



## **National/Scottish Vocational Qualification (N/SVQ) in Allied Health Profession Support:**

### **A Guide for Support Workers, Speech and Language Therapists and Managers**

This paper has been written as a guide for support workers, speech and language therapists and managers. It aims to provide an overview of the N/SVQ system and guidance on the new level 3 Health award in Allied Health Profession Support available to SLT support workers.

#### **Introduction**

1. Skills for Health undertook a review of all the N/SVQs in health and social care during 2003-2004. These awards are comprised of national occupational standards. The new and revised occupational standards will not only have an important role to play in future qualification structures (e.g. N/SVQs) but also in developing job descriptions, workforce planning and deployment, and defining performance targets.
2. Skills for Health launched a new suite of Health N/SVQs in June 2005. Awarding bodies have subsequently prepared assessment documentation and supporting paperwork so that candidates can begin registering for the awards. SLT support workers can access a level 3 Health award in Allied Health Profession Support (Speech and Language Therapy). This replaces the N/SVQ in Diagnostic and Therapeutic Support previously available to support workers in the allied health professions.
3. The Diagnostic and Therapeutic Support award had a last registration date of 30 May 2005 and so is no longer available (although candidates already registered will have until 2008 to continue and complete the award). There is no direct transfer of units between the old Care awards and the new N/SVQs in Health. However, candidates may be able to use evidence previously collected/assessed via an APEL process and should discuss this with their assessment centre.
4. The new awards aim to offer greater flexibility and choice, and include the facility to make use of the expert witness as part of the assessment strategy. Their component units (referred to as competences) are also mapped to the Knowledge and Skills Framework (KSF) being used within the health service (i.e. each competence is linked to a specific KSF dimension and level). The units in the old awards were often viewed as being over complex and repetitive. The new award has moved towards single element units and clearer more accessible language.

5. All of the health competences making up the new health awards are now available on [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk) [within the section on Competences and Implementation Tools - under Completed Frameworks]. The qualification structures and the health awards' assessment strategy can also be downloaded from the Skills for Health website [within the section headed Qualifications].

### **What are National/Scottish Vocational Qualifications (N/SVQs)?**

6. N/SVQs are work-related, competence-based qualifications. They reflect the skills and knowledge needed to do a job effectively, and show that an individual is competent in the area of work the N/SVQ represents. N/SVQs are not awarded by tests or exams. Instead they are based on you displaying or gathering evidence of your practical abilities and underpinning knowledge in the workplace.
7. N/SVQs are based on national occupational standards. These standards are statements of performance that describe what competent people in a particular occupation are expected to be able to do. They cover the main aspects of an occupation, the ability to adapt to future requirements, and the knowledge and understanding that underpin competent performance. The standards are usually defined by Sector Skills Councils and in the health sector this body is Skills for Health.
8. N/SVQs fit into the National Qualifications Framework and the Scottish Qualifications Framework that allow for the comparison of different qualifications in the UK. Further information on this can be found on the Qualifications and Curriculum Authority website ([www.qca.org.uk](http://www.qca.org.uk)) and the Scottish Qualifications Authority website ([www.sqa.org.uk](http://www.sqa.org.uk)).

### **What is the difference between N/SVQs and traditional training programmes?**

9. N/SVQs vary from traditional awards in that:
  - there are no formal entry requirements;
  - there are no time restrictions on completion (although N/SVQs should normally be completed within 2 years);
  - N/SVQs take account of previous experience;
  - N/SVQs allow the individual to work and achieve at their own pace;
  - N/SVQ assessment is undertaken, wherever possible, in the workplace;
  - each N/SVQ unit can be separately certificated.

### **Who is involved in delivering N/SVQs?**

10. The following terms are often used when describing N/SVQs:

**Candidate** - the person undertaking the N/SVQ who needs to be registered with the awarding body responsible for the qualification they are following.

**Assessor** – a person working towards or already holding the A1 assessors' qualification who guides the candidate through the award, observes them at work and assesses their competence against the N/SVQ standards. Normally, but not always, the assessor is a member of staff with whom the candidate works closely on a regular basis.

**Awarding bodies** - are organisations approved by the Qualifications and Curriculum Authority to award N/SVQs or in Scotland, the Scottish Qualifications Authority itself. They do not normally assess candidates' competence, instead they approve independent assessment centres to do so on their behalf.

**Assessment centre** – is approved by an awarding body to offer N/SVQs. This might be your employer, or it might be a local college or training provider.

**Internal verifiers** - are appointed by assessment centres to ensure that the assessors carry out their work consistently and properly, and ensure that all candidates are assessed fairly. They are trained assessors who have completed additional units in verification.

**External verifiers** - are appointed by awarding bodies to carry out periodic inspections of assessment centres.

## What are the benefits of N/SVQs?

### *For the candidate*

11. N/SVQs formally recognise your skills and knowledge. Some employers may use N/SVQs within career pathways to allow you to develop and progress - this is something that should be discussed as part of a personal development review. As N/SVQs are nationally recognised qualifications, they can help improve your prospects if you seek to change employer.
12. The assessment process can also help identify those areas where you may need learning and development activities, and so the award also provides a framework for you to develop new skills. The N/SVQ process will also allow you to reflect on what you do at work and how you do it – potentially leading to improvements in the care you provide to clients.

### *For the employer*

13. The N/SVQs can be used to help your staff develop new skills and abilities, allowing them to take on additional roles and responsibilities. They provide clarity around the activities and standards expected of a support worker in the service, and a framework to identify training needs. All of the units are directly mapped to the Knowledge and Skills Framework (KSF) being implemented in the health service. This will help employers to meet their responsibilities in relation to learning and training requirements identified for support workers during personal development reviews.

### *For assessors*

14. Building relevant N/SVQ assessment awards into staff roles improves organisational capability for objective and routine assessment of staff performance. For example, the assessor awards will equip a clinician with transferable skills and knowledge to support student supervision. Involvement in an N/SVQ provides a structured way of

building closer working relationships between staff, and enables both assessor and candidate to reflect on their practice.

### **Are there any drawbacks?**

16. Given that the N/SVQ is an assessment tool, sometimes the focus on obtaining evidence by both assessor and candidate can take precedence over training unless very clear plans are in place to prevent this. It is therefore helpful to establish at the start how working through the qualification will address the specific training needs of the SLT support worker.
17. Undertaking an N/SVQ might be viewed differently by an experienced support worker than by someone who is new to the role. For the former, it is a case of demonstrating existing skills and knowledge to some extent. For a newly employed support worker, it feels more purposeful in that it gives a structure for developing new skills and knowledge.
18. N/SVQs require careful planning and consideration must be given by the manager, assessor and support worker to the time involved for staff in preparing for assessment, training and development, and the assessment process.
19. An N/SVQ allows a support worker to gain formal credit for their skills and abilities in the workplace. It is also possible that in some cases, undertaking an N/SVQ may further develop an individual so that on completion of the award their role is expanded to encompass additional responsibilities. In the past, the link between an N/SVQ and improved pay and career development has not always been explicit. However, the introduction of the Knowledge and Skills Framework in the health service may help to clarify such issues.

### **Getting started**

20. Every candidate and assessor must be linked with an assessment centre that has been approved (by an awarding body) to deliver the N/SVQ being entered for.
21. Many health and care organisations are already approved as N/SVQ assessment centres, so check with your employer's training or human resources department to see what arrangements might already be in place. Some organisations may prefer to use an external body such as a further education college or a private training organisation to manage and assess the N/SVQ process. This is especially so when the number of candidates is low and the organisation lacks the necessary infrastructure. If this is the case, to find out who is offering N/SVQs in your region try contacting the awarding bodies (they should hold a list of approved assessment centres) or local further education colleges.
22. The assessor and candidate must register with their relevant awarding bodies before assessment begins. The assessor is able to complete the A1 (assess candidates through a range of methods) assessors' qualification whilst simultaneously supporting a candidate through their award. Within the A1 standards the evidence requirements state that 'new assessors have to produce three assessment plans for a minimum of two candidates covering one full unit of competence'. However, new assessors could

'share' a candidate to meet this requirement. The assessor award usually takes about three months to complete, and the N/SVQ can take between 12 months to two years depending on the candidate's level of experience.

23. When starting an N/SVQ, the assessor and candidate will work together to:
  - identify optional units that apply to the candidate's current job and any future role development;
  - explore the units in detail and identify any gaps in the candidate's knowledge and skills;
  - choose and agree on activities to meet learning and development needs (this may include informal on-the-job activities, secondments or job shadowing - to give support workers the opportunity to experience new tasks or roles, open or distance learning, or formal courses with external providers);
  - agree the order in which the units will be taken;
  - identify opportunities for the candidate to gather evidence of competence;
  - plan the assessments.
24. Part of this initial planning process is likely to involve consideration of whether a candidate has relevant qualifications or experience that can be taken in to account within assessment. However, prior qualifications cannot be used without evidence of their practical application in the workplace.
25. Assessment planning is a joint process between the assessor and candidate. However, the candidate is responsible for actually gathering evidence of their competence against the standards. The assessor is then responsible for assessing each unit.

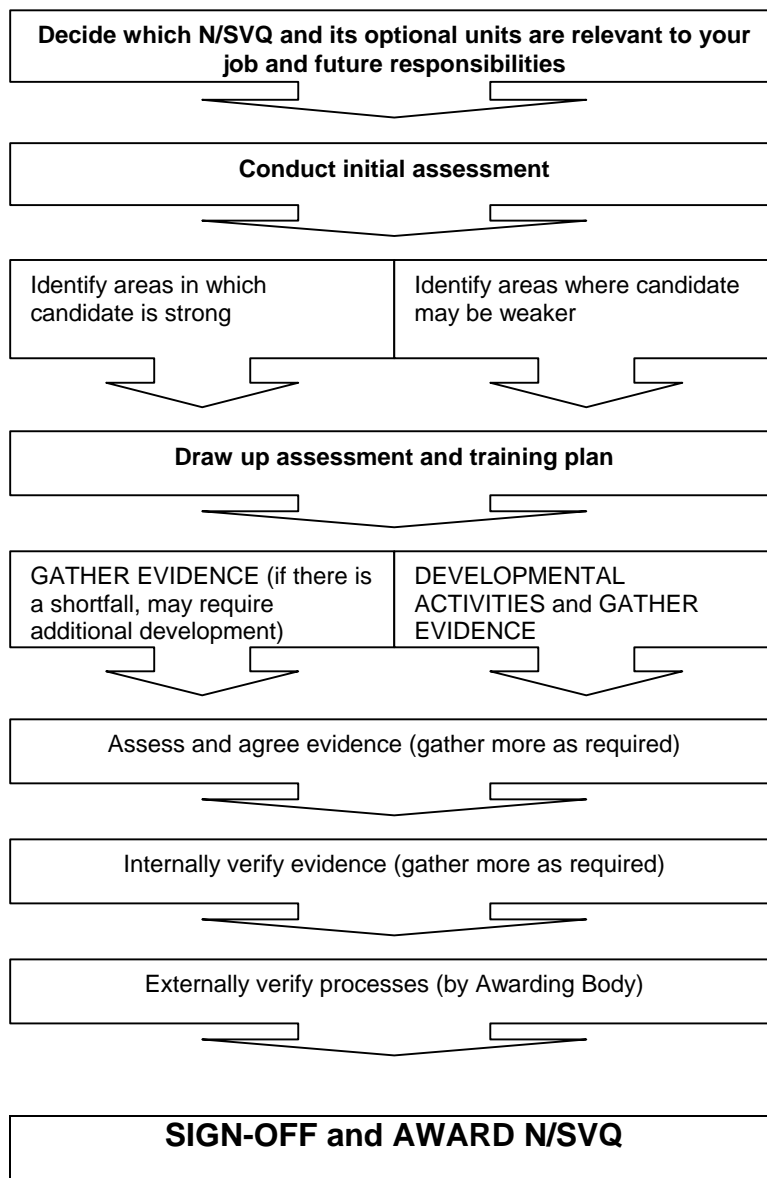
### **The assessment process**

26. Assessment tests a candidate's underpinning knowledge, understanding and work-based performance against the N/SVQ standards to demonstrate competence in the workplace.
27. Once a candidate has generated and collected their evidence, assessment can take place (although this may be an ongoing process with the assessor advising on the types of evidence being collected). Assessment normally occurs in the workplace. It can take many forms and may include the assessor observing a candidate undertaking tasks described in a unit. The assessor will also review other evidence of competence gathered by the candidate such as testimony from clients or other staff, documents and materials created by the candidate, and reflective diaries or logs. This evidence is drawn together in a portfolio.
28. To be competent a candidate has to know not only how to do something, but also why they should do it in a particular way and what factors may influence success. The assessor will therefore also be looking for evidence of a candidate's understanding of underpinning knowledge, theories and principles. This may be through inference of knowledge by direct observation of practice, answers to oral or written questioning, and assignments or projects.
29. The final step in assessment is for the assessor to make a careful record of his or her judgement about the candidate's competence. A record is also made of the evidence

on which that judgement is based. This is so that the assessor's decisions can later be checked by an internal verifier. This individual usually works in the same organisation as the assessor and candidate, but not necessarily in the same specialism, as their role is to check the assessment procedures used.

30. Each completed, assessed and verified unit can then be sent to the awarding body who will issue a certificate to the candidate. This means that a candidate can get credit for each unit undertaken. When all the units in the N/SVQ have been completed in this way, a submission is made to the awarding body for the full award certificate to be issued. Diagram 1 summarises the process of achieving an N/SVQ.

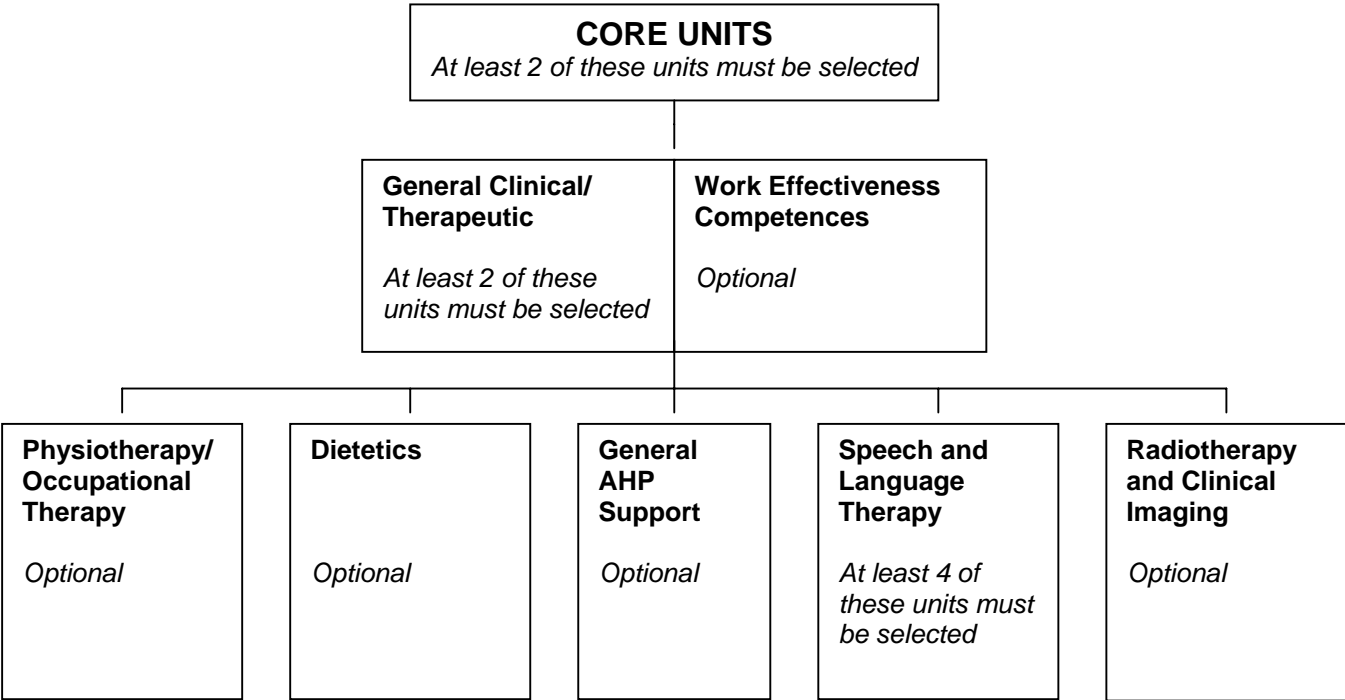
*Diagram 1: The process of achieving an N/SVQ*



**How is the N/SVQ in Allied Health Profession Support structured?**

- 31. N/SVQs are made up of units (referred to as workforce competences in the Health awards). All candidates must complete a minimum of 10 competences to achieve an N/SVQ in Allied Health Profession Support. Units can be chosen by you to suit your particular job responsibilities, career development plans and employer expectations.
- 32. Depending on the choice of optional units a candidate may complete a general route through the award, or a profession specific pathway that will be acknowledged in the final award (e.g. Allied Health Profession Support – Speech and Language Therapy).
- 33. The following diagram shows how the award in Allied Health Profession Support is made up of different categories of units (Core, General Clinical/Therapeutic, Work Effectiveness, Pathway Specific). Each pathway through the award contains specific rules relating to which units are required. The diagram shows the rules applying to the selection of eight units within a speech and language therapy specific pathway – the remaining two units to complete the award can be selected from any category below or other level 3 health pathway (except peri-operative care).

*Diagram 2: SLT pathway through the Allied Health Profession award*



- 34. Appendix 1 gives full details of the award structure and the unit titles available to SLT support workers within Allied Health Profession Support. Appendix 2 gives some examples of unit choices that support workers might make depending on their work settings.
- 35. To try and capture some of the activities SLT support workers do within educational settings, three teaching assistant units have been imported into the speech and language therapy group of units (AHP 22, AHP 23, AHP 24). These units have

specified assessment arrangements that will need to be explored with your assessment centre if undertaken. Further information is given in the assessment strategy for N/SVQs in Health (available on the Skills for Health website at [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk) - within the section headed Qualifications).

36. The Health awards have been structured to encourage uptake of units outside of a qualification for continuing professional development or to help people changing job roles. Therefore when candidates have completed their full N/SVQ they can choose to take further units as and when required from any of the Core, General Clinical/Therapeutic, Pathway Specific and Work Effectiveness unit groups and receive certification for each one completed.

### **How much will the N/SVQ cost?**

37. There are two types of cost involved in N/SVQs: direct and indirect.

#### *Direct Costs*

The direct costs of offering N/SVQs are the fees payable to the awarding body for candidates and assessors. For example, the City & Guilds' registration fee for the Health awards at level 3 is £80.00 (until September 2006). Their certificate fee for the full N/SVQ is £27.50. All of the units are available for individual registration and certification. Individual unit certifications will cost £14.00 each.

#### *Indirect Costs*

Indirect costs are more difficult to quantify. These costs may include:

- resources needed for the candidate's training and development;
  - training for assessors;
  - work time taken by assessors;
  - work time and other time taken by candidates during induction, planning, training and development, and assessment.
38. Consultation with members who have experience of undertaking and assessing N/SVQs indicates the value of allocated time for both the assessor and candidate to ensure that an award is completed within a reasonable timescale. Suggestions from members ranged from one session per week to two sessions a month for the candidate and one for an assessor. It does help to have allocated time, but flexibility is also required to allow for observation and changes in the workloads of the assessor and candidate during the N/SVQ.

### **Troubleshooting**

39. This section explores some of the difficulties that may be encountered in accessing N/SVQs and suggests some potential solutions.



*Assessor capacity: the expert witness*

40. One of the main barriers support workers have faced in accessing N/SVQs in the past has been capacity within their services to assess the award. Within the new Health N/SVQs, the use of expert witnesses is encouraged where there are not occupationally competent assessors for specific units (optional units only). This means that there is provision for SLTs to provide expert witness evidence for the speech and language therapy specific units without having to complete an assessor award, whilst assessment of the other optional and core units could be undertaken by another assessor not necessarily based within the SLT department. This arrangement also gives rise to scope for different services (e.g. SLT, occupational therapy, dietetics) within an organisation pooling resources to share assessor time and learning opportunities to meet the underpinning knowledge and skill requirements for the units their pathways have in common. Such arrangements might be particularly useful in circumstances where lone assistants are employed.
41. You could also check to see whether your assessment centre or employer uses visiting or 'peripetatic' assessors who are occupationally competent to assess the level 3 Health awards. Peripetatic assessors differ from workplace assessors in that they are specifically employed to assess N/SVQ candidates and visit a range of locations.
42. A candidate may therefore have more than one assessor/expert witness involved in units or parts of units. Where several people are involved, a co-ordinating assessor will take lead responsibility for overall planning and signing-off. This person must take the leading role in the assessment of a candidate in relation to at least the core units. Where only two of the core competences are undertaken, assessors are expected to observe candidate performance in relation to at least two further optional units.

*Assessor capacity: assistants as assessors*

43. The assessment strategy for the health N/SVQs states that all assessors must be occupationally competent. This means that each assessor must be capable of carrying out the functions covered by the competences they are assessing to the standard described within them. Supporting assistants who have completed a relevant N/SVQ to undertake assessor qualification is another way to increase capacity in services to offer the award. This could be a valuable development opportunity for some support workers. In addition to the assessor training required, consideration would also need to be given to the support worker's level of experience and ability to assess someone else's underpinning knowledge against the standards, and whether they would have or be willing to use skills in challenging the competency of a support worker colleague if required.

*Additional support*

44. Consultation with members who have experience of N/SVQs system suggests that candidates can benefit from an initial induction on the award as a whole and how the N/SVQ system works. Units can be completed in tandem to reduce assessor/candidate work. It can be helpful to have two candidates planning together with an assessor as they bounce ideas off each other and are motivated to complete activities. It is also worth exploring what local support or resources might be available to candidates and

assessors (e.g. SQA workshops, links with other professional groups within your organisation involved in N/SVQs). Assessors have found it useful to make contact with others working towards the assessor qualification, even if they are based within other health professions.

### **How do I contact the awarding bodies?**

45. Awarding bodies approved for the award of Health NVQs are:

Edexcel  
One90 High Holborn  
London WC1V 7BH  
Tel: 0870 240 9800  
[www.edexcel.org.uk](http://www.edexcel.org.uk)

City & Guilds  
1 Giltspur Street  
London EC1A 9DD  
Tel: 020 7294 2800  
[www.city-and-guilds.co.uk](http://www.city-and-guilds.co.uk)

### **How does the SVQ system operate in Scotland?**

46. In Scotland, where the system of vocational education and training differs from that of the rest of the UK, the Scottish Qualifications Authority (SQA) accredits all Scottish Vocational Qualifications (SVQs). The SQA is an accrediting and an awarding body, although the two functions are clearly separated.

Scottish Qualifications Authority  
Hanover House  
24 Douglas Street  
Glasgow G2 7NQ  
[www.sqa.org.uk](http://www.sqa.org.uk)

SQA Customer Contact Centre  
Tel: 0845 279 1000; Fax: 0141 242 2244  
E-mail enquiries: [customer@sqa.org.uk](mailto:customer@sqa.org.uk)

47. Negotiations have taken place between Skills for Health and the Scottish Qualifications Authority about the structure of the Health awards to be offered in Scotland. The choice of units available to candidates should remain the same as for the rest of the UK, however, it looks likely that pathway specific routes will not be acknowledged in the final award. This means that an SLT support worker would achieve an SVQ in Allied Health Profession Support.

### **What other learning and development opportunities are available to SLT support workers?**

48. Services should have a system in place for monitoring support worker ability through performance review, appraisal and personal development planning. Appraisal in the

workplace, now linked to the Knowledge and Skills Framework (KSF) in the NHS as a tool for individual review and development, provides a means by which both the manager and support worker can identify training needs, define learning outcomes, explore preferred learning styles, and decide on what sort of learning activity is the most appropriate.

49. A variety of learning and development opportunities are available to SLT support workers. These include induction and in-house education, informal learning opportunities (e.g. shadowing, reading, portfolio keeping), short courses, accredited vocational education (e.g. N/SVQ, BTEC), foundation degrees and access to the SLT qualifying courses. As a nationally recognised qualification and indicator of competence, the N/SVQ is therefore one possible option to meet identified development needs.

### **Further information related to N/SVQs**

50. Further publications on N/SVQs and other related information are available from:

#### *Skills for Health*

All of the competences (units), the qualification structures and assessment strategy for the new Health awards are now available on [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk).

#### *NVQweb*

On-line information and support for those involved in the delivery of and participation in health and social care NVQs – [www.nvqweb.com](http://www.nvqweb.com)

#### *Awarding bodies*

All of the awarding bodies produce a range of publications on N/SVQs. These are usually available to download from their websites that also have searchable databases to locate assessment centres offering particular awards:

[www.edexcel.org.uk](http://www.edexcel.org.uk)

[www.city-and-guilds.co.uk](http://www.city-and-guilds.co.uk)

[www.sqa.org.uk](http://www.sqa.org.uk)

#### *Departments of Health*

England only: NHS Individual Learning Accounts (ILA) – [www.dh.gov.uk](http://www.dh.gov.uk)

The NHS Plan (2000) promised all NHS staff who do not have a professional qualification either a NHS ILA or dedicated NVQ training and assessment. All learning and training funded through an NHS Learning Account (England only) must be agreed within the context of an individual's personal development plan (PDP) and future learning and development needs.

NB. Individual learning accounts also exist in Scotland and Wales – however, unlike England they are not specific to the NHS:

Wales: Individual Learning Accounts – [www.ilawales.com](http://www.ilawales.com)

Scotland: Individual Learning Accounts – [www.ilascotland.org.uk](http://www.ilascotland.org.uk)

The action plan from the AHP Strategy for Scotland – Building on Success Future Directions for the Allied Health Professions in Scotland (2003) states that 'Trusts and AHP leaders should review opportunities to develop the role of AHP support workers

and enable them to take advantage of SVQ training at levels 2 and 3, to support continued learning and career progression and impact on organisational developments’  
– [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk).

### **RCSLT resources**

51. The following RCSLT resources can be used to help support workers identify their learning needs and plan development opportunities. They are available to members on the RCSLT website at [www.rcslt.org](http://www.rcslt.org).

RCSLT Competencies Project Support Practitioner Framework (RCSLT, 2002)

Standards for Working with Support Practitioners (RCSLT, 2003)

A list of learning and development opportunities for SLT support workers (RCSLT, 2005)

**September 2005**

**Royal College of Speech & Language Therapists**  
**2 White Hart Yard, London SE1 1NX**  
**Tel: 020 7378 1200 / [postmaster@rcslt.org](mailto:postmaster@rcslt.org)**  
**[www.rcslt.org](http://www.rcslt.org)**

## APPENDIX 1

### Allied Health Profession Support - Speech and Language Therapy Health, Level 3

You will need a total of **ten competences** to complete this award.

#### CORE COMPETENCES

You must select **at least two** of these:

Ref. Number	Title
Either	HSC31 Promote effective communication for and about individuals
Or	CU6 Maintain communications and records within the organisation
Either	HSC32 Promote, monitor and maintain health, safety and security in the working environment
Or	GEN3 Maintain health and safety in a clinical environment
Either	HSC33 Reflect on and develop your practice
Or both	GEN12 Reflect on and evaluate your own values, priorities, interests and effectiveness <b>and</b> GEN13 Synthesise new knowledge into the development of your own practice
Either	HSC35 Promote choice, well-being and the protection of all individuals
Or	HSC34 Promote the well-being and protection of children and young people

#### GENERAL CLINICAL/THERAPEUTIC ACTIVITIES COMPETENCES

You must select **at least two** of these:

Ref. Number	Title
Either	CHS2 Assist in the administration of medication
Or	CHS3 Administer medication to individuals
CHS4	Identify the individual whose skin integrity is at risk and undertake the appropriate tissue viability risk assessment
CHS11	Undertake extended personal care
CHS12	Undertake treatments and dressings related to the care of lesions and wounds
CHS19	Undertake physiological measurements
CHS35	Provide first aid to an individual needing emergency assistance
CHS36	Provide Basic Life Support
EUSC1	Take a presenting history from an individual to inform assessment
EUSC2	Obtain supporting information to inform the assessment of an individual
FB11	Perform routine ECG procedures
GEN2	Prepare and dress for clinical/therapeutic roles
GEN4	Prepare individuals for clinical/therapeutic activities
GEN5	Support individuals during and after clinical/therapeutic activities
GEN6	Prepare environments and resources for use during clinical/therapeutic

Ref. Number	Title
	activities
GEN7	Monitor and manage the environment and resources during and after clinical/therapeutic activities
GEN8	Assist the practitioner to implement clinical/therapeutic interventions
GEN14	Provide advice and information to individuals on how to manage their own condition
GEN17	Contribute to the discharge of an individual into the care of another service

## SLT PATHWAY SPECIFIC COMPETENCES

You must select **at least four** of these:

Ref. Number	Title
AHP16	Develop and prepare speech and language therapy resources for use by individuals who use total communication systems
AHP17	Assist and support individuals to use total communication systems
AHP19	Plan, design and develop activities and materials to enable individuals to achieve specified communication goals
AHP20	Provide support to individuals to develop their skills in speech and communication
AHP21	Enable individuals from diverse linguistic and cultural backgrounds to access Speech and Language Therapy services
AHP22	Contribute to the planning and evaluation of learning activities
AHP23	Support pupils with communication and interaction difficulties
AHP24	Support pupils with cognition and learning difficulties

**YOUR FINAL 2 COMPETENCES** can be selected from:

- any of the above competences
- any level 3 pathway specific competences within the Health awards other than Perioperative Support
- any of the following **Work Effectiveness competences**.

## WORK EFFECTIVENESS COMPETENCES FOR LEVEL 3:

Ref. Number	Title
GEN18	Give presentations to groups
GEN19	Assist others to plan presentations to enable learning
HI52	Identify and specify data and information requirements
HI54	Analyse and present data and information to meet specific requirements
SS31	Administer patient appointments
HSC232	Protect yourself from the risk of violence at work
HSC241	Contribute to the effectiveness of teams
HSC242	Receive and pass on messages and information
HSC243	Monitor, handle and maintain materials and equipment
HSC244	Manage and organise time and activities to support individuals in the community
HSC330	Support individuals to access and use services and facilities

Ref. Number	Title
HSC387	Work in collaboration with carers in the caring role
HSC394	Contribute to the development and running of support groups
HSC399	Develop and sustain effective working relationships with staff in other agencies
HSC3100	Participate in inter-disciplinary team working to support individuals
HSC3101	Help develop community networks and partnerships
HSC3102	Work with community networks and partnerships
HSC3115	Receive, analyse, process, use and store information
HSC3117	Conduct an assessment of risks in the workplace
HSC3119	Promote the values and principles underpinning best practice
L11	Enable learning through demonstrations and instruction
L12	Enable individual learning through coaching
L13	Enable group learning
L20	Support competence achieved in the workplace



## APPENDIX 2

### Examples of unit choices speech and language therapy support workers might make depending on their work setting

#### Example 1

Role Description	Entry	Units to complete N/SVQ in Allied Health Professions Support	Where next?
<p><b>SLT Support Worker (Paediatrics)</b></p> <ul style="list-style-type: none"> <li>• Working under direction of SLT</li> <li>• Clinic based administration – appointments, photocopying, filing.</li> <li>• Prepares equipment and therapy games.</li> <li>• Supports SLT in group activities with clients.</li> <li>• Carries out therapy programmes in clinics and special schools.</li> </ul>	<p>Ability to achieve level 3 Health N/SVQ.</p> <p>Relevant experience of working with children.</p>	<p><b>Core Units:</b>            CU6 Maintain communications and records within the organisation            HSC32 Promote, monitor and maintain health, safety and security in the working environment            HSC 33 Reflect on and develop your practice</p> <p><b>General Clinical/Therapeutic:</b>            GEN6 Prepare environments and resources for use during clinical/therapeutic activities            GEN7 Monitor and manage the environment and resources during and after clinical/therapeutic activities</p> <p><b>Pathway Specific:</b>            AHP16 Develop and prepare speech and language therapy resources for use by individuals who use total communication systems.            AHP17 Assist and support individuals to use total communication systems.</p>	<p>Remaining in current post and undertaking further CPD to develop skills and knowledge. Further unit choices beyond the N/SVQ might include:</p> <p>AHP 22 Contribute to the planning and evaluation of learning activities            AHP 23 Support pupils with communication and interaction difficulties</p> <p><i>OTHER</i>            Keeping a CPD portfolio.            Short courses.            Peer review and observation.            Significant event analysis.            Involvement in audits.</p>

Role Description	Entry	Units to complete N/SVQ in Allied Health Professions Support	Where next?
		<p>AHP19 Plan, design and develop activities and materials to enable individuals to achieve specified communication goals.  AHP20 Provide support to individuals to develop their skills in speech and communication.</p> <p><b>Workforce Effectiveness:</b>  HSC242 Receive and pass on messages and information</p>	

Example 2

Role Description	Entry	Units to complete N/SVQ in Allied Health Professions Support	Where next?
<p><b>Communication Development Officer (Learning Disabilities):</b></p> <ul style="list-style-type: none"> <li>• Working under direction of SLT.</li> <li>• Higher level of autonomy.</li> <li>• Carries own small caseload and additionally supports individuals on SLTs caseload.</li> <li>• Works in multi-agency/multi-disciplinary environment.</li> <li>• Provides support to SLTs and other professionals using AAC.</li> <li>• Co-facilitates training initiatives.</li> </ul>	<p>Ability to achieve level 3 Health N/SVQ.</p> <p>Relevant experience of working with people with a learning disability/communication disability.</p> <p>Evidence of successful completion of short courses relevant to field of learning disabilities (e.g. AAC, autism, Derbyshire Language Scheme).</p>	<p><b>Core Units:</b>  HSC31 Promote effective communication for and about individuals.  HSC33 Reflect on and develop your practice.  HSC35 Promote choice, well-being and the protection of all individuals.</p> <p><b>General Clinical/Therapeutic:</b>  EUSC2 Obtain supporting information to inform assessment of the individual.  GEN6 Prepare environments and resources for use during clinical/therapeutic activities.</p> <p><b>Pathway Specific:</b>  AHP16 Develop and prepare speech and language therapy resources for use by individuals who use total communication systems.  AHP17 Assist and support individuals to use total communication systems.  AHP19 Plan, design and develop activities and materials to enable individuals to achieve specified communication goals.  AHP20 Provide support to individuals to develop their skills in speech and communication.</p>	<p>Undertaking further CPD in current post and consider routes to qualification as an SLT. Further unit choices beyond the N/SVQ might include:</p> <p>GEN 14 Provide advice and information to individuals on how to manage their own condition.  EUSC Take a presenting history from an individual to inform assessment.  GEN 8 Assist practitioner to implement clinical/therapeutic interventions.</p> <p><i>OTHER</i>  Keeping a CPD portfolio.  Completion of an access course or two A levels followed by application to a recognised degree programme to qualify as a speech and language therapist.</p>

Role Description	Entry	Units to complete N/SVQ in Allied Health Professions Support	Where next?
		<p><b>Workforce Effectiveness:</b>            GEN19 Assist others to plan presentations to enable learning.</p>	

Example 3

Role Description	Entry	Units to complete N/SVQ in Allied Health Professions Support	Where next?
<p><b>Bilingual co-worker</b></p> <ul style="list-style-type: none"> <li>• Works alongside and under the supervision of SLTs in the management of children and/or adults with communication difficulties (with specific responsibility to Punjabi speaking clients).</li> <li>• Provides a high level of interpreting (3-way communication) skills between SLTs and clients/families whose first language is not English.</li> <li>• Provides cultural, linguistic, and religious advice to the SLT service.</li> <li>• Supports the delivery of training regarding cultural issues to SLT and the multi-disciplinary team.</li> </ul>	<p>Ability to achieve level 3 Health N/SVQ</p> <p>Bilingual in first language and English.</p> <p>Awareness of different cultures/religions of local groups, and basic information on community languages.</p> <p>Experience of communicating and working with children and/or adults in health or educational setting.</p>	<p><b>Core Units:</b>  HSC 31 Promote effective communication for and about individuals.  GEN 12 Reflect on and evaluate your own values, priorities, interests and effectiveness; and GEN 13 Synthesise new knowledge into the development of your own practice.</p> <p><b>General Clinical/Therapeutic:</b>  EUSC2 Obtain supporting information to inform the assessment of an individual.  EUSC1 Take a presenting history from an individual to inform assessment.</p> <p><b>Pathway Specific:</b>  AHP16 Develop and prepare speech and language therapy resources for use by individuals who use total communication systems.  AHP17 Assist and support individuals to use total communication systems.  AHP19 Plan, design and develop activities and materials to enable individuals to achieve specified communication goals.  AHP20 Provide support to individuals to</p>	<p>Undertaking further CPD to develop scope of practice and progress to a role at assistant practitioner level. Further unit choices beyond the N/SVQ might include:</p> <p>GEN14 Provide advice and information to individuals on how to manage their own condition.  HSC330 Support individuals to access and use services and facilities.  GEN18 Give presentations to groups.</p> <p><i>OTHER</i>  Keeping a CPD portfolio.  SIG membership.  Foundation Degree in Health and Social Care.</p>

Role Description	Entry	Units to complete N/SVQ in Allied Health Professions Support	Where next?
		<p>develop their skills in speech and communication.</p> <p>AHP21 Enable individuals from diverse linguistic and cultural backgrounds to access speech and language therapy services.</p> <p><b>Workforce Effectiveness:</b> GEN19 Assist others to plan presentations to enable learning.</p>	