SVOCF Assessment Manual

Document Control Information

- **Document ID:** SVOCF-2.3
- **System Module:** Part 2 | SVOCF System
- **Document Name:** SVOCF Assessment Manual
- **Version:** v1.0
- **Effective Date:** 2026-01-31 (may be updated to the publication date)
- **Maintenance Owner:** SVOCF Governance Office / SVOCF Assessment Committee (proposed)
- **Review Cycle:** Every 12 months, or immediately after major regulatory/risk events

1. Positioning and Purpose

This manual specifies the assessment principles, evidence structure, process checkpoints, scoring and conformity rules, quality assurance (QA), and appeals mechanism for SVOCF certification. The aim is to ensure that, while maintaining the non-clinical boundary, assessment outcomes remain comparable, traceable, and auditable across regions and training pathways.

2. Overview of the Assessment System

SVOCF adopts an assessment logic of "competency standards + evidence-first evaluation + multi-method triangulation." Assessment does not substitute real competence with a single test. Instead, candidates demonstrate professional judgment, communication and collaboration, risk recognition, and continuous improvement through a combined evidence portfolio in real or near-real contexts.

2.1 Core Principles

- **Validity:** Evidence directly maps to the relevant standard items and level descriptors.
- **Sufficiency:** Evidence scope, depth, and quantity meet the decision requirements.
- **Authenticity:** Evidence is attributable to the candidate and can be sampled/verified.
- **Currency:** Evidence reflects recent competence status (recommended within the last 24 months).
- **Reliability:** Different assessors applying the same standard can reach similar conclusions.
- **Risk-Based Priority:** Higher-risk competency points require stricter evidence and more intensive sampling/review.

2.2 Assessment Levels and Typical Positioning

This manual covers assessment and decisions for Levels 1–3. Typical positioning:

- **Level 1:** Demonstrates foundational competency and the ability to provide standardized support within clear boundaries.
- **Level 2:** Demonstrates systems-synergy perspective and implementation capability; can develop case plans, track progress, and coordinate referrals across professions.
- **Level 3:** Demonstrates governance and leadership capability in complex contexts; can design assessment systems, supervise teams, and conduct quality reviews.

3. Assessment Roles and Responsibilities

3.1 Key Roles

- **Candidate:** Submits authentic evidence, complies with ethics and privacy requirements, and accepts sampling checks and interviews.
- **Assessor:** Reviews evidence, conducts observation/interview as needed, scores and records rationales, and recommends a competence decision.
- **Verifier / Moderator:** Performs sampled consistency checks, handles boundary cases and disputes.
- **Quality Assurance (QA) Lead:** Maintains item banks and rubrics, organizes calibration, conducts audits and improvements.
- **Training Provider (if applicable):** Provides learning support and witness materials, but must not replace candidate-generated evidence.

3.2 Conflict of Interest and Recusal

An assessor must not assess candidates with whom they have a direct interest relationship (employment, family, business partnership, direct supervision/mentoring, etc.). Potential conflicts must be declared immediately and assessment arrangements adjusted. All recusal and reassignment actions must be recorded for audit.

4. Evidence System and Assessment Methods

4.1 Evidence Types (Combinable)

- **Portfolio / E-Portfolio:** Learning proof, task outputs, reflection records, project materials, etc.
- **Contextual Observation:** Observation records of communication, assessment, and intervention processes in real or simulated scenarios.
- **Case Report:** Needs assessment, plan design, risk recognition, implementation, and review.
- **Reflective Journal:** Professional judgment, ethical considerations, and continuous improvement.

- **Knowledge Check:** Verifies key concepts and boundary compliance (not the sole basis for decisions).
- **Third-party Feedback:** Structured feedback from supervisors/partners/service recipients (de-identified).
- **Structured Interview / Viva:** Verifies authenticity of evidence and reasoning behind key decisions.

4.2 Evidence Quality Standard (V-S-A-C-R)

It is recommended to label each evidence item using V-S-A-C-R (Validity, Sufficiency, Authenticity, Currency, Reliability). Assessors should record evidence ID, mapped standard items, quality judgment, and sampling outcomes in the Evidence Log.

4.3 Non-Clinical Boundary and Referral Evidence

SVOCF is a non-clinical certification. Assessment must confirm that the candidate: (a) does not provide medical diagnosis/prescriptions or handle acute emergencies; (b) can identify high-risk signals (self-harm/other-harm risk, acute crisis, suspected severe physical symptoms, etc.) and refer appropriately; (c) when referral occurs, can complete minimal necessary documentation: trigger reason, recommended pathway, notification and confirmation (de-identified).

5. Assessment Process

A recommended standard process (institutions may localize details without changing core control points):

1. Application and eligibility check: identity, prerequisites, ethics consent, and privacy declarations.
2. Assessment Plan: determine level, evidence combination, timeline, and sampling points.
3. Evidence submission and registration: unified numbering, mapping to standard items, de-identification, and authorization proof.
4. Desk Review: completeness check and issue flagging by the assessor.
5. On-site/online assessment: observation, interview, or contextual demonstration; knowledge check if necessary.
6. Scoring and decision: item-level scoring and overall conclusion based on rubrics/procedures.
7. Verification and consistency control: second review for sampled cases; handle boundary and dispute cases.
8. Result release: Pass / Deferral (supplement evidence) / Not Yet Competent; define supplementation and re-assessment window.
9. Archiving and audit: retain key records, sampling logs, and decision rationales (per privacy rules).

6. Scoring and Conformity Decision Rules

6.1 Item Scoring (Recommended 4-Level Scale)

To improve reliability, each competency item is scored using a four-level scale with behavioral anchors:

Score	Meaning (Brief)	Evidence Features (Examples)
0 Not Demonstrated	Not provided or not verifiable	No mapped evidence / evidence not authentic
1 Basic	Can complete under guidance	Single context; step-dependent; incomplete records
2 Stable Competence	Can complete independently and consistently	Transferable across contexts; traceable records; clear risk awareness
3 Optimised / Leading	Can optimise processes and enable others	Explains trade-offs and boundaries; produces methodised outputs; can guide a team

6.2 Overall Decision (Example Thresholds; Localisable)

- **Level 1:** No key item scored 0; recommended overall average ≥ 1.8; must satisfy boundary and risk-recognition items.
- **Level 2:** No key item scored 0; recommended overall average ≥ 2.2; submit at least one complete case report plus follow-up review.
- **Level 3:** No key item scored 0; recommended overall average ≥ 2.5; submit project/team-level evidence and pass a structured viva or on-site review.

6.3 Evidence Supplementation, Re-assessment, and Cooling-off

Where evidence is insufficient but competence may be met, a Deferral decision may be issued with a supplementation window (recommended 30–90 days). Re-assessment should be limited to insufficient items only and should record reasons for differences. For serious integrity or boundary violations, a cooling-off period and re-training requirements may be imposed.

7. Assessment Tools and Forms (Template List)

Note: Templates may be published as separate appendices; this manual provides field structure and completion guidance.

- F-2.3-01 Assessment Plan
- F-2.3-02 Evidence Log & Mapping
- F-2.3-03 Observation Checklist
- F-2.3-04 Case Report Template
- F-2.3-05 Reflective Journal Guide & Scoring Points
- F-2.3-06 Assessor Decision Record
- F-2.3-07 Verification & Moderation Report
- F-2.3-08 Appeal & Complaint Form

8. Quality Assurance and Consistency Control

8.1 Assessor Calibration

Hold calibration sessions at least every 6 months using the same sample evidence set to align scoring. Establish a shared case library for high-risk items and boundary cases to standardize interpretations. New assessors should complete shadow assessments and meet consistency thresholds before assessing independently.

8.2 Sampling Review and Audit

Use risk-based sampling verification for each cohort (e.g., 10%–20%, or 100% sampling for high-risk items). Trigger targeted review and re-training for assessors with abnormal distributions (overly lenient/strict). All changes to standards, forms, and thresholds must be version-controlled and recorded with effective scope.

9. Integrity, Data, and Privacy

9.1 Academic and Professional Integrity

Fabrication of evidence, ghostwriting, proxy completion, date tampering, or concealing major risk events is prohibited. For suspected misconduct, authenticity checks may include random viva, third-party interviews, and metadata inspection. Confirmed violations should be handled per governance policy: result invalidation, suspension of application, record keeping, and notification to relevant institutions where legally permitted.

9.2 Data Minimization and De-identification

All materials involving personal health, psychological, or identity data must follow "minimum necessary + de-identification first." Institutions must define retention windows, access controls, and deletion mechanisms, and comply with local privacy/data regulations in cross-border cooperation.

10. Appendices

Appendix A | Assessment Blueprint Matrix (Example)

Level	Minimum Evidence Combination	Mandatory Control Points	Verification Requirements	Typical Outputs
L1	Portfolio + Knowledge Check + Observation/Demonstration	Boundary & risk recognition	Sampled verification	Personal support plan (basic)
L2	Portfolio + Case report (≥1) + Interview	Referral & collaboration records	Sampled verification + boundary-case review	Case plan + follow-up review
L3	Project evidence + On-site review/Viva + Supervision materials	System design & governance	Higher sampling for high-risk items	Project evaluation report + improvement plan

Appendix B | Glossary (Brief)

- **Assessment Plan:** An agreement on evidence combination, timeline, sampling points, and methods.
- **E-Portfolio:** A digital portfolio supporting evidence numbering, version control, and sampling verification.
- **Moderation:** Consistency verification to reduce assessor variance and system bias.
- **Deferral:** A provisional decision allowing supplementation within a defined window before a final decision.