Scottish Vocational Qualifications and National Units

Qualification Verification Summary Report 2022

Communities

Verification group number: 108

Introduction

SVQs

Youth Work (GL4J 22, GL4K 23)
Community Development (GP0E 22, GP0F 23, GD69 24)

National Units

Volunteer Awards (GD1N43; GD1P44; GD1R45)
PDA Youth Work (G9G3 46)

This year most of the focus on external verification was on SVQs in Youth Work. These were delivered predominantly by community-based or voluntary sector agencies and to a much lesser extent by colleges. The SVQ in Community Development also featured slightly more prominently with centres in both the voluntary and mainstream sectors opting for this. Delivery of the Volunteer Awards and the PDA in Youth Work still remains popular within both the schools' sector and the community-based arena. Overall, external verification outcomes showed no deterioration in standards with all centres maintaining the required levels, some with recommendations.

Category 2: Resources

Criterion 2.1: Assessors and internal verifiers must be competent to assess and internally verify, in line with the requirements of the qualification.

Staff at centres delivering SVQs ordinarily are required to demonstrate that they have undertaken recent appropriate professional and vocational continuing professional development. However, this requirement was waived during the COVID-19 restrictions period. Nevertheless, a few indicated that they had participated in inhouse training relevant to the awards while some managed to take part in external events.

Criterion 2.4: There must be evidence of initial and ongoing reviews of assessment environments; equipment; and reference, learning and assessment materials.

All centres undertaking SVQs referred to the assessment strategy for the award they were delivering and demonstrated compliance with this criterion through the submission of relevant evidence. Documents such as completed site selection checklists and notes of standardisation meetings highlighting checks relating to this requirement were presented in this regard. Some centres used the latter to identify and address ongoing development needs of candidates.

Almost all centres delivering non-regulated awards also complied with the above by adopting a similar approach as those for regulated awards in terms of the submission of evidence. However, a small number, such as those running awards for the first time via a partnership arrangement, were for external verification advised to ensure that they could demonstrate participation in regular reviews of reference, learning and assessment materials.

Category 3: Candidate support

Criterion 3.2: Candidates' development needs and prior achievements (where appropriate) must be matched against the requirements of the award.

All centres demonstrated that they had robust procedures in place such as comprehensive induction programmes complemented by one-to-one skills matching sessions to ensure that each candidate was placed at the correct level within his/her chosen award. The identification of ongoing development needs such as literacy and dyslexia support and self-directed learning skills also featured as part of this procedure.

Criterion 3.3: Candidates must have scheduled contact with their assessor to review their progress and to revise their assessment plans accordingly.

Most centres showed that they were adhering to this criterion by presenting completed and dated assessment plans as evidence. These showed that contact took place, on average fortnightly, and involved either online or face-to-face meetings, or a combination of both. Almost all reflected continuity of good guidance and support. However, some centres stated that this practice occurred on an ad hoc and informal basis with no record of what had taken place. They were advised of the necessity to record assessment planning and adopt a more formal and in-depth approach: one that demonstrates, for example, signposting to sources of evidence.

Category 4: Internal assessment and verification

Criterion 4.2: Internal assessment and verification procedures must be implemented to ensure standardisation of assessment.

As evidence of compliance with this criterion, all centres presented internal verification policies, internal verification reports and notes of standardisation meetings. These showed that standardisation meetings take place at a minimum every three months in line with SQA requirements.

Some notes from meetings involving regulated awards showed a focus on the implication of the migration to the new Youth Work SVQ. Changes to unit specifications and how these will affect delivery were highlighted in this regard.

Some centres running non-regulated awards, for example those covering a broad geographical area, were aware that their approach to internal verification required to be more robust and they demonstrated a commitment to addressing this issue as a priority within standardisation.

Criterion 4.3: Assessment instruments and methods and their selection and use must be valid, reliable, practicable, equitable and fair.

All centres running regulated awards presented and confirmed adherence to the relevant assessment strategy to demonstrate compliance with this criterion.

All those running non-regulated awards confirmed that they had been guided by their centre's equality policy to ensure compliance.

In addition, many used regular candidate feedback as a means of ensuring responsiveness. However, some centres with less experience of delivery were advised to review their approach to assessment by applying more reliable methods such as witness statements and observations complemented by questions and answers.

Criterion 4.4: Assessment evidence must be the candidate's own work, generated under SQA's required conditions.

All centres referred to their respective plagiarism policies, each of which reflected SQA requirements, to confirm compliance with this criterion. Additionally, most centres confirmed that they required candidates to sign a document to confirm that they understood the contents of the plagiarism policy and the consequences of not adhering to this. Signed documents were then stored within candidate paper portfolios.

Some centres working with online portfolios used a plagiarism detector program to ensure compliance.

Criterion 4.6: Evidence of candidates' work must be accurately and consistently judged by assessors against SQA's requirements.

All candidate evidence sampled in all centres had been both accurately and consistently judge, with assessors using checklists drawn from award unit specifications to ensure the maintenance of standards. Many centres also carried out cross-marking; used gap analysis procedures and referred to banks of sample answers for additional assurance of accuracy and consistency of judgement.

Criterion 4.7: Candidate evidence must be retained in line with SQA requirements.

All centres referred to the evidence retention section within their internal verification policy document to demonstrate adherence to this criterion. Each reflected the current SQA requirement of retention for three weeks. Similarly, all centres confirmed that access restrictions were in place for evidence retained.

Criterion 4.9: Feedback from qualification verifiers must be disseminated to staff and used to inform assessment practice.

All centres confirmed that all reports of this nature are sent initially to the assessor and the wider assessment team. They are then subsequently discussed at the next internal verifier–assessor meeting where issues raised within are addressed within tight timescales for the purpose of informing assessment practice.

Areas of good practice reported by qualification verifiers

The following good practice was reported during session 2021–22:

♦ The centre uses an effective gap analysis procedure for gathering additional evidence through methods such as questions and answers and professional discussion.

♦ Comments from the IV and assessor within IV reports demonstrate that, overall, the candidate has been well guided.

♦ Standardisation notes showed that delivery staff and the candidate mentor had analysed assessment judgements and discussed these fully in the light of queries that had emerged.

♦ The internal verifier had correctly picked up on an erroneous interpretation by the candidate of an assessment task which required a re-submission.

♦ The use of audio recordings in the candidates' own words enhances their knowledge and understanding of the unit.

♦ The use of context statements to ensure regular feedback to the centre from all delivery venues on consistency and currency of learning experience for candidates.

♦ The centre's practice of self-evaluation and improvement.

♦ Feedback from the assessor to candidates was thoughtful, thorough and encouraging.

♦ Standardisation notes show good examples of identifying and addressing development needs of candidates.

♦ The centre has produced very attractive, user friendly workbooks which reflect performance criteria requirements exactly and take into account additional support need requirements.

♦ Dyslexia assessment.

♦ The use of assessment banks.

Specific areas for development

The following areas for development were reported during session 2021–22:

♦ That the centre adopts a more in-depth approach to assessment planning: one that demonstrates, for example, signposting to sources of evidence.

♦ That the centre adopts more reliable methods for obtaining candidate evidence such as witness statements and observations complemented by questions and answers.

- That the centre ensures that regular reviews of reference, learning and assessment materials take place, and that outcomes of these reviews are recorded to ensure that these resources are, and remain, fit for purpose.
- That candidate written presentation skills are developed.
- That the centre ensures that assessors record all candidate assessment planning sessions to demonstrate continuity of support to candidates throughout the award.
- That the centre introduces a more robust approach to internal verification and standardisation: one underpinned by the maintenance and enhancement of SQA quality assurance procedures.
- That reviews of instruments of assessment and corresponding checklists are carried out as part of standardisation to ensure that these are, and remain, fit for purpose.
- That the centre reviews all of its assessment documents and records its findings in relation to such practices.
- That the centre carries out 100% internal verification for evidence from this cohort.
- That those involved in delivery agree a uniform approach to assessment and resources and the dissemination of materials relating to these.
- That the centre reviews its candidate assessment booklet and, in particular, the requirements of outcome 1 of FR2610 and ensures, via pre-course standardisation, that all delivery venues are using instruments of assessment that are the same and that match the performance and knowledge and understanding requirements of the award.
- That the centre provides evidence of assessment planning eg emails that demonstrate this as an ongoing practice for providing candidates with clear instructions in relation to assessment requirements and for external verification purposes.
- The centre should formalise and record more regular planning and review sessions within assessment plans.
- That the centre reviews its sample answers from assessment banks.