



**NVQ Care Levels 2 & 3, Health and Social Care Levels 2, 3 & 4**

**2007/2008**

**England, Ireland, Scotland and Wales  
By Caroline Morris**

**Chief Verifier Report**

**REPORT FOR PUBLICATION**

# 1. The qualifications and standards

- **Structure and content**

Centres continue to effectively implement and become increasingly proficient with the suite of Health and Social Care NVQs in the OCR portfolio, often adopting an electronic portfolio approach in addition to the more traditional methodologies. Level 2 Health and Social Care in particular continues to be utilised to complement existing provision and to fill gaps in courses centres can offer, with the suite providing additionality. Centres are keen to build on this and to increase their intake of candidates.

Registrations for Level 2 continue to rise, mainly due to sector requirements and funding streams.

The take up of the Children and Young People pathways at level 4 remains low. There were forty one registrations for Level 4, with Level 3 showing a steady rise with 390 registrations.

Centres are continually being asked to provide feedback on the structure, relevance and content of the suite of NVQs to further inform the development and incremental review of the levels.

<b>Assessment Team:</b>	<b>Findings:</b> Assessment is carried out by qualified, or trainee, occupationally competent assessors. Trainee assessors have their work countersigned and generally have target dates for the completion of their A award. Feedback to trainees can be weak so constructive feedback and dialogue is strongly encouraged. Generally, the allocation of assessor to candidate has been sufficient, but there have been some instances where this has been flagged up for monitoring and review at a later date.  Assessor continuing professional development and ongoing standardisation has also been recommended as a development area for some centres. The approach to this varies from regular, planned meetings, shadowing in the workplace, attendance at conferences or workshops to networking with other centres and training providers with often weak recording being carried out.
<b>Resources:</b>	<b>Findings:</b> It has been identified that, in the main, sufficient resources have been provided. This relates to both time resource and access to books, journals, computers and the internet. Indeed the adoption of the electronic

	<p>portfolio approach is on the increase and several centres have invested time and money into setting this up, to good effect.</p> <p>Several centres have specifically allocated assessor/IV hours, a training co-ordinator or manager or have time set aside for NVQ candidates to be assessed or complete work.</p> <p>Often centres have appreciated a comment on their report that this would be monitored and changes recommended as necessary.</p>
<b>Candidate Support:</b>	<p><b>Findings:</b></p> <p>As mentioned in resources, this is provided on a sufficient level for most candidates. In the main, candidates are well supported and their progress monitored and documented.</p> <p>Candidates interviewed were positive about their learning and progression, and felt that the centres were delivering what they needed.</p>
<b>Assessment and Verification:</b>	<p><b>Findings:</b></p> <p>The number of centres receiving action points relating to their assessment, internal verification policy, strategy and plan is decreasing. Most policies and procedures were in place but needed reviewing in order to bring them up to current requirements, or to address plans for specific issues such as the monitoring of assessors, and development for internal verifiers.</p> <p>Resources to enable internal verifiers to carry out their roles are available but again, as with assessors, have been flagged up with some centres for future review and evaluation. In some instances there needs to be a specific and planned time made available for internal verification. Planning will support the implementation of this.</p> <p>The number of centres receiving action points relating to their internal verification policy, strategy and plan is decreasing. Most policies and procedures were in place but needed reviewing in order to bring them up to current requirements, or to address plans for specific issues such as the monitoring of assessors, and development for internal verifiers.</p>
<b>Management Systems and Records:</b>	<p><b>Findings:</b></p> <p>Actions resulting from visits include:</p> <ul style="list-style-type: none"> <li>• The carrying out of an analysis of candidate achievement against gender, age, ethnicity and special assessment needs, at least on an annual basis. This is vital to inform centre provision but the absence of analysis does not mean that achievement is restricted.</li> </ul>

	<ul style="list-style-type: none"> <li>• The centre to include reference to the IV interviewing a sample of candidates</li> <li>• The introduction of a procedure to collect candidate feedback and use this to good effect</li> <li>• Reducing the amount of evidence produced. This particularly relates to the inclusion of policies and training handouts in portfolios which do not directly contribute to the evidence requirements.</li> </ul> <p>Recommendations resulting from visits included:</p> <ul style="list-style-type: none"> <li>• The reviewing of centre documentation</li> <li>• The rewriting of the internal verification policy to ensure that all requirements are met</li> <li>• The strengthening of procedures for planning and recording IV sampling. Some centres had no plan of activity at all.</li> </ul> <p>Records are generally stored at the centre. Some centres ask that candidates leave their portfolios at the centre at all times, this is generally advised against, as the evidence actually belongs to the candidate. Records are stored securely by centres and made available to EVs upon request Many EV reports carry recommendations for good practice. For example to ensure that portfolios follow a centre agreed procedure and lay out, for ease of tracking and verification</p>
<b>Assessment Summary:</b>	<p><b>Findings:</b> The more controversial or difficult areas, for example the requirements relating to the use of expert witness evidence, are commented on and recommendations made for development. Actions and recommendations are detailed enough to ensure that they are fully understood by the centre, and support implementation.</p> <p>Centres vary in their approach to the implementation of the Health and Social Care suite of NVQs. Practice has ranged from effective and efficient use of professional discussion to limited observations being carried out, less efficiently, (Health and Social Care Level 2). One centre had presented portfolios for verification with only one minimal observation carried out, this was swiftly addressed! Key to this issue is the use of and reference to the evidence requirements. Centres are not always aware of the need to follow these and totally omit to address the requirements.</p>

## 2. Sector Developments

1. An incremental review of the Health and Social Care suite of NVQs alongside the LDSS suite, is nearing completion. A final consultation is planned for the 22 September 2008. It is hoped that the project will be closed by the end of October 2008 and then recommendations will be formally submitted to the UK Commission for Employment and Skills.

Any changes to existing qualifications will need to take place collaboratively with Awarding Bodies and there is usually a 6 month process from formal UKCES approval. N.B. The dates given are estimates as the project has not yet been completed.

2. In 2006 OCR received accreditation for the Technical certificates in Health and Social Care at Levels 2 and 3; these became available to centres from September 2006. These qualifications cover the knowledge requirements of the core units in the National Occupational Standards
3. From September 2008, a new qualification for young people between the ages of 14 and 19 will be available across England. In April 2007, Alan Johnson, Education and Skills Secretary and Schools Minister Jim Knight announced that over 6,800 places would be available on the first ever Society, Health and Development Diploma from 2008. Diplomas are new qualifications aimed at providing young people with the skills and knowledge they need to gain a job in UK industry.

There will be 14 Diplomas, launching across schools in England from 2008 to 2011, covering broad subject areas as diverse as retail, manufacturing, hair and beauty and media. The Society, Health and Development Diploma is one of the first five pathfinder Diplomas to be launched in schools from next year.