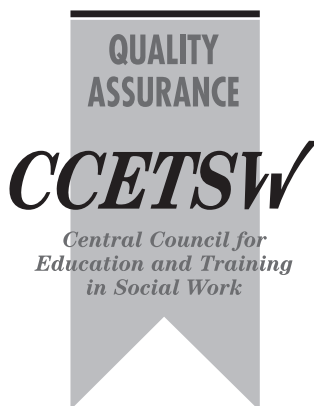


# Assuring Quality for Mental Health Social Work

## Requirements for the Training of Approved Social Workers in England, Wales and Northern Ireland and of Mental Health Officers in Scotland



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# Preface

This publication describes the arrangements and requirements for the training of Approved Social Workers (ASWs) and Mental Health Officers (MHOs). It is the outcome of the review of existing requirements which was undertaken in 1998/99.

Part 1 of *Assuring Quality for Mental Health Social Work* contains the requirements for the selection, training and assessment of social workers who wish to seek appointment as Approved Social Workers or Mental Health Officers. These revised requirements have been produced to ensure that the training of Approved Social Workers and Mental Health Officers is appropriate, relevant and up to date. They have been written to make them consistent with other post qualifying education and training regulated by CCETSW and to make explicit the links with the Post Qualifying Framework.

Part 2 outlines the framework for approval, review and inspection of Approved Social Worker and Mental Health Officer training programmes. CCETSW's use of a common quality assurance framework for all awards will ease the application process for providers offering more than one award. Its use of providers' own quality assurance systems wherever possible will avoid duplication, enabling providers to concentrate on giving a quality service to candidates and service users. A major part of offering a quality service is ensuring that equal opportunities policies and procedures underpin all aspects of education, training and assessment provision. CCETSW's Equal Opportunities policy statement is included in this publication.

These requirements will come into force with effect from 1 April 2000. For a period up to 1 April 2001 CCETSW will continue to recognise training which is provided under Papers 19.19, 19.21 and 19.23. From 1 April 2001 all training must be provided under these revised requirements.

This book replaces the following CCETSW publications:

Paper 19.19. Requirements and Guidance for the Training of Social Workers to be considered for Approval in England and Wales under the Mental Health Act 1983. 1993

*Assuring Quality for Mental Health Social Work*. Approval, Review and Inspection of Approved Social Worker (ASW) Programmes in England and Wales. 1996

Paper 19.21. Requirements and Guidance for the Training of Social Workers to be considered for Appointment in Scotland under the Mental Health (Scotland) Act 1984. 1993

*Assuring Quality for Mental Health Social Work*. Approval, Review and Inspection of Mental Health Officer (MHO) Programmes in Scotland. 1996

Paper 19.23. Requirements and Guidance for the Training of Social Workers in Northern Ireland to be considered for Approval under the Mental Health legislation. 1993

*Assuring Quality for Mental Health Social Work*. Approval, Review and Inspection of Approved Social Worker (ASW) Programmes in Northern Ireland. 1996

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CCETSW would like to acknowledge the enthusiasm, commitment and expertise of all the mental health interests who took part in the review and revision exercises which lead to the production of these revised requirements. Consultation exercises were carried out in each of the four countries of the UK, with employment interests, programme providers, service users, social workers, Government Departments, professional and voluntary bodies.

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# Introduction

Within its powers and duties under the Health and Social Services and Social Security Adjudications Act, 1983, the Central Council for Education and Training in Social Work (CCETSW) is responsible for the promotion of training in such relevant social work as is required in the personal social services.

Within the United Kingdom there are three pieces of mental health legislation which refer to the training of social workers, i.e.:

## **England and Wales**

Under Section 114 and paragraph 4 (i)(a) of Schedule 5 of the Mental Health Act 1983 (the Act) local social services authorities are required to appoint social workers to discharge the functions conferred on them by the Act. The Act provides that no person shall be appointed by a local social services authority as having appropriate competence in dealing with persons who are suffering from mental disorder unless he/she is approved by the authority as having appropriate competence in dealing with such persons.

## **Scotland**

Under Section 9(1) of the Mental Health (Scotland) Act 1984 (the Act) local authorities are required to appoint mental health officers (MHOs) to discharge the functions conferred on them by the Act. The Act provides that no person shall be appointed to act as an MHO unless he/she is approved by the local authority as having appropriate competence in dealing with persons suffering from mental disorder.

## **Northern Ireland**

Under Article 115 of the Mental Health (Northern Ireland) Order 1986 (the Order), [as amended by the Health and Personal Social Services (NI) Order 1994] health and social service trusts are required to appoint social workers to discharge the functions conferred on them by the Order. The Order provides that no person shall be appointed by a trust as having appropriate competence in dealing with persons who are suffering from mental disorder unless he/she is approved by the trust as having appropriate competence in dealing with persons who are suffering from mental disorder.

In accordance with these directions to local authorities and health and social service trusts CCETSW issues requirements for the training of social workers who are to be considered for approval or appointment under the relevant legislation. This edition of *Assuring Quality for Mental Health Social Work* applies to training to be provided in England, Wales, Scotland and Northern Ireland. Where appropriate, it will be indicated in the text if requirements, terminology or arrangements do not apply throughout the United Kingdom.

# Values

Approved Social Worker and Mental Health Officer training builds upon, and develops, the learning outcomes of the DipSW. In doing so it incorporates the Values of Social Work.

## **The Values of Social Work**

Social workers assist people to have control of and improve the quality of their lives, and are committed to reducing and preventing hardship and disadvantage for children, adults, families and groups. Social workers practise in social settings characterised by enormous diversity. This diversity is reflected through religion, ethnicity, culture, language, social status, family structure and life style. They work with individuals and families from backgrounds and cultures of which they may have little direct experience, and intervene in the lives of people whose life chances may have been adversely affected by poverty, ill health, discrimination and/or disability. In intervening in people's lives to achieve change, social workers must recognise the interrelationships of structural and individual factors in the social context in which services operate, and the need to address their impact on the lives of children and adults.

It is essential because of the responsibilities that social workers and probation officers carry, and the influence and impact that they can have on the lives of vulnerable people, that, as well as being skilled and knowledgeable, they treat people with respect and are honest, trustworthy and reliable. They must be self aware and critically reflective, and their practice must be founded on, informed by and capable of being judged against a clear value base.

## **The Values Requirements**

In order to demonstrate an adherence and commitment to the values of social work all candidates must:

- identify and question their own values and prejudices, and their implications for practice;
- respect and value uniqueness and diversity, and recognise and build on strengths;
- promote people's rights to choice, privacy, confidentiality and protection, while recognising and addressing the complexities of competing rights and demands;
- assist people to increase control of and improve the quality of their lives, while recognising that control of behaviour will be required at times in order to protect children and adults from harm;
- identify, analyse and take action to counter discrimination, racism, disadvantage, inequality and injustice, using strategies appropriate to role and context; and,
- practise in a manner that does not stigmatise or disadvantage either individuals, groups or communities.

# Values

## Equal Opportunities Policy and Welsh Language Scheme

Approved Social Worker and Mental Health Officer training reflects CCETSW's Equal Opportunities Policy and Welsh Language Scheme.

### **CCETSW's Equal Opportunities Statement**

CCETSW promotes education and training that produces competent social care and social work staff who can provide high quality services in our diverse society. CCETSW recognises that equal opportunity is something each individual wants for themselves and to which they have a legal and *moral* right.

Students and candidates therefore will:

- accept and respect individual rights and circumstances and understand how these affect the delivery of services for children and adults, families and communities;
- learn how to counter unfair discrimination, racism, poverty disadvantage and injustice in ways appropriate to the situation and their role.

Providers of social work education and training will:

- eliminate unfair discrimination and disadvantage in all aspects of their work regulated by the Council;
- demonstrate this consistently through the quality assurance process.

CCETSW will:

- take action through the quality assurance process to ensure implementation of Council policies.

### **Welsh Language Scheme**

In relation to its work in Wales, CCETSW has, since the inception of its Welsh Language Policy in 1989, accepted that users of services in Wales have a right to receive services in the Welsh language. Consequently there is a need to ensure that social workers and care practitioners are available who can provide a professional service through the medium of Welsh in all parts of Wales.

The 1993 Welsh Language Act has established the principle that in the conduct of public business and administration in Wales the English and Welsh languages should be treated on a basis of equality.

Within the context of its Welsh Language Scheme CCETSW continues to be committed to:

- (i) developing Welsh medium education and training throughout the continuum;
- (ii) seeking to ensure that social work education and training in both English and Welsh is sensitive to cultural and linguistic differences so as to ensure an appropriately trained workforce in Wales;
- (iii) seeking to ensure that all of the Council's work in Wales is undertaken in ways which take full account of the Welsh Language Act 1993.



**Part 1: Requirements for  
Approved Social Worker  
and  
Mental Health Officer Training**

# The Purpose of ASW and MHO Training

## 1. The Purpose of Approved Social Worker and Mental Health Officer training

- 1.1 The primary purpose of the training is to ensure the competence of social workers who are being considered for appointment as Approved Social Workers and Mental Health Officers in accordance with the relevant mental health legislation to carry out statutory responsibilities under Section 114 of the Mental Health Act 1983, Section 9(1) of the Mental Health (Scotland) Act 1984 or Article 115 of the Mental Health (Northern Ireland) Order 1986.
- 1.2 ASWs and MHOs play an integral and significant role in the care and protection of people with mental disorder and have specific responsibilities, functions and duties under mental health legislation. In exercising authority under this legislation Approved Social Workers and Mental Health Officers carry individual and accountable professional responsibility for the independent decisions which they must take.
- 1.3 ASWs and MHOs bring to the statutory role the knowledge, skills and values of the competent social work professional. They should represent and maintain the values, integrity and relevance of the social work perspective and contribute to the needs of people with mental disorder in working with service users, relatives, carers and other professionals. ASWs and MHOs are, in particular, required to articulate these through the specific role, responsibilities and duties laid upon them by legislation, Codes of Practice and policy frameworks.
- 1.4 Training will need to ensure that social workers gain the knowledge, competencies and values needed in carrying out the specific functions and duties required of ASWs or MHOs under mental health legislation. They will also require to be competent to work appropriately with people with a range of mental disorders and with their carers and relatives. ASWs and MHOs should have the knowledge, skills and values required to make appropriate decisions, in consultation with service users, relatives and carers.
- 1.5 Training should address a role for ASWs or MHOs which is wider than that of simply responding to requests for admission to hospital, guardianship and ensuring compliance with the law. This role includes considering alternatives to compulsory admission to hospital or for guardianship as well as that of making application, where this is appropriate. ASWs and MHOs must recognise and understand the perspectives and contributions which other professionals bring to their own statutory duties. They must be able to secure effective working relationships with other professionals with whom they must collaborate in making decisions and plans, and they must help create and maintain trust in these relationships.
- 1.6 Training must prepare social workers to ensure that in fulfilling their statutory roles and responsibilities they promote equal opportunities and challenge and confront racism, sectarianism(Northern Ireland) and other forms of discrimination which may disadvantage mental health service users, relatives or carers.

## The Purpose of ASW and MHO Training

- 1.7 Current Approved Social Worker and Mental Health Officer training will take place at a time of significant mental health policy initiatives, including the introduction of National Service Frameworks, changing patterns of service delivery and reviews of legislation. Training should endeavour to take account of these national and local developments while remaining clearly focused on the primary purpose of the training..
- 1.8 Local authorities and health and social services trusts will want to ensure that, once trained, Approved Social Workers and Mental Health Officers have access to consultation and supervision from qualified and experienced senior officers. For some authorities and trusts this may mean providing different supervision of this area of their work from that provided by their usual supervisor.
- 1.9 The relevant government circulars give directions on the approval arrangements for Approved Social Workers and Mental Health Officers moving from one local authority or health and social services trust to another. Local authorities and health and social services trusts should have regard to what additional training may be needed by such staff before approval is considered. Social workers who have been appointed under the appropriate legislation and who move to another part of the UK will require top-up training to focus on differences in legislation and procedures. It is for local authorities and health and social services trusts to determine the extent of such training in individual cases.

## The Structure of ASW and MHO training

### 2. The Structure of Approved Social Worker and Mental Health Officer training

- 2.1 Approved Social Worker and Mental Health Officer training is directly linked to CCETSW's PQ framework. Programmes will be at PQ level, meet requirements PQ2 to PQ5, plus core requirements (a) and (b) of the Post Qualifying Award in Social Work(PQSW) and carry a minimum of 60 PQ credits. As the Competence Requirements in Section 6 are derived from the appropriate PQSW requirements, evidence produced by candidates will automatically meet the PQSW requirements (see Section 9).
- 2.2 All candidates who successfully complete Approved Social Worker or Mental Health Officer training will be entitled to CCETSW's Mental Health Social Work Award.
- 2.3 The allocation of 60 PQ credits implies that the evidence to meet the requirements for ASW or MHO training will be based on a minimum of 600 hours of learning, which will include taught elements, direct mental health practice, private study, supervision, portfolio production etc. One quarter of this time, or a minimum of 150 hours, should normally be allocated to the taught element of the programme. Programmes will be required to set out in their course material how the different elements of learning will be structured, it is not necessary for individual candidates to identify 600 hours of learning.
- 2.4 The content of the programme should be directly linked to the Knowledge Base (see Section 5) and to the Competence requirements (see Section 6). Candidates should be provided with adequate and appropriate learning opportunities, including practice, to allow them to demonstrate competence against all of the requirements. It is recommended that all candidates develop an agreed learning plan which sets out how their learning will be structured and how evidence to meet the Competence requirements will be produced.
- 2.5 In Wales Approved Social Worker training programmes should offer opportunities for candidates to undertake the programme through the medium of Welsh.
- 2.6 Programmes may be organised in modular form.

# Selection and Registration of Candidates

## 3. Selection and Registration of Candidates

3.1 There should be a clearly defined and appropriate selection procedure for Approved Social Worker or Mental Health Officer training.

3.2 To be eligible to register for ASW or MHO training social workers must:

- (a) hold a CSS, CQSW or DipSW or their predecessor equivalents or, in the case of social workers trained abroad a letter of comparability with the CQSW, or a letter of verification issued by CCETSW;
- (b) be nominated by a local authority or a health and social services trust which will undertake to provide the candidate with support and appropriate learning opportunities;
- (c) satisfy the programme provider that they are suitable for ASW or MHO training;

Where a social worker does not have prior experience of working with people with a mental disorder they should undertake appropriate preparation before the beginning of the programme - any such preparation should be agreed in advance with the programme provider.

- (d) demonstrate that they have improved and extended the level of competence acquired by the point of qualification by holding the PQSW Part I certificate;

**Or**

As a transitional arrangement, until 1 April 2002 social workers may satisfy an alternative entry requirement that they have a minimum of two years post qualifying experience.

- (e) register with an approved programme and with CCETSW;
- (f) have paid any registration fees;

3.3 Social workers should normally be selected from amongst those who are engaged in a wide range of mental health work in their department. Where social workers have not had previous experience of working with people with a mental disorder, local authorities and health and social services trusts should ensure the provision of appropriate experience prior to the beginning of any Approved Social Worker and Mental Health Officer training.

## Selection and Registration of Candidates

### 3.4 Termination of training

All programmes should have procedures to terminate a candidate's programme if their behaviour is confirmed to be damaging or dangerous to either service users, other candidates or programme providers, or creates unacceptable risk for themselves or others. Such procedures must allow the candidate due process, including the right to challenge evidence against them, and the right to be accompanied or represented at any hearing.

### 3.5 Scotland only

Local authorities should note that while social workers may commence MHO training before gaining two years post qualification experience, the Directions issued by the Secretary of State for Scotland (SW5/1988) require that, to be eligible for **appointment** as mental health officers, social workers should have completed a minimum of two years experience after qualification.

# AP(E)L

## 4. Accreditation of Prior (Experiential) Learning (AP(E)L)

4.1 As the main purpose of all education and training within the PQ framework is the recognition and certification of competent practice, candidates may, where appropriate, seek accreditation of the learning experiences they acquired before registration. Approved Social Worker and Mental Health Officer programmes may, therefore, offer APL and APEL against the Units of Competence. Guidance on how this can be achieved can be found in the Implementation Guidance.

4.2 Where accreditation of prior learning is available programmes must advise prospective candidates about:

- the Units and Elements of Competence against which evidence must be presented;
- credit to which the candidate may be entitled for previous certificated education and training (APL) or non-certificated learning (APEL) which may be used as an alternative means of providing evidence against one or more Units of Competence.
- the process for gaining approval for credit via APL or APEL including details about:
  - discrete taught modules available to candidates;
  - the expected timescale within which a portfolio should be completed;
  - the support which the candidate will need to prepare a portfolio for assessment.

# The Knowledge Base of ASW and MHO Practice

## 5. The Knowledge Base of Approved Social Worker and Mental Health Officer Practice

This Section sets out the Knowledge Base which underpins competent Approved Social Worker and Mental Health Officer practice and which should form the basis of training. It is not practicable or sensible to produce a definitive and exhaustive list but the following is provided to assist programmes in structuring learning opportunities. It can also assist candidates in identifying evidence to meet the competence requirements. It should be remembered that competent Approved Social Worker and Mental Health Officer practice is predicated on detailed generic social work knowledge.

1. Mental health legislation, related Codes of Practice and national guidance, including appropriate case law.
2. Other legislation and policies relevant to the ASW and/or MHO role e.g. Community Care, carers, child care, race relations, criminal justice, incapacity and vulnerable adults.
3. National and local policies, guidance and procedures relating to statutory mental health functions.
4. Role and functions of courts, hospital managers' hearings, Review Tribunals and Commissions.
5. Roles and responsibilities of the ASW or MHO.
6. Roles and responsibilities of other professionals involved in statutory mental health work.
7. Models of, and approaches, to mental disorder, including medical, social, psychological, related characteristics and outcomes.
8. Methods of treatment and other approaches for mental disorders.
9. Knowledge of the impact and presentation of mental disorder in specific groups such as children and young people, older people and people with learning disabilities.
10. Relevant research on the origins and treatment of mental disorders.
11. Relevant literature relating to the ASW or MHO role and wider mental health practice.
12. Drugs and substance misuse, including their interrelationship with mental disorder and the implications for treatment and intervention.
13. Self harm and suicide risk.
14. Local resources, formal and informal, for the support of people with mental disorder, mental health problems, and their carers.
15. Crisis theories and crisis management.
16. Risk, including indicators of risk, models of risk assessment and risk management.



## The Knowledge Base of ASW and MHO Practice

17. Care Programme Approach (England and Scotland), Care planning.
18. User and carer perspectives.
19. Gender, cultural and religious issues in relation to mental health and mental disorder.
20. The impact of all forms of discrimination, including racism and sectarianism on mental health.
21. The impact of organisational and institutional structures on behaviour, the effects of power and authority in mental health work.

# Competences

## 6. Competences for Approved Social Workers and Mental Health Officers

Candidates are required to demonstrate all the following:

### Unit 1: Application of the Values of Social Work

The general values of social work, which should underpin all education and training, are set out on pages five and six. This Unit sets out the ASW and MHO specific requirements which candidates are required to meet.

- 1a The ability to identify, challenge and, where possible, redress discrimination and inequality in all its forms in relation to ASW or MHO practice.
- 1b Respect individuals' qualities, abilities and diverse backgrounds, enabling them to contribute to decisions which affect their quality of life and which may affect their liberty.
- 1c Promote the rights, dignity and self determination of individuals consistent with their own needs and wishes.
- 1d Sensitivity to individuals' needs for personal respect, choice, dignity and privacy while exercising the ASW or MHO role.

### Unit 2: Exercising the Duties, Powers and Responsibilities of an Approved Social Worker or Mental Health Officer

- 2a Apply knowledge of mental health legislation, related Codes of Practice, national and local guidance.
- 2b Apply knowledge of other legislation, codes of practice, national and local policy and guidance.
- 2c An explicit awareness of the legal position and accountability of ASWs or MHOs in relation to the legislation and their employing authority.
- 2d The ability to recognise, assess and manage risk in the context of the ASW or MHO role.
- 2e The ability to compile and complete statutory documentation, including an application for admission, and to present the issues to a legal hearing.
- 2f The ability to plan, negotiate and, manage, compulsory admission to hospital.

# Competences

## Unit 3: Making Informed Decisions

- 3a Critical understanding of a range of models of mental disorder, including the contribution of social factors.
- 3b Critical understanding of the implications of mental disorder for service users, children, families and carers.
- 3c Critical understanding of the implications of a range of relevant treatments and interventions for service users, children, families and carers.
- 3d Obtain, analyse and share appropriate information from individuals and other resources in order to manage the decision making process.
- 3e The ability to provide reasoned verbal and written reports to promote effective decision making and accountable ASW or MHO practice.

## Unit 4: Working to Identify, Influence and Use Networks and Collaborative Arrangements

- 4a The ability to articulate the role of the ASW or MHO in the course of contributing to effective inter agency and inter professional working.
- 4b The ability to use networks and influence collaborative working with a range of individuals, agencies and advocates.
- 4c Contribute to planning and implementing options for care such as discharge, aftercare and alternatives to compulsory admission.

# Competences

## Unit 5: Working Effectively in Complex Situations

- 5a The ability to communicate appropriately with and to establish effective relationships with service users and carers in undertaking the statutory mental health role.
- 5b The ability to use a critical evaluation of local and national policy to inform ASW or MHO practice.
- 5c The ability to base ASW or MHO practice on a critical evaluation of a range of research relevant to practice.
- 5d The ability to exercise the appropriate use of authority and autonomy together with an appropriate use of self reflection, consultation and supervision.
- 5e The ability to work with the conflict between the inherent power in the ASW or MHO role and the objectives of empowering practice and advocacy.
- 5f The ability to effectively manage difficult situations of anxiety, risk and conflict, reflecting on their impact on self and others.
- 5g The ability to evaluate the outcomes of interventions with service users and others, including the identification of unmet need.

# Assessment

## 7. Assessment

7.1 To demonstrate competence the candidate must present to the assessment board of an approved programme evidence to meet **all Elements** for each of the **Units** which make up the Competence requirements set out in Section 6. In Wales, a Welsh speaking candidate has a right to present evidence in the Welsh language.

Evidence must include:

- (a) a portfolio prepared by the candidate which includes a self-evaluation of his/her abilities and supporting evidence;
- (b) a report by a practice assessor or practice supervisor from the programme, based on observation of the candidate's application of learning;

7.2 Competence in social work requires commitment to social work values and their integration in practice. Candidates are required to produce evidence that they have met all the elements of Values Unit 1. These elements should be demonstrated through their integration into the evidence for the other four Units of Competence.

7.3 The Knowledge Base set out in Section 5 is provided to assist programmes and candidates in the structuring of learning and the provision of evidence. Programmes may assess elements of underpinning knowledge, such as legislation and related codes of practice, separately.

7.4 Evidence in portfolios must be anonymized to ensure the rights to confidentiality of service users and others who have been involved in the process of gathering evidence.

7.5 The final assessment outcome must indicate only whether sufficient or insufficient evidence has been demonstrated in all of the required competences.

# Assessment

## 8. Assessment Systems

- 8.1 Programmes must specify the arrangements and procedures which will be established for the assessment of competence and must state how these relate to their local procedures for the statutory approval of social workers under the relevant Directions. Programme assessment arrangements must provide for the demonstration of all the Competences in Section 6 and consideration of the practice assessor's or practice supervisor's report.
- 8.2 Each programme must have an assessment board drawn from the staff of the agency(s) and, where they are involved, university(s) delivering the programme. Assessment boards should include at least one practice assessor or practice supervisor.
- 8.3 All portfolios will normally be double marked by programme staff or by individuals designated by the programme.
- 8.4 In Wales, there must be opportunities for Welsh speaking candidates to be assessed through the medium of Welsh.
- 8.5 The practice assessor or supervisor referred to in 7.1(b) above should have relevant practice experience and understanding and would normally be expected to be a practising ASW or MHO. Programmes must address the needs of practice supervisors or assessors for adequate preparation for their role and for the standardisation of assessment.
- 8.6 Each programme must appoint an external assessor who will:
- see a range sample of portfolios and consider all portfolios which are marginal or failing;
  - attend the assessment board;
  - advise the programme about the quality and standards of the assessment process;
  - sign the list of candidates who have successfully demonstrated competence for the award;
  - provide the programme with a written annual report;
  - in Wales, promote assessment through the medium of Welsh;
  - in Scotland, External Assessor appointment is approved by CCETSW.
- 8.7 The programme must notify CCETSW about:
- the name, contact number and address of the external assessor;
  - the qualifications and experience of the external assessor;
  - the names of all candidates who are deemed by the assessment board and the external assessor to have met the assessment requirements of the programme and therefore to be eligible for the Mental Health Social Work Award.
- 8.8 Programmes must have, and specify, appeal procedures.

# Requirements for the PQSW

## 9. Extract from Assuring Quality for Post Qualifying Education and Training - 1, page 12, Section 3

### Requirements for the Post Qualifying Award in Social Work (PQSW)

#### Core Requirements

**In meeting the General Requirements all candidates must:**

- (a) evaluate the effectiveness of their practice using a relevant knowledge base, including an understanding of legal and policy contexts and appropriate research.
- (b) demonstrate an explicit adherence to the values of social work and to the provision of ethically sound practice.

#### General Requirements

**All candidates must demonstrate**

#### **PART I**

**PQ1** that they have improved and extended the level of competence acquired by the point of qualification;

#### **PART II**

**PQ2** competence in working effectively in complex situations;

**PQ3** competence in exercising the powers and responsibilities of a professional social worker, including the appropriate use of discretion and the management of risk;

**PQ4** ability to make informed decisions;

**PQ5** competence in identifying and maintaining purposeful networks and collaborative arrangements;

**PQ6** competence in enabling others through management, supervision, consultation, practice teaching or direct contributions to education and training.

# Glossary

## 10. Glossary of terms

**Accreditation of Prior Learning** Formal recognition of learning which took place prior to entry on a programme. Within ASW and MHO programmes candidates may apply for exemption from aspects of the programme, based on the recognition of a previous programme of study or on the assessment of relevant prior learning.

**Approved Social Worker** In England, Wales and Northern Ireland, social workers appointed under the relevant mental health legislation to carry out certain functions given to them by the legislation.

**Credit(s)** A numerical unit for recognising learning achievement. ASW and MHO training is linked to the PQSW and is awarded credit towards that award.

**Health and Social Services Trust** In Northern Ireland these bodies, established under the Health and Personal Social Services [NI] Order 1991, are responsible for the appointment of Approved Social Workers.

**Local Authority** In England, Wales and Scotland, the local government bodies responsible for the appointment of Approved Social Workers and Mental Health Officers

**Mental Health Officer** In Scotland, social workers appointed under the Mental Health (Scotland) Act 1984 to carry out certain functions given to them by the legislation.

**Practice assessor** In England, Wales and Northern Ireland the term given to the person who will carry out certain tasks in relation to the assessment of individual candidates. This may include direct observation of practice, providing feedback to the candidate and providing a report to the programme assessment board on the candidate's application of learning.

**PQ / PQ Framework** CCETSW's framework for post qualifying education and training. This is a structure of awards, open to all professionally qualified social workers.

**Practice supervisor** In Scotland the name given to the practice assessor role.

**Professional supervisor** In Northern Ireland, for many candidates the term line manager and professional supervisor will be synonymous. However, in some agencies candidates report will report to managers from other professional backgrounds. In these circumstances they must have access to professional social work supervision. This is a requirement in relation to the Delegation of Statutory Functions.

**Sectarianism** In the context of Northern Ireland, sectarianism is discrimination arising from political or religious prejudice, leading to relationships of distrust between the two major political or religious communities.

**Welsh Language Scheme** The Welsh Language Act 1993 established the principle that in the conduct of public business and administration in Wales the English and Welsh languages should be treated on a basis of equality. Service users in Wales have the right to receive services in the Welsh language. For ASW programmes this means that candidates have the right to produce evidence and have assessment in the Welsh language.



**Part 2: Approval, Review and  
Inspection of  
Approved Social Worker and  
Mental Health Officer  
Programmes**

# CCETSW's Quality Assurance System

## 11 CCETSW's Quality Assurance System

### 11.1 CCETSW's Continuum of Education and Training

Approved Social Worker and Mental Health Officer training is placed within a continuum of education and training qualifications approved by CCETSW, all of which are quality assured through similar approval and monitoring procedures.

SOCIAL WORK QUALIFYING	POST QUALIFYING
<ul style="list-style-type: none"><li>• <i>Diploma in Social Work</i></li><li>• <i>Approved Agencies</i></li></ul>	<ul style="list-style-type: none"><li>• <i>Child Care Programmes</i></li><li>• <i>Approved Social Worker and Mental Health Officer Training Programmes</i></li><li>• <i>Practice Teaching</i></li><li>• <i>Post Qualifying Education And Training Consortia</i></li></ul>

### 11.2 Principles of the Quality Assurance System

Seven key principles underpin CCETSW's quality assurance framework. The system:

- is **provider-oriented** encouraging interaction between providers and CCETSW;
- adopts a **problem-solving approach**;
- is based on **specified values** including a commitment to equal opportunities;
- is **cost effective** for providers and for CCETSW;
- focuses on **essential requirements with clearly defined criteria**;
- relies on the **outcomes** from providers' internal and external quality assurance processes wherever possible;
- adopts a **common approach** which is United Kingdom wide.

### 11.3 Structure of CCETSW's System (see Figure 1)

There are three main stages to the system:

Stage 1 – Approval

Stage 2 – Review

Stage 3 – Inspection applies when programmes are not meeting CCETSW's requirements.

A comprehensive appeals process is also available in each stage should a provider be dissatisfied with either the process or decision reached by CCETSW.

CCETSW has complaints procedures which may be called upon where providers are dissatisfied with the services provided (see Section 19).

## QUALITY ASSURANCE SYSTEM

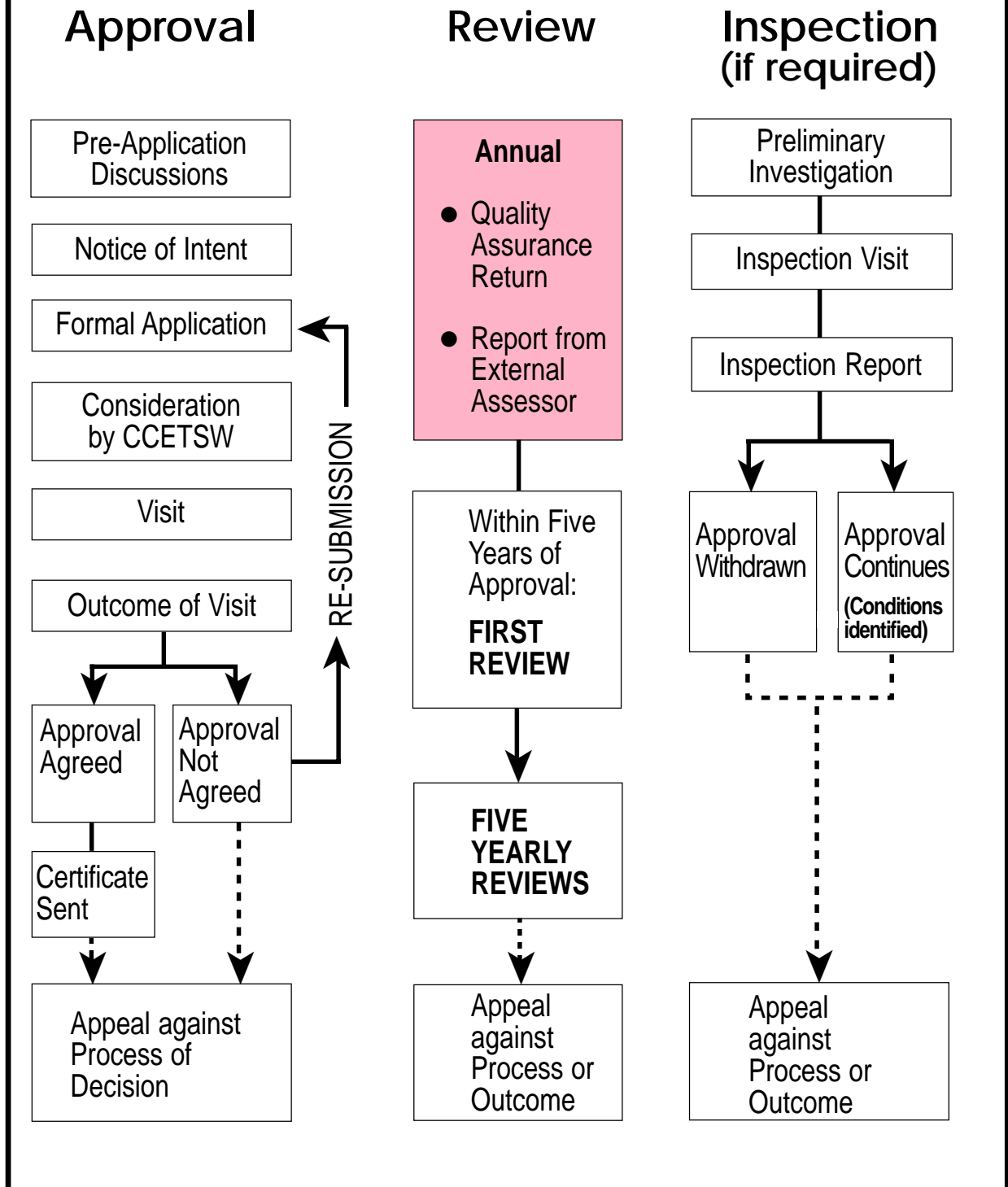


Figure 1

# CCETSW's Quality Assurance System

## 11.4 Key Participants in the System

KEY PARTICIPANTS	RESPONSIBILITIES
<b>PROVIDER</b>	
<b>Provider's official correspondent</b>	The provider's official correspondent is the person through whom negotiations about approval, review and inspection are carried out, and who will speak with authority about the resources and design of the programme. If the official correspondent is not directly responsible for these aspects of the ASW or MHO programme he/she will be in direct contact with those who are, so that discussions progress smoothly.
<b>CCETSW Support Staff</b>	Support staff based in the relevant national office will provide administrative support to the approval, review and inspection processes.
<b>Social Work Education Adviser</b>	<p>A social work education adviser can have three main roles in relation to CCETSW's Quality Assurance System:</p> <ul style="list-style-type: none"><li>(i) as a <b>liaison adviser</b> who provides advice and guidance to the provider throughout the approval, review and inspection processes;</li><li>(ii) as a <b>designated adviser</b> who will make decisions on approval, five-yearly reviews and inspections of providers for whom they do not currently act as liaison advisers;</li><li>(iii) as a <b>lead adviser</b> who co-ordinates activities in each national office on approval and review for ASW or MHO programmes.</li></ul>
<b>Head of National Office and Head of Regulation in England (HRE)</b>	The HNO and HRE carry overall management responsibility for the approval, review and inspection of provision. The provider's official correspondent should refer any concern about the process or outcome of an approval, review or inspection process to the HNO or HRE who may ask the designated adviser to investigate further.
<b>Registrar</b>	The Registrar convenes the Council Appeal Panel and acts as the Panel secretary. Providers should contact the Registrar, if, after recourse to the HNO or HRE, they are still dissatisfied and wish to go to appeal.
<b>Registration Officer</b>	The Registration Officer maintains data on all approved CCETSW providers, registered candidates and award holders.
<b>Quality Assurance Department Staff</b>	QA Department staff are responsible for the UK-wide guidelines for the quality assurance system. They are a resource for national offices to ensure consistency and to advise Council on any changes required.

# CCETSW's Quality Assurance System

KEY PARTICIPANTS	RESPONSIBILITIES
<b>National Committee Members</b>	National committee members receive reports about the process and outcome of approval, reviews and inspections undertaken in their country and are responsible for overseeing that a UK-wide approach as determined by Council is maintained. (See also 'Appeal Panels' below)
<b>Council Members</b>	Council members are responsible for determining the general structures of the approval, review and inspection system, for overseeing a UK-wide approach and for providing members for an appeal panel as required.
<b>Appeal Panels</b>	Panels of Council members, which will hear appeals from providers against CCETSW staffs' processes or decisions. They may include members of National Committees, but must be chaired by a Council member.
<b>External Assessors</b>	External assessors contribute an external perspective on standards and assessment processes for CCETSW's approved programmes.

## 11.5 Outcome of the Quality Assurance System

The system will ensure that:

- CCETSW-approved education, training and assessment provision produces Approved Social Workers and Mental Health Officers who are competent to practise;
- education, training and assessment is undertaken in adequately resourced institutions and organizations which are competent places for learning;
- action is taken where problems are identified with the standards at outcome or the assessment and/or learning process;
- the outcome from the approval, reviewing and inspection activities are reported in public documents;
- consistent standards are achieved by providers and CCETSW's offices throughout the UK.

# Approval

This section describes the requirements for approval (see Figure 2 pp 31-45) and process of approval (see Figure 3 p. 46).

## 12. Requirements for Approval

### 12.1 Four Core Areas for Approval

CCETSW will base its approval of applications on evidence from providers with respect to four core areas listed below. These will apply, as far as possible, to all CCETSW awards.

<b>A. Management and Organization</b>
Is there evidence of an accountable system to sustain the work?
<b>B. Learning and Assessment</b>
Does the education, training and/or assessment meet the requirements for the award/scheme?
<b>C. Values and Equal Opportunities</b>
Do the provider's systems and processes operate in a fair, just and open way?
<b>D. Quality Assurance</b>
Is there evidence that the provider's quality assurance system can meet CCETSW's requirements?

### 12.2 CCETSW's Approval Requirements

CCETSW's requirements relating to each of the four areas for approval are set out in Figure 2.

*Column 1* lists the core requirements relevant to all CCETSW - approved provision.

*Column 2* identifies evidence required to demonstrate that CCETSW's requirements have been met for Approved Social Worker or Mental Health Officer programmes.

*Column 3* provides guidance on, or examples of, evidence required at approval. These are not additional requirements and providers do not necessarily have to follow them so long as they can find alternative ways of demonstrating that they meet CCETSW's requirements.

# Approval

## Figure 2: Requirements for of Approval ASW and MHO Programmes

These requirements are cross referenced where relevant to the requirements in part 1 of this publication.

### A. Management and Organization

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>1. Planning</b>		
1.1. A viable, strategic and operational plan	1.1.1 A strategic plan with clear objectives, targets and time-scales.	<i>Strategic plan showing targets and time-scales for first year of operation and planned developments for second year.</i>
	1.1.2 Evidence that the plan is viable and the targets attainable including written assurances from Directors of Social Services, Chief Social Work Officers or Directors of Social Work (Scotland), Directors of Social Work in health and social services(HSS) trusts (N. Ireland) that staff participating in the programme will be given the necessary support and learning opportunities to meet its requirements.	<i>Operational and administrative procedures which show how plan will be implemented including arrangements for workload relief.</i>  <i>Evidence of the financial viability of the proposals.</i>
	1.1.3 Evidence that the plan has been devised in line with the local authorities or HSS Trusts' identified need and that realistic resources have been identified to plan services and appoint an appropriate number of ASWs or MHOs.	<i>Data on local authority and HSS Trust requirements for trained ASWs or MHOs.</i>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>2. Accountability</b>		
2.1 A competent management structure	2.1.1 Clear line management structures, reporting and decision making systems which will ensure that the plan is efficiently implemented.	<i>Organizational chart showing lines of responsibility and accountability for resources and decision making.</i>
	2.1.2 A designated contact person for the provision	<i>Name and address of contact person for ASW or MHO programme.</i>
	2.1.3 Arrangements to ensure that the interests of all participants are taken into account within the management systems and structures.	<i>Description of systems in place to ensure that relevant interests are taken into account within management structures. (Relevant interests may include employers, candidates, potential candidates, practice assessors, mental health workers, service users, carers, minority groups).</i>
	2.1.4 Arrangements to ensure that the operation of the quality assurance system is monitored through the management structure.	<i>Description of systems showing how the links are made between the management structures and the quality assurance system.</i>
<b>3. Collaboration</b>		
3.1 Clear well-managed collaborative arrangements	3.1.1 Clarity about practical arrangements for planning and implementation between parties to the provision, who will be one or more local authorities or HSS trusts and may also include an educational institution(s).	<i>Signed agreements which outline respective roles and responsibilities in order to ensure that processes and procedures are consistent across the whole candidate group. Copies of contracts or signed agreements and an outline of the process for renegotiation where circumstances change for one or more of the parties.</i>



# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
	3.1.2 Arrangements for ensuring that when new local authorities who are not partners purchase individual places on a programme, that relevant learning and assessment opportunities are planned in advance by the provider.	<i>Signed agreements which outline respective roles and responsibilities in order to ensure that processes and procedures are consistent across the whole candidate group.</i>

## B. Learning and Assessment

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>4. Learning and Assessment Resources</b>		
4.1 Staff resources to meet requirements of provision	4.1.1 Staff with relevant qualifications and experience to meet candidates' learning and assessment needs including practice assessors and practice supervisors who would normally be expected to be practising ASW or MHOs.  4.1.2 Recruitment and selection procedures for the appointment of relevant staff which are open and not discriminatory.  4.1.3 Arrangements for ensuring that staff are updated on requirements and guidance and for training practice assessors or practice supervisors.	<i>Information about staff available to contribute to learning and assessment and how this meets anticipated candidate profile. In Wales numbers of Welsh speaking staff prepared to teach and/or assess in Welsh.</i>  <i>Arrangements for recruiting staff for the programme including practice assessors.</i>  <i>Arrangements for training and updating programme staff including practice assessors.</i>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
4.2 Learning resources to meet requirements of provision	4.2.1 Practice learning opportunities and other relevant opportunities for demonstrating competence to meet the requirements of the provision.	<i>Audit of practice learning opportunities and/or assessment opportunities available to meet the requirements of the provision. In Wales details of practice learning opportunities in Welsh.</i>
	4.2.2 Relevant learning materials which can be accessed to meet the requirements of the provision and anticipated candidate profile.	<i>Information about learning/assessment resources such as library facilities, information technology, audio-visual aids, trained assessors and how these could be accessed by candidates.</i>
	4.2.3 A programme which is coherent and integrated and which will be at least 600 hours of learning at PQ level. A minimum of 150 hours should normally be allocated to the taught element of programmes.	<i>An outline of the structure and timetable of the programme including the balance of formal teaching, practice-based and supervised learning, private study and assessment. This will include taught elements, direct mental health practice, private study, supervision, portfolio production etc. A framework to show how the constituent parts of the programme link to competences outlined in Section 6.</i>
4.3 Mechanism for evaluating and further developing the learning and/or assessment programme	4.3.1 The establishment of a body which is responsible for the assessment process and for review and updating of learning and/or assessment programme.	<i>Description of how feedback from different participants in the programme e.g. candidates, staff, employers, service users, purchasers and CCETSW will be used to review provision</i>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>5. Assessment Systems and Structures</b>		
5.1 Documented assessment systems and structures	<p>5.1.1 An assessment schedule which assesses the specific competences for ASWs and MHOs (Section 6). Evidence for these will be demonstrated via a portfolio presented by the candidate and which includes a report by the practice assessor or supervisor.</p> <p>5.1.2 When APL/APEL is offered by a programme, arrangements for recognition of evidence from past experience which are clear and fair and ensure the maintenance of the required standard of the award. (Section 4)</p> <p>5.1.3 An assessment system which is based on objective, agreed and clear criteria, and, in Wales, opportunities for learning and assessment in Welsh.</p> <p>5.1.4. Where local authorities or HSS trusts are involved in providing ASW or MHO programmes, at least one member of the assessment panel should be independent of the sponsoring authority or trust.</p>	<p><i>Details of assessment schedule or criteria for assessment which include the range of assessment methods available to candidates and which show how the ASW and MHO competences will be demonstrated and assessed. Details of how the practice assessor or supervisor's report and other assessment methods, including assessment of underpinning knowledge, will be integrated into the overall assessment process.</i></p> <p><i>Details of processes and procedures /or assessment of prior learning (APL) or of prior experiential learning (APEL).</i></p> <p><i>Documentation provided to candidates about assessment.</i></p> <p><i>In Wales, examples of opportunities to be assessed through the medium of Welsh.</i></p>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
	5.1.5 Appointment of external assessor who will have ultimate authority on individual assessment decisions and will advise programmes of the effectiveness of the assessment process. Arrangements for notifying CCETSW of name and details of EA. In Scotland EA appointments must be approved by CCETSW(Scotland).	<i>Arrangements for appointment of external assessor. Job/role descriptions/ person specifications.</i>
	5.1.6 An appeals system is in place.	<i>Information about the appeals system.</i>

## 6. Access to Learning and/or Assessment

6.1 Documented recruitment and selection procedures and criteria	6.1.1 Arrangements to ensure that recruitment and selection procedures meet CCETSW requirements. (Section 3 p. 13)	<p><i>Methods used by the programme to establish its potential candidate group. Descriptions of recruitment and selection procedures such as publicity material, application forms, selection criteria or composition of selection panels.</i></p> <p><i>In Wales evidence of efforts made to attract Welsh speaking candidates.</i></p>
	6.1.2 Recruitment and selection procedures which are fair and equitable for all candidates.	<i>Description of system for registering and tracking progress of candidates.</i>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
6.1.3	A strategy linking ASW or MHO training to workforce planning to ensure that there is sufficient number of appropriately trained ASWs or MHOs to meet agency needs.	<i>A plan for linking overall agency need. Arrangements for implementation of that plan by the identification of potential candidates. Enabling potential candidates to meet entry requirements by the provision of relevant learning opportunities.</i>
6.1.4	Where social workers have not had previous experience local authorities or HSS trusts should ensure the provision of appropriate experience in mental health prior to selection for ASW or MHO training.	<i>Arrangements for ensuring that candidates have sufficient knowledge, experience and skills in mental health prior to selection for programme.</i>
6.1.5	A system for registering candidates with the provider and for recording qualifications which candidates have gained.	<i>System for record keeping and for passing such information to CCETSW.</i>
6.1.6	Procedures by which the programme may terminate training if a candidate's behaviour is confirmed to be damaging to either service users, other candidates or programme providers or creates unacceptable risks to themselves or others.	

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>7. Information for Candidates</b>		
7.1 Documented information for candidates	7.1.1 Information for candidates about the provision on offer, the requirements they will have to meet in order to successfully complete the programme.	<i>Candidates/ programme handbook or prospectus.</i>  <i>In Wales this should be bilingual and include information about opportunities to study /be assessed in Welsh.</i>
	7.1.2 Information available to candidates about any arrangements for the assessment of PQSW Part 1 and recognition of past experience or APL relevant to the provision. (Section 4 p. 15)	<i>Information for candidates about AP(E)L arrangements.</i>
	7.1.3 Information to candidates about resources available to support the learning or assessment of people with special needs.	<i>Information about resources such as loop systems, videos, Braille learning materials, interpreters, wheelchair access, crèche/nursery facilities, assistance with transport</i>

# Approval

## C. Values

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>8. User Orientation</b>		
8.1 A commitment to quality care for service users and to the promotion of social welfare	8.1.1 Procedures to canvass the views of service users about the planning and effectiveness of the provision.	<i>Mission statement for the provision. Information about how views and wishes of service users and carers are sought and addressed.</i>
	8.1.2 Procedures to ensure that service users involved in the learning or assessment process are treated sensitively and respectfully.	<i>Information about systems of involving mental health users and carers in programme provision, including arrangements for user consent and confidentiality.</i>
<hr/>		
<b>9. Candidate-centred Approach</b>		
9.1 Policies and procedures for learning/ assessment which are candidate centred	9.1.1 Systems to enable candidates' views to be taken into account on decision making bodies.	<i>Information about how candidates' interests are represented on structures.</i>
	9.1.2 Learning and assessment opportunities which are sufficiently flexible to facilitate choice and which respect the needs of different candidates.	<i>Opportunities where appropriate for provision of part-time/ modular or open and distant learning and range of assessment methods available to candidates.</i>
	9.1.3 Procedures which ensure that personal information about candidates is kept confidential.	<i>Arrangements for maintaining confidentiality of personal records.</i>

# Approval

## REQUIREMENTS

## EVIDENCE

## EXAMPLES AND GUIDANCE

### 10. Equal Opportunities

10.1 An equal opportunities policy which is owned by all parties to the provision

10.1.1 An equal opportunities policy statement and procedures, with resources and responsibility vested in the management system to ensure implementation and monitoring.

*Equal opportunities policy with targets and time-scales for implementation.*

10.1.2 Identified targets and time-scales for implementing proposed improvements to equal opportunities policies and practices.

*Systems showing how equal opportunities action plans will be monitored.*

10.1.3 Policies and procedures to monitor that candidates' access and progress through the provision is not impeded by discriminatory practices. At minimum the system must be able to compare achievements of the total cohort with groups of candidates on the basis of disability, gender, racial origin; and in Northern Ireland religious background; in Wales, whether Welsh speaking.

*System for monitoring recruitment targets and success rates for full range of candidates.*



# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>11. Valuing Difference</b>		
11.1 Policies which value difference and aim to counter unfair discrimination	11.1.1 The provision of learning/ assessment tools and materials which value difference and reflect the full range of participants and working contexts served by the provision.	<i>Learning and assessment tools and materials which acknowledge and reflect the full range of different candidates/ service users e.g. people from ethnic minority groups, people with disabilities, people with HIV/AIDS, people with different religions and cultures, people of different ages, people with different class backgrounds, people whose first language is not English, people with a different sexual orientation.</i>
	11.1.2 Policies and procedures accessible to participants which will investigate and deal with instances of racism, discrimination or harassment	<i>Policies for dealing with racial or sexual harassment or other forms of discrimination.</i>
	11.1.3 Policies to support members of disadvantaged groups so that they do not become isolated or marginalized within the provision.	<i>Support groups or access to consultancy to support candidates from minority groups who might be isolated or marginalized.</i>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>12. Welsh Language Scheme</b>		
12.1 In Wales, policies to promote an increase in learning opportunities in Welsh and in language sensitivity relevant to social work practice	12.1.1 In Wales, policies and procedures to promote an increase in learning opportunities in Welsh.  12.1.2 In Wales, procedures to promote an understanding of the importance of language sensitivity, with respect to effective social work practice.  12.1.3 In Wales, procedures to ensure equal treatment for candidates undertaking learning and/or assessment in Welsh	<i>Examples of resources allocated or planned to increase Welsh language opportunities.</i>  <i>Examples of resources allocated and planned to improve understanding of Welsh language sensitivity.</i>  <i>In Wales, systems for monitoring targets on recruitment and success rate of Welsh speaking candidates.</i>

# Approval

## D. Quality Assurance

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>13. Quality Control</b>		
13.1 A comprehensive internal quality assurance system which will ensure the maintenance of standards and adherence to requirements	13.1.1 A comprehensive quality assurance system which:  (i) is owned by and accountable to the management of the provision with clarity about who is responsible for quality control and for ensuring that action is taken where targets or performance fall below a satisfactory level;  (ii) monitors the targets established in the action plan;  (iii) monitors all the activities with respect to the provision;  (iv) ensures that the programme continues to meet requirements;  (v) has a clear process for managing modifications or changes.	<i>Quality policy statement. Quality manual outlining quality system, quality records and use of quality data. System for identifying problems at an early stage.</i>  <i>Details of internal quality audit arrangements including a chart which shows:</i>  (a) <i>who is responsible and accountable for setting and evaluating targets and performance indicators;</i>  (b) <i>who is responsible for initiating and overseeing the necessary remedial action where targets are not met or performance is unsatisfactory;</i>  (c) <i>Diagram showing targets and performance indicators for the first and second years of the planned provision.</i>  <i>In Wales, Welsh language scheme targets must be incorporated into quality assurance system.</i>  <i>Description of system for monitoring adherence to requirements and modifications that are made to provision.</i>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>14. Monitoring System</b>		
14.1 System for collecting and analysing data	<p>14.1.1 An indication of how the key aspects of the provision will be monitored including cost effectiveness.</p> <p>14.1.2 A system which ensures that samples of all groups involved in the programme have an opportunity to feed into the monitoring system.</p> <p>14.1.3 A process to ensure that the quality assurance system will provide reports to CCETSW. This should include monitoring the progress of candidates on the basis of characteristics such as:</p> <ul style="list-style-type: none"> <li>i) disability, gender, racial origin, in Northern Ireland religious background; in Wales, language spoken;</li> <li>ii) work history and work location of candidates.</li> </ul> <p>14.1.4 A system for analysing the data and recommending action.</p>	<p><i>Examples of systems to monitor quality in all aspects of the provision.</i></p> <p><i>Brief summary of data to be collected.</i></p> <p><i>Identification of who will be responsible for compiling reports and how the information will be gathered.</i></p> <p><i>Indication of how information will be collected, analysed and reported.</i></p> <p><i>Description of IT software and hardware or manual processes available to collect and analyse data.</i></p>
<b>15. Post qualification surveys</b>		
15.1 A system for evaluating the provision through post qualification surveys	<p>15.1.1 A system for regular three yearly surveys of candidates' progression following qualification.</p> <p>15.1.2 A system for regular surveys of employers' views of the appropriateness of the training for employment.</p>	<p><i>Plans for following up candidates after qualification.</i></p> <p><i>Plans for sampling views of employers about relevance of training.</i></p>

# Approval

REQUIREMENTS	EVIDENCE	EXAMPLES AND GUIDANCE
<b>16. Complaints Procedures</b>		
16.1 Documented complaints procedure	16.1.1 A fair and equitable complaints procedure.	<i>Handbook or leaflet outlining complaints procedure including stages and time-scales. Formal documentation</i>
	16.1.2 Integration of the procedure into the programme's internal quality assurance system.	<i>A handbook for the provision which includes information about the complaints procedure and how it can be activated.</i>
	16.1.3 Integration of the procedure into the programme's equal opportunities policy.	<i>Formal documentation</i>
	16.1.4 A process for deciding the form of redress when a complaint is upheld.	<i>Formal documentation and decision making</i>
	16.1.5 Clarity about how the complaints procedure is activated, the stages involved, the time-scales for action and the possible outcomes.	<i>Information on distribution of the handbook or complaints procedure.</i>
	16.1.6 The full documentation is readily available to all participants in the provision including candidates.	<i>Information on distribution of a summary of the procedure and location of the full documentation. Publications and formal documentation providing explicit cross referencing.</i>
	16.1.7 Documented clarity about the relationship of the complaints procedure to appeals and any other similar procedure.	

# Approval

## 12.3 How to Make an Application for Approval

Providers are expected to submit evidence against relevant core requirements on a proforma supplied by CCETSW.

Existing documentation prepared for other purposes, such as a candidate handbook or a submission to the university, may be used in compiling submissions. However, this must be clearly cross referenced to show how the relevant requirements on the proforma are being met.

A common system means that providers applying to offer a further CCETSW award need only submit additional relevant material.

Publications giving guidance on application for each of CCETSW's other awards are listed at the end of this book.

## 13. The Process of Approval

### 13.1 The Seven Stages of Approval

There are seven stages leading to approval, three involving development work and four comprising the approval process. These are detailed in Figure 3.

**Figure 3** The Seven Stages of Approval

<b>Development work leading to approval</b>	Stage One:	preliminary discussions between CCETSW and providers
	Stage Two:	formal notification of intention to apply to become a CCETSW provider
	Stage Three:	confirmation of application date
<b>Approval process</b>	Stage Four:	application sent to CCETSW
	Stage Five:	consideration of material by CCETSW
	Stage Six:	visit to confirm outcome of application
	Stage Seven:	Certificate of Approval sent to provider

### 13.2 Development Work

The liaison adviser will be available to provide advice and consultation to support development work by a provider leading to a formal application. A time-scale for progressing the application will be negotiated and agreed between the liaison adviser and the provider at the outset.

# Approval

## 13.3 Decision-Making Process

The liaison and designated advisers will consider the application. There are three possible outcomes:

<b>The material is acceptable and can be approved:</b>	CCETSW will inform the provider and visit to confirm this formally and agree an action plan for the next year.
<b>The material requires clarification on specified points:</b>	CCETSW will inform the provider of the issues requiring clarification and arrange to visit the provider for further discussion. It is anticipated that in most cases, the provider will clarify the points to the satisfaction of the advisers and will be able to move forward, at the meeting, to gaining approval and agreeing the action plan.
<b>The material does not provide evidence for approval:</b>	CCETSW will inform the provider about the requirements which still need to be met and a visit date will be arranged to reconsider the application.

## 13.4 Recording

A record of the proceedings of any meeting between CCETSW and the providers will be given to the provider and a copy retained by CCETSW.

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## 13.5 Certificate of Approval

Once CCETSW is satisfied that the approval document meets all CCETSW's requirements, a certificate of approval will be issued.

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## 13.6 Public Record

Once approval has been granted, the approval document will become a public record. Each CCETSW office will produce a publicly available annual report on the outcome of its approval activities.

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## 13.7 Reconsiderations and Appeals

Requests for reconsideration of decisions and appeals against process and/or decision are outlined in Section 18.

# Reviews of Provision

*The three components to CCETSW's process of reviewing its ASW programmes are addressed in this part:*

- *The Annual Quality Assurance Return (Section 14)*
- *First and Five-yearly Reviews (Section 15)*
- *External Assessment (Section 16).*

## 14. Annual Quality Assurance Return

### 14.1 Introduction

The annual quality assurance return and other review activities have been designed for providers to make use of information already collected by their own quality assurance system. The annual quality assurance return process is shown in Figure 4 below.

In future years it is probable that computer links between CCETSW and providers will be established. CCETSW will also provide norm bands on, for example, time taken to complete particular awards, percentages of candidates failing to complete, and equal opportunities data. Providers will be able to compare their own performance with these norms.

Figure 4 Annual Quality Assurance Return

#### Process

- Confirmation of date for receipt of annual return by CCETSW
- Reminder from CCETSW when annual return is due
- CCETSW responds to the return and may, if there are serious concerns, decide to undertake further investigation
- Provider circulates copy of annual return and CCETSW response to relevant participants in the provision
- Annual return and CCETSW response become a public record.

### 14.2 Annual Return Required

CCETSW will issue providers with a proforma on which to complete their quality assurance return. A clear time-scale for completing and responding to the returns will be confirmed by CCETSW.

#### CCETSW will require providers to submit:

- feedback from the quality assurance mechanisms of the provision on **strengths and areas for improvement identified and action proposed or taken;**
- **outcomes** from the programme's last action plan about candidate **registration and achievement** as compared with targets set in the action plan and **rate of progression** in relation to work setting, disabled people, minority ethnic groups, religious community background in Northern Ireland, gender, and Welsh speakers in Wales;
- **action plans** and new targets for next year with timescales;
- **notification of modifications** to the provision complete with verification that they have been



# Reviews of Provision

## 14.3 Notification of Major Modifications

Modifications following approval fall into two categories:

- Major i.e. CCETSW requires to be informed of these changes. The only changes which come into this category are changes of partners, additions of new routes and AP(E)L arrangements;
- Minor i.e. CCETSW does not require to be informed about these changes. This covers all other changes which a programme may wish to make.

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## 14.4 Timing of Annual Quality Assurance Return

CCETSW will discuss with the provider at the point of approval the most appropriate date on which their annual return should be submitted.

In all but very exceptional circumstances this should be no more than 15 months after the date when the provider was given formal notification of approval and should link into the annual cycle of the provider's quality assurance system.

---

## 14.5 Criteria on which the Annual Return will be judged

CCETSW will use a number of indicators to identify *effective* and therefore acceptable levels of performance, and *triggers* for further investigation where there are concerns that performance may be unsatisfactory.

# Reviews of Provision

## Effective Indicators

- submission of annual return by agreed date
- targets for candidate registration, progress and achievement have been met or reasons for not doing so are acceptable
- equal opportunities targets\* have been achieved or reasons for not doing so are identified and addressed
- acceptable targets are set for the following year
- satisfactory external report received
- where areas for improvement have been identified by the external assessor or the internal quality assurance system, remedial action has been initiated with timescale
- provider has met requirements stipulated by CCETSW
- where major modifications have been made, these are considered to meet CCETSW requirements.

## Trigger Indicators

- failure to submit annual return by agreed date
- failure to meet identified targets and rationale for this not identified or not acceptable
- failure to meet any requirement stipulated by CCETSW
- profile of candidate achievement moves outside norm established by provider
- quality assurance system fails to identify strengths and areas for improvement in provision
- provider fails to establish appropriate targets or action plan for next year in light of external report or findings of internal QA system
- external assessor's report indicates unsatisfactory practice
- major modifications made do not meet CCETSW's requirements.

### **\*Important note**

CCETSW seeks to encourage providers to set and monitor targets as part of their equal opportunities action plans. Programmes are reminded to be aware of the difference between setting targets and stipulating quotas, because the latter may be illegal. For example, under the Race Relations Act 1976, appropriate targets may be used as a measure of success of Equal Opportunities policies, but it is illegal to seek to recruit set quotas from particular racial or ethnic backgrounds.

# Reviews of Provision

## 14.6 External Scrutiny

ASW and MHO providers are required to appoint an external assessor for the programme. Programmes should demonstrate how they have used the comments from externals.

---

## 14.7 Outcome for Provider

CCETSW will appraise the Annual Return material. In most cases it is likely to be subject only to brief communication between provider and liaison adviser. The provider will then be formally notified that the provision continues to meet CCETSW's standards.

If this is not the case the liaison adviser will investigate to decide whether a provider should be:

- asked to provide additional information/clarification, orally or in writing,  
or
- informed that a visit will be necessary,  
or
- informed that a recommendation is being made to the HNO or HRE that an inspection should be undertaken.

The quality assurance return together with CCETSW's response will subsequently become a matter of public record.

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## 14.8 Reconsideration and Appeal

Provisions for reconsideration and appeals against process and/or decision are outlined in Section 18.

---

## 14.9 Use of Information by CCETSW

Information on individual providers will be used by CCETSW to confirm that:

- the provider is continuing to offer a service at the agreed level and within CCETSW's requirements;
- external arrangements for overseeing the quality of the provision are operating effectively and efficiently.

Aggregated information from providers will be used to:

- develop an overview of the provision being offered in England, Northern Ireland, Scotland and Wales as well as UK-wide;
  - provide a record from each CCETSW office of the number of providers whose annual return:
    - was satisfactory,
    - indicated the need for remedial work,
    - resulted in an inspection.
-

# Reviews of Provision

## 15.0 First Review and Five-Yearly Reviews

The process for first and five-yearly reviews is shown in Figure 5.

Figure 5 Process for First and Five-Yearly Reviews

PROCESS
<p><b><i>PRE-REVIEW</i></b></p> <ul style="list-style-type: none"><li>• Date for first review negotiated within 5 years of approval, then every 5 years</li><li>• Review date confirmed with provider</li><li>• Outcome of provider’s quality assurance system sent to CCETSW</li><li>• Provider informed of timetable and areas of interest</li><li>• Visit format confirmed with CCETSW</li></ul>
<p><b><i>REVIEW AND POST-REVIEW</i></b></p> <ul style="list-style-type: none"><li>• Visit</li><li>• Draft report of visit sent to provider for comment</li><li>• Provider returns report with comments</li><li>• Final report sent to provider who circulates it to own QA system members</li><li>• Report made public</li></ul>

### 15.1 Introduction

After approval, CCETSW will undertake regular reviews of providers to ensure that their provision continues to match CCETSW’s requirements.

### 15.2 Definition of ‘Review’

A ‘review’ is the process whereby the ‘provision in action’ is assessed using the provider’s quality assurance system together with a visit from CCETSW to verify that the providers continue to meet CCETSW’s requirements and that their internal and external verification processes are working.

### 15.3 Timing

The first review will be within five years of approval at a time negotiated between CCETSW and the provider and thereafter every five years.

*First review:* every provider will be reviewed within five years to verify that the potential identified at approval has been realized. This review will include a visit to the provider.

*Five-yearly review:* thereafter CCETSW will review the provision every five years.

Each year CCETSW will decide whether the five-yearly reviews will focus on a particular theme. Providers will be notified in advance if this is the case. CCETSW will confirm with the provider a clear time-scale for all stages of the review.

# Reviews of Provision

## 15.4 Using material generated by other Quality Assurance Bodies

If the provider is subject to review by another body in the same year, CCETSW will, where possible, link into this process to avoid duplication of effort.

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## 15.5 Responsibility for the Review

The review will be led by a designated adviser for ASW or MHO providers. The liaison adviser will also take an active part in the review, but it is the designated adviser who will:

- be responsible for the overall co-ordination of the review including the tasks undertaken by the liaison adviser and CCETSW's administrator;
- lead the discussions at the beginning and the end of the review;
- sign the report on the outcome from the review.

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## 15.6 Material required before the Review

A concise report identifying:

- the main outcomes from the provider's own quality assurance system over the last two years including monitoring of equal opportunities policy;
- any areas for improvement highlighted in the previous year's report and how they have been addressed;
- any changes in targets or remedial action;
- the provider's views on the annual quality assurance process and analysis;
- a concluding summary of the main strengths and weaknesses of the provision, and priorities for action.

Apart from this report, neither the provider nor CCETSW need produce any more material than that already held by both provider and liaison adviser as CCETSW's review will be based on:

- the approval document;
- annual returns received since approval and the last review of the programme;
- information from any external quality assurance process i.e. report from an external assessor appointed by the provider, reports from funding councils or from further education or higher education partners or the Mental Health Act Commission, Mental Health Commission or the Mental Welfare Commission.

The liaison adviser will alert the provider to specific issues arising from the documentation to be covered in detail on the visit, or whether there will be a particular focus for the year in question.

---

## 15.7 Aims of the Review Visit

The aims of the review visit are:

- to confirm that the provider continues to offer the standard of education and training and/or assessment required to meet CCETSW's requirements;
- to explore suggestions for development of the provision.

# Reviews of Provision

## 15.8 The Visit

The review will focus on CCETSW's requirements agreed at the approval stage. Other aspects will only be considered if problems have arisen.

The key participants will vary according to the provision but will normally include:

- **candidates;**
- **relevant staff** including assessors or practice supervisors;
- **employers;**
- **service users** where practicable.

CCETSW does not normally expect to observe directly practice, workshops, lectures or other activities. However, there may be occasions when it is considered necessary to undertake this activity.

CCETSW staff participating in the review will wish to meet prior to offering feedback to the providers and, where there are particularly complex issues, may need to consult the HNO or HRE and/or QA Department to ensure common standards.

---

## 15.9 Oral Report of Visit

At the end of the visit CCETSW will inform key participants whether or not the provision meets CCETSW requirements.

Where the provision is deemed to meet CCETSW's requirements, liaison and designated advisers will inform the providers of the strengths identified during the review and any areas for improvement which the providers are recommended to address.

Where the provision is deemed not to meet CCETSW's requirements, the adviser will inform the providers:

- (i) which requirements have not been met and where the shortcomings are;
- (ii) what action the providers need to take in order to meet the requirements;
- (iii) what further action CCETSW proposes to take, including whether an inspection is being recommended for consideration by the HNO or HRE;
- (iv) the time-scale for action following the review;
- (v) CCETSW's appeals procedure.

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## 15.10 Written Report of the Visit

The report of the visit will focus on the standard of learning and assessment offered by the provider but CCETSW may wish to comment on any of the other requirements which providers are expected to meet.

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## 15.11 Public Document

The provider will have an opportunity to comment on the report. Four weeks after the final draft has been confirmed it will become a public document. The confidentiality of individual participants in the provision will of course be respected.

---

## 15.12 Reconsideration and Appeal Procedures

Provision for reconsideration and appeals against process and/or decision are outlined in Section 18.

# Reviews of Provision

## 16.0 External Assessment of Provision

The role and function of external assessors are outlined here.

### 16.1 Introduction

Each programme is required to have some form of external scrutiny.

---

### 16.2 The Task of the External Assessor

The external's key point of reference is the assessment material submitted for approval to CCETSW under requirement 5, part of the 'Learning and Assessment' core area in Figure 2.

Over a year an external will be expected to have considered each aspect of assessment as identified in these categories with a view to verifying whether the outcome is satisfactory.

Externals are required to:

- **have direct contact with the provider;**
- **verify** that pass recommendations are based on evidence that all the requirements of the training have been met;
- **sample** the material supplied by candidates and to see evidence from all the work of marginal and failing candidates;
- **report on their findings** to the provider annually;
- **seek clarification** from their liaison adviser at any point when they are unclear about the specific interpretation of a requirement by CCETSW;
- **sign the list** of candidates deemed to have met the requirements for the award.

# Reviews of Provision

## 16.3 The Distinction between the role of an External and a CCETSW Liaison Adviser

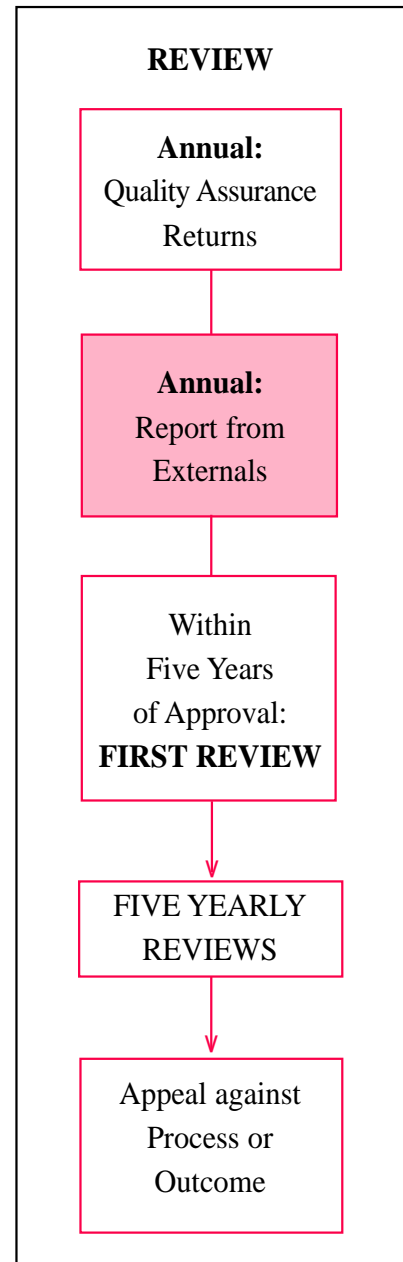
Externals are required to report on what they have observed or read and to give their judgement on whether the assessment systems, standards and processes are satisfactory or not to both adviser and provider.

The liaison adviser will then determine whether remedial work will be sufficient or whether to recommend an inspection.

The external will be notified in writing of the liaison adviser's decision and may be asked to comment on the outcome of any remedial action in the next report.

In most cases an external is unlikely to discover practices which result in unsatisfactory provision, but may find and note opportunities for improvement. The provider is expected to act on this feedback and CCETSW will note any action which should be recorded in the provider's quality assurance returns.

It is important to point out that externals are not consultants to the provider; their role is to make a professional judgement in order to verify the assessment system's processes and structures and the standards attained.



## 16.4 Accountability of External Assessors

Responsibility for appointing, monitoring and paying external assessors lies with the ASW or MHO provider. External assessors are expected to report annually to the provider that has appointed them. A copy of the report is sent to the CCETSW liaison adviser by the provider together with Annual Quality Assurance Return. The CCETSW Quality Assurance Department will organise UK-wide standardisation events for external assessors of ASW and MHO providers.

If the performance of the external is unsatisfactory, for example, she/he fails to visit, provide reports, attend meetings or her/his suitability is otherwise called into question, the programme should take appropriate action within the specifications of the manual for external assessors and ASW and MHO providers.



# Inspection

*This Section outlines the preparation for and process of an inspection.*

## 17.0 The Process of Inspection

Figure 6 Process of Preliminary Investigation and Inspection

Preliminary Investigation	
Stage One	Apparent evidence that provider is not complying with requirements
Stage Two	Preliminary investigation
Stage Three	Provider able to implement remedy within time-scale and process ceases
Inspection Visit	
Stage Four	HNO/HRE informs provider in writing of inspection visit
Stage Five	Designated adviser oversees preparations for visit
Stage Six	Pre-meeting of inspection team
Stage Seven	<i>Inspection visit:</i> meeting with relevant personnel from provider and observation of relevant activities  <i>Debriefing meeting</i> of inspection team with provider  <i>Meeting with provider</i> to inform them of outcome
Post-Inspection	
Stage Eight	Report issued
Stage Nine	Follow up work and/or withdraw approval

### 17.1 Definition of Inspection

An inspection is a visit by CCETSW to a provider outside the normal review procedures when there is evidence that a provider is:

- failing to comply with CCETSW's minimum requirements, and
- unable to complete remedial action within the time-scale specified by CCETSW.

CCETSW approval can only be withdrawn from a provider after an inspection visit.

Once the need for an inspection visit has been agreed, a clear time-scale for the full process will be agreed between CCETSW and the provider.

### 17.2 Preliminary Investigation (Stages One to Three)

Apparent evidence that a provider is not complying with the minimum requirements specified by CCETSW can come from a variety of sources.

Following investigation the liaison adviser will confirm the outcome in writing. This will clarify CCETSW's requirements for any remedial action and the time-scale in which this should be achieved. CCETSW reserves the right to instigate an immediate inspection visit without this preliminary stage.

# Inspection

## 17.3 Inspection Visit (Stages Four to Seven)

### 17.3.1 *Accountability for inspection*

The HNO or HRE is accountable for the overall management of an inspection and for agreeing the level of resources which may be available to support any remedial work required by a provider.

### 17.3.2 *Written notification to provider*

The provider will be notified in writing by the HNO or HRE of the decision to instigate an inspection visit. The letter will include:

- the reason and evidence for the decision;
- information about the process;
- the rights of providers within this process;
- the time-scale for holding the inspection (normally within four weeks of notification).

### 17.3.3 *The inspection team*

The inspection team will consist of a minimum of three members:

- one or more designated advisers with expertise in Approved Social Work or Mental Health Officer training;
- one member from CCETSW's Quality Assurance Department;
- the liaison adviser.

### 17.3.4 *Leading the inspection team*

The inspection will be chaired by a designated adviser who will lead the discussions and confirm the conclusions of the inspection to the provider. The designated adviser will also be responsible for endorsing the inspection report and ensuring its distribution to all parties.

### 17.3.5 *Access to legal advice*

The inspection team will have access to the Registrar who will seek legal advice on any matter if required.

### 17.3.6 *Visit, evidence and outcome*

It is anticipated that the inspection visit will normally take a minimum of one day including cases when the inspection team wish to consider primary evidence from the provider.

Following the inspection and full discussions with the provider, the inspection team will wish to meet prior to offering feedback and, where the issues are particularly complex, may wish to consult the HNO or HRE and/or QA Department to ensure common standards.

# Inspection

## 17.3.7 Oral report to provider

The visit will conclude with a meeting between CCETSW and the provider led by the Chair of the CCETSW inspection team.

CCETSW will inform the provider whether or not approval will be withdrawn.

If approval is to be withdrawn CCETSW will inform the provider about:

- (i) the time-scale for formal notification in writing and for progressing the written report;
- (ii) any further action which needs to be taken;
- (iii) CCETSW's appeals procedure.

If approval is to continue CCETSW will inform the provider about:

- (i) the time-scale for progressing the written report;
- (ii) any further action which the provider must take to ensure that CCETSW's requirements are fully met with time-scale;
- (iii) any further action proposed by CCETSW with time-scale;
- (iv) CCETSW's appeals procedure.

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## 17.4 Post-Inspection (Stages Eight and Nine)

### 17.4.1 Report

The provider will be given an opportunity to comment on the accuracy of the report.

Figure 8 Post-inspection Process

PROCESS
<ul style="list-style-type: none"><li>• Draft report to provider for comment on accuracy</li><li>• Report back to CCETSW with comments and additional relevant information</li><li>• Final report to provider, external and CCETSW's Registrar</li><li>• Provider circulates report to QA system members</li><li>• If approval is withdrawn, time-scale and process for necessary action</li><li>• Report becomes public</li></ul>

### 17.4.2 Public Document

When the report has been finalized it will become a public document.

The number of preliminary investigations and inspection visits undertaken by CCETSW will be published annually.

## 17.5 Reconsideration and Appeals Procedure

Provision for reconsideration and appeals against process and/or decision are outlined in Section 18.

# Reconsiderations, Appeals and Complaints

## 18.0 Reconsideration and Appeal Process

This Section outlines the process for reconsideration of decision or process initially by HNO or HRE and then by Council Member Appeal Panel. (See Figures 9 and 10).

### 18.1 Request for Reconsideration

Applications for reconsideration contesting the validity of the processes and/or the decision following an approval, annual return or review should be made in writing with supporting evidence to the HNO or HRE within six weeks of receipt of the final report from the liaison adviser. In the case of inspections, given the importance of progressing the matter as speedily as possible, the request for a reconsideration by the HNO/HRE should be within two weeks of receiving the final report.

If the HNO or HRE finds that not all the information has been taken into account, the matter will be referred back to the relevant designated adviser for further consideration. The designated adviser will inform the provider of the outcome within two weeks.

### 18.2 Council Member Appeal Panel

If the provider is still dissatisfied, within six weeks of receiving the letter the provider should write to CCETSW's Registrar. The letter should set out the grounds for appeal and request formal consideration by the Council.

The Registrar will consult with the Chair of Council, who will appoint a panel of three members of the Council\* not connected with that provider to consider the appeal. The Council members will meet as soon as possible to consider the relevant paperwork and decide whether there is a prima facie case for further consideration. The Registrar will act as secretary to the panel.

If it is agreed that a prima facie case exists the provider will be invited to meet the panel and/or send further written statements.

The panel will consider all relevant evidence, and determine on behalf of Council whether to uphold the appeal.

The decision of the Appeal Panel will be final.

\*If Council members are not available, members of National Committees can be appointed, but the Chair must be a member of Council.

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## 19.0 CCETSW's Complaints Procedure

CCETSW has a Complaints Procedure which may be used by any user of CCETSW's services at any time. CCETSW's Complaints Procedure may be called upon where providers are dissatisfied with the services we provide and also where others are dissatisfied with the services of providers approved by CCETSW. Copies of the Complaints Procedure are available from the regional and national office to which complaints should be addressed in the first instance.

# Reconsiderations, Appeals and Complaints

Figure 9 Request for Reconsideration / Appeal

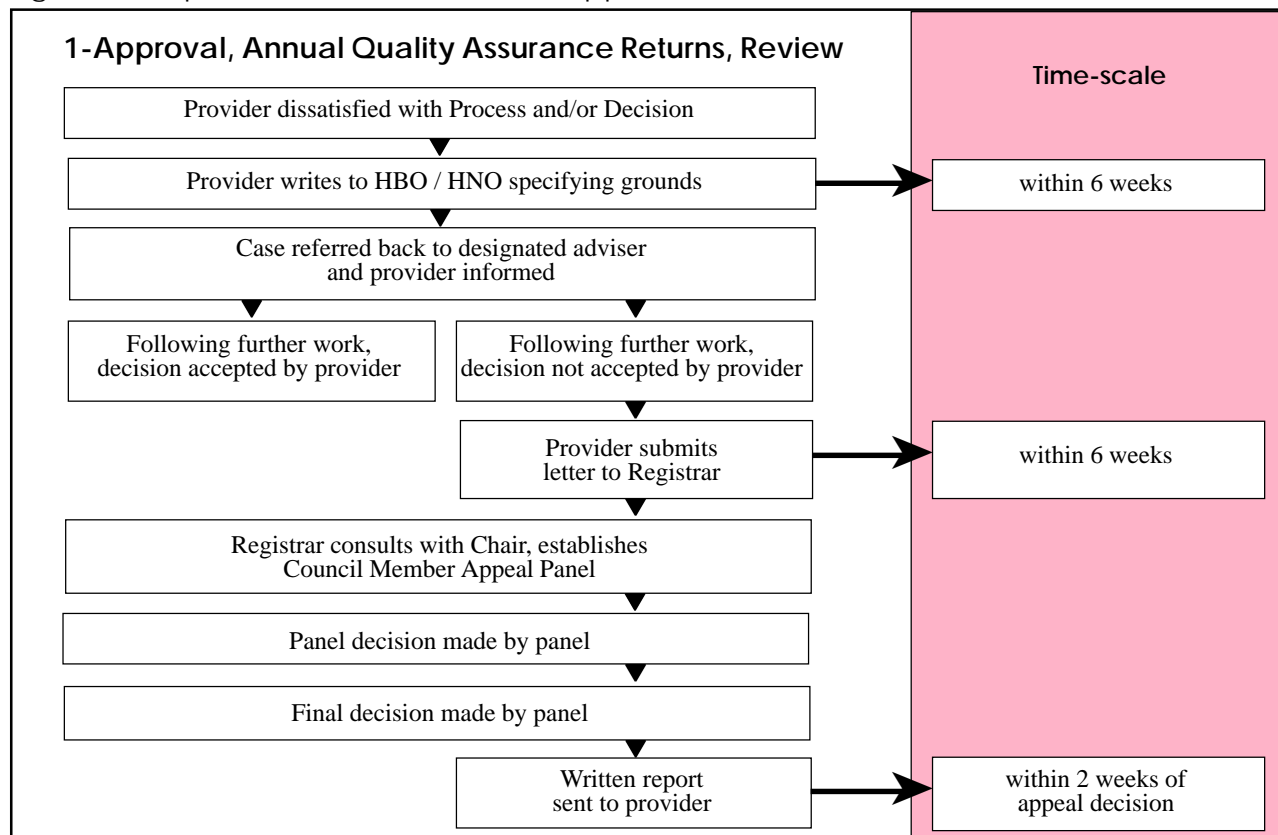


Figure 10 Request for Reconsideration / Appeal

