

Section 2: Previous Action Plan

Has the centre carried out the actions agreed with the External Quality Assurer regarding:

	Fully actioned	Some action outstanding	No action taken	No action required
Management Systems and Administrative Arrangements				✓
Resources (Physical and Staff)				✓
Assessment				✓
Internal Quality Assurance				✓

Feedback to centre

The previous EQA review for the Customised Qualifications took place on the 27/09/2019 and no actions or recommendations were identified.

Section 3: Management Systems and Administrative Arrangements

For information: Sections 3-6 are to be graded using the 6-point scale described below. The statements identify the systems/evidence centres have in place for the delivery, assessment and internal quality assurance of this product. Any actions identified will be highlighted in Section 9 of the report.

1 = Excellent (no action required)

2 = Meets requirements (recommendation identified)

3 = Discrepancies within tolerance (action required)

4 = Requirements Not Met (significant action required)

5 = Unsatisfactory (immediate action required)

6 = Not Applicable

		1	2	3	4	5	6
3.1	The centre's aims, policies and procedures in relation to the product are supported by senior management and understood by the assessment team	✓					
3.2	There are procedures in place to ensure effective communication systems between all levels of staff and in all directions (including satellites, placements and staff who work remotely)	✓					
3.3	Staff responsibilities, authorities and accountabilities of the assessment and internal quality assurance team across all assessment sites are clearly defined, allocated and understood	✓					
3.4	Time is allocated for regular team meetings for all staff involved in the teaching, assessment and internal quality assurance of the product	✓					
3.5	A staff induction and development process is in place for the assessment and internal quality assurance team	✓					
3.6	There are documented policies including but not limited to appeals, complaints, health and safety, safeguarding, malpractice and plagiarism, conflicts of interest and diversity and equality	✓					
3.7	The centre meets the proposed GLH within the specification (where appropriate)	✓					
3.8	There are appropriate staff, resources and systems necessary to support the accumulation and transfer of credits, the recording of exemptions and recognition of prior learning	✓					
3.9	Learner personal data is collected and held in accordance with the Data Protection Legislation	✓					
3.10	Marketing and advertising of the product(s) is clear, accurate and not misleading and, where applicable, complies with our guidelines	✓					
3.11	The centre has a robust registration and certification process in place and registers learners in a timely fashion to allow for external quality assurance to take place	✓					
3.12	Learner claims for certification are correct and claims are valid	✓					
3.13	Where product(s) have been written and developed by the centre, there is a robust process in place to ensure the content is fit for purpose	✓					
3.14	Learner records and details of achievements are accurate, kept up to date and securely stored in line with our requirements and will be made available for external quality assurance visits and auditing	✓					
3.15	There is a process in place for withdrawing product and learners from us	✓					
3.16	The centre's achievements will be evaluated and reviewed and used to inform future product developmental activity	✓					

Section 5: Assessment

Assessors:

Chris Dyer, Christine Welch, Daniella Deehan, Irfan Anif, Kayleigh Lane, Leah Halkier, Sarah Stanley, Shawn Craig

		1	2	3	4	5	6
5.1	The assessment is mostly: 1 = at the main site, 2 = at a satellite centre, 3 = in the workplace, 4 = via distance learning, 5 = blended learning	✓					
5.2	Assessors have full, up-to-date documentation	✓					
5.3	There is a planned programme of delivery and assessment methods available for the product which meets our guidelines	✓					
5.4	Information, advice and guidance about centre procedures and practices are provided to learners and potential learners	✓					
5.5	Learners' development needs are matched against the requirements of the product and an agreed individual assessment plan established	✓					
5.6	Learners have regular opportunities to review their progress and goals and to revise their assessment plan accordingly to meet their chosen product	✓					
5.7	Any achievement for Recognised Prior Learning (RPL) has been recognised, recorded and checked for appropriateness (where applicable)						✓
5.8	Assessment methods used are valid and reliable and allow access to assessment for learners	✓					
5.9	Assessment including any grading decisions have been applied in accordance with national standards as outlined in the specification	✓					
5.10	Learners receive regular verbal and written feedback after assessment		✓				
5.11	Each unit of assessed evidence is named, signed and dated by the Assessor and learner	✓					
5.12	Assessment records show accurate assessment tracking, progress and achievement	✓					
5.13	Adequate procedures exist to ensure secure and safe storage of current and completed learner assessment records and examination materials	✓					
5.14	There are suitable arrangements to administer exams to ensure compliance with our external assessment regulations						✓

Observations and feedback regarding assessment

5.2 Assessors have full, up-to-date documentation for the qualifications as they have developed these themselves and they have been fully approved by NCFE.

5.3 There is a planned programme of delivery and assessment methods available. I have viewed a number of documents for each course including Schemes of Work, Lesson Plans, ILP, PowerPoint Presentations, workbooks, Learner Statement, Course Enrolment Form, Learner Induction Handbook containing checklist, Policies and Additional Support, Training and Evaluation Form. I have also viewed the centre's Assessment Policy that contains details of the provision available for learners with particular assessment requirements, as well as minutes from recent team meetings to support this criterion.

The qualifications are delivered on a one-to-one basis to learners in custody and are classroom-based for other settings. These are currently being delivered remotely due to the ongoing situation surrounding Covid-19 in the UK. All of the classrooms are risk assessed. The Building Positive Futures qualification has a GLH of 30 hours to be delivered over eight weeks. The centre have been trialling Moodle-based delivery and this has proven to be very successful and received positive feedback from the learners. The centre are therefore looking to extend this method of delivery. Ellen Kerr has provided sufficient training to the assessors to support them with this mode of delivery.

Section 6: Internal Quality Assurance

Internal Quality Assurers:	Ellen Kerr, None, Rachael Meredith
-----------------------------------	------------------------------------

		1	2	3	4	5	6
6.1	The Internal Quality Assurers are mostly: 1 = based at the main site, 2 = based at a satellite centre, 3 = freelance/home based.			✓			
6.2	An appropriate IQA strategy and sampling plan is in place which is reviewed regularly and corrective measures implemented	✓					
6.3	Suitable arrangements are in place to ensure adequate liaison, consistency and standardisation takes place across all sites including any satellite centres	✓					
6.4	Allocation of Assessor responsibilities are clear and meet the needs of learners and Assessors	✓					
6.5	Assessors have been provided with accurate advice and support to enable them to identify and meet their training and development needs	✓					
6.6	Assessors have been assisted with arrangements for learners with special assessment requirements (where applicable)	✓					
6.7	Assessors have been assisted in resolving disputes and appeals (where applicable)						✓
6.8	Assessors are provided with clear and constructive feedback on the use of different types of assessment methods, judgement of evidence and assessment decisions	✓					
6.9	Assessment is internally quality assured, and each unit of internally quality assured evidence is named, signed and dated by the Internal Quality Assurer	✓					
6.10	Sample dates are consistent with dates in the IQA sampling plans	✓					
6.11	Up to date records of internal quality assurance and feedback to Assessors have been maintained	✓					
6.12	Adequate time has been allocated to carry out internal quality assurance duties	✓					

Observations and feedback regarding internal quality assurance

6.2 The centre has an appropriate sampling strategy and I have viewed the centre's IQA Policy, Quality Assurance Policy and Sampling Strategy July 2020 documents to support this. The Sampling Strategy document contains evidence of this being reviewed annually and is a comprehensive nine-page document. I have also viewed the centre's sampling plans for the assessors. The previous IQA used the NCFE Sampling Plan document and Ellen Kerr uses a Word document that contains all of the required information. Sampling is conducted per assessor and per qualifications and the sampling plans are very detailed. I have viewed the Assessor Risk Assessments where the assessors have been given a RAG rating depending on when they joined the organisation, how new the qualification is and the experience of the assessors. Other factors have also been included, along with the justification for the sampling.

I have also viewed the centre's Course Tracking spreadsheet, IQA Learner Tracking spreadsheet, IQA Annual Plan December 2019 - November 2020, Observation Report Template and Checklist, Learner Discussion Record, minutes of team meetings and previous EQA reports.

6.3 Suitable arrangements are in place to ensure adequate liaison and standardisation and I have viewed the documented quality assurance policies as well as the minutes of their most recent team and standardisation meetings from 17/09/2019 to 02/09/2020. Topics included preparation for the NCFE audit, assessment feedback (from assessors to learners and IV feedback to assessors). The next meeting has been scheduled for the 21/10/2020. Standardisation meetings take place every six weeks and

Section 8: Learner Feedback

Product Number and Name:	CQ10492 Conflict Management Level 1; CQ10493 Building Positive Futures Level 1; CQ 11208 Specialised Mentoring Level 2 DUE TO THE ONGOING SITUATION IN THE UL SURROUDNING COVID-19, IT HAS NOT BEEN POSSIBLE TO OBTAIN LEARNER FEEDBACK ON THIS OCCASION.
---------------------------------	---

How many learners have been spoken to as a part of the visit?	N/A
--	-----

Purpose – Has the product achieved its purpose for all learners interviewed?
N/A

Content – What did the learners interviewed think about the content of the product?
N/A

Support – Did all learners interviewed receive a reasonable and appropriate level of support?
N/A

Validity of Assessment – Were the learners able to provide evidence of knowledge and understanding to justify the outcome of assessments?
N/A

Section 10: External Quality Assurer/Head Office

Action For	Action Required	By when
External Quality Assurer		
Head Office		

Do you recommend continued approval for this product?	YES
Do you recommend continued approval for the centre?	YES

Section 11: Additional Information Sheet

Any additional comments regarding the visit

I would like to take this opportunity to thank Ellen Kerr for facilitating this remote review and for arranging access to their Defacto system where all of the required documentation was available for me in advance of the review date, and files were very well organised and easy to navigate.