2019

Quality Framework

Main Centre Review Worksheet.

**Quality Standards and Evaluation Criteria**

**Section 1 Organisational Management**

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| **1. Ethos**  **1.1**  The centre Ethos reflects the values and goals of stakeholders | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | A Mission Statement, Aims and Objectives are developed and documented in consultation with stakeholder groups, displayed in the centre and included in relevant centre documentation and all social media |  |  |  |  |  |
|  | All stakeholders are aware of and understand the ethos of the centre. |  |  |  |  |  |
|  | The centre ethos informs programme operation and policy development. |  |  |  |  |  |
|  | The mission statement, aims and objectives are reviewed every two years |  |  |  |  |  |

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| **2. Evaluation and Planning**  **2.1**  Centres engage with Quality Framework annually in an Evaluation and Improvement Planning process. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The centres Evaluation and Planning process is based on the Quality Standards as well as the centre ethos. |  |  |  |  |  |
| **(b)** | As a result of the Evaluation and Planning process an Improvement Plan is developed in collaboration with all the key stakeholders. |  |  |  |  |  |
| **(c)** | The centres Evaluation and Improvement Plan informs the work of the centre and its implementation is monitored and evaluated at all staff meetings. |  |  |  |  |  |
| **(d)** | The centre Evaluation and Improvement Plan is submitted to the National Quality Framework Coordinator, relevant local ETB personnel and other stakeholder groups as decided by the staff team. |  |  |  |  |  |
| **2.2**  Self-Evaluation of Programmes and services occurs as required in lines with QQI requirements | |  |  |  |  |  |
| **(a)** | A QQI Self-Evaluation Policy and Procedures is developed and documented and on file in the centre  (QQI B9 Self-Evaluation of Programmes and Services)) |  |  |  |  |  |
| **(b)** | Self-evaluation of programmes and services occurs when and as directed by QQI |  |  |  |  |  |
| **(c)** | The self-evaluation of programmes and services involves all key stakeholder groups. |  |  |  |  |  |
| **(d)** | The outcomes of the self-evaluation of programmes and services are documented in a programme evaluation report and a programme improvement plan. |  |  |  |  |  |
| **(e)** | As part of the self-evaluation of programmes and services, areas for improvement are identified; actions and timeframes are agreed and implemented. |  |  |  |  |  |

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| **3. Communications and Links with the Community**  **3.1**  Communication systems are in place between all stakeholders as appropriate. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** | |
| **(a)** | A Communications Policy and Procedures is developed, documented and monitored annually |  |  |  |  |  | |
| **(b)** | The Communications Policy and Procedures identify how communication with learners, staff and other stakeholders are established and maintained. |  |  |  |  |  | |
| **(c)** | ETBs maintain clear reporting procedures between ETB management and Youthreach programme staff. |  |  |  |  |  | |
| **3.2**  The centre engages in public relations work as appropriate | |  |  |  |  | |  |
| **(a)** | A public relations strategy is developed by the ETB and adhered to by the centre. |  |  |  |  | |  |
| **(b)** | Opportunities are maximised to promote the work of the centre in the local community, and nationally, as appropriate |  |  |  |  | |  |
| **(c)** | Training in public relations is provided to staff as appropriate. |  |  |  |  | |  |

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| **4. Transparency and Accountability**  **4.1**  The centre conducts its activities in an open and transparent manner. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The centre operates in line with National Youthreach Operational Guidelines |  |  |  |  |  |
| **(b)** | Learners are informed of their entitlements and choices available within the programme. |  |  |  |  |  |
| **(c)** | Procedures for all key aspects of the programme are developed with an approval from local management |  |  |  |  |  |
| **(d)** | General information in relation to the programme is available to the public. |  |  |  |  |  |
| **(e)** | Signs on the premises, correspondence and other relevant documentation highlight the sponsors of the programme. |  |  |  |  |  |
| **(f)** | A monthly and annual report is submitted to local management as required by the ETB |  |  |  |  |  |

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| **5. Administration and Financial Management**  **5.1**  Administration arrangements meet the needs of all  stakeholder groups. | | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | Administration support is allocated as appropriate between the centre and the ETB Office. | |  |  |  |  |  |
| **(b)** | The administration staff carry out the key administration functions relating to the programme. | |  |  |  |  |  |
| **(c)** | Relevant equipment and resources are provided in order to carry out all administration functions. | |  |  |  |  |  |
| **(d)** | Clear procedures are in place in relation to all administration tasks in line with ETB and IAU - Internal Audit Unit - formally VSSU guidelines. | |  |  |  |  |  |
| **5.2**  Finances are managed in a manner that meets the needs of the centre and are in compliance with National Guidelines | | |  |  |  |  |  |
| **(a)** | | The Co-Ordinator is provided with an approved budget for the programme. |  |  |  |  |  |
| **(b)** | | Appropriate training is provided for management and key staff in relation to budgetary matters |  |  |  |  |  |
| **(c)** | | Pay and non-pay budgets are effectively planned and managed by the Co-Ordinator in conjunction with local management and the relevant personnel in the local ETB. |  |  |  |  |  |
| **(d)** | | Supplies and services are ordered in accordance with the approved purchasing procedures of the ETB. |  |  |  |  |  |
| **(e)** | | All necessary financial records are maintained and stored safely. |  |  |  |  |  |
| **(f)** | | Financial management systems are subject to external audit. |  |  |  |  |  |
| **5.3**  Adequate insurance cover is in place to cover all  activities of the programme. | | |  |  |  |  |  |
|  | | Written confirmation of insurance cover is in place. |  |  |  |  |  |
|  | | Additional insurance cover for any new programme/activity is sought and received prior to engaging in new programmes/activities. |  |  |  |  |  |

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| **6. Record keeping**  **6.1**  Records relating to key aspects of the programme are maintained in accordance with National Data Protection Guidelines. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | A data protection policy - in line with the Office of the Data Protection Commissioner - is in place in the centre. |  |  |  |  |  |
| **(b)** | Staff are aware of and familiar with data protection obligations. |  |  |  |  |  |
| **(c)** | Due care is taken to protect confidential information in line with data protection legislation. |  |  |  |  |  |
| **(d)** | Records in relation to staff are maintained to include recruitment details, relevant contracts, claim forms, annual leave, sick leave, staff development programmes that staff engaged in, programmes of work and evaluations as relevant |  |  |  |  |  |

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| **7. Health and Safety**  **7.1**  A safe and healthy environment exists in the centre. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The centre has an up to date Health and Safety statement, based on the ETB master statement. |  |  |  |  |  |
| **(b)** | Correct health and safety procedures are developed and documented in compliance with relevant legislation. |  |  |  |  |  |
| **(c)** | A risk assessment is carried out annually in all areas by staff and learners |  |  |  |  |  |
| **(d)** | Health and safety procedures are reviewed and audited each term. |  |  |  |  |  |
| **(f)** | Health and Safety training is provided for all staff as appropriate |  |  |  |  |  |
| **(g)** | Classrooms are properly heated, properly ventilated, clean and well maintained. |  |  |  |  |  |
| **(h)** | Due attention is given to learner safety during lessons and in the organisation, layout and furnishing of classrooms and other learning areas. |  |  |  |  |  |
| **(i)** | Learners are properly supervised at all times |  |  |  |  |  |

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| **8. Premises**  **8.1**  The programme is located in an appropriate building/accommodation. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The building provides a safe, stimulating learning environment. |  |  |  |  |  |
| **(b)** | Responsibility for the management of the premises is clearly defined. |  |  |  |  |  |
| **(c)** | Systems are in place for the maintenance and repair of the building/accommodation in order to meet health and safety requirements |  |  |  |  |  |

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| **9. Equipment**  **9.1**  Equipment and resources are provided in order to safely and effectively carry out all aspects of the programme. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | Staff document the equipment required to deliver the various aspects of the programme. |  |  |  |  |  |
| **(b)** | The equipment required to deliver the various aspects of the programme is in place and complies with health and safety requirements. |  |  |  |  |  |
| **(c)** | Learners have access to the necessary and relevant equipment and materials during lessons |  |  |  |  |  |
| **(d)** | ICT is available in the classroom and other learning settings |  |  |  |  |  |
| **(e)** | Systems are in place for regular maintenance and updating of equipment. |  |  |  |  |  |
| **(f)** | Stock records are systematically maintained. |  |  |  |  |  |

# Section Two: Personnel & Development

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| **10. Staff Team**  **10.1**  Staff work as a team. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The composition of the staff team is based on the operational needs of the centre and the programmes delivered in the centre. |  |  |  |  |  |
| **(b)** | The role and responsibility of each staff member is clearly outlined. |  |  |  |  |  |
| **(c)** | Members of staff work in a collaborative and cooperative manner |  |  |  |  |  |
| **(d)** | All members of the staff team share responsibility for the work of the centre and are involved in decision making as appropriate. |  |  |  |  |  |
| **(e)** | Staff are willing to be flexible and to take on various projects based on the needs of learners where appropriate |  |  |  |  |  |
| **(f)** | All staff members are provided with opportunities to contribute to the development of the centre through participation in staff meetings, training, planning and evaluation sessions and structured teambuilding exercises. |  |  |  |  |  |
| **(g)** | Staff meetings occur monthly as per Youthreach Operational Guidelines |  |  |  |  |  |
| **(h)** | A critical incident plan is in place in the centre. |  |  |  |  |  |
| **(i)** | All staff are aware of and familiar with the Critical Incident Plan and how to respond to critical incidents as set down by guidelines from the Department of Education and Skills |  |  |  |  |  |

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| **11. Staff Recruitment and Induction**  **11.1**  Staff are recruited on the basis of personal suitability, appropriate experience and relevant qualifications. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | A Staff Recruitment Policy and Procedures is developed documented and monitored annually  (QQI B3 Staff Recruitment and Development) |  |  |  |  |  |
| **(b)** | ETBs have maximum flexibility to recruit staff with a combination of personal qualities and professional skills most likely to meet the often complex needs of Youthreach learners. |  |  |  |  |  |
| **(c)** | Recruited staff have a combination of qualities and skills including broad educational and vocational experiences, a proven track record of performance in their career to date and confidence in their abilities to relate to disadvantaged young people. |  |  |  |  |  |
| **(d)** | The-Co-Oradiator is involved in the recruitment process as appropriate. |  |  |  |  |  |
| **(e)** | Key staff are trained in the recruitment process if required. |  |  |  |  |  |
| **11.2**  A staff induction programme operates in the centre  (Induction may also be carried out by the ETB) | |  |  |  |  |  |
| **(a)** | The staff induction programme is developed and documented so as to ensure that staff are aware of expectations, internal organisation, policy and procedure documents, teaching and learning strategies and best practice. |  |  |  |  |  |
| **(b)** | All new staff are inducted in accordance with the agreed induction programme. |  |  |  |  |  |
| **11.3**  Staff conduct is professional at all times as laid down by the Teaching Council Guidelines and ETB Guidelines | |  |  |  |  |  |
| **(a)** | The code of conduct for staff is developed and is based on National Teaching Council Guidelines/ ETB Guidelines |  |  |  |  |  |
| **(b)** | All staff are informed of the code of conduct as part of their induction programme |  |  |  |  |  |
| **(c)** | All staff carry out their work in accordance with the code of conduct in the Teaching Council Guidelines and centre policies and procedures |  |  |  |  |  |
| **(d)** | Staff model high standards of behaviour when dealing with learners and each other through communication, showing respect, dealing with emotions, collaboration, preparation and organisation of work and addressing challenges. |  |  |  |  |  |

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| **12. Staff Development and Training**  **12.1**  Staff are encouraged and supported to gain additional training/qualifications appropriate to their role in the Centre. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | A staff development policy and its procedures is developed documented and monitored annually  (QQI B3 Staff Recruitment and Development) |  |  |  |  |  |
| **(b)** | Procedures are in place for staff to make recommendations and seek support for training and the achievement of additional qualifications as appropriate. |  |  |  |  |  |
| **(c)** | Time and resources are allocated on an annual basis for staff development. |  |  |  |  |  |

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| **13. Staff Support**  **13.1**  A staff support system is in place in the centre. | | **Evidence** | **Area for Improvement** | | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | A staff support system is in place in the centre. |  | |  |  |  |  |
| **(b)** | Staff support occurs on a regular basis in the centre and in a structured external format should it be required |  | |  |  |  |  |
| **(c)** | The benefits of the staff support system are evident in the centre |  | |  |  |  |  |

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| **14. Critical Incident Planning**  **14.1**  The centre reduces the likelihood of critical incidents happening and increases the ability of staff and learners to cope when they do | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | Learners and staff members are physically safe and feel psychologically secure when they are in the centre |  |  |  |  |  |
| **(b)** | The centre has an e-learning plan and acceptable use policy in relation to new technologies |  |  |  |  |  |
| **(c)** | The centre is aware of the mental health needs of learners and addresses them in a range of ways |  |  |  |  |  |
| **(d)** | Learners know who they can approach for help if they are in difficulties |  |  |  |  |  |
| **(e)** | Learners are taught about self-care in a range of areas (sexual health, road safety, internet and social media, etc.) |  |  |  |  |  |
| **(f)** | The centre has developed a robust anti-bullying policy and procedure, and reviews these on a regular basis |  |  |  |  |  |
| **14.2**  The staff team prepares for critical incidents by anticipating how they can be managed through a process of preparation and planning | |  |  |  |  |  |
| **(a)** | The centre has an up-to-date critical incident plan (CIP) in place |  |  |  |  |  |
| **(b)** | The centre has a critical incident team (CIT) |  |  |  |  |  |
| **(c)** | The members of this team know their roles |  |  |  |  |  |
| **(d)** | All members of staff are aware of this plan |  |  |  |  |  |
| **(e)** | The plan is reviewed annually |  |  |  |  |  |
| **(f)** | The centre is aware of all local services and agencies that could be of help in a critical incident and is aware of how to make contact with them |  |  |  |  |  |
| **(g)** | The centre has copies of the NEPS document *Responding to critical incidents in centres* to hand, along with any other relevant literature |  |  |  |  |  |
| **14.3**  The centre uses a range of interventions when critical incidents happen to support learners and the staff team | |  |  |  |  |  |
| **(a)** | Staff understand the need to maintain the normal routine as far as possible, to manage information carefully and to take measures to keep learners safe |  |  |  |  |  |
| **(b)** | When concerns persist about a learner’s ability to cope with a critical incident they are referred to a mental health service such as CAMHS |  |  |  |  |  |
| **(c)** | Staff members have received CPD in areas such as mental health promotion and suicide awareness |  |  |  |  |  |
| **(d)** | The centre has identified how the staff team will receive support during a critical incident |  |  |  |  |  |

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| **15. Support Services and Practices**  **15.1**  The staff team has an understanding of how learners are supported in the centre | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | All centre staff understand that the function of the guidance, counselling and psychological services fund is to increase the capacity of the centre to respond to the needs of its learners |  |  |  |  |  |
| **(b)** | Staff recognise that formal support provision to learners is part of a continuum of support that is made available by the centre |  |  |  |  |  |
| **15.2**  The staff team is aware of learners’ support needs and difficulties | |  |  |  |  |  |
| **(a)** | Learners’ needs and difficulties are identified by staff through a combination of methods, including observation, testing and consultation |  |  |  |  |  |
| **(b)** | The centre ensures that learners have adequate opportunities to talk to staff about their needs and difficulties |  |  |  |  |  |
| **15.3**  The centre has a supportive ethos and culture | |  |  |  |  |  |
| **(a)** | Learners feel connected to the centre |  |  |  |  |  |
| **(b)** | Learners feel secure when they are in the centre |  |  |  |  |  |
| **(c)** | Learners feel encouraged to communicate with staff and peers when they are in the centre |  |  |  |  |  |
| **(d)** | Learners feel accepted, appreciated and respected in the centre |  |  |  |  |  |
| **(e)** | Learners feel that staff have knowledge of their community contexts and understand their circumstances |  |  |  |  |  |
| **(f)** | Staff feel respected by their peers and by the learners |  |  |  |  |  |
| **(g)** | Centre staff feel acknowledged and appreciated by management |  |  |  |  |  |
| **15.4**  Learners receive support from all members of staff | |  |  |  |  |  |
| **(a)** | An induction programme is provided to learners when they start with the aim of helping them to engage in the centre |  |  |  |  |  |
| **(b)** | Staff provide information and advice to learners as appropriate |  |  |  |  |  |
| **(c)** | The curriculum of the centre includes social, personal and health education (SPHE) |  |  |  |  |  |
| **(d)** | Learners received regular one-to-one key working or mentoring support |  |  |  |  |  |
| **(e)** | When appropriate, staff engage in interagency work with local services on behalf of learners |  |  |  |  |  |
| **(f)** | For a time after transition from the centre, learners continue to have some access to staff for advice and support |  |  |  |  |  |
| **15.5**  Learners receive support from professional support practitioners if required | |  |  |  |  |  |
| **(a)** | Learners have access to guidance and/or counselling support in the centre. |  |  |  |  |  |
| **(b)** | Learners have access to appropriate therapeutic, psychological and/or mental health supports from community-based services if required |  |  |  |  |  |
| **(c)** | Staff support learners to access welfare and family support services if required. |  |  |  |  |  |
| **(d)** | Learners are supported by the centre staff to locate appropriate medical and/or other physical support services if required |  |  |  |  |  |
| **(e)** | Staff support learners to liaise with appropriate probation and welfare services or other legal supports and/or youth services if required |  |  |  |  |  |
| **15.6**  The staff team receives regular professional support | |  |  |  |  |  |
| **(a)** | Staff support sessions – organised on a staff team or one-to-one basis, or a combination of both – are timetabled to take place on a sufficiently regular basis to meet the needs of staff |  |  |  |  |  |
| **(b)** | For staff engaging in WebWheel mentoring, case supervision and staff support is provided on at least a monthly basis |  |  |  |  |  |
| **15.7**  The adequacy of support provision for learners and staff is reviewed every year | |  |  |  |  |  |
| **(a)** | The effectiveness of support services in the centre is evaluated by the staff team and the support practitioners every year |  |  |  |  |  |
| **(b)** | Learners are facilitated to evaluate their experience of support services every year |  |  |  |  |  |
| **(c)** | The effectiveness of staff supervision and support provision is evaluated by staff every year |  |  |  |  |  |

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| **16. Implementation of the WEB Wheel model in centres**  **16.1**  All staff have an understanding of the WebWheel model and mentors have adequate training in how to implement it | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | All centre staff are clear about the purpose and approach of the WebWheel model |  |  |  |  |  |
| **(b)** | Mentors are sufficiently trained to mentor safely and effectively |  |  |  |  |  |
| **(c)** | Further skill and information needs of mentoring team are identified and further training arranged on an on-going basis as needed |  |  |  |  |  |
| **16.2**  The WebWheel model is implemented in a co-ordinated fashion | |  |  |  |  |  |
| **(a)** | WebWheel mentoring is organised in a coordinated manner |  |  |  |  |  |
| **(b)** | Overall responsibility for the organisation of mentoring in the centre lies with the centre coordinator |  |  |  |  |  |
| **(c)** | Mentors are clear about their role in implementing the WebWheel model and all other staff are aware of its function in the work of the centre |  |  |  |  |  |
| **(d)** | Staff meet regularly to discuss IAPs, to review learners’ progress and to plan supports |  |  |  |  |  |
| **(e)** | The centre is aware of all relevant local services and agencies, both statutory and non-statutory, and is familiar with their contact and referral arrangements |  |  |  |  |  |
| **(f)** | Child protection issues are clarified and discussed on a regular basis with the full staff team and mentors have a clear procedure for dealing with any such issues that might arise |  |  |  |  |  |
| **16.3**  WebWheel mentoring takes place on a regular basis | |  |  |  |  |  |
| **(a)** | Learners are assigned a personal mentor |  |  |  |  |  |
| **(b)** | The system for allocating mentors to learners is effective and there is a clear procedure for reviewing and changing pairings if they are not working out for either the learner or mentor. |  |  |  |  |  |
| **(c)** | Staff conduct each mentoring session in accordance with the guidelines they received during WebWheel model training |  |  |  |  |  |
| **(d)** | Learners are systematically profiled using the Wheel |  |  |  |  |  |
| **(e)** | Mentoring sessions are timetabled to take place on a regular basis |  |  |  |  |  |
| **(f)** | Personal mentoring records are maintained by mentors as aides memoire |  |  |  |  |  |
| **16.4**  Individual action plans (IAPs) are drawn up during the mentoring sessions | |  |  |  |  |  |
| **(a)** | An IAP is developed and documented for each learner attending mentoring |  |  |  |  |  |
| **(b)** | IAPs set out learners’ personal, educational and vocational goals |  |  |  |  |  |
| **(c)** | IAPs are based on the data from the Wheel and the learners’ own assessment of their needs and goals |  |  |  |  |  |
| **(d)** | IAPs identify any additional supports that will be provided to the learner in the centre |  |  |  |  |  |
| **(e)** | When required, IAPs identify services and agencies outside the centre that will be approached and/or worked with for the purposes of achieving additional supports for learners |  |  |  |  |  |
| **(f)** | The implementation of IAPs is reviewed by mentors and learners during the mentoring sessions and progress recorded |  |  |  |  |  |
| **(h)** | IAPs are shared, discussed and endorsed at staff meetings and their implementation is the responsibility of the full staff team. |  |  |  |  |  |
| **16.5**  Inter-agency working is pursued by the centre when needed to support a learner | |  |  |  |  |  |
| **(a)** | Staff collaborate with external agencies to support learners where appropriate. Contact may be initiated by the centre, learner, learner’s family or agency. |  |  |  |  |  |
| **(b)** | Collaboration with external agencies is coordinated within the centre |  |  |  |  |  |
| **(c)** | Progress in relation to inter-agency working is reviewed and documented in a learner’s IAP if the service provided by the external agency is not confidential |  |  |  |  |  |
| **16.6**  Mentors receive professional staff support and supervision | |  |  |  |  |  |
| **(a)** | Staff support is provided for mentors to help them with their role and any distress they experience as a result of it |  |  |  |  |  |
| **(b)** | Case supervision is provided to mentors to help them identify how they can best help the learners they are mentoring |  |  |  |  |  |
| **(c)** | Mentors avail of both supervision and support services on a regular basis (and not less frequently than once a month) |  |  |  |  |  |
| **(d)** | Staff support and supervision is provided by a fully qualified psychotherapist or psychologist who is a member of an appropriate professional body |  |  |  |  |  |
| **16.7**  The implementation of the WebWheel model in the centre is evaluated annually | |  |  |  |  |  |
| **(a)** | The implementation and effectiveness of WebWheel mentoring is evaluated annually by the centre |  |  |  |  |  |
| **(b)** | The nature of the supervision and support services provided is evaluated by mentoring staff every year |  |  |  |  |  |

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| **17. Evaluation of the SEN Initiative in SENI centres**  **17.1**  The operation of the SEN Initiative follows the guidelines faithfully and the centre’s SEN policy is well coordinated across the centre | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The operation of the SEN Initiative is evaluated every year by the full staff team |  |  |  |  |  |
| **(b)** | Learners are facilitated to evaluate their experience of the SEN Initiative and their progress in the centre over the past year |  |  |  |  |  |
| **(c)** | The ETB contributes to the annual evaluation |  |  |  |  |  |
| **(d)** | Other stakeholders and service providers are consulted as part of the evaluation e.g. parents, support practitioners |  |  |  |  |  |
| **(e)** | The case supervision and staff support service is evaluated by the mentoring staff and changed if viewed as unsatisfactory |  |  |  |  |  |
| **(f)** | The annual SENI report is drawn up by the coordinator and okayed by the ETB before being submitted on time to the SENI National Coordinator |  |  |  |  |  |
| **17.2**  The WebWheel mentoring model is fully implemented for all learners in the centre | |  |  |  |  |  |
| **(a)** | New learners are introduced to WebWheel mentoring at an induction meeting |  |  |  |  |  |
| **(b)** | All learners are assigned a mentor within two months of starting in the centre |  |  |  |  |  |
| **(c)** | There is a clear procedure for reviewing and changing pairings if they are not working out for either the learner or the mentor |  |  |  |  |  |
| **(d)** | Staff conduct the mentoring sessions according to the WebWheel model |  |  |  |  |  |
| **(e)** | Every learner has a mentoring session at least once a fortnight |  |  |  |  |  |
| **(f)** | A mentoring session is timetabled to last at least 20 minutes if every week and 30 minutes if once a fortnight |  |  |  |  |  |
| **(g)** | Personal mentoring records are maintained by mentors as aides memoire |  |  |  |  |  |
| **17.3**  Individual action plans (IAPs) are developed during the mentoring sessions | |  |  |  |  |  |
| **(a)** | An IAP is developed and documented with each learner |  |  |  |  |  |
| **(b)** | IAPs are drawn up during the mentoring sessions and are based entirely on the goals the learners identify for themselves. |  |  |  |  |  |
| **(c)** | IAPs are distinguished from the other kinds of plans for learners that staff may draw up relating to courses, accreditation and progression or to disciplinary issues |  |  |  |  |  |
| **(d)** | IAPs identify the specific *teaching* and/or *support* interventions that will be provided to learners by the centre and any actions the learners will undertake themselves |  |  |  |  |  |
| **(e)** | IAPs are shared and discussed at full staff meetings on the basis that all staff members share responsibility for their implementation |  |  |  |  |  |
| **(f)** | The IAPs of some learners identify services or agencies outside the centre that will be approached and/or worked with for the purposes of achieving additional supports for them |  |  |  |  |  |
| **17.4**  Staff training, support and supervision are provided to all mentors | |  |  |  |  |  |
| **(a)** | All staff members receive formal induction in relation to the SEN Initiative |  |  |  |  |  |
| **(b)** | All mentors have done the introductory mentoring training in the WebWheel model |  |  |  |  |  |
| **(c)** | All mentors have done at least one day of advanced mentoring training after six months |  |  |  |  |  |
| **(d)** | Staff support is provided for mentors to help them manage their role and their experiences of mentoring |  |  |  |  |  |
| **(e)** | Case supervision is provided to mentors to help them identify how they can best help the learners they are mentoring |  |  |  |  |  |
| **(f)** | Mentors avail of both supervision and support services on a regular basis (and not less frequently than once a month) |  |  |  |  |  |
| **(g)** | Staff support and supervision is provided by a fully qualified psychotherapist or psychologist who is a member of an appropriate professional body |  |  |  |  |  |
| **17.5**  The operation of the SEN Initiative is well coordinated across the centre | |  |  |  |  |  |
| **(a)** | The budget for the SEN Initiative is spent in accordance with the guidelines |  |  |  |  |  |
| **(b)** | All staff – whether mentors or not – are clear about their role in the Initiative |  |  |  |  |  |
| **(c)** | The whole staff team is involved in identifying possible *teaching* and *support* interventions to respond to learners’ special educational needs |  |  |  |  |  |
| **(d)** | The centre is aware of all relevant local services and agencies, both statutory and non-statutory, and is familiar with their contact and referral arrangements |  |  |  |  |  |
| **(e)** | Child protection issues are clarified and discussed on a regular basis with the full staff team and mentors have a clear procedure for dealing with any issues that might arise |  |  |  |  |  |

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| Section Three: Learning Environment | | | | | | |
| **18. Child Protection and** **Safeguarding Policies and Practices**  **18.1**  The protection and welfare of learners is of paramount importance in the centre  \* Where schools are mentioned in the document the term is inclusive of centres for education | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The centre adheres to and implements the principles and practices set out in the Child Protection Procedures for Primary and Post Primary Schools (2017) |  |  |  |  |  |
| **(b)** | All staff have a copy of the Child Protection Procedures for Primary and Post Primary Schools (2017) They are aware of and follow the guidelines as set therein |  |  |  |  |  |
| **(c)** | Up to date information and obligatory training in relation to Child Protection is provided for all staff. |  |  |  |  |  |
| **(d)** | The Designated Liaison Person (DLP) and Deputy Designated Liaison Person (DDLP) are familiar with the Child Protection Procedures for Primary and Post Primary Schools (2017) to enable him/her fulfil their roles |  |  |  |  |  |
| **(e)** | Child Protection/Safeguarding is on the agenda of all staff meetings/Board of Management meetings |  |  |  |  |  |
| **(f)** | A Child Safeguarding Statement - to include a specific reference to the need to consider online safety - has been developed in line with the requirements of the Child Protection Procedures 2017 in conjunction with the Mandatory Template 2 - Child Safeguarding Template – found on [www.education.ie](http://www.education.ie)  (effective from March 2018 - see The Department of Education and Skills circular [0081/2017](https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0081_2017.pdf)) |  |  |  |  |  |
| **(g)** | The Child Safeguarding Statement is prominently displayed near the main entrance of the centre |  |  |  |  |  |
| **(h)** | A copy of the Child Safeguarding Statement is given to all staff (and is also covered at induction with new staff) |  |  |  |  |  |
| **(i)** | All staff have read the Child Safeguarding Statement and are aware of their own individual responsibilities. |  |  |  |  |  |
| **(j)** | A copy of the Child Safeguarding Statement is available to all Parents/Guardians on request |  |  |  |  |  |
| **(k)** | A copy of the Child Safeguarding Statement is published on the centres website (if applicable) |  |  |  |  |  |
| **(l)** | The Child Safeguarding Statement is reviewed annually by the full staff team in conjunction with the Mandatory Template 3 – Checklist for Review of Child Safeguarding Template – found on [www.education.ie](http://www.education.ie) |  |  |  |  |  |
| **(m)** | The Child Safeguarding Statement is reviewed annually by the Board of Management/Advisory Group (if applicable) in conjunction with the Mandatory Template 4 – Notification regarding the Board of Management’s review of the Child Safeguarding Statement – found on [www.education.ie](http://www.education.ie) |  |  |  |  |  |
| **(n)** | A record of the review of the Child Safeguarding Statement is stored on file after every review |  |  |  |  |  |
| **(o)** | Actions are put in place to address any areas for improvements that arise from the review the Child Safeguarding Statement |  |  |  |  |  |
| **(p)** | Staff are informed when a review of the Centre’s Child Safeguarding Statement has taken place (Where a Board of Management is in place) |  |  |  |  |  |
| **(q)** | Notification that a review of the centres Child Safeguarding Statement has taken place is placed on the centres website (if applicable) |  |  |  |  |  |
| **18.2**  A Designated Liaison Person (DLP) and Deputy Designated Liaison Person (DDLP) have been appointed in line with the requirements of Child Protection Procedures | |  |  |  |  |  |
| **(a)** | A Designated Liaison Person (DLP) and Deputy Designated Liaison Person (DDLP) have been appointed in line with the requirements of Child Protection Procedures |  |  |  |  |  |
| **(b)** | A Designated Liaison Person (DLP) and Deputy Designated Liaison Person (DDLP) are named in the centres Child Safeguarding Statement |  |  |  |  |  |
| **(c)** | The names of the Designated Liaison Person (DLP) and the Deputy Designated Liaison Person (DDLP) are prominently displayed in the centre |  |  |  |  |  |
| **(d)** | A Designated Liaison Person (DLP) and Deputy Designated Liaison Person (DDLP) are current full time members of the staff team |  |  |  |  |  |
| **(e)** | If the DLP is not the Co-Ordinator/Manager then he/she will keep the Co-Ordinator/Manager appropriately informed of Child Protection matters |  |  |  |  |  |
| **(f)** | The Deputy Designated Liaison Person is aware of the location of Child Protection files and can access them if required |  |  |  |  |  |
| **18.3**  Correct record keeping procedures in relation to Child Protection are in place in the centre | |  |  |  |  |  |
| **(a)** | Correct recording and reporting procedures are followed in respect of child protection concerns. |  |  |  |  |  |
| **(b)** | A hard copy of Child Protection records/files are maintained in a secure location |  |  |  |  |  |
| **(c)** | All parties referenced in all Child Protection files are assigned a unique identifier number |  |  |  |  |  |
| **(d)** | A Child Protection Oversight Report is provided to the Board of Management (where applicable) |  |  |  |  |  |
| **(e)** | The Child Protection Oversight Report is fully completed on the template provided by the Department (Where a Board of Management is in place)  (Template E Checklist for preparing a Child Protection Oversight Report found on [www.education.ie](http://www.education.ie) ) |  |  |  |  |  |
| **(f)** | The Board of Management (where applicable) is furnished with all the relevant documentation in relation to Child Protection concerns |  |  |  |  |  |
| **(g)** | The minutes of all board meetings contain a Child Protection Oversight Report.  (Where a Board of Management is in place) |  |  |  |  |  |
| **(h)** | The minutes of all board meetings use unique identifier numbers/codes to refer to individuals mentioned in the Child Protection Oversight Report  (Where a Board of Management is in place) |  |  |  |  |  |
| **18.4**  The procedures to report allegations of abuse are fully implemented in line with the guidelines set out in the Child Protection Procedures for Primary and Post Primary Schools (2017) | |  |  |  |  |  |
| **(a)** | A written record from the DLP of how Child Protection concerns came to his/her attention is retained in the relevant file |  |  |  |  |  |
| **(b)** | A record of any consultation with TUSLA which includes the date, the name of the TUSLA official and the advice given is on file |  |  |  |  |  |
| **(c)** | Copies of all reports submitted to TUSLA are on file |  |  |  |  |  |
| **(d)** | A record of any further action and/or further communication taken by the DLP with TUSLA, An Garda Siochana or other parties is on file |  |  |  |  |  |
| **(e)** | A record of the information communicated by the DLP to the Parent/Guardian of the Learner about whom the report is being made to TUSLA is on file |  |  |  |  |  |
| **(f)** | A record of the decision made by the DLP not to inform the Parent/Guardian of a Learner about whom the report is being made to TUSLA and the reasons for not doing so is on file |  |  |  |  |  |
| **(g)** | The appropriate staff member/s is/are informed when advice is being sought from TUSLA and a record of this is on file |  |  |  |  |  |
| **(h)** | The appropriate staff member/s is/are informed of advice received from TUSLA and a record of this is on file |  |  |  |  |  |
| **(i)** | The appropriate staff member/s is/are informed when advice is not being sought from TUSLA and a record of this is on file |  |  |  |  |  |
| **(j)** | Where the DLP decides not to report a concern to TUSLA, staff are informed that they may report such concern to TUSLA using the TUSLA Report Form and a copy of the report goes to the DLP. |  |  |  |  |  |
| **18.5**  The procedures to report allegations or suspicions of abuse against centre staff are fully implemented in line with the guidelines set out in the Child Protection Procedures for Primary and Post Primary Schools (2017) | |  |  |  |  |  |
| **(a)** | A written record from the DLP of how Child Protection concerns came to his/her attention in all cases of allegations made against a member of the staff team is retained in the relevant file |  |  |  |  |  |
| **(b)** | A written record from the DLP of how Child Protection concerns came to his/her attention in all cases of allegations made against a member of the staff team is reported to the employer (Board of Management where applicable or ETB) and retained in the relevant file |  |  |  |  |  |
| **(c)** | A record of any consultation with TUSLA in all cases of allegations made against a member of the staff team, which includes the date, the name of the TUSLA official and the advice given is on file |  |  |  |  |  |
| **(d)** | A record that the DLP reported to TUSLA allegations made against a member of the staff team where TUSLA advised to do so is on file |  |  |  |  |  |
| **18.6**  A Risk Assessment has been completed based on the template provided with the Child Protection Procedures for Primary and Post Primary Schools (2017) | |  |  |  |  |  |
| **(a)** | A Risk Assessment has been completed in line with the requirements of the Child Protection Procedures 2017 in conjunction with the Mandatory Template 1 - Child Safeguarding Risk Assessment Template – found on [www.education.ie](http://www.education.ie) |  |  |  |  |  |
| **(b)** | The centre has specified in its Risk Assessment the policies and procedures in place to minimise the risk of harm by responding to potential risks |  |  |  |  |  |
| **(c)** | The Risk Assessment is on display with the Child Safeguarding statement |  |  |  |  |  |
| **(d)** | A copy of the Risk Assessment is given to all staff (and new staff during induction) |  |  |  |  |  |
| **18.7**  The centre has in place a range of Policies and Procedures to minimise the risk of harm/abuse to Learners | |  |  |  |  |  |
| **(a)** | The centre has an Anti-Bullying Policy which fully adheres to the requirements of the Department’s (to include on line bullying)  Anti-Bullying Procedures for Primary and Post-Primary Schools and Circular 0045/2013 |  |  |  |  |  |
| **(b)** | The centre has in place a Code of Behaviour for Learners that is implemented in a fair and consistent manner |  |  |  |  |  |
| **(c)** | An Acceptable Use Policy (AUP) is developed and implemented to ensure the online safety of learners. See [www.webwise.ie](http://www.webwise.ie) |  |  |  |  |  |
| **(d)** | The centre has a Mobile Phone Policy in place (in respect of usage of mobile phones by Learners) |  |  |  |  |  |
| **(e)** | The centre has a Responding to Intimidation Policy in place |  |  |  |  |  |
| **(f)** | The centre has a Critical Incident Management Plan in place and all staff are aware of their responsibilities in responding to a critical incident. |  |  |  |  |  |
| **18.8**  The centre promotes the Social, Personal and Health Education of Learners | |  |  |  |  |  |
| **(a)** | The centre promotes the social, personal and health education of Learners through the provision of a broad ranging and integrated programme of SPHE/RSE and related programmes and activities. |  |  |  |  |  |
| **(b)** | Programme plans in the area of SPHE/RSE and related programmes and activities are developed, documented and reviewed by relevant staff members |  |  |  |  |  |
| **(c)** | The SPHE programme addresses areas such as self-awareness and emotional health, self-management, belonging and integrating, communication skills, friendships, conflict resolution, relationships and sexuality, influences and decision-making, substance use, personal safety and knowing when and how to seek help |  |  |  |  |  |

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| **19 Code of Behaviour**  **19.1**  Learners are encouraged to behave in an appropriate manner. | | **Evidence** | **Area for Improvement** | | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | A positive Code of Behaviour is developed and implemented in a fair and consistent manner in compliance with departmental guidelines |  | |  |  |  |  |
| **(b)** | The Code of Behaviour outlines learners’ rights, responsibilities and a grievance procedure. |  | |  |  |  |  |
| **(c)** | The Code of Behaviour outlines procedures for dealing with the misuse of drugs. |  | |  |  |  |  |
| **(d)** | The Code of Behaviour has the support of parents/guardians, staff and learners and local ETB. |  | |  |  |  |  |
| **(e)** | Clear records are maintained in relation to the implementation of the Code of Behaviour. |  | |  |  |  |  |
| **(f)** | An anti-bullying policy is developed, documented and implemented in a fair and consistent way in compliance with the Department of Education and Skills guidelines |  | |  |  |  |  |
| **(g)** | Information and training in relation to anti-bullying, cyber bullying is provided for all staff. |  | |  |  |  |  |
| **(h)** | Staff, learners, parents/guardians are made aware of and fully support the implementation of the centre’s anti-bullying policy. |  | |  |  |  |  |

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| **20. Equality and Interculturalism**  **20.1**  There is a commitment to the provision of equal  opportunities for learners and staff in compliance with relevant Equality legislation | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | An Equality Policy and Procedures is developed documented and monitored annually.  (QQI B2 Equality) |  |  |  |  |  |
| **(b)** | Procedures for dealing with complaints in contravention of Equality legislation are documented in the Equality Policy and Procedures and are implemented. |  |  |  |  |  |
| **(c)** | Information and training in relation to equality is provided for staff. |  |  |  |  |  |
| **(d)** | Staff are aware of and understand the 9 grounds that underpin Equality legislation |  |  |  |  |  |
| **(e)** | Centre policies and procedures reflect an intercultural ethos and promote mutual respect, understanding and openness to individuals and groups from all cultures, ethnic, national and religious backgrounds. |  |  |  |  |  |
| **(f)** | An Equality Action Plan is developed implemented and monitored by the staff team |  |  |  |  |  |
| **(g)** | Individuals or groups with particular needs are facilitated to participate in the programme through the provision of specific supports where possible |  |  |  |  |  |
| **(h)** | There is respect for all learners regardless of their backgrounds, cultural identity, abilities and aptitudes. |  |  |  |  |  |
| **(i)** | Learners with special education needs are treated in an inclusive and equitable way |  |  |  |  |  |
| **(j)** | Reasonable Accommodation is sought for learners as appropriate to their needs |  |  |  |  |  |
| **20.2**  Centre programmes and activities value and reflect the cultural identity and background of all learners. | |  |  |  |  |  |
| **(a)** | Staff are encouraged and facilitated to avail of training in the area of intercultural education in order to gain empathy and deliver intercultural learning experiences. |  |  |  |  |  |
| **(b)** | Programmes of learning reflect and validate the cultural backgrounds and learning styles of all learners. |  |  |  |  |  |
| **(c)** | Our programmes Programmes and activities provide staff and learners with opportunities to consider issues of equality and inequality, and promote respect for diversity. |  |  |  |  |  |
| **(d)** | Diverse cultures and ethnic groups are represented in pictures, multilingual signs, and other elements in the centres physical environment. |  |  |  |  |  |
| **(e)** | Recognition is given to important festivals and special days of all the cultures in the centre. |  |  |  |  |  |

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| **21. Implementation and Evaluation of a systematic approach to Soft Skills Development**  **21.1**  Staff have an understanding of the soft skills framework used by the centre | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | The centre has a formal system for teaching and measuring soft skills |  |  |  |  |  |
| **(b)** | All staff understand the rationale for having a focus on soft skills |  |  |  |  |  |
| **(c)** | Staff are familiar with the soft skills framework being used in the centre |  |  |  |  |  |
| **(d)** | Staff understand the rating process used to measure and record individual learners’ soft skills |  |  |  |  |  |
| **21.2**  Staff engage in a team-based soft skills rating process in order to measure learner’s soft skills development | |  |  |  |  |  |
| **(a)** | The staff know how to engage in a team-based soft skills rating process |  |  |  |  |  |
| **(b)** | Each learner’s soft skills are allocated agreed ratings |  |  |  |  |  |
| **(c)** | This team-based rating process takes place at least three times over the two years, usually towards the beginning of the first year, at the end of the first year or beginning of the second year and towards the end of the second year |  |  |  |  |  |
| **(d)** | Each learner’s rating scores are recorded and maintained in a personal file |  |  |  |  |  |
| **(e)** | The learner’s rating scores inform the planning of teaching interventions for individuals and groups of learners |  |  |  |  |  |
| **21.3**  The teaching of soft skills is integrated into all aspects of the centre’s programme | |  |  |  |  |  |
| **(a)** | Staff are aware of ways to improve learners’ personal self-regulation skills |  |  |  |  |  |
| **(b)** | Staff are aware of ways to improve learners’ social skills |  |  |  |  |  |
| **(c)** | Staff are aware of ways to improve learners’ practical life skills |  |  |  |  |  |
| **21.4**  The staff team records the progress made in the acquisition of soft skills by all learners | |  |  |  |  |  |
| **(a)** | The centre keeps a record for each learner of the ratings they received from the staff team over the course of their time in the centre |  |  |  |  |  |
| **(b)** | The progress made over the course of their time in the centre by each learner is recorded |  |  |  |  |  |
| **(c)** | The progress made over the course of each year by the entire learner cohort is recorded |  |  |  |  |  |

# Section Four: Programme

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| **22. Programme Development Delivery and Review**  **22.1**  The overall centre programme aspires to meets the needs of learners. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | A policy and procedures for programme development, delivery and review are developed documented and monitored annually  (QQI B5 Programme Development Delivery and Review) |  |  |  |  |  |
|  | The overall centre programme is developed, documented and evaluated at regular intervals. |  |  |  |  |  |
|  | Developed centre programmes and modes of delivery are approved by local ETB management prior to implementation. |  |  |  |  |  |
|  | The centre programme is holistic in nature and designed to meet identified learners’ needs. |  |  |  |  |  |
|  | The centre programme reflects the local community, environment and cultures |  |  |  |  |  |
|  | The curriculum is imaginative, fostering the creative and expressive qualities of the learners |  |  |  |  |  |
|  | The needs of learners are identified through surveys/research as appropriate. |  |  |  |  |  |
|  | Programmes are timetabled and timetables are adhered to whenever possible. |  |  |  |  |  |
|  | Timetables are displayed in the centre |  |  |  |  |  |
|  | Structured one to one time is available for learners as appropriate to their needs, through key working, mentoring, dealing with behaviour through problem solving discussion, counselling, development and review of learning plans and language, literacy/numeracy support |  |  |  |  |  |
|  | Procedures for the protection of learners, in the event of a programme ending unexpectedly, are developed and documented.  (QQI B7 Protection of Learners) |  |  |  |  |  |
| **22.2**  Staff plan programmes of work for each module/subjectarea on an annual basis to ensure best outcomes for learners in the centre. | |  |  |  |  |  |
|  | Yearly collaborative subject/programme plans are prepared by staff. |  |  |  |  |  |
|  | Subject/programme plans include the content of the programme curriculum and how it is to be delivered in a given timeframe. |  |  |  |  |  |
|  | Written programme/subject plans clearly indicate –   * The expected learning outcomes which reflect and cater for the different learning needs and abilities of all learners, * The teaching approaches and methodologies to be used * The resources and activities that will facilitate the achievement of the learning outcomes. * How learners’ learning (written and non-written skills, knowledge and understanding) is to be assessed. |  |  |  |  |  |
|  | Necessary and relevant resources, materials and equipment are identified and sourced in advance of lessons |  |  |  |  |  |
|  | Programmes are reviewed at regular intervals by staff in conjunction with learner feedback and team meetings. |  |  |  |  |  |
|  | Development of language, literacy and numeracy is integrated into programme/subject plans |  |  |  |  |  |

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| **23 Teaching and Learning**  **23.1**  The centre is focused on making a positive, measurable and significant difference to the quality of teaching in the centre. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
| **(a)** | Staff-learner, learner-learner and learner-staff interactions are respectful |  |  |  |  |  |
| **(b)** | Expected learning intentions/outcomes are   * curriculum and syllabus based, * differentiated to cater for individual learning needs * set out in teachers programme plans |  |  |  |  |  |
| **(c)** | Staff share and vary the content, activities, methodology and resources and take into account the range of interests, needs and experience of all learners |  |  |  |  |  |
| **(d)** | Learner participation, contributions and questions are encouraged and their efforts and achievements are affirmed in the classroom. |  |  |  |  |  |
| **(e)** | Team teaching, collaborative learning and extracurricular opportunities are evident in centre programmes, where appropriate. |  |  |  |  |  |
| **(f)** | Learners are provided with meaningful feedback on their work, during and at the end of the class, to improve their learning. |  |  |  |  |  |
| **(g)** | Information regarding learner progress is shared with relevant staff members as necessary |  |  |  |  |  |
| **(h)** | Attention is given within each subject/programme to the development of learners’ Language, Literacy, Numeracy and new technologies. |  |  |  |  |  |
| **(i)** | Classroom/learning areas are organised in a manner that supports learning, they are appropriately laid out, well-resourced and orderly |  |  |  |  |  |
| **(j)** | A visually-stimulating, print-rich environment with high-quality displays of subject-related material and learners’ work is evident in classrooms and corridors. |  |  |  |  |  |
| **(k)** | Learners are supported to engage actively in their learning. |  |  |  |  |  |
| **23.2**  The centre is focused on making a positive, measurable and significant difference to the quality of learning in the centre. | |  |  |  |  |  |
| **(a)** | Learners are supported to develop team skills, through a wide range of class and non- classroom based activities, cross curricular experiences, collaborative learning and extracurricular activities |  |  |  |  |  |
| **(b)** | Learners are adequately challenged engaged and supported in their learning, so that they make satisfactory progress. |  |  |  |  |  |
| **(c)** | Learners are encouraged to engage purposefully in the class in an enjoyable positive learning environment. |  |  |  |  |  |
| **(d)** | Learners are provided with opportunities to reflect and give regular feedback on   * the class * their learning   And achieve expected outcomes. |  |  |  |  |  |
| **(e)** | Staff have the flexibility to adapt programme content, activities and methodologies in order to support learners who may be at risk of under achieving |  |  |  |  |  |
| **23.3**  The centre uses technology to facilitate and support innovative teaching and learning practices | |  |  |  |  |  |
| **(a)** | The centre is equipped with appropriate broadband and Wi-Fi capacity. |  |  |  |  |  |
| **(b)** | Technology to enhance learning is available in then centre |  |  |  |  |  |
| **(c)** | Technology is used appropriately as part of all teaching and learning |  |  |  |  |  |
| **(d)** | Through continuous professional development staff feel confidence in using up to date technology effectively to teach and to enhance learning |  |  |  |  |  |
| **(e)** | The centre uses technology to enhance communities of learning and practice (COP) among staff and learners |  |  |  |  |  |
| **(f)** | Staff share models of good practice on technology enhanced learning regionally, nationally and internationally |  |  |  |  |  |
| **(g)** | Learners are skilled and confident in using technology as part of their work, study and home life |  |  |  |  |  |
| **(h)** | Learners are more engaged and achieving more from their learning through the use of TEL |  |  |  |  |  |
| **(i)** | Significant improvement can be made in access to further education, training and career progression as a result of TEL |  |  |  |  |  |

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| **24. Recruitment of Learners and Admission**  **24.1**  A local awareness raising campaign is implemented as appropriate | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | A Recruitment Policy and Procedures is developed, documented and reviewed annually |  |  |  |  |  |
|  | A range of awareness raising materials is developed and distributed to appropriate individuals and organisations within the community. |  |  |  |  |  |
|  | The awareness raising material - to include all types of social media - is documented in a format appropriate to prospective learners. |  |  |  |  |  |
| **24.2**  Referral and admissions procedures operate in a fair and consistent manner**.** | |  |  |  |  |  |
|  | An Admissions Policy and procedures is developed documented and reviewed annually |  |  |  |  |  |
|  | Individual interviews are carried out to assess learners overall needs and suitability for the programme. |  |  |  |  |  |
|  | All learners (and their parents/ guardians if they are under 18) sign a contract on admission setting out the responsibilities of the programme team and that of the participants. The contract registers their commitment to observe codes of behaviour and include grounds for termination of the contract by the centre. |  |  |  |  |  |
|  | The contract may refers to any or all of the following and to any other matter as relevant to the centre and the learner :   * Key working and counselling * Length of the programme * Attendance * Time keeping * Participation requirements * Assignment and other work requirements * Health and Safety * IT policy * Bullying policy * Cyber bullying policy * Child protection policy * Emergency medical attention (if required) * Referral to local services (if required) * Grievance procedures * Work experience |  |  |  |  |  |
|  | Learners are provided with sufficient information at admission to make informed choices regarding the programme they will follow in the centre. |  |  |  |  |  |
|  | Arrangements for the recognition of prior learning are developed and documented in line with QQI Policy requirements.  (QQI B4.3 Access Transfer and Progression) |  |  |  |  |  |
|  | Referral systems are established with schools and other relevant agencies. |  |  |  |  |  |

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| **25. Initial Assessment Induction and Review**  **25.1**  A welcoming and informative induction programme is provided for learners. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | An induction programme for learners is developed and documented in consultation with staff and learners. |  |  |  |  |  |
|  | Induction information is made available to all learners. |  |  |  |  |  |
|  | Induction occurs with all learners. |  |  |  |  |  |
|  | Learners evaluate the induction programme. |  |  |  |  |  |
|  | All learners are assigned a key worker/contact person who will support them through regular interviews, planning and review sessions |  |  |  |  |  |
| **25.2**  A broad ranging initial assessment of each learner is carried out. | |  |  |  |  |  |
|  | An Initial Assessment policy and procedures is developed, documented and monitored annually |  |  |  |  |  |
|  | The assessment policy takes into account of the requirements of NCCA Guidelines and the National Literacy and Numeracy Strategy. |  |  |  |  |  |
|  | A variety of assessment procedures are used to include standardised tests. |  |  |  |  |  |
|  | Referral for specialist assessment is organised as required. |  |  |  |  |  |
|  | Interviews are carried out with relevant others, e.g. Parents/guardians, social workers, former teachers, J.L.O., probation officer, as appropriate. |  |  |  |  |  |
|  | Staff/contact person provides constructive feedback to learners in relation to their initial assessments. |  |  |  |  |  |
|  | The staff team are made aware of the initial assessment results for all learners |  |  |  |  |  |
|  | Additional resources are sought where specific needs are highlighted. |  |  |  |  |  |
| **25.3**  An individual learning plan is developed for each learner. | |  |  |  |  |  |
|  | A plan of learning is developed in conjunction with each learner, based on the outcomes of initial assessment. |  |  |  |  |  |
|  | The learning plan is implemented. |  |  |  |  |  |
|  | Progress is evaluated and the learning plan is reviewed on a regular basis in co-operation with the learner, the key worker /contact person and parent/guardian if required. |  |  |  |  |  |

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| **26. Learning Assessment and Certification**  **26.1**  Systems are in place for the provision and implementation of a range of certification options as appropriate to learners’ needs. | | **Evidence** | | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | Learners are aware of the certification options available in the centre. |  |  | |  |  |  |
|  | Responsibility for certification and assessment is clearly allocated |  |  | |  |  |  |
| **26.2**  Assessment of learner achievement operates  in a fair and consistent manner across the programme. | |  | |  |  |  |  |
|  | A policy and procedures on assessment of learner achievement is developed documented and monitored annually  Learners have access to the information necessary for them to participate in assessment, and access to feedback in their assessment.  (QQI B6 Fair and Consistent Assessment of Learners) |  | |  |  |  |  |
|  | Assessment of learner achievement is co-ordinated across all programmes. |  | |  |  |  |  |
|  | Learners have access to the information necessary for them to participate in assessment, and access to feedback in their assessment.  (QQI B6.2 Fair and Consistent Assessment of Learners) |  | |  |  |  |  |
|  | Assessment methodologies are adapted, as necessary and reasonable, to cater for learners with a disability or other persons covered by the nine grounds of the Equality legislation. |  | |  |  |  |  |
|  | Learners are involved in the assessment of their work and progress through self-assessment and peer assessment. |  | |  |  |  |  |
|  | Assessment materials are securely stored.  (QQI B6.3 Fair and Consistent Assessment of Learners) |  | |  |  |  |  |
|  | An appeals procedure for learners is in place.  (QQI B6.9 Fair and Consistent Assessment of Learners) |  | |  |  |  |  |
|  | Procedures for internal and external examining are established.  (QQI B6.7 Fair and Consistent Assessment of Learners) |  | |  |  |  |  |
|  | A corrective action plan is in place to deal with errors, omissions and/or deliberate acts by learners and staff which impact on the validity of the assessment process.  (QQI B6.11 Fair and Consistent Assessment of Learners) |  | |  |  |  |  |

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| **27. Support Structures for Learners**  **27.1**  A range of supports is in place for learners that help to provide a more holistic response to their individual needs and maximise their ability to engage in the programme. | | **Evidence** | **Area for Improvement** | | **Action** | **Who is responsible for action** | **Start month/year** |
|  | Clear procedures for the provision of the following supports are established and implemented;  \* Counselling support  \* Mentoring support  \* Guidance support  \* Transport support |  | |  |  |  |  |
|  | A range of supports is available to learners as required |  | |  |  |  |  |
|  | Learners use the supports available to them in the centre. |  | |  |  |  |  |
|  | Regular care team meetings take place to review the progress of all learners |  | |  |  |  |  |
| **27.2**  Arrangements are in place for regular  meetings/communication with parents/guardians as appropriate and other relevant agencies, as a support to the learner. | |  | |  |  |  |  |
|  | Parents/guardians/relevant agencies are encouraged to support the participation of the learner in the centre. |  | |  |  |  |  |
|  | Parents/guardians/relevant agencies are informed of learner progress within the centre through parent/guardian/agency staff meetings, open days and annual/ bi annual reports on progress. |  | |  |  |  |  |
|  | Centre staff liaise with external agencies in order to support learner participation |  | |  |  |  |  |

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| **28. Language, Literacy and Numeracy**  **28.1**  A multi-faceted approach is in place in the centre to improve significantly learners’ basic skills in the areas of language, literacy and numeracy in line with the Department of Education’s National Literacy and Numeracy Strategy. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | A Literacy and Numeracy policy, plan and procedures is developed, documented and evaluated annually |  |  |  |  |  |
|  | Staff receive regular training to improve their capacity to integrate language, literacy and numeracy into subject teaching |  |  |  |  |  |
|  | Literacy and Numeracy and Language development is integrated into all aspects of the programme. |  |  |  |  |  |
|  | Literacy, Numeracy and Language programmes are culturally and environmentally relevant. |  |  |  |  |  |
|  | Learners’ competencies in literacy and numeracy are assessed at several points during their time in the programme and the results of these assessments shared with all members of the staff team |  |  |  |  |  |
|  | The Literacy and Numeracy levels of learners is shared with the staff team as soon as it becomes available |  |  |  |  |  |
|  | Additional support for Literacy, Numeracy and Language is available for learners as required. |  |  |  |  |  |
|  | High-quality displays promoting the development of subject specific  literacy and numeracy are evident in the centre |  |  |  |  |  |
|  | The induction programme for new staff includes Literacy, Numeracy and Language awareness. |  |  |  |  |  |

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| **29. Social, Personal and Health Education**  **29.1**  In line with the Education Act (1998), centres promote the social and personal development of all learners and provide health education for them through a broad ranging and integrated programme of SPHE | | **Evidence** | | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | An SPHE Plan for the centre is developed, documented, implemented and evaluated annually |  |  | |  |  |  |
|  | The SPHE Plan addresses areas such as self-awareness and emotional health, self-management, belonging and integrating, communication skills, friendships, conflict resolution, relationships and sexuality, influences and decision-making, substance use, personal safety and knowing when and how to seek help |  |  | |  |  |  |
|  | The overall social, personal and health education needs of learners are assessed formally and/or informally. |  |  | |  |  |  |
|  | A programme of learning in the area of social, personal and health education is developed and delivered based on the needs of learners. |  |  | |  |  |  |
|  | Health promotion is an integrated part of centre policy and practice. |  |  | |  |  |  |
|  | Learners have access to information on self-care and health related issues. |  |  | |  |  |  |
|  | Soft skills development of learners are acknowledged, recorded and evaluated annually as part of the Quality Framework Process |  |  | |  |  |  |

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| **30. Work Experience**  **30.1**  A Work Experience programme is in place in the centre that enables learners to explore possible career paths through preparing and planning for, participating in and then evaluating a specific work placement. | | **Evidence** | **Area for Improvement** | **Action** | **Who is responsible for action** | **Start month/year** |
|  | A Work Experience policy and procedures is developed documented and evaluated annually |  |  |  |  |  |
|  | Responsibility for work experience is clearly allocated in the centre. |  |  |  |  |  |
|  | Adequate planning and preparation for work experience is in place and reviewed regularly. |  |  |  |  |  |
|  | Links with employers are established documented and updated regularly. |  |  |  |  |  |
|  | Learners are provided with opportunities to participate in a work experience programme suited to their goals, talents abilities and chosen career paths. |  |  |  |  |  |
|  | Learners are adequately supervised and supported during work experience. |  |  |  |  |  |
|  | Time is allocated to allow for appropriate records to be maintained by staff and learners in relation to the work experience placement. |  |  |  |  |  |
|  | Learners evaluate their work experience placement. |  |  |  |  |  |
|  | Employers and staff evaluate the work experience placement. |  |  |  |  |  |
|  | Insurance requirements are met. |  |  |  |  |  |

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| **31. Transfer and Progression**  **31.1**  Learners are supported to transfer and progress to programmes within or external to the centre. | | **Evidence** | **Area for Improvement** | | **Action** | **Who is responsible for action** | **Start month/year** |
|  | A policy and procedures for Transfer and Progression of learners is developed documented and monitored annually  (QQI B4 Access Transfer and Progression) |  | |  |  |  |  |
|  | Links are established between employers, centres of further education and training, 3rd level institutions and other relevant agencies in order to develop achievable and realistic transfer and progression routes for learners. |  | |  |  |  |  |
|  | Learners are informed of the transfer and progression opportunities that are open to them on completion of the programme. |  | |  |  |  |  |
|  | Learners’ progression and transfer routes are documented in their files and recorded in the annual report |  | |  |  |  |  |
|  | Ongoing support is provided for learners during the initial stage and while on a new programme. |  | |  |  |  |  |
|  | Exit interviews are carried out with all learners on leaving the centre to evaluate their experience and the achievements of their agreed goals |  | |  |  |  |  |
|  | Support material is available and provided to learners when leaving the centre (e.g. awards, relevant contact numbers, letters from employers) |  | |  |  |  |  |
|  | Learners are tracked and supported for a minimum of 6 months after exiting from the Centre |  | |  |  |  |  |
|  | Learners are contacted 12-18 months after leaving the centre (where possible) and re-interviewed to monitor longer-term outcomes for them since completing the programme and to identify issues, concerns and difficulties they may have encountered subsequent to Youthreach. |  | |  |  |  |  |

**QQI Guidelines**

Change of title of some Policy and Procedure documents and amalgamation of others being developed by QQI

Until that work is completed by QQI the policy/procedure references within the document remain