



# **Northern Ireland Social Care Council**

## **Quality Assurance Framework for Education and Training Regulated by the Northern Ireland Social Care Council**

**Approval, Monitoring, Review and  
Inspection Arrangements for  
Designated Practice Learning  
Providers offering Practice Learning  
Opportunities for BSc (Hons) SW and  
BSW Students**

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## Introduction

This paper sets out the arrangements for the approval, annual monitoring, review and inspection of the Designated Practice Learning Providers and is part of a series of Northern Ireland Social Care Council (NISCC) quality assurance documents. This paper should be read in conjunction with the 'Quality Assurance Framework for Education and Training Regulated by the Northern Ireland Social Care Council' (NISCC Revised January 2012).

Other papers in the series are:

- 'Approval, Monitoring, Review and Inspection Arrangements for Degree in Social Work Courses' (NISCC Revised January 2012); and
- Approval, Monitoring, R-approval and Inspection Arrangements for Post Qualifying Education and Training Programmes (January 2012)

In accordance with the 'Standards for Practice Learning for the Degree in Social Work' (NISCC Revised June 2009), Practice Learning Providers must be approved by the NISCC. The 'Standards for Practice Learning for the Degree in Social Work' (NISCC Revised June 2009) can be downloaded from the NISCC website **[www.niscc.info](http://www.niscc.info)**

## Interpretation

**‘Designated Provider’** means an organisation which individually or together with other associate organisations is approved to provide Practice Learning Opportunities for Degree in Social Work students.

**‘Course Provider’** means a partnership of one or more higher education institutions together with social work employers.

**‘Associate Provider’** means an organisation which enters into an agreement with a Designated Provider to supply part or all of a Practice Learning Opportunity.

**‘NISCC Officer’** means a person employed by the Northern Ireland Social Care Council authorised to act on behalf of the Chief Executive of the NISCC.

**‘External Scrutiny’** means an external perspective on standards for NISCC-approved provision, including Practice Assessment Panels, external examiners and any other relevant stakeholders.

**‘Major Modification’** means a substantive change to the approved provision.

NB: Throughout this document, the terms ‘Designation’ and ‘Approval’ are used synonymously.

# Part 1

## Approval

### 1. Responsibilities of Designated Providers

The NISCC will base its approval of submissions on evidence from Providers with respect to the four core areas of responsibility listed below.

1.1. The four core responsibilities of Designated Practice Learning Providers will be to:

- 1.1.1 Assure the relevance and quality of the Practice Learning Opportunities.
- 1.1.2 Plan, manage and monitor student practice learning opportunities across sites and/or organisations ensuring arrangements are in place for the day to day supervision of the student's practice with an Associate Provider.
- 1.1.3 Agree arrangements to facilitate and assess the student's practice learning.
- 1.1.4 Provide continuity for the student across organisational boundaries.

The NISCC's requirements relating to each of the four responsibilities listed are set out in the template for submissions. This has been designed to reflect 'The Standards for Practice Learning for the Degree in Social Work' (NISCC Revised June 2009), which can be downloaded from the NISCC website **[www.niscc.info](http://www.niscc.info)**

1.2. Associate Providers

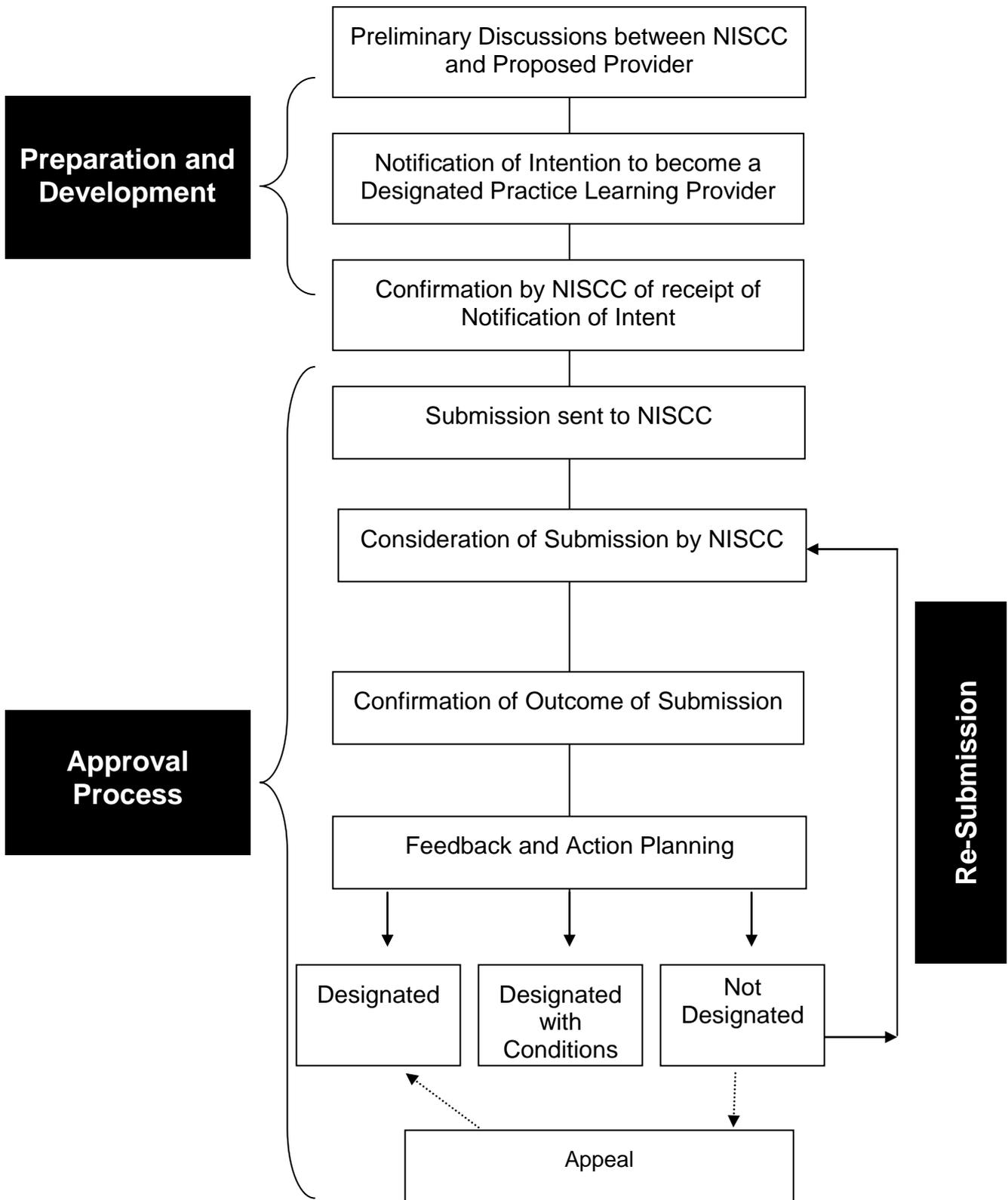
The Definition of 'Associate Provider' is as follows:

- An organisation which enters into an agreement with a Designated Provider to supply part or all of a Practice Learning Opportunity.
- The purpose of such an arrangement is to enhance the learning experience for the student. Under these arrangements, the Designated Provider must identify the organisation(s) concerned as Associate Provider(s).
- Under such arrangements, the Designated Provider has an overall responsibility to quality assure the Practice Learning Opportunity. Details of this must be included in the agreement.

1.3. A NISCC Officer will be appointed to advise Providers on the approval process. The decision making process will be separate from the advisory process and will be carried out by a different NISCC Officer.

1.4. For an overview of the approval process see Figure 1

**Figure 1 – Overview of the Approval (Designation) Process**



## 2. Standards for approval (designation)

2.1 The Standards for Practice Learning Providers cover the following key areas:

- Policy and planning;
- Provision and development of practice learning to match regional arrangements
- Protection and promotion of service user's rights and safety
- Quality assurance;
- Provision of information to the NISCC, and
- Management, governance and organisation;
- Resources and staffing;
- Student supervision, support and guidance.

2.2 These Standards provide the framework for the planning, delivery and evaluation of practice learning provision. The Standards for Practice Learning are available on the NISCC website **[www.niscc.info](http://www.niscc.info)**

### **3. Designation (approval) process**

#### **Preparation and development**

- 3.1 A NISCC Officer will be available to provide advice and consultation on a submission for approval.
- 3.2 The NISCC Officer will discuss and clarify the Standards for Approval, the process for approval and documentary evidence required.

#### **Submission for designation**

- 3.3 Applicants are expected to identify evidence against relevant responsibilities and standards on a submission proforma supplied by the NISCC.

#### **The seven stages of Designation**

- 3.4 There are seven stages leading to designation. These are detailed below.

**Stage One** Preliminary discussions between the applicant and NISCC staff.

**Stage Two** Formal Notification of Intention to apply to become a Designated Practice Learning Provider.

**Stage Three** Confirmation by the NISCC of receipt of Notice of Intent with deadline for submission.

**Stage Four** Submission sent to the NISCC.

**Stage Five** Consideration of submission by the NISCC.

**Stage Six** Confirmation of outcome of submission.

**Stage Seven** Feedback and action planning.

#### **Outcomes of the approval (designation) process**

- 3.5 The NISCC will consider each submission. There are three possible outcomes:
  - a) The submission meets NISCC Standards and the Provider can be designated.
  - b) The submission requires clarification or further work and the Provider is designated with conditions.
  - c) The submission does not provide satisfactory evidence for designation.

- 3.6 In the event of b) or c) above, Providers will be required to draw up action plans which will include time-scales and strategies for working towards attainment of the Standards. A NISCC Officer will be available to offer advice and support to Providers if required.
- 3.7 Details of the implementation of action plans should be contained within the annual reporting process to the NISCC.

### **Re-submission**

- 3.8 In the event that approval is not granted, the NISCC will seek to work with the provider to develop and improve the initial application. If the amount of development work needed is substantial, a re-submission may be necessary.

### **Letter of approval (designation)**

- 3.9 Once the NISCC is satisfied that the submission meets all the NISCC requirements, a letter of designation as a Practice Learning Provider will be issued.

### **Public record**

- 3.10 Once approval has been granted, the submission document will become accessible as a public record. The NISCC will produce a publicly available annual report on the outcome of its approval activities.

### **Re-approval**

- 3.11 Re-approval will be required for provision that has been previously approved but there have been major modifications and/or the NISCC has issued new standards.

### **Appeals**

- 3.12 Details of the appeal procedure can be found in Appendix 1.

## Part 2

### Regulation through Annual Monitoring and Review

#### 4. Annual monitoring and review

4.1 The NISCC's process of reviewing Designated Practice Learning Providers will comprise the following elements:

- Annual Monitoring, which may include site visits and/or a regional workshop;
- Thematic Reviews, and
- Periodic Reviews.

#### Annual monitoring

#### 4.2 NISCC annual report

The annual quality assurance report and other review activities have been designed for Designated Providers to make use of information already collected by their own quality assurance system. The annual quality assurance report process is shown below.

#### 4.3 Annual report process:

- NISCC forwards the annual report request to DPLP. Confirmation by NISCC of date for receipt of annual report, normally within 6 weeks.
- 2 weeks prior to due date of report, reminder sent from NISCC.
- NISCC responds to the report within 8 weeks of receipt and may, if there are concerns, decide to undertake further investigation.
- Provider circulates copy of annual report and NISCC response to relevant participants within their own organisation.
- Annual report and NISCC response become accessible as a public record.

#### 4.4 Annual report content

The NISCC will issue each Designated Provider with proformas on which to complete their annual report. A clear time-scale for completing and responding to the report will be confirmed by the NISCC. The NISCC will inform the Provider at the date for submission of their annual report.

The NISCC will require Designated Providers to submit:

- Statistical data (NISCC will advise providers of the specific data required annually).

- Information on any amendments to the provision including numbers of PLOs offered.
- Reports on action plans, to include feedback from internal quality assurance mechanisms.
- Information on good practice initiatives where relevant, including outcomes.
- Information on Equal Opportunities.
- Designated Practice Learning Providers are also required to provide any inspection reports on their service provision.
- Providers should also notify NISCC of any adverse reporting in relation to any material information which may compromise the quality and quantity of practice learning.

### **Criteria on which the annual report will be assessed**

4.5 In its annual monitoring the NISCC will measure the performance of Providers against a set of indicators in order to assess levels of risk, their impact on provision and the need for the NISCC to intervene e.g. carry out a review visit or initiate a preliminary investigation. These indicators are outlined below:

- (a) Delivery against standards
- (b) Continuous improvement
- (c) External scrutiny
- (d) Internal scrutiny
- (e) Student/ Education Provider/public confidence

More specifically this means:

- Annual reports are received on time.
- Any major modifications meet the NISCC standards
- Action plans are implemented within agreed timescales
- Targets for provision have been met and suitable new targets set.
- There are no issues about student progression.
- No major concerns have been raised by external scrutiny.
- Internal QA systems are in place and operating satisfactorily.
- Any governance issues identified have been addressed.
- Stakeholders have been consulted about the effectiveness of the provision.
- Any complaints received have been dealt with appropriately.

#### **4.6 Outcomes of annual monitoring**

There are four possible outcomes of the annual quality assurance process. These are outlined below;

- The provision meets NISCC standards.
- Further information/clarification is required.
- An investigative visit is required.
- An inspection is required.

4.7 The outcome of the annual monitoring process and the NISCC response will become accessible as a public record.

4.8 For an overview of the annual monitoring process, see Figure 2 (on page 13)

#### **4.9 Appeals**

Details of the appeal procedure can be found in Appendix 1

#### **4.10 Periodic and Thematic reviews**

Following approval, the NISCC will undertake regular reviews of provision. The frequency of reviews will depend on the risk assessment of provision. Where annual monitoring continues to be satisfactory the periodic review period will normally be five years and will be held in conjunction with the 5 Yearly Periodic Review of the Degree in Social Work.

The NISCC will have a programme of Thematic Reviews for all practice learning provision. The Thematic Reviews may be dictated by, for example, issues raised by annual monitoring, NISCC reviews or RQIA inspections or other key stakeholders. These will focus on a specific theme agreed with the Director of Registration. The NISCC may also undertake spot reviews if there are concerns about any area of provision.

4.11 Thematic Review Process:

- Confirmation of theme and date of review visit/s.
- Review team established.
- Request for information from Providers on the area to be reviewed.
- Review format agreed with Provider.
- Review undertaken.
- Draft report forwarded to Provider for comment.
- Provider returns report with comments.

- Final report sent to Provider.
- Report made public.

#### 4.12 Periodic Reviews

Following approval/re-approval, the NISCC will undertake regular reviews of DPLP Providers to ensure that their provision continues to meet NISCC's requirements. Where annual monitoring continues to be satisfactory, the review period will normally be five years and will be undertaken in conjunction with the 5 Yearly Periodic Review of the Degree in Social Work. Periodic Reviews will involve collating information from annual monitoring systems and Thematic Reviews to verify that the provision continues to meet the NISCC's Standards. A Periodic Review will also include a visit to the Designated Provider.

The NISCC will confirm with the Provider clear timescales for all stages of the review process.

#### 4.13 Periodic Review Process

The Periodic Review Process is as follows:

- Review date confirmed with Provider.
- Provider submits a report.
- Provider informed of time-table and areas of interest.
- Visit format confirmed with the NISCC.
- Visit takes place.
- Draft report of review sent to Provider for comment.
- Provider returns report with comments.
- Final report sent to Provider.
- Report is made accessible as a public document.

#### 4.14 Material required before the review:

Prior to each review, the NISCC will require a concise report which identifies:

- The main outcomes from the Provider's own quality assurance system over a mutually agreed period. This should include monitoring equal opportunities policy.
- Any areas for improvement highlighted in the previous year's report or designation submission document and how these have been addressed.
- Any changes in targets or practice learning arrangements.
- A summary of the Provider's attainment of, or challenges in meeting, the action plans agreed with the NISCC including the Practice Learning Standards.

- A concluding summary of the main strengths and weaknesses of the provision and priorities for action.

#### 4.15 Responsibility for the review

The review will be conducted by a NISCC Officer and any other participant whom the NISCC deems appropriate.

#### 4.16 The review visit

Key participants in the review will normally include:

- Students
- Relevant staff including Practice Teachers
- Employers
- Line Managers
- Service users, where appropriate and practicable

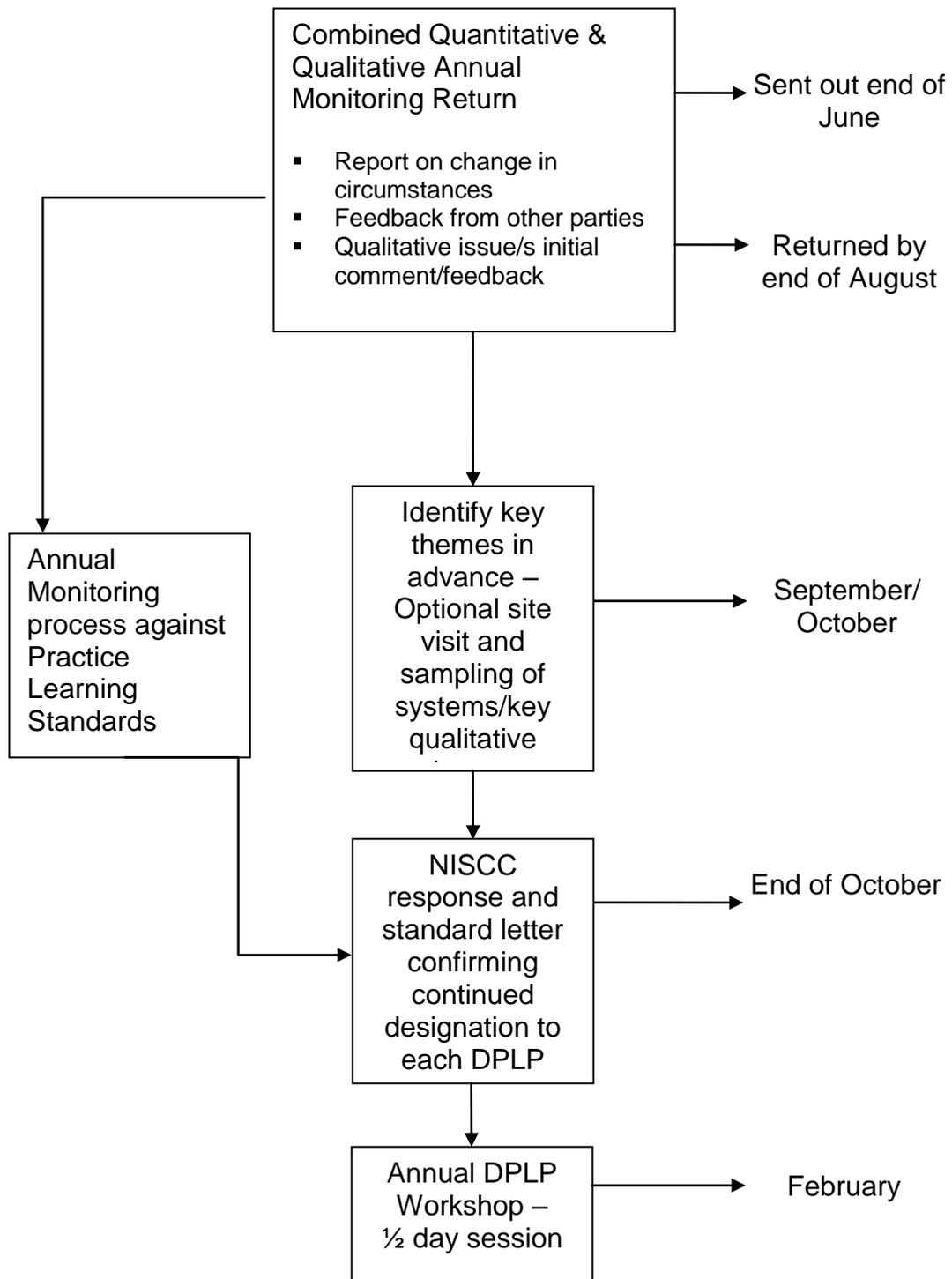
The NISCC will provide both an oral and a written summary of the visit highlighting key issues; action required to meet NISCC Standards; any further action by the NISCC (including whether an inspection is recommended); the time-scale for action and the appeals procedure.

#### 4.17 Outcomes of review

There are 3 possible outcomes of the review as follows:

- The provision meets NISCC requirements.
- The provision does not meet NISCC requirements and an action plan is drawn up with the Provider to meet the shortcomings.
- An inspection is recommended.

**Figure 2 – Designated Practice Learning Provider Annual Monitoring System**



## Part 3

### Inspection

#### 5. Definition of inspection

An inspection is a visit by the NISCC to the Provider outside the normal review procedures where there is evidence of an unacceptable level of risk through:

- Failing to comply with the NISCC's Standards and/or requirements; and/or
- Being unable to complete remedial action within the timescale specified by the NISCC; and/or
- Being the subject of a serious complaint or allegation of failure to comply with the standards and/or requirements. This is so serious as to throw into immediate doubt the continued suitability of the provision.

5.1 NISCC approval can only be withdrawn from the Provider after an inspection visit has taken place.

5.2 Once the need for an inspection visit has been identified, a clear timescale for the full process will be agreed between the NISCC and the Provider.

#### Inspection process

5.3 There are seven stages in the inspection process comprising two elements:

- Preliminary Investigation - Stages 1-3
- Inspection - Stages 4-7

5.4 Preliminary Investigation stages:

Stage 1 - There is evidence that the Provider is not complying with the requirements.

Stage 2 - A Preliminary investigation takes place.

Stage 3 - A remedial action plan with timescales is agreed between the NISCC and the Provider. If the Provider successfully implements remedial action, the investigation process will cease.

5.5 The NISCC reserves the right to instigate an immediate inspection without this preliminary stage.

## 5.6 Inspection stages

Stage 4 - Where a preliminary investigation identifies the need for an inspection, the Provider will receive written notification outlining:

- The reason and evidence for the decision.
- Information about the process.
- The date for commencement of the inspection.

Stage 5 - The NISCC will establish an inspection team to carry out a formal investigation. It will have a minimum of two people, one of whom will be a NISCC Officer and who will chair the team. The other will be a member of the Council. The NISCC may also include in the inspection team a person deemed to have specialist knowledge of the issues involved, but no person will be involved who is directly connected with the Provider.

A time-table and process will be established by the NISCC, which will take into account any reasonable requests by the Provider. The NISCC will reserve the right to extend the process if it becomes clear in the course of the formal inspection that further information is required.

Stage 6 - Inspection visit takes place. This may include meeting with relevant personnel and observation of related activities.

The visit will conclude with a meeting between the NISCC and the Provider led by the Chair of the NISCC inspection team. The purpose of this meeting is to discuss issues emerging from the inspection.

Stage 7- Outcomes of Inspection

- A report will be issued confirming the NISCC's decision following the inspection.
- The Provider will be given the opportunity to comment on accuracy.
- The report will be returned to the NISCC with comments and/or additional information.
- Final report is sent to the Provider.
- The Provider circulates report to relevant personnel.

## Appeals

5.7 Details of the appeal procedure can be found in Appendix 1.

## Part 4

### Appendices

#### Appendix 1

#### Appeal procedure for the Designated Practice Learning Providers

##### 1. Introduction

- 1.1 The Northern Ireland Social Care Council (the Council) is a statutory body established under the Health and Personal Social Services (Northern Ireland) Act 2001.
- 1.2 Designated Practice Learning Providers are required to comply with the Standards for Practice Learning for the Degree in Social Work (NISCC Revised June 2009).
- 1.3 Designated Practice Learning Providers (Designated Providers) may appeal to the NISCC against a decision made in respect of: approval/designation, monitoring, review, inspection or withdrawal of designation/approval.

##### 2. Grounds for appeal

- 2.1 Designated Providers may appeal against a decision of the NISCC on the following grounds:
  - 2.1.1 The NISCC did not take into account material information which was made known to it at the time of the decision.
  - 2.1.2 New information which could not have been made available at the time of the decision and which materially affects the outcome has since become available; or
  - 2.1.3 The NISCC did not observe its own procedures and this failure materially affected the decision.

##### 3. Principles

- 3.1 The key principles which underpin the NISCC's appeal procedure are that it should be:
  - 3.1.1 **Open and transparent** – All appeal decisions will be based on open and relevant evidence.

- 3.1.2 **Speedy** - Appeals will be resolved as quickly as is reasonably possible, and, unless there are exceptional circumstances, within the timescales specified in the appeals procedure.
- 3.1.3 **Facilitative** - the NISCC will seek to be responsive to and work with Designated Providers to resolve an appeal at the earliest stage possible.

#### **4. Procedure for appeal**

##### **Stage 1- Request for reconsideration**

- 4.1 An application for reconsideration of a NISCC decision and/ or procedure, in respect of approval/designation, monitoring, review or formal investigation, or withdrawal of approval/designation, should be made by the Designated Signatory of the Provider in writing, with supporting evidence, to the NISCC Director of Registration within four weeks of the Designated Provider's receipt of the NISCC's decision.
- 4.2 The relevant Professional Adviser will meet with the Designated Provider within ten working days of receipt of the application for reconsideration. This meeting will explore the issues leading to dissatisfaction and attempt to achieve resolution. The outcome will be communicated, by the Director of Registration, to all involved within five working days of the meeting.
- 4.3 If the Designated Provider is not satisfied with the outcome of Stage 1 they can proceed to Stage 2.

##### **Stage 2 – Appeal panel**

- 4.4 Where reconsideration fails to resolve the causes of dissatisfaction the Designated Signatory of the Provider should write to the Chief Executive of the NISCC within ten working days of receiving the NISCC Stage 1 decision. The letter should set out grounds for appeal (see paragraph 2 above, Grounds for Appeal) and request formal consideration by the Council. The letter will be accepted as a Notice of Appeal.
- 4.5 On receipt of the letter the Chief Executive will consult with the Chair of the Council who will appoint an appeal panel.
- 4.6 The panel will comprise three members: a Chair who will normally be the Council Chair, and two other members, one of whom will be a Council member. The third panel member will be either a Council member or an independent person with relevant experience. No panel members will be connected with the Designated Provider. The Director of Registration will act as Secretary to the panel.
- 4.7 Within ten working days of receipt of the Notice of Appeal the panel will consider the relevant paperwork and decide whether there is a prima facie case for further consideration. The panel will inform the Designated Provider of its decision, in writing.

### **Stage 3 – Appeal process**

- 4.8 Where a review of the NISCC’s decision is to take place the Designated Provider will be informed of the date of the appeal panel meeting and will be invited to make oral submissions to the panel and/or send further written statements. No legal representatives will be permitted to appear on behalf of any party.
- 4.9 The panel will consider all relevant evidence, and may, on behalf of the Council, take either of the following decisions:
- Uphold the appeal; or
  - Confirm the original decision
- 4.10 The decision of the appeal panel will be final. The Designated Provider will be notified in writing. Stage 3 of the process should be completed within four weeks.

**For further information about the Quality Assurance Framework for Education and Training**

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