# ARRANGEMENTS DOCUMENT

## HNC SOCIAL CARE

## G7ME 15

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| Date of validation | **March 2004** | Arrangements document | **Version 08 ( May 2015)** |
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| Lead development | **SQA** | | |

# ARRANGEMENT DOCUMENT

## HNC SOCIAL CARE

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### Appendices

♦ Note of updates/amendments to Arrangements Document
♦ Worked Exemplars

## BACKGROUND TO THE DEVELOPMENT

The HNC in Social Care is a revision of earlier versions of the same name, and this revision was initiated as part of the normal SQA 5 year cycle.  The timing of this Review co-incided with several developments in the Social Care world:-

- The advent of the Scottish Social Services Council (SSSC) and their role in setting qualifications required to enable workers to register with the SSSC.  A member of the SSSC has been on the Working/Steering Group
- The Review of the National Occupational Standards (NOS) for Care
- The increasing variety of job roles within the Social Care Sector
- A general movement towards supporting people at home rather than in Residential Care when possible
- The new 4 years Honours Degree in Social Work (SiSWE)
- SQA's revision of ALL HNCs, with new improved design rules

The consultations took account of all of these factors. As a result, this new HNC in Social Care offers candidates the opportunity to gain knowledge and skills which will enable them to work in most Social Care settings. Phases 1 and 2 of the SSSC's criteria for residential child care workers and adult residential care workers include the HNC Social Care among the qualifications for registration.

The Evidence Requirements and Assessment Guidance allow and encourage candidates to apply the knowledge and theory to their own particular area of Social Care and the much greater variety of Optional Units is designed to take account of the variety of job roles.  In addition, the choice of Options also provides areas of learning which would be suitable as 'stand alone' Units for Continuous Professional Development (CPD).

Candidates undertaking the HNC in Social Care are more usually already in Social Care employment, but the flexibility in the framework of this HNC makes the Award suitable for full time candidates wishing to learn about the Social Care world, and thereafter seek employment in this field.  All candidates will have the opportunity to develop their Core Skills throughout the course, the specifics of which are detailed in the individual HN Unit descriptors.

Workplace Practice has always been considered one of the most important areas of learning in the HNC in Social Care.  Workplace Practice will be assessed – either in the candidate's place of work, or in the case of a full-time candidate, in a placement setting through the achievement of three mandatory SVQ Units from the new SVQ Health and Social Care level 3.  The Sector was very clear at the consultations that strong, clear and automatic links should be made between HNC and SVQs, and that candidates should not be over-assessed.

## CONSULTATION

The consultation process consisted of a number of phases:
**Consultation Seminars**
The consultation process started in October 2002 with 4 regional events.
**Postal Questionnaire**
The questionnaire was sent to all Care Assessment Centres and other care contacts.
**Candidate Questionnaire**
Candidate questionnaires were distributed to past and present candidates and 200 responses were received.
**Service User Consultation**
A number of the working group members met with Service Users to seek their views.  In addition to this we also had access to a number of previously commissioned Service User Consultation Reports.  Approximately 6 separate Service User groups were consulted.

## AIMS OF GROUP AWARD

### General Aims

All HNCs have a range of broad aims that are generally applicable to all HNCs eg:
- Developing transferable skills including Core Skills
- Developing personal effectiveness
- Developing critical and evaluative thinking
- Developing problem solving skills
- Enabling progression within SCQF including progression to HE
- Providing opportunities for career planning and enhancing candidates' employment prospects

### Specific Aims

The main aim of the HNC is to provide an integrated course of values, skills and knowledge to equip candidates to work effectively in a range of care settings. It is also to provide an award which is flexible enough to meet the needs of employers, hence the inclusion of National Occupational Standards (3 mandatory SVQ Units).

Optional Units have been developed to meet the varying demands and needs of the sector and may also provide continuing professional development opportunities.

The specific aims are:
- To enable candidates to demonstrate an understanding of the values which underpin work in social care settings
- To enable candidates to understand how the National Care Standards and SSSC Codes of Practice should inform their practice
- To enable candidates to integrate values, skills and knowledge effectively in a variety of social care settings
- To enable candidates to develop skills appropriate for working with a range of service users in social care settings
- To enable candidates to have a service user and carer focus in their practice
- To assist candidates to practice in an anti-discriminatory way
- To prepare candidates for employment in a care setting, or to develop the skills of the existing social care workers
- To enable candidates to critically evaluate their practice and to be reflective practitioners
- To enable candidates to develop a working knowledge of current legislation, policy, procedures and practice methods
- To enable candidates to engage in continuing professional development
- To facilitate progression (for those who wish) to higher education

## RELATIONSHIP WITH OTHER SQA AWARDS

The HNC in Social Care relates to many other qualifications: some candidates embark on it having first completed NQ Units or one or more of the Highers in Care. Others may have completed an SVQ level 2 or 3 in Care with their employer.

For candidates who do not already have an SVQ, the completion of the HNC in Social Care means they will also have achieved 3 of the Mandatory Units of the SVQ 3 in Health and Social Care. They will then only need to do another 5 Units to complete a full SVQ 3.

In the support notes for most of the HN Units there is guidance on related SVQ Units. This is a way of ensuring candidates can use the HN work as underpinning knowledge and are not over-assessed.

Some of the Optional Units can also be found in the HNC Early Education and Childcare and some may be incorporated into the HNC in Health Care.

Work is underway at present to ensure there will be arrangements for articulation to the new Degree in Social Work (arrangements may vary locally).

## TARGET SECTOR & LEVEL OF EMPLOYMENT

The HNC in Social Care is suitable for people who work in any setting where care and support is being provided for individuals and groups. This can be residential or day care settings for all client groupings, home care, community or youth justice projects or mental health projects, to name a few.

Candidates who are employed would normally be in workplaces as described above. The HNC is also very suitable for people who want to learn about care and seek employment in this sector on completion of this award.

## PRIOR EXPERIENCE AND/OR QUALIFICATIONS

Candidates should have an understanding that care values and communication skills are essential for good care delivery. Communication skills may be demonstrated through the achievement of certificated courses e.g. Core Skills Communication at Higher level, Higher English or other communication units at SCQF level 5 or 6. Alternatively, candidates can be deemed to be at the appropriate level by references preferably from employers and/or through verbal and/or written evidence at interview.

It is preferable, but not essential that candidates have some experience of care work, either paid or voluntary.

## STRUCTURE AND CONDITIONS OF AWARD

## HNC SOCIAL CARE – FRAMEWORK
## GROUP AWARD CODE – G7ME 15

The HNC will be awarded on successful completion of a total of 12 credits.  The HNC carries 96 SCQF credit points at SCQF level 7.

### ROUTE 1
## MANDATORY UNITS

*Mandatory credits – 9*

| UNIT TITLE | CODE | CREDIT VALUE | SCQF LEVEL |
|---|---|---|---|
| Social Care Theory for Practice | DH3K 34 | 2 | 7 |
| Social Policy and its Application to Social Services Provision | DH3L 34 | 1 | 7 |
| Psychology for Social Care Practice | DH3M 34 | 1 | 7 |
| Sociology for Social Care Practice | DH3N 34 | 1 | 7 |
| Social Care: Graded Unit 1 | F291 34 | 1 | 7 |
| Social Care: Graded Unit 1 (Lapse Date: 31.12.2006) | DH46 34 | 1 | 7 |
| Promote Effective Communication with, for and about Individuals **OR** | DK4R 04 | 1 | SVQ Unit |
| Promote Effective Communication **OR** | H5RY 04* | 1 | SVQ Unit |
| Promote Effective Communication | H5CL 04* | 1 | SVQ Unit |
| Promote, Monitor and Maintain Health, Safety and Security in the Working Environment **OR** | DK4K 04 | 1 | SVQ Unit |
| Promote Health. Safety and Security in the Work Setting | H5LD 04* | 1 | SVQ Unit |
| Reflect on and Develop your Practice **OR** | DK57 04 | 1 | SVQ Unit |
| Develop Your Practice Through Reflection and Learning | H5LE 04* | 1 | SVQ Unit |

*Refer to History of Changes for revision changes (Appendix 1).

## OPTIONAL UNITS

*Group A – Specialist Optional Units – a minimum of 1 credit **must** be selected.  2 credits may be chosen but not both SVQ Units.*

| UNIT TITLE | CODE | CREDIT VALUE | SCQF LEVEL |
|---|---|---|---|
| Protection of Individuals from Possible Harm and Abuse | DH3P 34 | 1 | 7 |
| Promote Choice, Well-being and the Protection of all Individuals OR | DK41 04 | 1 | SVQ Unit |
| Promote the Safeguarding of Individuals | H5S0 04 | 1 | 7 |
| Promote the Well-being and Protection of Children and Young People | DK4H 04 | 1 | SVQ Unit |

| | | | |
|---|---|---|---|
| OR | | | |
| Promote the Safeguarding of Children and Young People | H5LF 04 | 1 | 7 |

*Group B – Optional Units – 2 credits to be selected or 1 credit if both units selected from option group A*

| UNIT TITLE | CODE | CREDIT VALUE | SCQF LEVEL |
|---|---|---|---|
| Mental Health Issues in a Care Setting | DH44 34 | 1 | 7 |
| Working with Problematic Substance Use | DH3R 35 | 1 | 8 |
| Contribute to Meeting Health Care Needs | DH3T 34 | 1 | 7 |
| Youth and Community Justice | DH42 34 | 1 | 7 |
| Working in Partnership with People who have a Learning Disability | DH3V 34 | 1 | 7 |
| Understanding Loss and the Process of Grief | DH3W 34 | 1 | 7 |
| Supporting Spiritual Wellbeing | DH3X 34 | 0.5 | 7 |
| Stress Management | DH3Y 35 | 0.5 | 8 |
| Social Care: Housing Support | F210 34 | 1 | 7 |
| Social Care: Homelessness | F211 34 | 1 | 7 |
| Supervision in Care Settings | DH40 35 | 1 | 8 |
| Understanding Dementia | DH41 34 | 1 | 7 |
| Counselling Awareness for Social Care | DH43 34 | 0.5 | 7 |
| Team Working in Care Settings | DG5D 35 | 1 | 8 |
| Personal Development Planning | DE3R 34 | 1 | 7 |
| Working with Autism | DH45 34 | 1 | 7 |
| Understanding and Supporting Behaviour | DJ1N 34 | 1 | 7 |
| Diet and Nutrition in Relation to Health | DJ1P 34 | 0.5 | 7 |
| Caring for Young People in Secure Care Settings | DM0F 34 | 1.0 | 7 |
| Supporting and Managing Provision in Secure Care Settings | DM0G 35 | 1.0 | 8 |
| Supporting Children and Families | DM79 34 | 1.0 | 7 |
| Managing Resources in Care Services | DV0L 35 | 1 | 8 |
| Supporting and Managing the Protection of Individuals | DV0K 35 | 1 | 8 |
| Workplace Communication in English | H8T2 33 | 1 | 6 |

## ROUTE 2

## MANDATORY UNITS

*Mandatory credits – 6*

| UNIT TITLE | CODE | CREDIT VALUE | SCQF LEVEL |
|---|---|---|---|
| Social Care Theory for Practice | DH3K 34 | 2 | 7 |
| Social Policy and its Application to Social Services Provision | DH3L 34 | 1 | 7 |
| Psychology for Social Care Practice | DH3M 34 | 1 | 7 |
| Sociology for Social Care Practice | DH3N 34 | 1 | 7 |

| | | | |
|---|---|---|---|
| Social Care: Graded Unit 1 | F291 34 | 1 | 7 |
| Social Care: Graded Unit 1 (Lapse Date: 31.12.2006) | DH46 34 | 1 | 7 |

## SVQ COMPONENT

*1 SVQ group award from the following will contribute 4.0 credits towards the HNC*

| UNIT TITLE | CODE | CREDIT VALUE | SCQF LEVEL |
|---|---|---|---|
| SVQ Care level 3 | G45R 23 **or** G45P 23 | 4 | |
| SVQ Promoting Independence level 3 | G45T 23 **or** G45S 23 | 4 | |
| SVQ Caring for Children and Young People level 3 | G6H3 23 | 4 | |
| SVQ Care: Supported Living level 3 | G43T 23 **or** G439 23 | 4 | |
| SVQ Care: Promoting Independence level 3 | G438 23 **or** G43S 23 | 4 | |

## OPTIONAL UNITS

*2 credits to be selected*

| UNIT TITLE | CODE | CREDIT VALUE | SCQF LEVEL |
|---|---|---|---|
| Mental Health Issues in a Care Setting | DH44 34 | 1 | 7 |
| Working with Problematic Substance Use | DH3R 35 | 1 | 8 |
| Contribute to Meeting Health Care Needs | DH3T 34 | 1 | 7 |
| Youth and Community Justice | DH42 34 | 1 | 7 |
| Working in Partnership with People who have a Learning Disability | DH3V 34 | 1 | 7 |
| Understanding Loss and the Process of Grief | DH3W 34 | 1 | 7 |
| Supporting Spiritual Wellbeing | DH3X 34 | 0.5 | 7 |
| Stress Management | DH3Y 35 | 0.5 | 8 |
| Social Care: Housing Support | F210 34 | 1 | 7 |
| Social Care: Homelessness | F211 34 | 1 | 7 |
| Supervision in Care Settings | DH40 35 | 1 | 8 |
| Understanding Dementia | DH41 34 | 1 | 7 |
| Counselling Awareness for Social Care | DH43 34 | 0.5 | 7 |
| Team Working in Care Settings | DG5D 35 | 1 | 8 |
| Working with Autism | DH45 34 | 1 | 7 |
| Understanding and Supporting Behaviour | DJ1N 34 | 1 | 7 |
| Diet and Nutrition in Relation to Health | DJ1P 34 | 0.5 | 7 |
| Caring for Young People in Secure Care Settings | DM0F 34 | 1 | 7 |
| Supporting and Managing Provision in Secure Care Settings | DM0G 35 | 1 | 8 |
| Supporting Children and Families | DM79 34 | 1 | 7 |
| Personal Development Planning | DE3R 34 | 1 | 7 |
| Protection of Individuals from Possible Harm and Abuse | DH3P 34 | 1 | 7 |
| Managing Resources in Care Services | DV0L 35 | 1 | 8 |

| Supporting and Managing the Protection of Individuals | DV0K 35 | 1 | 8 |
|---|---|---|---|
| Workplace Communication in English | DE1K 33 | 1 | 6 |

## CORE SKILLS

There is no automatic certification of Core Skills within the HNC, however opportunities to develop Core Skills have been identified within the individual Units.

## OPEN LEARNING

The Units in the HNC in Social Care are suitable for Open Learning, provided the Centre ensures the authenticity of the candidate's work.

## TRANSITION ARRANGEMENTS & CREDIT TRANSFER

If a candidate has already achieved a pass in some HN units from the previous HNC, the following transfer of Units can be made.

| OLD HN UNIT ACHIEVED | CREDIT CAN BE GIVE FOR:- |
|---|---|
| Psychological and Sociological Perspectives on Human Development and Behaviour (1 credit) | Psychology for Social Care Practice  (1 credit) Sociology for Social Care Practice (1 credit) |
| Social Care Theory and Practice (2 credits) | Social Care Theory for Practice (2 credits) |
| Social Policy and Social Services Provision (2 credits) | Social Policy and its Application to Social Services Provision (1 credit) |
| Child Protection (1 credit) | Protection of Individuals from Abuse (1 credit) |
| Approaches to Mental Health and Mental Illness in a Social Care Context (1 credit) | Mental Health Issues in a Care Setting (1 credit) |
| Understanding Loss and the Process of Grief (1 credit) | Understanding Loss and the Process of Grief (1 credit) |

**For candidates who have already achieved a SVQ at level 3 please see route 2 of the framework for details of the HN Units required to achieve the HNC.**

## SUPPORT MATERIAL

**Assessment Exemplars**
SQA has developed Assessment Exemplars for the following Units:
- Psychology for Social Care Practice
- Sociology for Social Care Practice
- Social Policy and its Application to Social Services Provision
- Social Care Theory for Practice
- Social Care: Group Award Graded Unit 1
- Stress Management

**SVQ Exemplars (see Appendix 1)**
- Promote effective communication for and about individuals (SVQ Unit HSC 31)
- Promote, monitor and maintain health, safety and security in the working environment (SVQ Unit HSC 32)
- Reflect on and develop your practice (SVQ Unit HSC 33)

**Open Learning Packs**
SQA is developing Open Learning Packs for the following Units:
- Working in Partnership with People who have a Learning Disability
- Contribute to Meeting Health Care Needs
- Youth and Community Justice
- Understanding Loss and the Process of Grief
- Supporting Spiritual Wellbeing
- Stress Management
- Working with Problematic Substance Abuse

These packs are designed to allow centres and tutors to offer a greater number of Optional Units. The Open Learning pack could be used if no-one in a teaching team has particular expertise in a certain specialist subject area, or where it is not cost effective to run a Unit for one or two candidates. The packs can be used as extra support for tutors, but can also be given to candidates to work through on their own – with occasional one-to-one support from the tutor. Packs can be purchased from SQA.

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## APPROACHES TO DELIVERY & ASSESSMENT OF THE GROUP AWARD

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## COURSE DELIVERY

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The HNC in Social Care is made up of 9 Mandatory credits, 1 Specialist Optional credit and 2 Optional credits. Candidates undertaking the HNC in Social Care should be in a care work setting for a minimum of 60 days during the course – either as a candidate 'on placement' or if employed, their own workplace.

The 9 Mandatory credits consist of 7 HN credits and 3 Units from the SVQ in Health and Social Care level 3 (workplace practice).

Most of the HN Units will provide underpinning knowledge for Units of the SVQ 3 in Health and Social Care – guidance on the appropriate connections are to be found in the support notes for the individual HN Units.

There is flexibility in the order in which the HN Units can be delivered. However, it is suggested that Psychology and Sociology Units should be taught before Social Care Theory and Practice as the learning and assessment for this 2 credit Unit draws on Psychology and Sociology. Similarly 'Protection of Individuals' draws on previous knowledge.

The Optional Units should be taught after the Mandatory ones. However, all this is not 'hard and fast' as candidates may have other relevant qualifications which enable them to undertake any of these HN units as 'stand alone'.

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## ASSESSING WORKPLACE PRACTICE (SVQ UNITS)

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In the HNC in Social Care, the candidate's practice is assessed through the achievement of three SVQ Units from the SVQ in Health and Social Care level 3. These are:-

- Promote effective communication for and about individuals
- Promote, monitor and maintain health, safety and security in the working environment
- Reflect and develop your practice

**Assessment Strategy and Guidance**

The following guidance is taken from the Assessment Strategy for S/NVQs in Health and Social Care agreed by all UK Awarding Bodies. Guidance is offered on:-
- Workplace assessment for each of the three Units
- Sources and types of evidence
- The required occupational competence of assessors, expert witnesses and verifiers

**Workplace assessment**

The Standards Setting Bodies require that all assessments of the candidate's performance must take place in the workplace, and that observation of this practice should be of naturally occurring tasks within the candidate's work role. **It is mandatory that some of the performance criteria for each of the three SVQ Units listed above is observed, and that this observation is recorded by the assessor.**

The named assessor would normally be the College tutor responsible for the Group Award, however if the Workplace Supervisor holds D32, D33 or A1, observation can be carried out and recorded by them. In addition the Workplace Supervisor, if not an assessor, can take the role of the Expert Witness and as such provide additional evidence of candidate competence (see page 9 for further details).

Candidates should also demonstrate the application of knowledge throughout their practice. It is the responsibility of the Centre to ensure that candidates have sufficient knowledge to carry out the tasks which will generate the evidence to meet the performance criteria in the SVQ Units. This knowledge could be gained through discussion in the workplace with the workplace supervisor, or the college tutor – or through specific teaching for these SVQ Units, or incorporated in the teaching of the other HNC Units.

**Sources and types of evidence**
It is expected that a range of methods are used, some of which are:-
- Direct Observation recorded by the assessor
- Reflective Accounts written by the candidate
- Observation and/or questioning by an Expert Witness
- Oral and written questions
- Products/case studies/reports/minutes etc

**The evidence requirements can be found with each individual Unit and must be adhered to.**
There are also exemplars provided in APPENDIX 1.

Performance evidence should be gathered wherever possible from naturally occurring evidence in the workplace. Knowledge to support performance should be based on practice evidence and reflection, and may be supported be additional questioning.

**Competence of Assessors, Expert Witnesses and Internal Verifiers**

**Assessors**

Assessors must:-
- Be occupationally competent: be able to carry out the functions covered by the Units they are assessing
- Have knowledge of health and/or social care settings, especially regulation, legislation and Codes of Practice, and the Values which underpin all this
- Hold, or be working towards an appropriate assessor qualification (e.g. D32/D33 A1, TQFE)
- Take the lead role in the assessment of the candidate by planning the work for the 3 SVQ Units with the candidate, and by personally observing some performance criteria for all 3 SVQ Units.

If more than one assessor is involved with a candidate (for example, most workplaces now have D32/33 or A1 trained assessors), then the main assessor, (probably the HNC College tutor) has the responsibility to draw together all the work from the candidate, other assessors and expert witness if applicable.

**Expert Witness**

The use of Expert Witnesses is encouraged as an important contribution to the assessment of evidence as they are most likely to be working alongside candidates on a day to day basis – and/or have occupational competence in a very specific area of health or social care.

Expert Witnesses can provide additional (to that of the assessor) observation if required, authenticate reflective accounts and conduct discussions or questioning with the candidates, all of which needs to be recorded.

The Expert Witness must have:-
- A working knowledge of the Units in the National Occupational Standards in which will use their expertise to make judgements
- Current expertise and occupational competence, either as a practitioner or a manager
- Either any qualification in assessment OR a professional work role which involves evaluating the everyday practice of staff

**Internal Verifiers**

Internal Verifiers must:-
- Be occupationally knowledgeable in respect of the units they are going to verify
- Occupy a position which gives them authority to co-ordinate the work of assessors
- Hold or be working towards the appropriate IV qualification (D34, V1)
- Use the Centre's IV systems and procedures

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## CANDIDATE PORTFOLIO

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The portfolio of evidence for the 3 SVQ Units should be kept by the candidates in order for them to progress to the full SVQ at a later date. It is also advisable for candidates to keep copies of all the HN assessments (in the portfolio) as these will contribute to knowledge and possibly some practice evidence for further SVQ Units.

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## GRADED UNIT

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The Graded Unit will be assessed by a project based assessment. The instrument of assessment will take the form of a Practical Assignment

The purpose of the Graded Unit is to assess the candidates' ability to retain and integrate the values, skills and knowledge gained in the Mandatory Units; to assess that the candidate has met the principal aims of the Group Award; and to grade candidate achievement.

**Principal Aims**
- To enable candidates to integrate values, skills and knowledge effectively in a variety of social care settings
- To enable candidates to develop skills appropriate for working with a range of service users in social care settings
- To enable candidates to have a service user and carer focus in their practice
- To prepare candidates for employment or to develop candidates in employment in a care setting
- To enable candidates to critically evaluate their practice and to be reflective practitioners
- To facilitate progression to higher education

The Graded Unit Exemplar (DH46 34) (which includes marking guidelines) should help to clarify the execution and the grading of the practical assignment.

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An Exemplar for the replacement Graded Unit (F291 34) is being developed and will be available in due course.

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**GUIDANCE ON INTEGRATION**

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The principle of 'integrated or holistic assessment' is fundamental to all HNCs. The work which candidates undertake for a particular HN Unit may not solely link with this Unit alone and similarly, any one task undertaken in a social care setting will provide evidence of skills and knowledge for more than one HN or SVQ Unit.

While each HN Unit has very specific evidence requirements and assessment guidance, we strongly recommend that where overlaps between Units occur, that an assessment from one Unit should be deemed to meet some or all the evidence requirements from other linked Units. Otherwise, candidates will be being over-assessed.

The grid below shows where assessments from the HN Units overlap by assessing the same theory and concepts. External Moderators will want to be assured that these guidelines are being followed in order that candidates are not over-assessed.

| ASSESSMENT STRATEGY FOR UNIT | LINKS TO OTHER UNITS |
|---|---|
| **Social Policy and its Application to Social Service Provision** | |
| Outcome 1 – 1500 word Report | Outcome 2 Protection of Individuals from Possible Harm and Abuse<br><br>Outcome 3 Sociology for Social Care Practice |
| Outcomes 2&3 – Project 1500 words | Outcome 2 Sociology for Social Care Practice |
| **Social Care Theory For Practice** | |
| Outcome 1 Values Essay | Outcome 1 Protection of Individuals from Possible Harm and Abuse<br>Outcome 2 Sociology for Social Care Practice<br>Outcome 2 Social Policy and its Application to Social Service Provision |
| Outcomes 2 & 3 Case Study and Care Plan | Outcome 3 Protection of Individuals from Possible Harm and Abuse<br>Outcome 1 Sociology for Social Care Practice<br>Outcomes 1, 2 & 3 Psychology for Social Care Practice |

These mandatory units from the HNC could be assessed in four large pieces of work but the assessment guidelines for each would require to be detailed and explicit, linking clearly to the outcomes of more than one Unit. These large assessments could be supported by smaller, more manageable class based assessments to assess any knowledge and skills not covered by the guidelines for each large assessment. The graded unit remains as a stand-alone assessment, which samples across the unit outcomes. The table below summarises the format and content of the assignments

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| ASSIGNMENT | COVERAGE OF OUTCOMES |
|---|---|
| Values Essay | Outcome 1 Social Care Theory for Practice Outcome 1 Protection of Individuals from Possible Harm and Abuse Outcome 2 Sociology for Social Care Practice (part) Outcome 2 Social Policy and its Application to Social Service Provision (part) |
| Case Study and Care Plan | Outcomes 2, 3 & 4 Social Care Theory for Practice Outcome 3 Protection of Individuals from Possible Harm and Abuse Outcome 1 Sociology for Social Care Practice Outcomes 1, 2 & 3 Psychology for Social Care Practice |
| Written Assignment | Outcome1 Social Policy and its Application to Social Service Provision Outcome 2 Protection of Individuals from Possible Harm and Abuse Outcome 3 Sociology for Social Care Practice |
| Project/Presentation | Outcome 2&3 Social Policy and its Application to Social Service Provision Outcome 2 Sociology for Social Care Practice |
| Graded Unit | Samples outcomes across all units |

The knowledge specification for the SVQ Units in the HNC Social Care is grouped under the following headings which relate broadly to the content of the mandatory HN Units as indicated in the table below

| KNOWLEDGE SPECIFICATION | HN UNIT TITLE |
|---|---|
| Values | Social Care Theory for Practice |
| Legislation and policy | Social Policy and its Application to Social Service Provision |
| Organisational context | Social Care Theory for Practice |
| Principles and theories | Sociology for Social Care Practice Psychology for Social Care Practice |
| Practice | Social Care Theory for Practice |

The exception to this general rule is the SVQ Unit Promote, Monitor and Maintain Health Safety and Security in the Working Environment, for which some teaching input will be necessary. The teaching input can, however be provided by the workplace or placement provider. It follows then, that if the knowledge for the SVQ is covered in the teaching of the HNC Units, the assessment of the SVQ knowledge is provided by the HNC assessments. An exemplar is provided.

## ENTRY/REGISTRATION ARRANGMENTS

**For full time candidates** (direct entry), the College or other Centre offering the HNC Group Award should enter candidates for all 12 credits and the Group Award. This means the presenting Centre is responsible for the assessment of the SVQ Units, by taking the final assessment decision on the candidate's competence in practice.  This, as always, should be done in collaboration with the placement.

**For candidates who have already achieved a full SVQ 3** – these candidates should be registered for the HNC Group Award and the Units listed on page……When the HN Units have been achieved, and results submitted, a Group Award certificate will then be generated.

**For day release candidates – i.e. part time, employed** – ideally the Centre offering the HNC should register candidates for all 12 credits, including the SVQ Units, as well as the HNC Group Award unless by arrangement with the candidate's employer who may wish to register their employee for the whole SVQ.

Where the **employee** will be undertaking the SVQ **after** the HNC, the candidate should be registered for all 12 credits in order to gain the HNC Group Award, and complete the 3 SVQ Units as part of the HNC. This is essential to ensure integration of theory and practice.

# appendices

## Appendix 1 – Note of updates/amendments to Arrangements Document

| Description of Amendment/Update to Arrangements Document | Page Amended | Date Amended |
|---|---|---|
| Caring for Young People in Secure Care Settings (DM0F 34) added to Route 1 and 2 optional units on framework | 7 and 8 | 18.10.2005 |
| Supporting and Managing Provision in Secure Care Settings (DM0G 35) added to Route 1 and 2 optional units on framework | 7 and 8 | 18.10.2005 |
| Supporting Children and Families (DM79 34) added to Route 1 and 2 optional units on framework | 7 and 8 | 18.10.2005 |
| Personal Development Planning(DE3R 34) added to Route 1 and 2 optional units on framework | 7 and 8 | 18.10.2005 |
| Protection of Individuals from Possible Harm and Abuse (DH3P 34) added to Route 2 optional units on framework | 7 and 8 | 18.10.2005 |
| Managing Resources in Care Services (DV0L 35) added to routes 1 and 2 of framework | 7 and 8 | 12.12.2005 |
| Workplace Communication in English (DE1K 33) added to routes 1 and 2 of framework | 7 and 8 | 13.12.2005 |
| Supporting and Managing the Protection of Individuals (DV0K 35) added to routes 1 and 2 of framework | 5 and 6 | 23.06.2006 |
| Social Care: Housing Support (F210 34) added to Route 1 optional units of framework | 5 | 23.10.2007 |
| Social Care: Homelessness (F211 34) added to Route 1 optional units of framework | 5 | 23.10.2007 |
| Social Care: Graded Unit 1 (F291 34) added to Route 1 and 2 mandatory units of framework | 4 and 5 | 23.10.2007 |
| Information regarding development of Exemplar for Graded Unit 1 (F291 34) | 12 | 23.10.2007 |
| *Promote Effective Communication* (H5RY 04 and H5CL 04) added as alternatives to *Promote Effective Communication with, for and about Individuals* (DK4R 04). *Promote Health, Safety and Security in the Work Setting* (H5LD 04) added as an alternative to *Promote, Monitor and Maintain Health, Safety and Security in the Working Environment* (DK4K 04). *Develop Your Practice Through Reflection and Learning* (H5LE 04) added as an alternative to *Reflect on and Develop your Practice* (DK57 04). | 7 *(Version 06)* | 02.05.2014 |
| Inclusion of new SVQ units to facilitate candidates progressing to SVQ 3 Social Services and Healthcare or Social Services (CYP) award. | 8 | 25.05.2015 |

## Appendix 2 - Worked Exemplars

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 SVQ Units. 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 SQA documentation for the SVQ Units**, it is recognised that candidates and assessors will have different styles, describing, explaining and writing about events and incidents.

| EVIDENCE GATHERING FORM | | EVIDENCE NO: | 1 |
|---|---|---|---|
| | | | |
| | | DATE: | |

**IDENTITY EVIDENCE TYPE**

| | | | |
|---|---|---|---|
| **DIRECT OBSERVATION** | ☐ | **REFLECTIVE ACCOUNT** | ☒ |
| **QUESTIONS** | ☐ | **EXPERT WITNESS** | ☐ |
| **PRODUCT** | ☐ | **WITNESS TESTIMONY** | ☐ |

| CANDIDATE NAME: | Jane Brown |
|---|---|

| EVIDENCE – for HSC33 – Reflect and Develop your Practice & HSC32 Promote, monitor and maintain health, safety and security in the working environment | Unit, Element, PCs | Knowledge |
|---|---|---|
| To day I had my annual appraisal which gave me the chance to look back over the year and identify how I have been able to put what I have learned at college and in the unit into practice.<br>I have supervision every month and over the year my line manager and myself have reviewed my learning objectives as well as looking at the improvements in my practice. I was confirmed in my senior post 4 months ago and since then I have been working hard to learn the skills my new role demands. I have been helped a great deal by attending college one day a week and by the assignments I have written for my HNC course. In Social Care Theory for Practice I studied collaborative and team working as well as models of supervision. It also helps to have the chance to talk to other people and to compare how my work compares to theirs. | **33.1.3d**<br><br><br><br><br><br><br>**33.1.2a**<br>**33.1.2b** | <br><br><br><br><br><br><br><br>**32.9** |
| At the end of last year in supervision it was agreed that I would undertake a course in Key Working in preparation for my new job, this course taught me the importance of recording and of assessing the needs of the individuals we work with to ensure that any recommendations I make are based on meeting these needs and not just on what I may think is best myself. This was confirmed by my learning at college where we looked in depth at the different models and methods we can use in working with people. In particular I feel I learned a lot from looking at methods of working. My job is in care of older people and I am now much more aware of each person being an individual with a lifetime of experiences all of which have contributed to making them who they are to day. | **33.1.4**<br>**33.2.4** | <br><br><br>**33.6** |
| I have discussed my learning each month at supervision and have found that this is helpful as it gives me the chance to hear my ideas out loud in a safe place knowing that I will not be criticised or put down. | **33.2.2** | |

# HSC33    Reflect on and develop your practice

| EVIDENCE contd | Unit, Element, PCs | Knowledge |
|---|---|---|
| It has been good to have my line manager confirm that my practice has improved and that I am more able to understand the reasons for the policies and procedures we work with in the unit.  I was able to suggest an amendment to one of our procedures on recording visitors to the home.  We now have a visitor's book and everyone signs in and out, this means that if there was a fire or other emergency which meant we all had to leave the building we have a note of who is in the home at any time.  It also ensures that we can check if an individual says they have not seen their family for a long time we can show them when they came to visit and talk about how long they stayed. | **33.2.6** | **32.1**<br><br><br>**32.4d** |

**ADDITIONAL EVIDENCE AND CLARIFICATION**

| *This might be used to record additional questions or the candidate may use it to write an additional paragraph.*<br><br>I will be referring to this RA when using knowledge assignments from my HNC course which relate to my professional development and learning. | | |
|---|---|---|

**COMMENTS/FEEDBACK TO CANDIDATE**

You could also use the minutes from your supervision sessions to provide evidence of the ways you have put your learning into practice.  These should be recorded as product evidence, but remember to ask your supervisors permission and to remove names if you are putting them into your portfolio.
For my part I can confirm that over the time you have been at college I have seen your practice develop, you are more able to say why you do things and more aware of the knowledge you have especially in terms of legislation, policy and procedures that relate to your workplace.

**If witness testimony used please state who supplied testimony and relationship to candidate.**

| **Expert Witness Signature** (*if applicable*): | |
|---|---|
| **Candidate Signature:** | *Jane Brown* |
| **Assessor Signature:** | *Mary Smith* |
| **Date:** | |

| EVIDENCE GATHERING FORM | | | **EVIDENCE NO:** | **2** |
|---|---|---|---|---|
| | | | | |
| | | | **DATE:** | |

## IDENTITY EVIDENCE TYPE

| | | | | |
|---|---|---|---|---|
| **DIRECT OBSERVATION** | ☒ | | **REFLECTIVE ACCOUNT** | ☐ |
| **QUESTIONS** | ☐ | | **EXPERT WITNESS** | ☐ |
| **PRODUCT** | ☐ | | **WITNESS TESTIMONY** | ☐ |

| **CANDIDATE NAME:** | **Jane Brown** |
|---|---|

| **EVIDENCE for HSC31 Promote effective communication for and about individuals and HSC32 Promote, monitor and maintain health, safety and security in the working environment** | **Unit, Element, PCs** | **Knowledge** |
|---|---|---|
| I observed Jane 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. | **31.1.2** | |
| Jane asked M if she would like to have a shower and wash her hair, to which M replied she would. Jane used the Makaton language and ensured M understood the questions she was asking. | **31.2.2** | |
| Jane showed M the range of shower gel and shampoo available and M chose the ones she wanted to use, Jane had ensured that the bathroom was clean and safe for M to use and that M's towels and night ware were put ready for her. | **31.2.3** **32.1.8** | **32.1** |
| Jane 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. | **32.2.3b** | |
| After her shower Jane asked M if there was anything else she needed and M replied no she was happy with the shower and getting her hair done. | **31.2.4a** | |
| M was assisted to dress ready for bed and Jane helped her into her wheelchair, unfortunately at this point M had a petit mal seizure.  Jane followed the recognized 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.  Jane then telephoned M's GP and asked him to call. | **32.2.6** **32.3.1** **32.3.5** **31.4.1** **32.3.4** **32.3.3** | **32.4e** **31.4** |
| Once M recovered Jane 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, Jane 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 | **31.4.5a** **31.4.5b** **31.4.4** **32.3.7** | **31.1c** |

| EVIDENCE contd | Unit, Element, PCs | Knowledge |
|---|---|---|
| .Jane was also able to explain to me the policy and procedure she had followed in the situation.  Jane's practice was appropriate at all times she ensured that M was kept safe and followed our reporting procedures to record what had happened.<br><br>After the incident was over I asked Jane 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. | | **32.15**<br>**32.16**<br><br><br>**32.3**<br><br>**32.6** |

### ADDITIONAL EVIDENCE AND CLARIFICATION

| | | |
|---|---|---|
| *This might be used to record additional questions or the candidate may use it to write an additional paragraph*<br><br>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.<br><br>I also confirm that Jane was able to answer correctly questions on agency policy and procedure for dealing with health emergencies. | | |

### COMMENTS/FEEDBACK TO CANDIDATE

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.

**If witness testimony used please state who supplied testimony and relationship to candidate.**

| | |
|---|---|
| **Expert Witness Signature** (*if applicable*): | |
| **Candidate Signature:** | *Jane Brown* |
| **Assessor Signature:** | ***Mary Smith*** |
| **Date:** | |

**HNC SOCIAL CARE ESSAY**    **(for Outcome 1 of Social Care Theory and Practice)**

| SVQ UNITS | | HNC UNITS |
|---|---|---|
| | Values can be described as something we regard as important or hold dear.  They affect the way we behave and interact with others.  They are principles, beliefs and attitudes that we 'value'.  Personal values are those that define us as an individual and affect what we do and think.  Social Work values are a 'set of fundamental moral\ethical principles to which social workers are be committed' (Banks, 1995, page 4).  Values operate on a number of levels: those held by the individual, those relating to social care as a profession and to organisations.  A consideration of values is essential to social care as they help to maintain high quality care by ensuring equality of opportunity and ensuring rights and responsibilities are promoted. | *Social Policy and its Application to Social Services Provision - Outcome 2* |
| | My own values originate from my family, my volunteering experience and my experiences as a care worker.  The attitudes and values held by my parents had the greatest influence on my own values and attitudes.  My parents always instilled in me the importance of *acceptance* and being *non-judgmental.*  In particular, they believed that people often faced difficulties due to circumstances outwith their control, such as poverty or discrimination, rather than due to individual failings.  This meant that others should always be shown respect and 'acceptance' regardless of their personal circumstances.  This acknowledges each individual's worth by accepting that people are often not to blame for the difficulties they face. | *Sociology for Social Care Practice – Outcome 2* |
| | My own values were further influenced by my volunteer experience.  I provided befriending support to a young person who was looked after and accommodated over a two-year period.  I learned that young people continue to have strong attachments and loyalty to their parents even where child abuse has taken place.  This encouraged me to show respect towards the relationships that existed between the young person and the parents, even where the quality of parenting they received was vastly different from my own. | *Protection of Individuals from Possible Harm and Abuse – Outcome 1* |
| **HSC 33 Val 1** | My commitment to these values was further reinforced by my social care experience.  I realised that the challenging behaviour displayed by many young people I worked with is the result of their past experiences and not due to their own qualities or personalities.  A non-judgmental attitude is an important aspect of this realisation, as it helps me to understand the reason behind young people's behaviour without labelling or attributing blame unnecessarily.  I have also learned that it can be easy to concentrate in assessment reports on the difficulties and problems related to young people and their families, at the expense of looking at their strengths and abilities. Highlighting the strengths and abilities of each individual in reports demonstrates both respect and acceptance and helps to build relationships. | *Sociology for Social Care Practice – Outcome 2* |
| | I feel that my own personal values relate directly to the value base of social care and the values and goals of my organisation.  The value base which underpins social care and social work has been drawn from a number of sources, including Biestek (1961) and Central Council for Training in Social Work (CCETSW, 1989).  I will highlight three values in particular. | |
| | *Individuality:* On a personal basis I believe that everyone should be treated as a unique individual with individual needs and wants.  This relates to Biestek's (1961) principle of individualization, which states that each individual should have their uniqueness acknowledged and promoted, being treated 'not just as a human being but as this human being' (referenced in Banks,1955, page 26).  In relation to organisational values and goals, this means that I must ensure that when undertaking assessment and care planning, the needs, beliefs and preferences of each person reflect their individuality.  In my own workplace, each care plan should take into account each young person's abilities and talents.  Young people are encouraged to pursue individual leisure pursuits which reflect their own preferences in addition to group activities. | |
| | *Non-Judgmental Attitude:*  I personally believe that young people and their families often require the assistance and support of social care services due to circumstances outwith their control, such as poverty, unemployment or bereavement, rather than through individual inadequacy.  This was also highlighted by Biestek (1961), who stated that it is not the role of a social care worker to assign levels of guilt, innocence, degrees of user responsibility.  This relates to a key organisational task of making sure staff work in partnership with parents without labelling or stereotyping.  Within my own workplace, this is particularly important if | *Sociology for Social Care Practice – Outcome 2* |

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| | working with parents with drug dependency. Assumptions are easily made about the parenting abilities of adults with a drug dependency. However, experience has shown that parents can continue to provide a positive parenting experience to their children while managing their dependency. | |
| **HSC31**<br>**Legis. 4** | *Confidentiality*: On a personal level, I value the extent to which sensitive information about myself is not shared with others, and that any information that is held, cannot be accessed freely by others. This is related to a key social care value and task. Confidentiality is the preservation of personal and sensitive information collated as part of the user-worker relationship. Bistek (1961) describes this as an ethical obligation on the part of the worker which, if not respected, could have a detrimental affect on the building of trusting relationships. This relates to the values of my organisation as I am duty-bound not to discuss information relating to individuals outwith my workplace. Where sensitive information needs to be shared with staff within my workplace, this should be done according to agency policy and the information stored in a manner that does not allow free access. | *Social Policy and its Application to Social Services Provision – Outcome 2* |
| | Anti-discriminatory practice is an essential part of good social care practice. It is a way of working which recognises and challenges the discrimination and oppression which people experience. By acknowledging that oppressive structures, attitudes and beliefs exist, steps can be taken to ensure that discrimination is not reinforced in the caring relationship. Thompson (2002) states that:, '..if we are not sensitive to issues of discrimination , we run the risk of condoning, reinforcing or even amplifying the oppression to which such discrimination leads', (page 163). | *Sociology for Social Care Practice – Outcome 2* |
| | Everyone will probably experience discrimination at some point in their life. However, some groups are more likely to face discrimination than others, eg black people, women, individuals with mental health difficulties or with a disability. Discrimination reflects the unequal power held by some groups in society and the effects of this power on disadvantaged groups | |
| **HSC33**<br>**Legis. 3** | There are a number of reasons why anti-discriminatory practice is important in the social care profession. First, legislation and agency policy and procedure demand that workers work in an anti-discriminatory manner. Secondly, the social care task involves challenging negative stereotypes that exist in relation to minority groups within our society. Thirdly, we cannot work effectively with individuals if we collude with discrimination and stereotypes. It is important to recognise that many individuals will need the support of care organisations due to the effects of prejudice. For example, the parents of disabled young people may need to seek residential respite placements due to barriers experienced in accessing local leisure facilities. Lastly, anti-discriminatory practice is a means of demonstrating respect towards others that forms the basis of trusting working relationships.<br>Discrimination involves a range of processes and takes place on a number of levels: personal, cultural and structural (Thompson 2001). On a personal level, discrimination is evident through personal prejudice. An example would be the use of derogatory racist language or assumptions, such as 'all Irish people are stupid'. | *Sociology for Social Care Practice – Outcome 2* |
| | In my own workplace, young people have been denied access to the local swimming pool because they live in residential care. Assumptions are made that their behaviour will be difficult and challenging, and will upset other people. | |
| **HSC33**<br>**Value 1** | Discrimination also takes place on a cultural level. Thompson and Thompson (2002) describe cultural discrimination as 'the things we take for granted, the unwritten rules, and assumptions, common images and stereotypes, and so on', (page 32). Cultural discrimination involves a set of beliefs and assumptions shared by a group. One example of cultural discrimination is the use of stereotypes, ie using generalisations about members of minority groups which lump them together and form the basis of prejudice. An example in relation to disabled people would be that they are characterised as 'pitiful victims' who make a limited contribution to society. Within my own workplace I have noticed that the female residents are encouraged by the staff to undertake more domestic tasks than their male counterparts. This is based on a stereotype that domestic tasks are predominantly the responsibility of women. Structural discrimination reflects the way in which society allows some groups to retain more power than others. As such, some groups do not have the power to change the stereotypes that exist about | *Sociology for Social Care Practice – Outcome 2* |

| | | |
|---|---|---|
| | themselves.  For example, members of black and ethnic minority groups are disproportionately represented in low wage or unemployment statistics, reflecting their low status and position in society.  There are key values that underpin anti-discriminatory practice which help to identify ways in which social care practice can challenge discrimination.  I will look at three. | |
| | *Valuing diversity* acknowledges that we live in a diverse society and allows difference to be celebrated rather than being seen as a problem that needs to be 'fixed' or something that necessarily reflects inferiority.  Diversity is seen as something positive involving strengths that should be built on.  It also acknowledges that cultural differences are an essential part of each person's identity and, a holistic care experience can only be provided by ensuring that the needs, beliefs and preferences of each individual are taken into account in the assessment and care planning process.  Within my own workplace, this means that the religious and cultural needs of each young person are respected and promoted, for example, by ensuring that young people gain access to their chosen place of worship or that arrangements are made to ensure appropriate food is served in accordance with religious beliefs or cultural background. | |
| | *Equality of opportunity* is a commitment to ensuring that individuals are not denied access to resources based on discrimination.  It involves promoting fair distribution of resources to groups who have been marginalised in our society.  Within my workplace, this is promoted through ensuring that the disabled young people I work with have the same opportunity to access local play-schemes as non-disabled young people.  While previously access was blocked due to inadequate staffing levels, additional funding has been secured to increase staffing levels which allows disabled young people full participation. | *Social Policy and its Application to Social Services Provision – Outcome 2* |
| | *A voice or representation* reflects a commitment to ensuring that individuals provide their own perspective about their needs, beliefs and preferences.  It acknowledges that individuals have an insight and valuable information about the care and support they require. This reflects good practice as it also allows individuals access to a complaints procedure if they feel discriminated against.  This is undertaken in my workplace by ensuring that young people are supported to complete their own report contributing to review meetings.  There is an extensive range of legislation, policy and procedure that relate to promotion of anti-discriminatory practice.  I will look specifically at three. | |
| **HSC31 Value 1** | *The Children (Scotland) Act 1995* is the key piece of legislation relating to the involvement of care organisations with young people and their families.  This sets out a number of duties and powers relating to the care task that are essential to anti-discriminatory practice.  Specifically, it has a number of underpinning principles that should be adhered to by staff who care for young people.  These include a commitment to ensuring that young people have a voice in all decisions that affect them, reflecting the value of a *voice and representation* discussed above.  In addition, the Act states that the cultural needs of each young person should be met by care organisations.  This reflects the ethos of valuing diversity discussed above. | *Social Policy and its Application to Social Services Provision – Outcome 2* |
| **HSC33 Value 1** | *Disability Discrimination Act (1995)* gives disabled people rights in the areas of access to goods, facilities and services. It makes it illegal for disabled people to be treated less fairly on the grounds of their disability.  This is related to the values of equality of opportunity and valuing diversity.  Within my own workplace, this means that staff should strive to ensure that disabled young people are provided with similar opportunities to reach their potential as non-disabled young people.  Until recently, discos were organised for residents within the unit, but I negotiated with my line manager that it would be more in keeping with the principles of equality to facilitate the young people attending the disco at the local community centre. | |
| | *Race Relations Act (1976) and the Race Relation Amendment Act (2000)* make it illegal to discriminate on the basis of race, colour, ethnic or national origin.  All public bodies, including residential units are legally answerable for their policies relating to racism and have a responsibility to promote racial equality.  In order to uphold this legislation, staff are required to demonstrate respect, dignity, value diversity and promote equality of opportunity. | |
| **HSC31 Value 1**  **HSC33 Value 2** | Within my own workplace, this means that staff have a responsibility to ensure that any form of racism is not tolerated, either from staff, young people or their families.  As such, if racist remarks were made, this should be challenged appropriately.  Recently, within my own workplace, racist graffiti was written on the wall of the one of the bedrooms.  I informed my line-manager and also highlighted that in line with the legislation, the graffiti should be removed immediately. | |