and friendly manner' which simply parrots the performance criteria. Internal verifiers are not picking this up and acting upon it.</p>	<p>The language of the standards is over complex for the job role at this level, this makes consistency an issue. Every attempt has been made to address this issue in the new standards. It appears that the candidates are producing the evidence requested from them, and that the issue is with the assessors guiding candidates. The assessment standard is variable and overall is low, which suggests that assessors are not clear/able to guide the candidate on the evidence requirements. This is likely to be linked to poor assessor training and lack of support/guidance from internal verifiers. Some centres are using teaching packs as the main source of evidence from candidates, although packs can provide good supplementary evidence</p>	<p>Overall assessment of candidate performance was variable and showed a lack of standardisation across centres and at times within centres. There were a few examples of good practice</p>	<p>Assessment instruments remain the same the standards appeared to be similar to 1999. This Unit continues to be assessed as stand alone in the main and this creates difficulties as it was designed to be assessed in conjunction with all the other Units in the award. This was the position in 1999 and continues to be so in 2004. Some slight improvement in general over the period was noted. However samples were submitted from different centres in 1999 and 2004. The Unit should be assessed on an integrated basis throughout the other Units in the award.</p>

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<p>Promote, Monitor and Maintain Health, Safety and Security in the Workplace (B6S9 04)</p>	<p>There was some evidence of lack of observation and over reliance on questioning, there were instances of incorrect answers to questions demonstrating that assessors had not kept up to date with changes in first aid practices.</p>	<p>they are no substitute for direct observation and reflection. There was evidence of over claiming of evidence particularly from knowledge questions.</p>	<p>There were portfolios in the sample where the standard had been met, however there was no particularly good practice evidenced which was disappointing. The overall standard of this Unit was disappointing, with poor assessment practice and over internal verification being the main issues identified. There was concern from the scrutiny panel that there were examples of incorrect answers to very basic first aid knowledge. Over reliance on questioning and lack of application of knowledge to practice was evidenced in most of the samples looked at.</p>	<p>Standard over time has remained much the same. This Unit is often taken as meaning first aid knowledge and therefore lacks good integration of knowledge in practice and the importance of preventative action and awareness of the importance of health and safety practices in daily life. The evidence presented emphasised the need for changes to the whole approach to this Unit, which it is hoped will be resolved by the new national occupational standards which have totally revised the performance criteria in this aspect of care practice. These changes will ensure that candidates' job role is more closely linked to the level they will be assessed at.</p>

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<p>Contribute to the Protection of Individuals from Abuse (B6V3 04)</p>	<p>Assessment decisions appeared acceptable in the main although there was evidence that some assessors had stretched the meaning of the performance criteria through cross referencing which only just met the requirements.</p>	<p>We agreed with the centre rating in the majority of portfolios</p>	<p>There were good examples of candidates' sensitive practice with the individuals being cared for. There were many instances of missing signatures, and some over claiming of evidence. Some good examples of practice which was caring and sensitive.</p>	<p>Recommendations This is a Unit which is changing in content and structure in the new awards which come into force in 2005. Since the current overall standard is acceptable, if not good, it would not be advisable to ask centres to alter their approach to the current Unit at this time.</p> <p>No notable difference in the quantity, quality or standard of this Unit was identified since 1999. There was evidence that within centres there continues to be a lack of standardisation with assessors appearing the make different demands on candidates. Centres need to pay closer attention to the assessment guidance for the Unit which is clearly stated on the Unit. Some centres have worked hard to achieve a variety of assessment methods which address the performance criteria and knowledge</p>

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<p>Foster People’s Equality, Diversity and Rights (B7AX 04)</p>	<p>Candidates in general appear to struggle in identifying where the value base and its application is met in their work and assessors also tend to ‘infer’ knowledge and understanding and again this weakens the quality of the evidence presented. It therefore appears that many of the assessment decisions made could be</p>	<p>Evidence was consistently weak and in that regard was consistent, missing signatures and inferred knowledge pull the standard of evidence down.</p>	<p>Variety of assessment methods used including product evidence by one centre. Consistently poor, too much inferred knowledge, lack of integrated evidence across Units in the award, missing signatures and general poor presentation.</p>	<p>where others appear to take a less structured approach and this leads to issues of standardisation. Recommendations Assessment planning is the key to the successful assessment of this Unit, a structured approach of the generation of evidence is essential to ensure standardisation. Ensuring candidates possess the knowledge and language to explain their approach to dealing with abusive or potentially abusive situations would improve the quality of the knowledge evidence. In the main it continued to be assessed as stand alone, as in 1999. Centres need to pay greater attention to the assessment guidance for this Unit and ensure that the Unit is fully integrated. Inferred knowledge is not acceptable assessment practice.</p>

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	<p>open to question. At best the evidence is thin.</p>			<p>Recommendations Centres need to be reminded that this Unit must be assessed across all the other Units within the award both in terms of the direct observation of practice and the candidates' reflective accounts of their own work with individuals and groups. Where assessors are claiming inferred knowledge they must clearly identify what that knowledge is and how they were able to see it, otherwise it is important that knowledge is clearly identified and addressed.</p>