

# Health & Social Care N/SVQs (3172/3174)

## Quality Guidance - Frequently Asked Questions

### **Q1. Has any additional guidance or clarification been provided for individual N/SVQ Units?**

The information below has been ordered alphabetically and numerically.

#### **HSC 22 Support the health and safety of yourself and individuals**

##### **Element C Take action to deal with Emergencies**

**How can the performance evidence and observation requirements be met when it is not possible to predict either if or when the health & environmental emergencies described in pc1 and amplified in the scope, will occur?**

It is reasonable to suppose that, within the period of any candidate's assessment, an emergency event, however minor, will occur and thereby allow some performance evidence to be generated from real work. It is also reasonable to suppose that only a minority of candidates will be able to evidence all the requirements from real work activities. Therefore most candidates will need to supplement work based evidence with evidence derived from simulation. {Simulation is identified in the Unit Evidence Requirements (UER) as appropriate for use in this element.} So long as the assessor undertakes some observation within this element candidates could also submit testimony from experts (instructors and trainers) where this relates to their performance when undertaking simulated activities as part of a training/assessment programme.

#### **HSC 31 Unit Title: Promote effective communication for and about individuals**

##### **In Unit HSC31 Knowledge 8 ends abruptly. Is there a misprint?**

Yes. K8 is supposed to read "a working knowledge of theories relevant to the individuals with whom you work". This misprint will be amended in the next revision of the qualification documentation. \*\*

#### **HSC 32 Promote, monitor and maintain health, safety and security in the working environment**

##### **Knowledge specification 5 – The purpose of, and arrangements for supervision when involved in incidents and emergencies**

**Does the term supervision relate to staff supervision or the supervision of the individuals involved in the incident or emergency?**

It is safe to assume that 'supervision' refers to post incident staff supervision. Individual support is covered by Element 32c pc6.

Clarification is being sought from Skills for Care & Development.

#### **HSC 32**

**Unit Name: Promote, monitor and maintain health, safety and security in the working environment and**

**Unit No: HSC35**

**Unit Name: Promote choice, well-being and the protection of all individuals**

**Active support is highlighted but not defined in the key words for unit HSC32 K2, or in unit HSC35 PC4. What is the definition?**

"Active support: Support that encourages individuals to do as much for themselves as possible to maintain their independence and physical ability and encourages people with disabilities to maximise their own potential and independence." as HSC31. This will be added to the key words and highlighted in the performance criteria in next revision of the qualification documentation. \*\*

**HSC 35 Promote choice, well-being and the protection of all individuals**

**In unit HSC35, PC18, " signs and symptoms of danger, harm and abuse", is highlighted but is not defined in key words. What is the definition?**

"Signs and symptoms of danger, harm and abuse:  
Physical, behavioural or emotional indicators which may signify possible danger, harm or abuse."  
This will be added to the key words and highlighted in the performance criteria in the next revision of the qualification documentation. \*\*

**HSC 41 Use and develop methods and systems to communicate record and report Knowledge specification 17e refers to evidence based research and knowledge based research. What is meant by these terms?**

Evidence based research includes formal research, published theory, the law, national standards and shared and personal experience. Knowledge based research is a sub set of the above but would exclude shared and personal experience.

**HSC 221 Assist in the administration of medication**

**Is this unit suitable for those who support service users to take their own medication?**

\*No. This unit clearly refers to contexts where service users need their medication administered and also where the candidate works with more senior members of staff who lead the process.

**HSC 339 Carry out assessment to identify and prioritise needs**

**Knowledge reference 1 refers to 'The Principles of Children's legislation and the UN Convention on the Rights of the Child 1989'. Does this mean that this unit is only accessible to those following the Children & Young Person's pathway?**

No. As all the performance and knowledge requirements except Knowledge Point 1 within this unit are applicable to candidates following either the Adult and CYP pathways, the unit is open to all candidates regardless of the pathway. Those working in adult services **only** should evidence knowledge point 1 by reference to comparable legislation appropriate to their own role and context.

**HSC 349 Enable individuals to access housing and accommodation**

**KS2 refers to '.....accessing employment' Is this an error?**

\*Yes. This should read '... ..accessing **housing and accommodation**'.

**HSC 353 Interact with individuals using telecommunication**

**Can people undertaking the necessary activities to evidence this unit do so whether or not they are working in a substance misuse service?**

\*Yes, so long as they can cover all the performance criteria and knowledge requirements.

**HSC 357 Carry out extended feeding techniques to ensure individual nutritional fluid Intake**

**New**

**Where reference is made in the scope under the heading equipment, may PH universal paper testing strips be used as an alternative to litmus paper?**

Yes. Scope is only provided as guidance and therefore it is acceptable for other alternatives to be used especially when there have been changes in standard practice and equipment.

**HSC 372 Plan and implement programmes to enable individuals to find their way around familiar environments**

**Can candidates working with individuals who need support to find their way around but, for reasons other than visual problems, access this unit?**

No. Under the heading 'About this unit' there is a clear statement about the need for candidates to 'support people with visual problems'.

**HSC 386 Assist in the transport of individuals between agencies and services**

**In the knowledge specifications there is a sub-heading 'Working within the substance misuse sector'. Can this unit be undertaken by candidates working in contexts other than substance misuse?**

\*Yes. In such cases the sub-heading title may be ignored and knowledge statements 3 and 4 should be evidenced from the context in which the candidate operates.

**HSC 411 Manage a service which achieves the best possible outcome for an Individual**

**HSC 412 Ensure individuals and groups are supported appropriately when experiencing significant life events and transitions**

**Units RM1 and RM2 from the Registered Managers Awards have been imported into the Level 4 Health & Social Care N/SVQ. They are renumbered as HSC411 and HSC412. This should mean that candidates holding these units can directly transfer them into Level 4 and vice versa. However it has been noted that there are some differences between RM1 and HSC411 and RM2 and HSC412. Does this mean that direct transfer is not possible?**

No. These differences have been brought to the attention of Skills for Care & Development which has confirmed that these units are intended to be directly transferable. Skills for Care are currently considering the variations noted in the standards and are likely to issue further guidance. In the interim, pending formal guidance, City & Guilds will accept the direct transfer of these units.

**HSC 3108 Facilitate learning through presentations and activities**

**The knowledge requirements from knowledge number 34 are preceded by the statement "if you are carrying out this function in a substance misuse context you will require the following knowledge..." Is this additional demand correct?**

This matter has been referred to Skills for Care and Development which has provided interim guidance that candidates do not have to cover these additional knowledge specifications whatever their work content.

**Q2. Some of the core units require candidates to ‘complete records’. The unit evidence requirements state that simulation is not allowed in any of the core units. Therefore it follows that all work products, such as records, must result from real work activity(s). Some health trusts/settings do not allow health care workers to complete records. In such cases, how can candidates produce this evidence without compromising workplace policy?**

\*Candidates may complete a parallel record to the real one where this situation arises.

**Q3. Some of the same optional units occur in both the Health & Social Care and Health N/SVQs. However some of the units in Health have the same title but are presented differently i.e. as single element units. Does this have any implications for direct transferability?**

\*\* Skills for Health (Health N/SVQs) have confirmed that they will accept the direct transfer of all units with the same title achieved by candidates as part of a Health & Social Care N/SVQ. Skills for Care and Development (Health & Social Care N/SVQs) have confirmed that they will accept the direct transfer of any core units achieved as part of a Health N/SVQ, but will not allow direct transfer of any of the optional units. Candidates will need to present their evidence for APEL and submit further evidence if and where gaps exist.

**Q4. Can a candidate who has achieved a unit(s) whilst working in an adult context and registered on the Adult route have them directly transferred into the Children and Young Persons route where the unit(s) is identical? If so can this principle also be applied to candidates moving from the Children and Young Persons route to the Adult route?**

Yes in both instance. Units that are identical can be directly transferred between the Adult and Children & Young Persons routes. Units HSC34 or HSC35 are contextualised units which provide the necessary bridge for these moving between adult and children and young persons services.

**Q5. In units where the scope is given for guidance only, does it have to be formally referenced into all the assessment and evidence records?**

No. Scope relevant to the candidate’s work context should be visible/ mentioned in the assessment planning records and evidence, but does not have to be formally referenced into the assessor observation records, expert witness testimonies or the evidence location sheets.

**Q6. In some units, eg Unit HSC21 – Communicate with, and complete records for individuals, a communication passport is mentioned, what is this?**

A communication passport describes the preferences and support required by an individual service user who has a communication barrier e.g. I like to be called ???? and I use makaton. It belongs to the service user.

**Q7. In the unit evidence requirements some performance criteria are identified as potentially ‘difficult to observe’. Does this mean they must not be evidenced by observation?**

No. This advice aims to ensure that candidate progress is not unnecessarily held up by assessors waiting for an opportunity to observe contingencies, infrequently occurring or non observable activities e.g. thought processes. However should timely observational opportunities occur they can be used.

**Q8. Where observation is identified as a required assessment method do all the performance criteria, apart from those identified as difficult to observe, have to be observed.**

No. Observation requirements are identified on a unit and element basis only. Although it is reasonable to assume that a well planned observation will usually result in most of performance criteria in each element being covered the requirements do not specify which ones or how many. The minimum requirement is that “some” performance criteria in each element are evidenced by observation. It is for the assessor to use their discretion as to which, especially where observation could be intrusive into children and young people’s or individual’s privacy.

Therefore assessors should identify the most appropriate mix of assessment methods, including observation, to ensure all the performance criteria have been evidenced in each unit.

**Q9. Some performance criteria have scope items embedded in them and in some instances these may have multiple parts.**

**Where this is the case does every part have to be evidenced?**

Where the scope items are embedded in the performance criteria they become an integral part of them and therefore, in order to evidence coverage of the performance criteria, those aspects related to the candidate’s work role/context must be evidenced.

**Q10. In units or elements where simulation is allowed can the assessor meet the observation requirements by observing a simulated activity?**

Yes. Observation can be applied to both real and simulated work activities and/or environments.

**Q11. Foster carers undertaking this N/SVQ will find references in the performance criteria of some units to ‘parents, families and carers’ e.g. Unit HSC 38 – Support children and young people to manage their lives. Some children or young people may not be in touch with all those listed in the relevant performance criteria i.e. parents, families and carers and the foster carer may be the only carer involved. Where this is the case how can the candidate provide the necessary performance evidence?**

Candidates should evidence those parts of the performance criteria which occur naturally from their work with children and young people. The outstanding parts of the performance criteria can be covered by assessor questioning or the use of other appropriate assessment methods, eg APEL.

**Q12. For which route should Health & Social Care Level 3 N/SVQ candidates register who work with both children/young people and adults?**

Regardless of whether the candidate works with individuals from both of these age groups they must opt and register for one of the two available routes i.e. Children & Young People (3172-32) or Adults (3172-31). Assessors will therefore need to identify from which group the majority of the candidate’s evidence is likely to come and what organisational/employer/workforce registration needs exist. The route identified will limit candidate access to the core units HSC 34 (CYP) and HSC 35 (Adults) and the associated optional units available.

Candidates registered for the CYP route will not be able to access optional units 328 – 337 as part of the full N/SVQ although unit accreditation is available.

Candidates registered for the Adult route will not be able to access optional units 306 – 327 as part of the full N/SVQ although unit accreditation is available.

**Q13. Which units are not accessible for N/SVQ Level 3 candidates registering on either the Level 3 N/SVQ Children & Young People or Adult routes?**

Unfortunately, some versions/formats have not always clearly recorded the qualification structures associated with the CYP and Adult routes. These differences have been addressed but, to ensure centres are clear, the following should be noted:

Candidates registered on the Children & Young People route cannot access units 328 – 337 which are exclusively for the use of those registered on the Adult route.

Candidates registered on the Adult route cannot access units 306 – 327 which are exclusively for the use of those registered on the Children & Young People route.

NB. The **additional units** at Level 2 (233 – 246), Level 3 (601 – 612) and Level 4 (452) are **never** part of the qualification structure and therefore centres must ensure that these are only selected and undertaken by candidates pursuing unit certification.

**Q14. Some of the knowledge requirements are expressed in very generic and broad terms. What guidance exists to help assessors/candidates to be clear about the expectation?**

Most of the unit knowledge specifications are prefaced by some guidance which says ‘it is important to read the knowledge requirements in relation to the expectations and requirements of (candidates) job roles’. Another term sometimes used is candidates should have ‘a working knowledge’. Both these indicate that candidates’ knowledge should be grounded in what they need to know in order to undertake their job role effectively.

Assessors devising questions or considering their expectations of candidate knowledge may find the above helpful in setting realistic limitations, particularly where the knowledge specifications could have a very wide and extensive coverage e.g. those under the heading of legislation and theory.

**Q15. What are the conditions around gaining permission for and subsequently supporting candidates completing the full N/SVQ qualification whilst working with only one individual?**

The expectation is that the minimum number of individuals any candidate works with and thereby uses as the basis of their evidence for their full N/SVQ, is two. However, it is recognised that some potential candidates will only work with one individual during the total period of their assessment. In situations where centres are faced with potential candidates in this position, the following should be applied prior to registration:

- carry out an individual role analysis and consequent matching to the unit requirements to ensure that the potential exists for the candidate to achieve the full N/SVQ.
- explore past experience to establish whether any of this could be evidenced.
- consider extending candidate experience where appropriate e.g. respite care /holiday cover etc.
- identify whether the service user would be willing to have assessors visiting their home for the purpose of undertaking required observations.
- record the outcomes/action plan and, where confident that the N/SVQ could be achieved without any compromise to the standards, put the proposal to their EV who in turn will confirm its suitability with City & Guilds via the Regional and National Offices.

NB. Where it is apparent that it will not be possible to meet all the evidence and assessment requirements candidates could be given the opportunity to register for unit achievement only.

**Q16. The Certificate in Health & Social Care (VRQ) has been developed to underpin the knowledge requirements of the core units of the City & Guilds N/SVQ in Health & Social Care. A mapping document exists which shows the links from the VRQ to the knowledge requirements for the N/SVQ. Does this mean that a candidate, who has successfully completed all of their Certificate in Health & Social Care assignments, may have the evidence directly transferred into the City & Guilds Health & Social Care Level 2 N/SVQ?**

Direct transfer means that an agreement is in place so that a unit achieved in one qualification can be used to evidence a unit in a different qualification without any further assessment activity. There is no such arrangement in place for these qualifications and therefore an APEL process must be applied.

However, the speed and ease of the APEL process will be considerably improved because the mapping between these two qualifications has already been done. Assessors will still need to check on the authenticity, sufficiency and currency of the evidence and the ability of the candidate to apply their knowledge to practice if/ where this has not been required by the VRQ assignment task. Where the candidate has undertaken the Certificate in Health & Social Care in the same centre, the assessor may find that it is not an onerous task. A final judgement, by the assessor, for the N/SVQ units involved is required.

**Q17. Question: How can N/SVQ candidates, who only work with individuals in receipt of a Direct Payment, achieve the qualification in a setting lacking formal policies and procedures?**

The expectation is that most candidates will be employed in a setting where there are a range of policies and procedures. However, it is recognised that some potential candidates may not do so e.g. candidates who only work with individuals in receipt of Direct Payments and where the care setting is the person's home. Some potential candidates in this situation may be employed via agencies where knowledge and application of organisational (agency) policies/procedures can be evidenced and assessed. For candidates for whom this is not the case and who are employed by the Direct Payment Recipient, the following guidance is given:

The centre must ensure that, as for all candidates, an initial assessment has been conducted to match job roles to the most suitable N/SVQ qualifications, levels, and units. To ensure that the potential exists for candidates to achieve a full N/SVQ, or to identify where only individual units might be achieved, the initial assessment should include full role analysis and match to unit requirements.

Where this identifies that candidates work in contexts with no formal policies/procedures, exploration of candidates' practice in relation to such, may identify acceptable alternative/supplementary evidence opportunities. For example, there may not be a formal 'confidentiality' policy, but candidates still need to understand the principles of confidentiality and how these apply to practice and the more general legislative framework e.g. Data protection, as and when required by the NOS. This could be assessed through both performance and the demonstration of knowledge and supplemented by other methods e.g. questioning, professional discussion, case studies etc. to ensure the extent of their knowledge is sufficient to meet the requirements.

Where developmental needs are identified for either, skills and/or knowledge, centres must agree plans that enable candidates to achieve capability in the identified areas and thereby present themselves as ready for assessment.

To ensure that the standards are not compromised, agreed plans/proposals should be brought to the attention of centres' External Verifiers who will in turn, confirm suitability prior to candidate registration.

\* = verbally endorsed by The Skills for Health & Skills for Care and Development

\*\* = formally endorsed by The Skills for Health & Skills for Care and Development