Scottish Vocational Qualification
in
Health and Social Care (Adults)
level 4

Group Award Code: G7LR 24

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 4. 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.

In the SVQ in Health and Social Care (Adults) level 4, candidates are expected to be working in posts with management and/or supervisory responsibilities.

To achieve the SVQ in Health and Social Care (Adults) level 4, candidates must achieve **eight** Units in total — **four** mandatory Units and **four** optional Units.

The full selection of units that make up the SVQ in Health and Social Care (Adults) at level 4 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.

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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 4, contains **EIGHT UNITS** (**four** mandatory Units and a large number of optional Units which reflect the different settings managers and senior staff may be in (e.g. residential care, day care, community project, health care) — four of these must be chosen to complete the SVQ).

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 co-ordinating 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 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 —
   for example, Social Work Qualification, Registered Nurse, SVQ 4, relevant degree or equivalent,
   combined with a minimum of two years experience in a senior position 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 define by Unit V1.
♦ Must hold, or be working towards the appropriate IV qualification (D34 or V1).

Service Users

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

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

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

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

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

Assessment Methods

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

DO   **D**irect **O**bservation by the assessor or expert witness of real work activities. For this Award, the assessor must do the observation for the Core/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.

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

Evidence

observation

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

reflective account

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

expert witness

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

product

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

witness testimony

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

simulation	Simulation is used by assessors where the work task is unlikely to occur. An artificial version of the situation is created to allow the candidate to demonstrate performance and possibly knowledge in a given area by simulating the activity and judging how the candidate would deal with the task if it arose. Simulation is only permitted if the evidence requirements explicitly say so.
projects and assignments	Projects and assignments are occasionally set by assessors to allow the candidate to meet some gaps in performance and knowledge evidence. Assignments from college courses can also be used for knowledge evidence.
accreditation of prior learning(APL)	Prior achievements of the candidate can be used to evidence the PCs, and knowledge, provided there is an audit trail. However, current practice must also be included to show that the candidate still has the skill at the time of completing the qualification. Candidates using work from eg an HNC Assignment must clearly indicate on the evidence the PC's and knowledge being claimed.
knowledge specification	Each Unit lists the knowledge and understanding that is required to effectively carry out the specific area of work practice. Most of the knowledge should be inherent in the candidate's work and must be explicitly evident in the records of observations, reflective accounts or by answers to questions.

Further Guidance on Knowledge Evidence

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

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

♦ Can be claimed 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.

♦ Can be claimed 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.

♦ Can be claimed 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 to simply 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.

Possible links between SVQ Registered Manager in Health and Social Care level 4 and SVQ Health and Social Care (Adults) level 4.

If a candidate has already achieved the SVQ Registered Manager in Health and Social Care level 4 (RMA), or is undertaking SVQ Health and Social Care level 4 and RMA concurrently, then it is important to use the links between the two qualifications to avoid over assessment.

The following table shows the possible or potential links between Units from the RMA and the new level 4 in Health and Social Care (Adults). There are only **DIRECT LINKS** with two Units – RM1 (HSC411) and RM2 (HSC412).

The other links are only SUGGESTIONS – i.e. we think some of the same evidence could be used for these Units as listed below.

SVQ Registered Manager in Health and Social Care Level 4	SVQ Health and Social Care (Adults) Level 4
RM1 – Manage a service, which meets the best possible outcomes for the individual	**RM1 (HSC411)** – DIRECT LINK – Manage a service which meets the best possible outcomes for the individual **HSC427** – Assess the needs of carers and families **HSC414** – Assess individual needs and preferences **HSC415** – Produce, evaluate and amend service delivery plans to meet individual needs and preferences
B3 – Manage the use of financial resources	**HSC435** – Manage the development and direction of the provision **HSC441** – Invite tender and award contracts
C13 – Manage the performance of teams and individuals	**HSC451** – Lead teams to support a quality provision
A2 – Manage activities to meet requirements	**HSC420** – Promote leisure opportunities and activities for individuals
A4 – Contribute to improvements at work	**HSC415** - Produce, evaluate and amend service delivery plans to meet individual needs and preferences **HSC439** – Contribute to the development of organisational policy and practice
SNH4UI – Develop programmes, projects and plans	**HSC422** – Promote housing opportunities for individuals
RM2 – Ensure individuals and groups are supported appropriately when experiencing significant life events and transitions	**RM2 (HSC412)** – DIRECT LINK – Ensure individuals and groups are supported appropriately when experiencing significant life events and transitions **HSC446** – Manage a dispersed workforce to meet the needs and preferences of individuals at home
SNH4U4 – Promote the interests of client groups in the community	**HSC410** – Advocate with, and on behalf of, individuals, families, carers, groups and communities
RG6 – Take responsibility for your business performance and the continuing professional development of self and others	**HSC435** – Manage the development and direction of the provision

C10 – Develop teams and individuals to enhance performance	**HSC451** – Lead teams to support a quality provision **HSC446** – Manage a dispersed workforce to meet the needs and preferences of individuals at home
HSCL4U9 – Create, maintain and develop an effective working environment	**HSC42** – Contribute to the development and maintenance of healthy and safe practices in the working environment **HSC439** - Contribute to the development of organisational policy and practice
C8 – Select personnel for activities	**HSC451** – Lead teams to support a quality provision **HSC444** – Contribute to the selection, recruitment and retention of staff to develop a quality service **HSC445** – Recruit and place volunteers
SC15 – Develop and sustain arrangements for joint working between workers and agencies	**HSC433** – Develop joint working agreements and practices and review their effectiveness **HSC443** – Procure services for individuals
BDA2 – Develop your plans for the business	**HSC433** – Develop joint working agreements and practices and review their effectiveness
D4 – Provide information to support decision making	**HSC434** – Maintain and manage records and reports **HSC41** – Use and develop methods and systems to communicate, record and report
D2 – Facilitate meetings	**HSC451** - Lead teams to support a quality provision
F3 – Manage continuous quality improvements	**HSC436** – Promote and manage a quality provision **HSC450 –** Develop risk management plans to support individuals' independence and daily living within their home
F6 – Monitor compliance with quality systems	**HSC436** – Promote and manage a quality provision

WORKED EXAMPLES

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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 standards. 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 the worked examples are for the SVQ Health and Social Care (Children and Young People) level 4, however they should provide guidance on the appropriateness/type of evidence generated for a level 4 award. 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

UNIT(S) TO BE ASSESSED *(insert title(s) and number(s))*	HSC41 Use and develop methods and systems to communicate, record and report. HSC42 Contribute to the development and maintenance of healthy and safe practices in the working environment. HSC430 Support the protection of individuals, key people and others.

activities	when	assessment method & possible criteria to be covered
In this first assessment planning session with Jane, we acknowledged our roles and responsibilities and agreed that the way we will work together as assessor and candidate should reflect this. Jane has been a workplace assessor for SVQ 3 candidates for three years, since being appointed as one of the assistant managers of the project. We discussed the SVQ 4 award being different and that the emphasis would be on her self directed learning, seeking Accreditation of Prior Learning for essays completed as part of a recent college course. Jane will undertake a self analysis exercise in order to ensure that all her most recent learning is fully utilised. We agreed that she will record this for the next assessment planning meeting. Jane acknowledged that she would be using more product evidence to meet the standards and would prepare statements to link the product to the standards. Jane also welcomed the use of professional discussion as one of the assessment methods we would use. Jane accepted that she may not have any units signed off within the first few months and is happy to be working holistically within the award. In this first plan we have agreed that Jane will focus on a task she has been asked to undertake by her manager on Behavioural Management Strategies and agreed that this piece of work would form the basis of her evidence for the units listed above. Jane will review the existing strategies and with the staff team will develop new strategies in Behaviour Management for presentation to the senior management team. Jane will also remind staff of the Health and Safety policies and procedures and check the appropriateness of recording systems.	Today

By next meeting in 2 weeks

Within 3 weeks

Next months team meeting

Following team meeting | Review learning to date and agree assessment methods

Reflective accounts: setting task in context/analysis of task and process

Product Evidence: Behaviour Management strategy document, her presentation to staff team and senior management team.

Direct Observation and Professional Discussion: Observation of team meeting and discussion on development of behaviour strategy.

Professional Discussion: Jane and John (PIP Trainer) discuss knowledge and understanding. |
| **Identify any knowledge evidence already achieved** | **Which course** | **How will this be used?** |

Record of any additional discussion including when there will be a review of the above work:
First review will take place two weeks from today. Jane to look initially at two mandatory units and one of the generic optional units. Jane is keen to look holistically at this first task and recognised that she would also meet evidence requirements in other units particularly HSC49 Develop and maintain an environment which safeguards and protects children and young people, HSC44 Develop practice which promotes the involvement, well-being and protection of children and young people.

Candidate Signature:	*Jane Smooth*
Assessor Signature:	*Molly Spinks*
Date:	30 October 2004

AWARD TITLE AND LEVEL:	SVQ Health and Social Care (Children and Young People) level 4
CANDIDATE NAME:	Jane Smooth

evidence number	description of evidence	Units covered	location of evidence
1	Reflective Account on task to develop behavioural management strategies	HSC41, HSC42, HSC430	portfolio
2	Direct Observation of staff meeting	HSC42, HSC430	portfolio
3	Strategy for Individual K (anonymised)	HSC41, HSC42 & HSC430	portfolio
4	Strategy for Individual J (anonymised)	HSC41, HSC42 & HSC430	portfolio
5	Expert Witness from JF Physical Intervention Programme Trainer (Assistant Manager)	HSC430	portfolio
6	Email to staff with example strategies	HSC42, HSC 430	Desktop candidate's PC
7	Minutes of Management Meeting taken by candidate 5/11/04	HSC42	Meetings file- Project
8	College assignment dated June 2004	HSC41, HSC42, HSC430	Candidate's personal file
9	Product (Handout on Data Protection Act 1998 prepared by candidate)	HSC41, HSC42	Resources file - Project
10	Knowledge evidence for Units HSC41, 42, 430	HSC41, HSC42, HSC430	portfolio

<table>
<tr><td colspan="2">EVIDENCE GATHERING FORM</td><td>EVIDENCE NO:</td><td>1</td></tr>
<tr><td colspan="2"></td><td>DATE:</td><td>Nov 2004</td></tr>
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IDENTIFY EVIDENCE TYPE

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

CANDIDATE NAME:	Jane Smooth

EVIDENCE: HSC41 Use and develop methods and systems to communicate, record and report. HSC42 Contribute to the development and maintenance of healthy and safe practices in the working environment. HSC430 Support the protection of individuals, key people and others.	**Unit, Element, PCs**	**Knowledge**
In my role as Assistant Project Manager I was asked to review the format of the Behavioural Management Strategies to reflect the organisations principles more effectively and to ensure standardisation in the presentation of these (Evidence 7 - minutes of management meeting) in line with maintaining a healthy and safe environment for all individuals.	HSC42.1.1	HSC42.3 HSC42.4c & 4e
To reflect the policy statement and to ensure that the principles required were fully understood I rewrote two strategies; one to reflect the individual with the most complex strategy and the other individual who rarely presented with any difficulties (see Evidence 3&4). The strategies incorporate a statement reflecting the organisation's Care and Control Policy and Statement of Function and Objectives to outline the aims of the Behaviour Management Strategy.	HSC42.2.6 HSC42.3.1	HSC42.10 HSC42.2c
There were quite a few difficulties with the previous format, mainly; the information recorded was too lengthy, it tended to reflect personal assessment of the person, there was inconsistency in presentation of information and some strategies no longer reflected the challenges the person was currently presenting. I changed the format to a much more concise, bullet point format, that would be easier to read and hopefully the information will be easier to retain. All staff are expected to be familiar with all strategies, to ensure consistency in approach to challenging behaviour. There were three headings to be considered: Recognised Patterns of Behaviour, Triggers and De-escalation and PIP (Physical Intervention Programme) techniques.	HSC42.3.3 HSC430.2.3 HSC430.1.1 HSC42.3.4	HSC42.5 HSC430.26f HSC430.26g
I also asked the other Assistant Manager and Manager to read over some strategies and give some input into these, as they had supervisory responsibility for the members of staff involved and may be more aware than myself of ongoing issues relating to certain individuals. In this situation it was important that the strategies were not just my own interpretation of the individual's behaviour and a means of responding to this, but that of all the staff who had a relevant viewpoint. By working with these members of staff I was ensuring that this was not just my own perspective and previous work background that was being considered. This is in line with the SSSC Codes of Practice sections 2 and 4 and National Care Standard 6 Feeling Safe and Secure, and 7 Management and Staffing.	HSC430.1.8 HSC42.2.7a, 7b HSC42.3.2a, 2b HSC42.1.2 HSC430.2.1 HSC430.2.2a HSC42.1.4	HSC42.16 HSC42.2d
Following the completion of these documents, I spent quite a lot of time with individual members of staff going over their strategies and discussing their observations to ensure that the information recorded was current and relevant. It was necessary to make significant changes to quite a few strategies as the tendency to over record was still evident and it was essential the final information recorded was accurate to ensure that a positive working document was formulated.	HSC41.1.1 HSC41.3.1 HSC41.3.2 HSC41.4.1 HSC42.2.4	HSC430.26d HSC41.5
I met JF the other Assistant Manager who is the PIP (Physical Intervention Programme) Trainer, to discuss the information recorded under the physical intervention section of the strategy and to reach agreement about what needed to be recorded, should Physical Intervention be necessary. The proposed new format was then given to the Project Manager for comment before the staff meeting	HSC42.2.2 HSC42.2.1 HSC42.2.3 HSC430.3.1 HSC430.3.3a	HSC42.5

EVIDENCE contd	Unit, Element, PCs	Knowledge
The final versions of the new Behaviour Management Strategies are stored in the individual files which are kept in a filing cabinet within a restricted access locked room, this is in line with the Data Protection Act 1998 principle: "Organisations shall apply measures to prevent unauthorised or unlawful processing of personal information and against accidental loss, destruction or damage of personal information"	HSC42.1.9 HSC41.4.1	HSC42.9 HSC42.4a HSC42.4b
Anonymised versions of these strategies are included in the portfolio (Evidence 3 & 4) *The 1992 Skinner Report made some strong statements about care and control of young people in residential care. It focused on the need for children to feel safe in care and observed that this could not be achieved without setting limits to acceptable behaviour. Skinner commented that training in conflict avoidance and managing violent behaviour were "basic pre-requisites." It was also essential for staff to receive training in setting limits for acceptable behaviour and the use of appropriate sanctions and controls (Edinburgh's Children, 1999).*	HSC42.2.5	HSC430.8e HSC41.7c

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph.		
Jane and I discussed the relevant polices and legislation she was aware of in working on the Behavioural Management Strategy. **She outlined the following:** All Centro Project policies reflect the principles of the Children's Scotland (1995) Act, and the Care and Control Policy under the 'Response to Challenging or Aggressive Behaviour' section 6.4 states that 'Staff should strive to intervene at an early stage in the escalation of challenging behaviour. This will involve using behaviour management techniques aimed at de-escalating the behaviour and responding to the issues and feelings that triggered it'.	HSC42.1.1	HSC42.1 HSC41.1 HSC41.2a
This policy is also linked into the risk assessment process, which is currently being reviewed within the organisation. Under the Management of Health and Safety at Work Regulations 1999: Reg 3.1 – require a suitable and sufficient assessment of risk, and Reg 3.3 requires the review of risk assessments. *The Minutes of the management meeting have been checked and are held in unit marked (Evidence 7)*	HSC42.2.1 HSC430.3.3b HSC430.3.7a & 7c	HSC42.3

COMMENTS/FEEDBACK TO CANDIDATE

Jane: Prior to the staff meeting can you ensure that team members each bring their SSSC Code of Practice and that they also have re-read Care Standards 6 &7.

This is a complex piece of work and you will be able to cross reference to Units HSC44 and 49. I have also read your essay and will discuss this with you following the staff meeting. Can we also discuss when you will consult the young people on the Behaviour Management Strategy?

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

Expert Witness Signature (*if applicable):*	
Candidate Signature:	*Jane Smooth*
Assessor Signature:	*Molly Spinks*
Date:	10/11/2004

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IDENTIFY EVIDENCE TYPE

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

CANDIDATE NAME:	Jane Smooth

EVIDENCE: HSC42 Contribute to the development and maintenance of healthy and safe practices in the working environment. HSC430 Support the protection of individuals, key people and others	**Unit, Element, PCs**	**Knowledge**
Jane and I agreed at the planning meeting that I would attend the staff meeting with the whole staff group, where she would introduce the review of the Behaviour Management Strategies. Prior to the presentation on the Behaviour Management Strategies, Jane set the scene by reminding the staff present of the wider issues of Health and Safety within the project. She acknowledged that all the staff had now completed the Health Emergencies session. Jane also reminded staff of the current policies and procedures to do with Health and Safety good practice in the work place. She emphasised the importance of staff keeping safe and reminded them of the forthcoming session on stress management. Jane explained the reasoning behind the changes and the need for standardisation in the format; by explaining that there had been a number of instances recently where difficulties had arisen because of the lack of information recorded and this resulted in staff being injured. Jane used slides to breakdown the two example strategies that she had prepared (Evidence 3&4). She asked the staff to look at the strategies and gave them an opportunity to ask questions. Jane led a discussion on the Care Standards and reminded the team about the Regulation of Care Act 2001 and how the standards have been developed across all services that meet the needs of children and adults. She emphasised standard 6 *Feeling Safe and Secure* and Standard 7 *Management and Staffing* and how this fitted in with the need for consistency in care. The staff members had been asked to look at the SSSC Code of Practice and Jane focused on section 2 and 4 from the employer's perspective and section 4 from the staff member's perspective. Following this useful discussion Jane agreed that she would e-mail (Evidence 6) the proformas to each staff member to use as a reference and requested that they use an example case and send their completed form to Jane to test out the usefulness of the updated strategy before any final decision is made by the management team. She also emphasised the need for these documents to be 'working' documents and the fact that all staff needed to familiarise themselves with their contents. Jane explained that it was their responsibility to ensure that they used the strategies outlined to meet organisational requirements. Jane concluded by reminding the staff of the key principles of the Data Protection Act 1998 and distributed a handout she had prepared based on material from the Information Commissioner (Evidence 9)	HSC42.2.7 a &b HSC42.1.1 HSC42.2.2 &3 HSC42.3.1 HSC42.2a&b HSC42.3 HSC430.1.1 HSC42.2.4 HSC42.6 HSC430.3.4 HSC430.1.8 HSC42.1.6 HSC42.1.4	HSC42.15 HSC430.1 HSC430.3 HSC430.6 HSC430.8c HSC430.10 HSC430.7 HSC430.26f & 26g HSC430.27

EVIDENCE contd	Unit, Element, PCs	Knowledge

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph. *Following the meeting I discussed Jane's written assignment which contains a section on legislation and policy, and confirm that the material presented in the assignment meets Knowledge points identified here. Jane has also researched various approaches to dealing with challenging behaviour and the theories underpinning these approaches. The principal types were identified and the factors influencing challenging behaviour: Individual/environmental/emotional/cognitive. Jane referred to the Skinner report 1992 and the Safe Guarders review 1997.She outlined various interventions and why her organisation had decided to use PIP. (Evidence 8 assignment– not included in portfolio but available for IV)* *All products identified have been checked as meeting the standard. These have not been included in the portfolio but are identified at source and will remain in the project*		Assignment: HSC42.8,9 &10 HSC430.14 HSC42.2a HSC430.15a HSC42.6,11c &11d, HSC42.2d HSC430.14, 15a, 15b, 15c HSC430.16a

COMMENTS/FEEDBACK TO CANDIDATE

I was impressed by the way you integrated the key information about the developments in the Behaviour Management Strategies with the relevant current requirements in terms of the Care Standards. You sensitively worked with the staff group and ensured they understood what the issues were. I would like you to consider the following questions and this should complete the evidence required for HSC42 and most of HSC430:-

1. What is the relevant legislation which provides the framework for promoting equality and diversity of people in the context of your service?
2. How do you apply the above legislation to the risk assessment process your service completes in relation to individuals receiving care?

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

Expert Witness Signature (*if applicable*):	
Candidate Signature:	*Jane Smooth*
Assessor Signature:	*Molly Spinks*
Date:	20.11.04

EVIDENCE GATHERING FORM	EVIDENCE NO:	3
	DATE:	Nov 2004

IDENTIFY EVIDENCE TYPE

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

CANDIDATE NAME:	Jane Smooth

EVIDENCE	Unit, Element, PCs	Knowledge
This strategy for (K) is based on the organisation's strategy for Behaviour Management but addresses (K's) individual needs. This product supports Evidence 1 & 2.		

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph		

COMMENTS/FEEDBACK TO CANDIDATE

It is good that you as Key Worker to K are able to use your organisation's strategy to customise for K.

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

Expert Witness Signature (*if applicable*):	
Candidate Signature:	*Jane Smooth*
Assessor Signature:	*Molly Spinks*
Date:	20.11.04

Strategy for individual (K)

The following strategy has been devised to reflect Centro Project's Care and Control Policy and Statement of Purpose and Function, in treating each young person as an individual and seeking to respect and promote their rights and responsibilities.

Recognised patterns of behaviour:
- Has difficulty accepting guidelines and boundaries from staff.
- If he starts to refuse to comply, behaviour can quickly escalate to angry, aggressive and violent behaviour towards staff and other young people.
- Actions can be unpredictable and he has little concept of danger.
- K   may punch, kick hit, bite, nip, spit or throw objects at staff, he has also recently started to grab hold of and hit other young people.
- When upset he usually refuses to communicate with staff
- May walk/run away from staff, has previously left the grounds
- Can be very controlling/aggressive towards peers

Triggers and de-escalation:
- Behaviour is unpredictable and very much dependent on his mood at the time.
- He finds rules and boundaries very difficult to accept, particularly when he wants to be actively involved in what's going on around him
- Difficulties occur most frequently at bedtime, when finishing activities, being told 'no' or when staff address issues with him.
- He responds well to a quiet, calm environment with limited people and choices of activities.
- When K first starts to refuse to comply it is important that staff take a firm, consistent approach, giving limited choices, keeping communication simple and repetitive.
- Responds well to structure and consistency and has further strategies in place to support him at known potential trigger times. Changes to routines need to be prepared for with K to enable him to manage these positively.
- The use of numerical order can assist K to understand the sequence of events being suggested and to agree a means of resolving the situation.
- He can respond well to distraction techniques, being asked to 'help' or using humour.
- If difficulties escalating, it is important to separate K   from other young people, for safety reasons
- Planned ignoring of difficulties can be effective if considered appropriate

The above de-escalation techniques should be used initially with K. PIP (Physical Intervention Programme) techniques, as agreed in training sessions, to be used only as a last resort for safety reasons.

Signature: *Jane Smooth*   Date: 18.11.04

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<tr><td>**EVIDENCE GATHERING FORM**</td><td>**EVIDENCE NO:**</td><td>4</td></tr>
<tr><td></td><td>**DATE:**</td><td></td></tr>
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IDENTIFY EVIDENCE TYPE

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

CANDIDATE NAME:	Jane Smooth

EVIDENCE	**Unit, Element, PCs**	**Knowledge**
This strategy for (J) is based on the organisation's strategy for Behaviour Management but addresses (J's) individual needs. This product supports Evidence 1 & 2.		

ADDITIONAL EVIDENCE AND CLARIFICATION

COMMENTS/FEEDBACK TO CANDIDATE

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

Expert Witness Signature (*if applicable):*	
Candidate Signature:	*Jane Smooth*
Assessor Signature:	*Molly Spinks*
Date:	20.11.04

Strategy for individual (J)

The following strategy has been devised to reflect the Centro Project's Care and Control Policy and Statement of Purpose and Function, in treating each young person as an individual and seeking to respect and promote their rights and responsibilities.

Recognised Patterns of behaviour:
- When in residence J is usually a positive, chatty and pleasant young woman.
- At times she can become over excitable, and has, at times, become involved in immature behaviour with her peers.
- Can be unaware of others around her with the potential for accidents to happen
- Requires additional time to prepare for going out, meals etc to ensure she is on time, may need support to remain on task
- Can become frustrated when communicating and 'give up'
- Easily distracted from tasks by peers

Triggers and De-escalation:
- Usually responds positively to any staff requests relating to behaviour
- Responds well to a private chat about any inappropriate behaviours and seems keen to develop her social skills
- Potential accidents need to be explained and discussed to increase her awareness of relevant safety issues
- Needs encouragement to try alternative means of communicating, to take her time communicating and to ensure that she is supported to positively express herself

Physical Intervention Programme (PIP) Techniques:

As yet it has not been necessary to use physical intervention with J. If a situation arises, agreed de-escalation techniques should be used, and the strategy reviewed with relevant individuals.

Signature: *Jane Smooth*   Date: 17.11.04

EVIDENCE GATHERING FORM		EVIDENCE NO:	5
		DATE:	10/11/04

IDENTIFY EVIDENCE TYPE

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

CANDIDATE NAME:	Jane Smooth

EVIDENCE: HSC42 Contribute to the development and maintenance of healthy and safe practices in the working environment. HSC430 Support the protection of individuals, key people and others	Unit, Element, PCs	Knowledge
Jane met with me to discuss her recommendations for the development of the Behavioural Management Strategies. As the Physical Intervention Trainer (PIP) I was more aware of previous discussions as Jane had not been involved in the Behavioural Strategy developed for the project three years ago. I had been involved in discussions regarding some young people who had difficulties some time ago. I was impressed that Jane had thoroughly reviewed the strategies in place and had made clear recommendations for improvement based on her knowledge and understanding of current legislation and organisational policy. Jane has a good knowledge of the Data Protection Act as well as the Health and Safety legislation and her recommendations are based on gaps in our current strategies.	HSC430.3.7a HSC42.2.7a, 7b HSC42.3.2b HSC42.3.3 HSC430.3.7c	HSC42.16 HSC42.11b HSC42.17 HSC430.1

EVIDENCE contd	Unit, Element, PCs	Knowledge

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph. *Assessor statement:* Having read this statement and following a telephone discussion with John Fox I confirm that I am satisfied with his assessment of Jane and have awarded the evidence claims as identified		

COMMENTS/FEEDBACK TO CANDIDATE

Jane was confident that the strategies she had developed would be effective, however wanted to consult me about issues with young people she had not experienced.

John Fox: Assistant Manager PIP (Physical Intervention Programme) trainer

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

Expert Witness Signature (*if applicable):*	*John Fox*
Candidate Signature:	*Jane Smooth*
Assessor Signature:	*Molly Spinks*
Date:	10/11/04

IDENTIFY EVIDENCE TYPE

DIRECT OBSERVATION	☐	REFLECTIVE ACCOUNT	☐
QUESTIONS	☐	EXPERT WITNESS	☐
PRODUCT	☒	WITNESS TESTIMONY	☐

CANDIDATE NAME:	Jane Smooth

EVIDENCE: HSC41 Use and develop methods and systems to communicate, record and report. HSC42 Contribute to the development and maintenance of healthy and safe practices in the working environment. HSC430 Support the protection of individuals, key people and others.	Unit, Element, PCs	Knowledge
Self injurious behaviours will include head banging, biting, scratching, grinding teeth, hitting self, eye poking, pulling hair and eating non-foodstuff. Self injury is markedly more prevalent among people with severe intellectual disabilities who also have significant impairments of mobility (Emerson1995). Many individuals with low self esteem and "a deep sense of worthlessness" will self harm as they are unable to express their feelings and emotions, they drive them inside until they are forced out and expressed through self harm, often this is the only form of control that they have on their life (Sale, 2002). Aggressive behaviour towards others will include biting and scratching, hitting with fists and objects, hair pulling, throwing objects, verbal abuse, shouting and screaming, lack of respect for personal space. Aggressive and challenging behaviour is far commoner in children and young people with learning disabilities. Significant cognitive attributional bias has been shown in aggressive children whereby they are more likely to perceive neutral acts by others as hostile. As the child gets more disliked and rejected by their peers, the opportunity for seeing things this way increases. Social skills are lacking, self esteem is often low and coexistent misery common (Howlin, 1998). Children with ADHD and that have been abused (physically, sexually and emotionally) are significantly more likely to display some of these behaviours. Non-person directed behaviour including non-compliance, hyperactivity, distractibility, prolonged shouting and screaming, stealing, absconding, inappropriate sexual behaviour, incontinence, smearing faeces, spitting, withdrawal and damage to property. **Factors that influence challenging behaviour**. It is now generally accepted that 'all challenging behaviour serves a purpose for the individual'. Although challenging behaviour may seem pointless or against the person's self interest, it must be remembered that challenging behaviour serves a need to that individual, these underlying needs can be understood and the person can be helped to meet the need in other ways (CALM Training Services). The term challenging behaviour emphasises that the behaviours constitute a challenge to other people to find effective ways of responding to them, this is a useful viewpoint in that it underlines the idea that the person is not seen as problematic in themselves. Rather, the problem lies in the interaction between the person, their behaviour and their social environment. Above all, the person does not become synonymous with the problem (McBrian & Felce, 1995). There can be no doubt that many factors influence the occurrence of challenging behaviour and in most incidences the behaviours displayed will be the result of a combination of factors. I would now like to consider some of these factors. **Individual factors**: In any given situation all individuals involved will react differently, how an individual reacts will depend on many different internal factors. Many children in a residential care setting are there as a result of their family being unable to meet their needs, they may have been abused emotionally, physically or sexually, difficulty in communicating their feelings appropriately is common, with the resultant behaviours being seen as challenging. For children with physical and learning disabilities there may be visual impairment, loss of hearing or little/no communication abilities, all of which will result in frustration for the child. In general, boys and men are more likely to be identified as showing challenging behaviour than girls and women, age also plays a part, with the prevalence of challenging behaviours increasing with age during childhood, reaching a peak during the age range 15 – 34 and then declining (Emerson,1995).		HSC430.2d HSC41.17a & 17b HSC430.8i HSC42.4e HSC430.21 HSC430.22

EVIDENCE contd	Unit, Element, PCs	Knowledge
Environmental factors: Hayes (1993) tells us that the environment can produce behaviour and our behaviour is often directly influenced by the type of environment we live in and the way it is organised. Factors such as noise, temperature, pollution and the number of people around us, can all affect our behaviour. Loo (1979) observed pre-schoolchildren in a day nursery, and found that the more children there were, the more aggressive behaviour and verbal bad temper was shown (Hayes, 1993). Individuals with learning difficulties may display challenging behaviours when the environment provides a paucity of opportunities for stimulation. Such behaviours may be the only effective way of gaining attention. Limited opportunities for engaging in a range of activities and for social interaction are likely to result in individuals seeking activity through inappropriate behaviours. These behaviours can be maintained not only by a poor physical environment, but also by poor staff attitudes, intolerance, low thresholds for stress management and lack of appropriate training and inadequate staffing levels (Pimm, 1997)		HSC430.21 HSC41.17a & 17b

ADDITIONAL EVIDENCE AND CLARIFICATION

This might be used to record additional questions or the candidate may use it to write an additional paragraph. In 1999 The Department of Health set up a task force to report on violence against social care staff, the findings of the National Task Force have recently been published. They recognise that " violence and abuse are common in the social care sector, and appear to be a greater problem for certain social and healthcare staff than for comparable professions." Their aim is that violence and threat to social care staff should be reduced very significantly and to a minimum, but are convinced that there is no simple answer. Change will only be achieved when attention is paid to a combination of factors that are linked with violent incidents. These are: the working environment, the way work is organised, working practices, service user expectations and the public perceptions of social care workers and the job they do. This product contains extracts from an assignment prepared for a formally assessed course at college. I have used sections which I feel are relevant to my SVQ		HSC430.9

COMMENTS/FEEDBACK TO CANDIDATE

Jane these are useful extracts from your written college assignment and help to demonstrate your knowledge and understanding in aspects of your SVQ.

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

Expert Witness Signature (*if applicable):*	
Candidate Signature:	*Jane Smooth*
Assessor Signature:	*Molly Spinks*
Date:	8/12/04