



**Scottish Vocational Qualification  
in  
Health and Social Care (Adults)  
level 3**

**Group Award Code: G7LP 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 (Adults) level 3. This is a nationally recognised award accredited by the Scottish Qualifications Authority (SQA), and is suitable for those working in most areas of the health and social care sector with adults.

To achieve the SVQ in Health and Social Care (Adults) 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 (Adults) 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 individuals 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 (Adults) level 3, contains **eight UNITS** (**four** Mandatory Units and **four** Optional Units from a large selection of both adult 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 two 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 about the candidate's work. 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](http://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 (**N.B. 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 (Adults) 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

<b>UNITS TO BE ASSESSED</b> <i>(insert title(s) and number(s))</i>	<b>HSC31</b> Promote effective communication for and about individuals <b>HSC32</b> Promote, monitor and maintain health, safety and security in the working environment
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activities	when	assessment method & possible criteria to be covered
<p>This is the first planned assessment task for Paul's SVQ and has been chosen as it requires Paul to work with a colleague who can provide supporting evidence of his performance.</p> <p>Activity selected is hospital visit with M for first outpatient treatment, Paul will be assessed preparing M for the trip, assisting M throughout the visit, and returning to the unit and reporting on the visit.</p> <p>I will observe Paul preparing M for her visit to hospital</p>	<p>Planning to take place at supervision this week</p> <p>Hospital visit next week</p> <p>Evening before hospital visit on shift in the unit</p>	<p>Knowledge required in preparation for activity Values identified in discussing the activity. HSC31 and HSC32</p> <p>Reflective account prepared by Paul in which he will describe the activity and identify important issues and learning points. HSC31 and HSC32 Witness testimony from colleague to support Paul's own account</p> <p>Observation of Paul discussing the visit with M, this observation will focus primarily on communication unit HSC31.</p>
<b>Identify any knowledge evidence already achieved</b>	<b>Which course</b>	<b>How will this be used?</b>

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

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

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

<b>Candidate Signature:</b>	<i>Paul Keen</i>
<b>Assessor Signature:</b>	<i>Jean Rae</i>
<b>Date:</b>	7 January 2005



<b>EVIDENCE GATHERING FORM</b>		<b>EVIDENCE NO:</b>	1
		<b>DATE:</b>	11/1/05

*IDENTIFY EVIDENCE TYPE*

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

<b>CANDIDATE NAME:</b>	Paul Keen
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<b>EVIDENCE</b>	<b>Unit, Element, PCs</b>	<b>Knowledge</b>
<b>HSC32</b> Promote, monitor and maintain health, safety and security in the working environment <b>HSC33</b> Reflect on and develop your practice		
<p>Today 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.</p> <p>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.</p> <p>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. It also helps to have the chance to talk to other people and to compare how my work compares to theirs.</p> <p>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 life time of experiences all of which have contributed to making them who they are to day.</p> <p>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.</p> <p>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.</p>	<p>HSC33.1.3d</p> <p>HSC33.1.2a HSC33.1.2b</p> <p>HSC33.1.4 HSC33.2.4</p> <p>HSC33.2.2</p> <p>HSC33.2.6</p>	<p>HSC33.6</p> <p>HSC32.1</p> <p>HSC32.4d</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 will be referring to this RA when using knowledge assignments from my HNC course which relate to my professional development and learning.</p>		

COMMENTS/FEEDBACK TO CANDIDATE
<p>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 supervisor's permission and to remove names if you are putting them into your portfolio.</p> <p>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.</p> <p><b>If witness testimony used please state who supplied testimony and relationship to candidate.</b></p>

<b>Expert Witness Signature</b> <i>(if applicable):</i>	
<b>Candidate Signature:</b>	<i>Paul Keen</i>
<b>Assessor Signature:</b>	Jean Rae
<b>Date:</b>	13/01/05

<b>EVIDENCE GATHERING FORM</b>		<b>EVIDENCE NO:</b>	2
		<b>DATE:</b>	10/1/05

*IDENTIFY EVIDENCE TYPE*

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

<b>CANDIDATE NAME:</b>	Paul Keen
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<b>EVIDENCE</b>	<b>Unit, Element, PCs</b>	<b>Knowledge</b>
<b>HSC31</b> Promote effective communication for and about individuals <b>HSC32</b> Promote, monitor and maintain health, safety and security in the working environment		
<p><b>Question:</b> How might you support an individual to communicate if they had difficulty with speech?</p> <p><b>Answer:</b> It would depend to some extent on the reason for their difficulty with speech. If it was as a result of an illness such as a stroke it may be possible for them to use signs or to point to symbols to help us to understand them. One of the things I would check out is whether they could hear me and whether they were able to understand what I was saying I could do this by ensuring that when I spoke I was at the same physical level as the person and that I spoke clearly and not too quickly, their non verbal communication i.e. their eyes and the expression on their face would give me information on their understanding. It might be that they could write down what they were trying to communicate but this again would depend on the reason for their difficulty. It would be important that I did not assume that they could not hear, or did not understand. Older people sometimes choose not to communicate if they feel that they are being patronised or that they are not being respected. It might be that a speech therapist could provide some help in some instances; I would discuss this possibility with my line manager and colleagues.</p> <p><b>Question:</b> What is your responsibility for health and safety in your present work role.</p> <p><b>Answer:</b> In general terms it is my responsibility to ensure my own safety and the safety of all the individuals receiving care in the project. What this means in my job is checking that work areas are free from hazards such as spilt water, loose floor coverings or other obstacles that could lead to falls or other damage. The Health and Safety at Work Act gives guidance to all staff as to what hazards are and how to deal with them. In my workplace we handle medicines and it is important that the agency policy and procedure on drugs is followed carefully, this includes completing the drug register and a second person checking all medicine before it is given out. We also have to ensure that all drugs are kept locked up and that the keys are kept secure. General prevention of infection, in terms of ensuring I wash my hands after assisting an individual to use the toilet, after helping someone get dressed or undressed, and before I handle any food or drinks. As we do not wear uniforms it is also important that I keep my clothes clean, and change regularly.</p>		<p>HSC31.10</p> <p>HSC32.2</p>

EVIDENCE continued	Unit, Element, PCs	Knowledge

ADDITIONAL EVIDENCE AND CLARIFICATION		
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p> <p>These questions were asked prior to Paul being assessed in his work role, they demonstrate that he is ready to have his practice assessed.</p> <p>Our discussion was broader than the questions and answers recorded here and further questions will be recorded as we progress through the award.</p>		

COMMENTS/FEEDBACK TO CANDIDATE
<p>You can include these questions in your portfolio as examples of our discussion which took place in order to ensure that your knowledge base was sufficient to allow us to begin the assessment of your SVQ.</p> <p><b>If witness testimony used please state who supplied testimony and relationship to candidate.</b></p>

<b>Expert Witness Signature</b> <i>(if applicable):</i>	
<b>Candidate Signature:</b>	<i>Paul Keen</i>
<b>Assessor Signature:</b>	Jean Rae
<b>Date:</b>	10/01/05

<b>EVIDENCE GATHERING FORM</b>		<b>EVIDENCE NO:</b>	3
		<b>DATE:</b>	12/01/05

*IDENTIFY EVIDENCE TYPE*

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

<b>CANDIDATE NAME:</b>	Paul Keen
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<b>EVIDENCE</b>	<b>Unit, Element, PCs</b>	<b>Knowledge</b>
<b>HSC32</b> Promote, monitor and maintain health, safety and security in the working environment		
I am the project manager and also the Manual Handling Trainer for our organisation and I can confirm that Paul Keen completed a course in Manual Handling in accordance with our unit policy.	HSC32.1.1	
This course involves being taught the correct method of moving people who may require assistance in bathing and in getting to and from bed.	HSC32.3.2	HSC32.13 HSC32.4c
During the course participants must demonstrate the techniques they have been shown to the satisfaction of the tutor.		
I can confirm that since the course I have observed Paul put his training into practice, I did this by observing him work with a colleague assisting a gentleman to have a bath and I have also observed him assist an individual to get into bed.	HSC32.2.3a	HSC32.14
In discussion Paul was able to explain the techniques he had been taught and to refer correctly to the legislation.		HSC32.1



ADDITIONAL EVIDENCE AND CLARIFICATION		
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p> <p>A certificate of attendance and participation on the Moving and Handling Course is attached. Attached to the certificate is the programme for the training which identifies the course content.</p>		

COMMENTS/FEEDBACK TO CANDIDATE
<p><b>Assessor note:</b> this evidence is provided by an expert witness because moving and handling training is carried out in the workplace according to the organisational policy and procedure.</p> <p><b>If witness testimony used please state who supplied testimony and relationship to candidate.</b></p> <p>Project Manager and Moving and Handling Trainer</p>

<b>Expert Witness Signature</b> <i>(if applicable):</i>	<i>Margaret Green</i>
<b>Candidate Signature:</b>	<i>Paul Keen</i>
<b>Assessor Signature:</b>	Jean Rae
<b>Date:</b>	12/01/05

<b>EVIDENCE GATHERING FORM</b>		<b>EVIDENCE NO:</b>	4
		<b>DATE:</b>	15/01/05

*IDENTIFY EVIDENCE TYPE*

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

<b>CANDIDATE NAME:</b>	Paul Keen
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<b>EVIDENCE</b>	<b>Unit, Element, PCs</b>	<b>Knowledge</b>
<b>HSC31</b> Promote effective communication for and about individuals <b>HSC32</b> Promote, monitor and maintain health, safety and security in the working environment		
<p>As agreed at our assessment planning meeting I worked with Paul this evening and was able to observe him with M as they discussed and planned for M's visit to out patients tomorrow for her first treatment.</p> <p>M was clearly apprehensive about the appointment and sought information on what would happen and advice on what to do and say from Paul.</p> <p>Paul was very empathic, he spent as much time with M as she needed and provided clear and honest advice. He took time to listen to M and to identify what specifically it was she was worried about. He made sure that she fully understood his explanations and that when he was explaining the procedure he used language that was clear and straightforward.</p> <p>They discussed the journey and what assistance M felt she would like to have to get into the taxi and to transfer from it at the hospital, she was adamant that she did not want to use a hospital wheelchair and Paul reassured her that he would organise her own chair to go with her.</p> <p>In general Paul's communication with M demonstrated that they have developed a really positive relationship which is obviously based on trust and a genuine liking for each other. There are times when M clearly treats Paul like a grandson and he is able to acknowledge this and then to gently reinforce the professional relationship without causing any rebuff, for example at one point he said 'its as well your daughter isn't here tonight she would be quite jealous of all the attention I am getting from you' they both then laughed and it was clear that M then remembered that Paul was one of her carers.</p> <p>Later in the evening Paul completed his risk assessment forms for the journey, spoke to the other carer accompanying him on the visit and checked that the taxi had been arranged for the correct time, he then wrote his report in M's care plan and made an entry in the day book identifying the points agreed with M.</p>	<p>HSC31.2.4a, 4b</p> <p>HSC31.2.5</p> <p>HSC32.1.6</p> <p>HSC31.2.6</p> <p>HSC31.3.4b</p> <p>HSC32.2.3c</p>	<p>HSC31.2</p> <p>HSC32.2</p> <p>HSC32.4b HC31.19</p>

ADDITIONAL EVIDENCE AND CLARIFICATION		
<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p> <p>Your professional approach to M was apparent as you discussed her hospital visit, you handled a potentially difficult situation well when she began to treat you more like a relative than a carer.</p> <p>You gently but firmly reminded her who you were and what your role was.</p> <p>We can discuss this further in supervision and the discussion will contribute to HSC33 Reflect on and develop your practice.</p>	HSC33.1.2b	

COMMENTS/FEEDBACK TO CANDIDATE
<p>Paul, once you have completed your reflective account and have the witness testimony, arrange to have a further supervision session with me and we will look at the knowledge and practice issues raised by this activity. We can then record this discussion to use as further evidence and plan further activities to be observed.</p> <p><b>If witness testimony used please state who supplied testimony and relationship to candidate.</b></p>

<b>Expert Witness Signature</b> <i>(if applicable):</i>	
<b>Candidate Signature:</b>	<i>Paul Keen</i>
<b>Assessor Signature:</b>	Jean Rae
<b>Date:</b>	<b>15/01/05</b>

<b>EVIDENCE GATHERING FORM</b>		<b>EVIDENCE NO:</b>	5
		<b>DATE:</b>	16/01/05

*IDENTIFY EVIDENCE TYPE*

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

<b>CANDIDATE NAME:</b>	Paul Keen
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<b>EVIDENCE</b>	<b>Unit, Element, PCs</b>	<b>Knowledge</b>
<b>HSC31</b> Promote effective communication for and about individuals <b>HSC32</b> Promote, monitor and maintain health, safety and security in the working environment		
<p>Evidence number 5 is M's plan of care where I have made entries relating to M's visit to hospital for the first of her out patient treatments.</p> <p>This is not included in the portfolio as it contains confidential information on M's identity, and details of her medical condition and treatment.</p> <p>The entries have been seen and checked by my assessor.</p> <p>The entries provide supporting evidence of the risk assessment carried out before the visit, how I managed the Health and Safety issues.</p> <p>Included in the record is a report on the content of M's treatment at the hospital.</p>	<p>HSC31.4.8 HSC32.1.9</p> <p>HSC32.2.1</p> <p>HSC31.2.10 HSC31.4.4</p>	

ADDITIONAL EVIDENCE AND CLARIFICATION		
<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 confirm that I have checked Paul's recording of his preparation and reporting on the hospital visit with M and that the records meet the performance criteria claimed for them.</p> <p><b>If witness testimony used please state who supplied testimony and relationship to candidate.</b></p>

<b>Expert Witness Signature</b> <i>(if applicable)</i> :	
<b>Candidate Signature:</b>	<i>Paul Keen</i>
<b>Assessor Signature:</b>	Jean Rae
<b>Date:</b>	16/01/05

**EVIDENCE GATHERING FORM**

<b>EVIDENCE NO:</b>	6
<b>DATE:</b>	16/01/05

IDENTIFY EVIDENCE TYPE

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

<b>CANDIDATE NAME:</b>	Paul Keen
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<b>EVIDENCE</b>	<b>Unit, Element, PCs</b>	<b>Knowledge</b>
<p>To day at work I accompanied one of our lady's on a hospital visit. As the lady referred to as M has great difficulty walking the trip required two carers as we felt it was advisable to take her own wheelchair. She is familiar with the chair and had told us that she would feel safer with this rather than having to rely on one supplied by the hospital. Before we set out we had to complete a risk assessment, this is a formal requirement by the organisation for any event or task where risks can be identified in advance. The assessment is written on a form and completing it made me think through the sort of risks involved in taking someone out of the home. I have put a copy of the completed form in my portfolio but I have removed all names and identifying information to ensure confidentiality. The main things I identified were the journey, this would involve M getting from her chair into a taxi being seated correctly and then her chair being loaded into the taxi. On arrival at the hospital I had to consider her getting out of the taxi and reporting to the department she was going to for treatment. I then considered the return journey remembering that M could be more upset or distressed following her treatment. I checked my risk assessment form with the other care worker who made some additional suggestions which included how we could communicate with the home during our time out and how we would arrange for the taxi to collect us from the hospital. With all of this done I discussed the assessment with M and asked if she was comfortable with the arrangements we had made. She said she was and although she admitted she was apprehensive about the treatment she also said she was glad we would be with her. Her main concern was that she would not hear what the nurses and doctors were saying to her so I assured her that if she had any difficulty she should let me know and I would ask them to speak more clearly. The taxi arrived on time however as it was wet M aid she would like to walk to the cab if I would hold an umbrella for her, we did this while my colleague assisted in loading the wheelchair into the taxi. Although she walked slowly M was quite steady and I did not feel she was likely to fall, I did however ensure that she held my arm as an extra safeguard.</p>	<p>32.1.1</p> <p>32.1.4</p> <p>32.2.1</p> <p>31.2.2</p> <p>32.1.6</p> <p>31.2.4a</p> <p>31.2.8</p> <p>32.1.8</p>	<p>32.4b</p> <p>32.2</p>

EVIDENCE contd	Unit, Element, PCs	Knowledge
<p>At the hospital the taxi was able to stop under the awning and we had no problems in helping M into her chair and into the department. The receptionist ensured that she spoke directly to M and waited for her response. We had a few minutes to wait and we passed these by looking at some magazines, M did not feel like having anything to drink at this time. When the nurse came to collect M I found it difficult not to say look after her, M was chatting away and seemed quite calm saying see you soon as she was taken into the treatment room.</p> <p>After her treatment M looked pale and drawn and so I asked if she would like to go the WRVS café for a cup of tea before we called the taxi, she said yes. We noticed that there was water leaking from a cooler on the corridor and since this was a potential hazard for patients and visitors I told the lady in the café who thanked me and reported it right away.</p> <p>M enjoyed her tea and cake and soon began chatting again, she said the treatment was not so bad and that she would be much less afraid the next time. There were no problems on our return journey and I recorded the event in the day book and in M's care plan ensuring that the next appointment was recorded and that the risk assessment form was filed in the correct place.</p>	<p>31.3.1a</p> <p>32.2.6</p> <p>32.2.8</p>	<p>31.1b</p>

#### ADDITIONAL EVIDENCE AND CLARIFICATION

<p><i>This might be used to record additional questions or the candidate may use it to write an additional paragraph.</i></p> <p>Risk assessment numbered and identified on index original to be shown to assessor copy to be included in portfolio</p>		
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#### COMMENTS/FEEDBACK TO CANDIDATE

Although you were writing about safe working practices you have also managed to identify some communication skills and this is good, you should always think about all of your VQ units when you are writing your reflective accounts as it is likely you will always meet a little bit of a lot of units, you will get better at this with practice. You also need to remember that a lot of knowledge evidence is contained in your HNC assignments.

I think you could make a few more claims from this account have another look at it and see what you think. Our next task is to see how this unit can lead you into the option units you have chosen, we will ensure the next assessment plan does this.

Please let me have your rota for next week so that we can arrange a time for me to do an observation of you at work.

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

<b>Expert Witness Signature</b> (if applicable):	
<b>Candidate Signature:</b>	<i>Paul Keen</i>
<b>Assessor Signature:</b>	<i>Jean Rae</i>
<b>Date:</b>	<b>16/01/05</b>