



**Scottish Vocational Qualification
in
Health and Social Care
(Children and Young People)
level 3**

Group Award Code: G7LV 23

ASSESSMENT STRATEGY and GUIDANCE

General Introduction

This document is based on the final Assessment Strategy which was produced along with the new Standards by the UK Joint Project for Health and Social Care including TOPSS, SSSC, Skills for Health, Care Council for Wales and Northern Ireland Care Council.

This guidance on the gathering of evidence and Evidence Requirements has been produced collaboratively and subscribed to by the following UK Awarding Bodies: SQA, Edexcel, CACHE, OCR and GOAL.

Welcome

.....to the Scottish Vocational Qualification (SVQ) in Health and Social Care (Children and Young People) level 3. This is a nationally recognised award accredited by the Scottish Qualifications Authority (SQA), and is suitable for those working with Children and Young People in a variety of settings: for example, a residential home, a residential school, a day care or group work project, or supporting young people in their family.

To achieve the SVQ in Health and Social Care (Children and Young People) level 3, candidates must achieve **eight** Units in total - **four** mandatory and **four** optional Units.

The full selection of units that make up the SVQ in Health and Social Care (Children and Young People) level 3 can be found in the Information Sheet.

The following pages offer assessment guidance to candidates, assessors, expert witnesses, internal verifiers and external verifiers — in short — anyone who is involved in the assessment process.

About Scottish Vocational Qualifications (SVQs)

SVQs are work-based qualifications, which set the level of competence required by health and social care workers in their particular field. These are called standards and they have been designed and developed by Sector Skills Bodies (SSBs) through consultation with employers and practitioners from across the statutory and voluntary health and social care sectors.

SVQs are nationally recognised awards, which cover a wide range of health and social care activities. They also have levels assigned to them, which are related to the responsibilities of a person's actual job. In undertaking this Award which is at level 3 — the candidate would be expected to already have some experience and be able to work without direct supervision, and to take some responsibility for Care Planning for and with children and young people receiving care.

To achieve this SVQ, candidates must provide evidence of experience from caring for more than one individual. Where this is not possible, for example, where a person is employed directly to care for one individual as an employee, advice should be sought from SQA or the External Verifier.

What does an SVQ look like?

All SVQs — follow the same format. There are:

- ◆ **Units**
- ◆ **Elements**
- ◆ **Performance Criteria**
- ◆ **Scope**
- ◆ **Knowledge Specification**
- ◆ **Evidence Requirements**

UNITS are simply different tasks that are familiar areas of work to all health and social care workers.

For example, the SVQ in Health and Social Care (Children and Young People) level 3, contains **eight UNITS** (**four** Mandatory Units and **four** Optional Units from a large selection of both children and young people specific and generic topics).

Each Unit comprises several **ELEMENTS** — which describe the activities workers are expected to perform.

PERFORMANCE CRITERIA (PCs) are built into each element and are **the standards** against which the work activities should be measured — and for which evidence of actual performance must be provided.

SCOPE — is a statement to ensure candidates can carry out workplace competences in a variety of contexts and situations. There are suggestions about this in each individual Unit.

KNOWLEDGE — this requires that candidates **understand** their actions, and can integrate knowledge and practice.

EVIDENCE REQUIREMENTS — are specific to each Unit, and detail what particular evidence is required for the Unit in order for a candidate to meet the performance criteria and knowledge. It is important that these instructions are followed. So for example, if it says “the assessor/expert witness **must** observe the candidate”, then observation **must** be done — simulation or witness testimony will not do instead.

Who’s who in SVQs

the candidate

is the person undertaking the SVQ. The responsibility of a candidate is to meet with the assessor, plan how to undertake units and then produce evidence to demonstrate competence.

the assessor

is the person who assesses the candidate and makes a decision if he/she is competent, based on a variety of evidence. The assessor is normally (but not always) in the same workplace as the candidate. The assessor has the responsibility to meet with the candidate regularly, to plan, support, judge and give feedback on performance.

the expert witness

is a person who is occupationally competent in the candidate's area of work and who may see the candidate working on a daily basis — more so than the main or 'co-ordinating' assessor. They are able to make a judgement about competence, but it is still the role of the **assessor** to incorporate these judgements into the final (or summative) assessment decision for the whole SVQ.

the internal verifier

is someone designated by the assessment centre to ensure that assessors are performing consistently in the use of assessment methods and assessment decisions. This can be carried out by sampling evidence on a regular basis and by ensuring that candidates are being properly supported to achieve their award.

the external verifier

is appointed by the SQA, the Awarding Body, to ensure consistency in assessment and internal verification across all centres offering the award. Centres are normally visited by an External Verifier twice a year. SQA's External Verifiers also meet with EVs from other Awarding Bodies to ensure UK wide standardisation.

Required expertise of assessors, expert witnesses and internal verifiers

Assessors

- ◆ Must be occupationally competent in the Units which they will assess, and be knowledgeable about legislation and codes of practice in relation to health and social care settings. Their competence and experience should be demonstrated through evidence of continuing professional development. This could be demonstrated through the possession of a relevant qualification and/or experience — for example, Social Work Qualification, Registered Nurse, SVQ 4, HNC and SVQ 3, or equivalents, combined with a minimum of 2 years experience in a care setting.
- ◆ Must hold or be working towards the assessor qualification — D32/33 or A1.
- ◆ Should be able to take the lead role in the assessment of a candidate by observing practice for at least the four Mandatory Units.

Expert Witnesses

- ◆ Must have a working knowledge of the National Occupational Standards (NOS) and the Units on which their expertise is based.
- ◆ Must have current experience and occupational competence as a practitioner or manager, for the Units on which their expertise is based, demonstrable through evidence of continuing professional development.
- ◆ Should hold **either** a qualification in assessment of workplace performance **or** have a professional work role which involves evaluating the practice of staff.
- ◆ Can only act as an Expert Witness if this has been determined and agreed in advance with the SVQ co-ordinator in a centre.

Internal Verifiers

- ◆ Must be occupationally knowledgeable in respect of the Units which they will verify, including relevant legislation and codes of practice. It is crucial that Internal Verifiers understand the nature and context of health and social care settings due to the critical nature of the work and legal and other implications of the assessment process.
- ◆ Must hold qualifications and/or experience equivalent to or above that of the assessor.
- ◆ Should occupy a position of authority which allows them to co-ordinate the work of assessors, provide advice and carry out duties as defined by Unit V1.
- ◆ Must hold, or be working towards the appropriate IV qualification (D34 or V1).

Service Users

Service Users and **Carers** are in an advantageous position in relation to receiving a service and having direct contact and experience of care worker provision. Their views of the care received should be seen as relevant and important in the assessment of the candidate's performance, alongside other sources of evidence.

Service users and carers may provide witness testimony to provide service user/carer testimony. Final decisions about the status of this testimony in the candidate's assessment will be made by the assessor.

Service users and carers said the following about contributing to assessment:

“Conversations with users and carers can illicit useful information and should be taken into consideration”.

“The service user should be consulted on specific areas of work of the care worker”.

Assessment Methods

There are a number of methods of assessing evidence which can be used to demonstrate a candidate's competence. These are:

- DO** **D**irect **O**bservation by the assessor or expert witness of real work activities. For this Award, the assessor must do the observation for the Mandatory Units, although the Expert Witness may provide additional evidence if required.
- RA** **R**eflective **A**ccount by the candidate, which is a detailed description of real work activities. Sometimes this reflection on practice can take the form of a Professional Discussion (which also must be recorded).
- EW** Evidence provided by an **E**xpert **W**itness — this can be either observation of practice or questioning/professional discussion on a particular area of work. The expert witness could also give a candidate feedback on a reflective account.
- P** **P**roducts — these are usually reports and recordings made by candidates as part of their normal work duties. Projects and assignments from college or in-house courses could also be considered as products, as well as Achievement of Prior Learning (APL).
- Q** **Q**uestioning/**P**rofessional **D**iscussion — can be used to cover some gaps in PCs, for clarification of observed practice or for knowledge.
- WT** **W**itness **T**estimony — this is a statement or comment by someone who was present while the candidate was carrying out an activity (eg colleague, service-user, carer or other) and can confirm that the candidate's evidence is authentic. Care and sensitivity must be exercised if service-users are providing this.

It is not acceptable for a portfolio to be completed in pencil — nor to delete details using correction fluid (eg Tippex) as this still does not ensure confidentiality of information. In addition, too many alterations can result in a very unprofessional looking portfolio inconsistent with the role of a care worker.

In addition to the evidence requirements for each Unit of the SVQ, SQA from time to time issues 'assessment guidance' where it is thought that guidance may assist the process of assessing a candidate. This information is provided on the Care Scotland web pages on the SQA website, www.sqa.org.uk. In addition, the **Care Scotland Bulletin**, which is published by SQA twice per year, and distributed to all assessment centres, gives the same information.

Evidence

observation

The assessor/expert witness records judgements of observed practice, showing the skills demonstrated by a candidate, and records how performance criteria and knowledge have been evident in the candidate's practice. It is not acceptable for candidates to record assessor observations: if this is done, then it has the status of a Reflective Account.

reflective account

Candidates are required to produce reflective accounts that are written in the first person and describe their actions in completing a task. The candidate is expected to indicate the PCs, and knowledge which are demonstrated in the practice. The reflective account should always explicitly focus on the candidate's real work and not on what *might* be done.

the expert witness

Is a person who is occupationally competent in the candidate's area of work and who may see the candidate working on a daily basis — more so than the main or 'co-ordinating' assessor. They are able to make a judgement about competence, but it is still the role of the assessor to incorporate these judgements into the final (or summative) assessment decision for the whole SVQ. The expert witness can observe and record practice for any of the Optional Units, question and record the candidate's answers or give feedback on a reflective account. The candidate should not record the observation done by the Expert Witness. Who can be an Expert Witness must be determined and agreed in advance with the SVQ co-ordinator in a Centre.

product

Any work product that shows how a candidate meets the PCs, and knowledge can be used as evidence. PCs that indicate that the candidate should have recorded information are best met by products. Products should be the candidate's own work. It is not necessary for work products to be actually in the portfolio, as long as the assessor/IV and EV has access to them and there is an audit trail.

witness testimony

If someone other than an assessor sees the candidate carry out some work, then the assessor can request confirmation of this from a witness. Whereas a witness can make a qualitative comment on the performance of the candidate, it is the assessor who makes the judgement of the witness testimony matched against the specific PCs, and knowledge.

simulation

Simulation is used by assessors where the work task is unlikely to occur. An artificial version of the situation is created to allow the candidate to demonstrate performance and possibly knowledge in a given area by simulating the activity and judging how the candidate would deal with the task if it arose. Simulation is only permitted if the evidence requirements explicitly say so.

projects and assignments

Projects and assignments are occasionally set by assessors to allow the candidate to meet some gaps in performance and knowledge evidence. Assignments from college courses can also be used for knowledge evidence.

accreditation of prior learning (APL)

Prior achievements of the candidate can be used to evidence the PCs, and knowledge, provided there is an audit trail. However, current practice must also be included to show that the candidate still has the skill at the time of completing the qualification. Candidates using work from eg an HNC Assignment must clearly indicate on the evidence the PC's and knowledge being claimed.

knowledge specification

Each Unit lists the knowledge and understanding that is required to effectively carry out the specific area of work practice. Most of the knowledge should be inherent in the candidate's work and must be explicitly evident in the records of observations, reflective accounts or by answers to questions.

Further Guidance on Knowledge Evidence

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. When reading the knowledge specification for a particular Unit, **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for **ALL** knowledge points in every Unit (**NB: assessors beware of duplication!**) and you can claim the knowledge in a number of ways:

- ◆ in Reflective Accounts and/or in the Direct Observation — but needs to be explicit. If not explicit enough, then additional questioning or professional discussion on the practice may be necessary — which must be recorded.
- ◆ on assessed work from courses (eg HNC assignments or similar) - if so, the Knowledge Evidence numbers should be marked in the relevant sections of the assignment. However, candidates would still have to demonstrate through questioning or discussion with the assessor that they are still able to put this knowledge into practice, especially if the course work was done some time ago.
- ◆ by evidence from in-house courses — provided it is clear how and on what the candidate was assessed. If there was no assessment, then the course content can be used along with additional questioning by the assessor to ascertain application of knowledge — or by the candidate's own comments in Reflective Accounts showing how they are using the knowledge.
- ◆ through written and oral questions by the assessor — all of which need to be recorded (if oral, this can be written up either by the assessor or the candidate).

It is essential that knowledge evidence is primarily recorded through Reflective Accounts and Direct Observations as only using questions diminishes the importance of the integration of knowledge and practice. ‘Question banks’, which have their place are **not** acceptable as the only form of knowledge evidence.

In each case, the evidence number where a particular knowledge point is to be found should be entered into the box beside that knowledge point.

Remember, the ‘amount’ and ‘depth’ of knowledge required should be consistent with your job role.

A glossary of terms related to each specific SVQ is included in the candidate portfolio.

How to get started

The above guidance and explanations should be sufficient to allow an assessment to commence.

The best way to fully understand an SVQ award is **simply to start!**

At the start, the assessor and candidate should meet and draw up an **ASSESSMENT PLAN**.

The first assessment plan should contain some general decisions about how often candidate and assessor will meet — and where. It may be important to agree a place where meetings will not be interrupted. Subsequent plans should be specific about what evidence is suitable for the particular Unit(s) being discussed, when this evidence will be collected and should include review dates.

It is a good idea to make a decision about which Unit will be tackled first. It is encouraging to try and start with a familiar area of everyday work, and be very specific about what piece of work the assessor will observe. The candidate, with the help of the assessor, should also leave the planning meeting with a very clear idea of what has to be written for the Reflective Account. Finally, a date should be agreed when the assessment plan for the Unit (or Units) will be reviewed and a target date set for completion.

At subsequent planning sessions it is recommended that candidates and assessors take a more ‘holistic’ view of both the job role and the assessment of competence. What this means is that you are encouraged **not** to approach the SVQ on a Unit by Unit basis, but to see how normal day to day workplace activities will provide evidence of competence for several SVQ Units. This “holistic approach” may not happen when you start your SVQ as some people may prefer simply to focus on one Unit. However, after this you and your Assessor will be more familiar with the standards and should use this more holistic approach to your work.

The exemplars ahead provide an insight into how this might be tackled including an example of an assessment plan.

WORKED EXAMPLES

Scottish Vocational Qualification in Health and Social Care (Children and Young People) level 3

The following pages contain **some** worked examples of how to write evidence of performance and knowledge and how to match it against the Units, elements, PCs, and knowledge of the Unit(s). The examples do not **necessarily** show all the evidence which would be required for a complete Unit.

We hope you will find the worked examples helpful. Please note, that whilst you are requested to use the SQA recording documentation, it is recognised that candidates and assessors will have different styles describing, explaining and writing about events and incidents. You should do this in the way most suitable to you.

ASSESSMENT PLAN

UNITS TO BE ASSESSED <i>(insert title(s) and number(s))</i>	HSC31 Promote effective communication for and about individuals HSC32 Promote, monitor and maintain health, safety and security in the working environment HSC34 Promote the well-being and protection of children and young people
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activities	when	assessment method & possible criteria to be covered
<p>This is the third planned assessment task for Mary's SVQ and has been chosen, as it requires Mary to work with another colleague who can provide supporting evidence of her performance. It is our policy to ensure two workers are present to assist with bathing due to the requirement to lift our young people or to use lifting equipment.</p> <p>Activity selected is assisting an individual young person with personal hygiene. Mary will be assessed helping M prepare for a bath, assisting M throughout the bath, and dressing after her bath.</p> <p>I will observe Mary helping M prepare for her bath, assisting M dress and get ready for bed.</p> <p>M's feedback on the care she receives from Mary.</p>	<p>Planning to take place at supervision this week</p> <p>Evening</p> <p>Evening</p>	<p>Knowledge required in preparation for activity Values identified in discussing the activity HSC31, HSC32 and HSC34</p> <p>Reflective account prepared by Mary in which she will describe the activity and identify important issues and learning points. HSC31, HSC32 and HSC34</p> <p>Observation of Mary discussing having a bath with M, her observation will focus primarily on communication unit HSC31 and on HSC32 and HSC34 Expert witness statement from unit manager following her discussions with M</p>

Identify any knowledge evidence already achieved	Which course	How will this be used?

Record of any additional discussion including when there will be a review of the above work:

Following the observation we will meet to review the evidence generated, this will take place at the first supervision session after the activity takes place. Mary to arrange a date and time.

At this meeting we will review knowledge gained through reflection following activity for units HSC31, HSC32, HSC34 we will also consider links to other units which may emerge from the evidence generated.

Candidate Signature:	<i>Mary Green</i>
Assessor Signature:	<i>Jane Black</i>
Date:	7 January 2005

EVIDENCE GATHERING FORM		EVIDENCE NO:	1
		DATE:	20/1/05

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	<input type="checkbox"/>	REFLECTIVE ACCOUNT	<input type="checkbox"/>
QUESTIONS	<input checked="" type="checkbox"/>	EXPERT WITNESS	<input type="checkbox"/>
PRODUCT	<input type="checkbox"/>	WITNESS TESTIMONY	<input type="checkbox"/>

CANDIDATE NAME:	Mary Green
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EVIDENCE	Unit, Element, PCs	Knowledge
HSC34 Promote the well-being and protection of children and young people		
<p>Question: Can you identify and describe two major pieces of legislation that inform our practice in caring for Looked After Children who have complex needs.</p> <p>Answer: The Children (Scotland) Act 1995. This legislation gave us a specific Act of Parliament relating to the care of children and young people in Scotland, it updated previous legislation contained in the Social Work Scotland Act 1968 making sure that the law kept up with changes in the way we work and the changing needs of children and young people in today's society.</p> <p>The Children (Scotland) Act sets out workers' duties and responsibilities that we have to follow in planning for the care of children, it tells us for example that we must listen to our young people and make sure that they have a say in any decisions that affect them, we do this by ensuring that they have an active part to play in the Looked After Children reviews that take place regularly to discuss their care needs.</p> <p>UN Convention on the Rights of the Child This is a piece of legislation which is subscribed to by most of the countries in the world. Its aim is to protect children from exploitation and abuse, it has taken a long time for some countries to sign up to the convention one of the reasons for this is that in a few cultures the smacking of children is still permitted. Some of the principles of the convention are:</p> <ul style="list-style-type: none"> ◆ each child has the right to be treated as an individual ◆ each child who can form a view on matters affecting him or her has the right to express these views if he or she so wishes ◆ parents should normally be responsible for the upbringing of their children and should share that responsibility ◆ each child has the right to protection from all forms of abuse, neglect or exploitation ◆ so far as is consistent with safeguarding and promoting the child's welfare, public authorities should promote the upbringing of children by their families ◆ any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration. <p>I have selected these principles as they are the most significant in the work of my organisation and ones that we as a staff team seek to achieve at all times. Our review process is dedicated to returning children to their own families wherever possible and to keeping their time with us as short as possible.</p>		<p>HSC34.7 HSC34.9a, 9b, 9d</p> <p>HSC34.11</p> <p>HSC34.1</p> <p>HSC34.9f</p>

ADDITIONAL EVIDENCE AND CLARIFICATION	Unit, Element, PCs	Knowledge
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p>		

COMMENTS/FEEDBACK TO CANDIDATE
<p>If witness testimony used please state who supplied testimony and relationship to candidate.</p>

Expert Witness Signature <i>(if applicable):</i>	
Candidate Signature:	<i>Mary Green</i>
Assessor Signature:	<i>Jane Black</i>
Date:	20/01/05

EVIDENCE GATHERING FORM		EVIDENCE NO:	2
		DATE:	23/1/05

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	<input checked="" type="checkbox"/>	REFLECTIVE ACCOUNT	<input type="checkbox"/>
QUESTIONS	<input type="checkbox"/>	EXPERT WITNESS	<input type="checkbox"/>
PRODUCT	<input type="checkbox"/>	WITNESS TESTIMONY	<input type="checkbox"/>

CANDIDATE NAME:	Mary Green
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EVIDENCE	Unit, Element, PCs	Knowledge
HSC31 Promote effective communication for and about individuals		
HSC32 Promote, monitor and maintain health, safety and security in the working environment		
HSC36 Contribute to the assessment of children and young peoples' needs and the development of care plans		
At our supervision session, prior to observing Mary working with M we discussed why she had selected this particular activity. Mary explained that as M's Key Worker she used the opportunity of this close contact with M to assess if there were any changes in M's behaviour, physical well-being, emotional development or if there were other needs which were not being fully met. This helped her to assess M on an ongoing basis and informed her judgment when reviewing the care plans.	HSC36.1.1	HSC36.10
I observed Mary on shift this evening as she helped M who is aged 12 and suffers from cerebral palsy M also has severe learning difficulties as a result of a brain injury at birth and communicates using Makaton.	HSC31.1.2	HSC36.17a
Mary asked M if she would like to have a shower or a bath and wash her hair, to which M replied she would like a shower. Mary used the Makaton language and ensured M understood the questions she was asking.	HSC31.2.2	
Mary showed M the range of shower gel and shampoo available and M chose the ones she wanted to use, Mary had ensured that the bathroom was clean and safe for M to use and that M's towels and nightwear were put out ready for her.	HSC31.2.3	HSC32.9c
Mary tested the temperature of the water in the shower and explained to me that although the shower is fitted with a thermostatic control we must always check the water temperature to ensure that it is not too hot. She then assisted M into the sling seat, ensured that she had everything within reach and stood at the back of the room to allow M privacy to wash herself. I observed from the doorway until M was in the shower and then waited outside.	HSC32.1.8	
	HSC32.2.3b	HSC32.1
After her shower Mary asked M if there was anything else she needed and M replied no she was happy with the shower and getting her hair done.	HSC31.2.4a	HSC31.4 HSC32.4e
M was assisted to dress ready for bed and Mary helped her into her wheelchair, unfortunately at this point M had a petit mal seizure. Mary followed the recognised procedure for dealing with this incident, ensuring M was safe by asking assistance from another member of staff and calling for other members of staff to ensure that the other children were looked after away from the area where M was, which again is following agency procedures. Mary then telephoned M's GP and asked him to call.	HSC32.2.6	HSC31.1c
	HSC32.3.5 HSC31.4.1 HSC32.3.4 HSC32.3.3	32.16

EVIDENCE continued	Unit, Element, PCs	Knowledge
<p>Once M recovered Mary assisted her to bed and checked on her every 15 minutes until the end of her shift when she passed on a detailed report of the incident to the night staff, Mary also ensured that the incident was recorded in the day book and in M's care plan. She also recorded the GP's visit and the advice given by him.</p> <p>Mary was also able to explain to me the policy and procedure she had followed in the situation. Mary's practice was appropriate at all times she ensured that M was kept safe and followed our reporting procedures to record what had happened.</p> <p>After the incident was over I asked Mary to explain the procedures to me and to show me where these were kept. She was able to confidently explain the procedure to me and to show me where these were stored and how incidents were recorded. This information was then tagged as evidence but not copied for the portfolio as it contains too much confidential information.</p> <p>Mary went on to explain that what had happened identified for her a change in M's condition and that she would note this and ensure that she took it into account in preparing her next review report, she would also monitor M's seizures in order to identify if there was a new pattern to the occurrences. She would also ensure that other staff were informed and ask to note if a pattern was emerging.</p>	<p>HSC31.4.5a HSC31.4.5b HSC31.4.4 HSC32.3.7</p> <p>HSC32.3.1</p> <p>HSC32.3.7</p> <p>HSC34.2.9</p>	<p>HSC32.15</p> <p>HSC32.3</p> <p>HSC32.6</p> <p>HSC32.3</p>

ADDITIONAL EVIDENCE AND CLARIFICATION	Unit, Element, PCs	Knowledge
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p> <p>Real work product in terms of incident recording information has been used in this observation. I confirm that these records have been checked by me and retained in the agency files to preserve confidentiality.</p> <p>I also confirm that Mary was able to answer correctly questions on agency policy and procedure for dealing with health emergencies.</p> <p>She explained the need to know and apply the relevant aspects of the Health & Safety at Work Act 1974, identifying where this legislation was located and noted that in 1992 regulations were updated to include the responsibility to ensure that all equipment must be maintained in an efficient state, she explained that we now had temperature limiters on the hot water system to ensure that the water in the baths and showers could never get hot enough to scald an individual if they were using these facilities on their own</p>		<p>HSC32.4b,4d HSC32.6 HSC32.18</p>

COMMENTS/FEEDBACK TO CANDIDATE
<p>You handled a potentially difficult situation well, getting help when you needed it and ensuring that all the children in the unit were kept safe and not alarmed by what happened.</p> <p>If witness testimony used please state who supplied testimony and relationship to candidate.</p>

Expert Witness Signature <i>(if applicable):</i>	
Candidate Signature:	<i>Mary Green</i>
Assessor Signature:	Jane Black
Date:	23/01/05

EVIDENCE GATHERING FORM		EVIDENCE NO:	3
		DATE:	24/1/05

IDENTIFY EVIDENCE TYPE

- | | | | |
|---------------------------|-------------------------------------|---------------------------|--------------------------|
| DIRECT OBSERVATION | <input type="checkbox"/> | REFLECTIVE ACCOUNT | <input type="checkbox"/> |
| QUESTIONS | <input type="checkbox"/> | EXPERT WITNESS | <input type="checkbox"/> |
| PRODUCT | <input checked="" type="checkbox"/> | WITNESS TESTIMONY | <input type="checkbox"/> |

CANDIDATE NAME:	Mary Green
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EVIDENCE	Unit, Element, PCs	Knowledge
HSC36 Contribute to the assessment of children and young peoples' needs and the development of care plans		
<p>I have made reference to notes made in M's Care Plan which provide supporting evidence for the actions I took during a medical emergency. (see Evidence No. 2)</p> <p>It is not appropriate to put the Care Plan into my portfolio, however these entries have been seen by my assessor and confirmed as an accurate record of the events.</p> <p>I have placed a note in the Care Plan identifying where the specific performance criteria can be seen, for the purpose of internal verification. This note will be removed once I have completed my SVQ.</p>	<p>HSC36.2.5a HSC36.3.2c</p>	<p>HSC36.10 HSC36.7g</p>

ADDITIONAL EVIDENCE AND CLARIFICATION	Unit, Element, PCs	Knowledge
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p> <p>I confirm as Mary's assessor that I have checked the products referred to and that they provide an accurate record of her actions and meet the performance criteria claimed.</p>		

COMMENTS/FEEDBACK TO CANDIDATE
<p>If witness testimony used please state who supplied testimony and relationship to candidate.</p>

Expert Witness Signature <i>(if applicable):</i>	
Candidate Signature:	<i>Mary Green</i>
Assessor Signature:	Jane Black
Date:	24/01/05

EVIDENCE GATHERING FORM		EVIDENCE NO:	4
		DATE:	27/1/05

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	<input type="checkbox"/>	REFLECTIVE ACCOUNT	<input type="checkbox"/>
QUESTIONS	<input type="checkbox"/>	EXPERT WITNESS	<input checked="" type="checkbox"/>
PRODUCT	<input type="checkbox"/>	WITNESS TESTIMONY	<input type="checkbox"/>

CANDIDATE NAME:	Mary Green
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EVIDENCE	Unit, Element, PCs	Knowledge
HSC31 Promote effective communication for and about individuals HSC34 Promote the well-being and protection of children and young people HSC36 Contribute to the assessment of children and young peoples' needs and the development of care plans		
<p>Although I had planned to talk to M about the care she receives from Mary after her bath, this was not appropriate and so this discussion was postponed until M was feeling better herself.</p> <p>As the unit manager and Mary's line manager one of my duties and responsibilities is to ensure that our young people are listened to and that their views are valued. It is our practice to include them in all decisions relating to their care, this usually takes the form of discussions for their 6 weekly reviews.</p> <p>I talked to M this afternoon on her return from school and using her sign box and other Makaton signs I asked M if she was willing to talk to me about Mary who is her Key Worker. M said she was.</p> <p>I asked M how long she had known Mary and she said a long time, she described Mary as a friend and I asked if this was good, she replied yes but that sometimes Mary was not her friend. I asked when and she said when she wanted her to do things that M did not want to do. I asked if this upset M and she said no as Mary told her why she had to do what she was told to do and they were friends again.</p> <p>What was clear to me was that M is genuinely fond of Mary and sees Mary as someone who cares about her. This relationship has been built over a period of time and is helping M to develop new skills and to be as independent as she can be.</p> <p>I was interested in M's explanation of when Mary was not her friend and her understanding of boundary setting, this is an area I will ask Mary to explore this relationship further in relation to her knowledge of human development and boundary setting for children and young people.</p>	<p>HSC31.2.4a, HSC31.2.4b HSC34.1.6a</p> <p>HSC36.3.2a HSC34.1.2 HSC34.1.3</p>	<p>HSC36.13</p> <p>HSC36.16</p>

ADDITIONAL EVIDENCE AND CLARIFICATION	Unit, Element, PCs	Knowledge
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p>		

COMMENTS/FEEDBACK TO CANDIDATE
<p>I found talking to M a very positive way to look at your work practice, it reminded me of the need to be aware of how our young people feel about us, it also reminded me that we do not have this kind of discussion often enough and that as a staff team we need to address this and not only seek their views for the purposes of their reviews.</p> <p>Mary: can you plan to look at some human development issues as they relate to our young people, could you prepare some notes for discussion at your next supervision</p> <p>If witness testimony used please state who supplied testimony and relationship to candidate.</p>

Expert Witness Signature <i>(if applicable)</i> :	<i>Jean Jones</i>
Candidate Signature:	<i>Mary Green</i>
Assessor Signature:	Jane Black
Date:	27/01/05

EVIDENCE GATHERING FORM		EVIDENCE NO:	5
		DATE:	30/1/05

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	<input type="checkbox"/>	REFLECTIVE ACCOUNT	<input checked="" type="checkbox"/>
QUESTIONS	<input type="checkbox"/>	EXPERT WITNESS	<input type="checkbox"/>
PRODUCT	<input type="checkbox"/>	WITNESS TESTIMONY	<input type="checkbox"/>

CANDIDATE NAME:	Mary Green
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EVIDENCE	Unit, Element, PCs	Knowledge
HSC31 Promote effective communication for and about individuals HSC32 Promote, monitor and maintain health, safety and security in the working environment HSC33 Reflect on and develop your practice HSC36 Contribute to the assessment of children and young peoples' needs and the development of care plans		
<p>This evening while we were getting ready for tea I noticed that A was still in her bedroom, she had gone straight there when she came home from school complaining of a sore head. A is very fond of her food so I was surprised that she was not coming downstairs.</p> <p>I went up to ask what she wanted for tea, as A has no verbal communication I took her picture cards to help her to tell me what she wanted. I held up each card in turn and asked if she wanted what was on the picture, she said no to each one which was very surprising. I was really struggling to think what to offer her next when I suddenly realised I had not asked her if she was hungry. When I asked her this question her reply was no.</p> <p>I asked if she would like a drink of juice and she said yes. I felt very embarrassed that I had not thought to ask if she was hungry first, before I pressed all the options on her.</p> <p>We had been studying communication skills on our HNC course and from that I had learned the importance of clear communication and of looking for non verbal signs from a person's body language as well as from what they said. Despite this I had made a judgment based on my knowledge of A and the fact that she likes her food and had never missed a meal during my time in the unit.</p> <p>I learned from this experience that I should not make assumptions about the young people and that I should always check if they have understood me.</p> <p>Later in the evening A came downstairs and asked if she could have a snack, I replied that she could and asked if her headache was feeling better, she replied she was OK now and that she was hungry so I helped her to fix a snack.</p> <p>I recorded what had happened in the day book and made a note in A's care plan file that she had felt unwell, in case there was any recurrence of her sore head which might indicate that there was something more wrong with her.</p> <p>A is in our care under the Looked After Children legislation, this means that we have to ensure that we all keep clear and up to date records of her needs, any changes in her needs or behaviour and that we prepare reports for her reviews and make sure that all the professionals involved in her care are kept informed of any changes to her plan of care.</p>	<p>HSC31.2.3</p> <p>HSC31.2.4a, 4b</p> <p>HSC31.2.7</p> <p>HSC31.2.6</p> <p>HSC33.1.2a</p> <p>HSC31.2.10</p> <p>HSC34.2.7</p>	<p>HSC31.1a</p> <p>HSC31.10 & 11</p> <p>HSC31.13</p> <p>HSC31.9</p> <p>HSC31.18</p> <p>HSC34.4</p>

EVIDENCE continued	Unit, Element, PCs	Knowledge
<p>Keeping good records of daily life in the day book is the way that we ensure that each member of staff has a clear picture of each young person and helps us to make sure that we are all aware of their needs, as sometimes we do not remember to pass little things on at changeover time.</p> <p>After speaking to the other staff on duty we decided that I should have a slot at the next team meeting to talk about communication and to pass on to all staff what I am learning at college.</p> <p>I returned to the sitting room where A was watching a programme on television and sat with her until it was finished.</p>		HSC32.9c

ADDITIONAL EVIDENCE AND CLARIFICATION	Unit, Element, PCs	Knowledge
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p> <p>The care plan has been used as product evidence and identified as a separate piece of evidence. It is not included in the portfolio as it contains confidential information.</p>		

COMMENTS/FEEDBACK TO CANDIDATE
<p>You could use your college assignment to provide the knowledge evidence for much of this unit, read over your last essay again and see where the knowledge questions and legislation have been answered. You can then bring this to our next planning meeting and I will check it over with you.</p> <p>Can you ask the person taking the minutes of the team meeting to identify clearly the points you make in your presentation and to give you a copy of the minutes as this will also be good evidence.</p> <p>You could ask permission to put a note into the care file for A where it shows that you have met the competences I will then check this at my next visit and we can record it as product evidence.</p> <p>If witness testimony used please state who supplied testimony and relationship to candidate.</p>

Expert Witness Signature <i>(if applicable)</i> :	
Candidate Signature:	<i>Mary Green</i>
Assessor Signature:	Jane Black
Date:	30/01/05