

---

# CRC Adult Services Quality Assurance Manual



## Contents

<b>Abbreviations and Definitions .....</b>	<b>5</b>
<b>Purpose of this Quality Assurance Manual .....</b>	<b>6</b>
<b>Section 1: Governance and Management of Quality.....</b>	<b>7</b>
<b>1.1. Introduction.....</b>	<b>7</b>
<b>1.2. Purpose and Objectives.....</b>	<b>8</b>
<b>Charts .....</b>	<b>13</b>
<b>1.3. Board of Directors (BOD) .....</b>	<b>14</b>
<b>1.4. Board Diversity .....</b>	<b>17</b>
<b>1.5. Senior Management Team (SMT) .....</b>	<b>18</b>
<b>1.6. Education Council (EC).....</b>	<b>19</b>
<b>1.7. Training and Development Manager .....</b>	<b>20</b>
<b>1.8. Teaching and Learning Committee .....</b>	<b>21</b>
<b>1.9. Facilities and Learner Support Committee.....</b>	<b>21</b>
<b>1.10. Disciplinary, Appeal and Complaints Committee.....</b>	<b>21</b>
<b>1.11. Training and Education: Adult Services .....</b>	<b>21</b>
<b>1.12. New Directions.....</b>	<b>22</b>
<b>Section 2: Documented Approach to Quality Assurance .....</b>	<b>23</b>
<b>2.1. Documented Policies and Procedures.....</b>	<b>23</b>
<b>2.2. Risk Management.....</b>	<b>25</b>
<b>2.3. Corporate and Operational Risk.....</b>	<b>25</b>
<b>2.4. Policy development .....</b>	<b>28</b>
<b>2.5. Public Information .....</b>	<b>28</b>
<b>30</b>	
<b>CRC Policy Development &amp; Approval Pathways .....</b>	<b>30</b>
<b>2.6. Document Controls.....</b>	<b>31</b>
<b>2.7. Document Reviews and Input .....</b>	<b>32</b>
<b>2.8. Accessibility and Distribution .....</b>	<b>32</b>
<b>Section 3: Programmes of Education and Training .....</b>	<b>33</b>
<b>3.1. Introduction.....</b>	<b>33</b>
<b>3.2. Programme Development and Approval .....</b>	<b>35</b>
<b>3.3. Programme Development and Approval .....</b>	<b>38</b>
<b>3.4. Validation of Minor, Special Purpose, Supplemental Awards .....</b>	<b>45</b>
<b>Section 4: Programme monitoring and review .....</b>	<b>46</b>

<b>Programme Review</b> .....	<b>46</b>
<b>4.1. CRC’s Programmatic Review and Monitoring</b> .....	<b>46</b>
<b>4.2. End of programme reviews</b> .....	<b>48</b>
<b>4.3. Protection of Enrolled Learner</b> .....	<b>48</b>
<b>4.4. Learners</b> .....	<b>49</b>
<b>4.5. Exemptions from studying a module</b> .....	<b>49</b>
<b>4.6. Statement of arrangement</b> .....	<b>49</b>
<b>Section 5: Staff Recruitment, Management and Development</b> .....	<b>50</b>
<b>5.1. Recruitment and Selection Policy &amp; Procedure</b> .....	<b>50</b>
<b>5.2. Staff Induction and Training</b> .....	<b>51</b>
<b>5.3. Induction Training</b> .....	<b>52</b>
<b>5.4. External Contractors</b> .....	<b>54</b>
<b>5.5. Department Training Budget</b> .....	<b>54</b>
<b>5.6. Higher Level Education Funding</b> .....	<b>54</b>
<b>Section 6: Teaching and Learning</b> .....	<b>54</b>
<b>Section 7: Assessment of Learners</b> .....	<b>56</b>
<b>7.1. Assessment Creation</b> .....	<b>57</b>
<b>7.2. Initial Assessment</b> .....	<b>58</b>
<b>7.3. Internal Verification</b> .....	<b>59</b>
<b>7.4. External Authentication</b> .....	<b>59</b>
<b>7.5. Results Approved</b> .....	<b>60</b>
<b>7.6. Appeals Process</b> .....	<b>60</b>
<b>7.7. Certification Request</b> .....	<b>60</b>
<b>7.8. Grading</b> .....	<b>60</b>
<b>Minor Award</b> .....	<b>60</b>
<b>Major Award</b> .....	<b>60</b>
<b>7.9. Reasonable Accommodation</b> .....	<b>61</b>
<b>7.10. Learner Feedback</b> .....	<b>62</b>
<b>7.11. Appeals</b> .....	<b>63</b>
<b>Programme Assessment Strategy</b> .....	<b>63</b>
<b>Section 8: Supports for Learners</b> .....	<b>64</b>
<b>8.2. Accommodation</b> .....	<b>66</b>
<b>8.3. Requirements</b> .....	<b>66</b>
<b>8.4. Advice and Support</b> .....	<b>67</b>

<b>Section 9: Information and Data Management .....</b>	<b>69</b>
<b>9.1. Unauthorised Disclosure .....</b>	<b>71</b>
<b>9.2. Introduction.....</b>	<b>71</b>
<b>9.3. Data Retention .....</b>	<b>73</b>
<b>9.4. Data Destruction .....</b>	<b>73</b>
<b>9.5. Data Destruction logs.....</b>	<b>74</b>
<b>Section 10: Public Information and Communication.....</b>	<b>74</b>
<b>10.1. Learner Information.....</b>	<b>75</b>
<b>Section 11: Other Parties Involved in Education and Training .....</b>	<b>76</b>
<b>Section 12: Self-Evaluation, Monitoring and Review.....</b>	<b>77</b>
<b>12.1. Validation.....</b>	<b>78</b>
<b>12.2 Revalidation .....</b>	<b>79</b>

## **Preface:**

Abbreviations and Definitions

A list of definitions of terms and acronyms.

AT	Assistive Technology
CRC	Central Remedial Clinic
CAS	Common Awards System
CDETB	City of Dublin Education Training Board
DFI	Disability Federation of Ireland
EA	External Authentication
ETB	Education and Training Board
ESF	European Social Fund
EV	External Verification
FÁS	Foras Áiseanna Saothair
FET	Further Education and Training
FESS	Further Education Support Service
FETAC	Further Education and Training Awards Council
FOI	Freedom of Information
HR	Human Resource
HSE	Health Service Executive
IV	Internal Verification
NCVA	National Council for Vocational Awards
NDA	The National Disability Authority
NFQ	National Framework of Qualifications
PPSN	Personal Public Services Number
PEL	Protection of the enrolments of learners
QA	Quality Assurance
QAM	Quality Assurance Manual
QMS	Quality Management System
QQI	Quality and Qualifications Ireland
RAP	<a href="#">Results Approval Panel</a>
RPL	Recognition of Prior Learning
RT	Rehabilitative Training
RTGS	Rehabilitative Training Guidance Service
SOLAS	An tSeirbhís Oideachais Leanúnaigh agus Scileanna
STP	Specialised Training Programme
TOR	Terms of Reference
T&DC	Training & Development Centre
VEC	Vocational Education Committee
VT	Vocational Training
VTOS	Vocational Training Opportunities Scheme

## **Purpose of this Quality Assurance Manual**

The purpose of this Quality Assurance Manual is to provide descriptors of the CRC Adult Services' quality assurance processes for all its training and education programmes. The aim of the manual is to support staff and learners to strive for excellence in all aspects of their work and learning.

The CRC is committed to maintaining and developing an organisation that can deliver on its Strategic Plan, Mission, Values and Vision and has developed a quality assurance system to deliver on these. While every member of staff has a duty and role in quality assurance, the primary roles are conducted through various committees within the organisation.

The CRC's quality assurance system is fully documented. CRC has robust, documented policies and procedures in place to provide assurance of the quality and standards of provision of programmes of education and training to comply with the Core Statutory Quality Assurance Guidelines (2016).



Throughout the CRC Adult Services Quality Assurance Manual, you will see this image.

Please click on the image to watch the video.



Throughout the CRC Adult Services Quality Assurance manual, you will see this image.

Please click on the link beside the image to go to the relevant document/section.

## **Section 1: Governance and Management of Quality**

### **1.1. Introduction**

The Central Remedial Clinic (CRC) was founded in 1943 by Lady Valerie Goulding and Kathleen O'Rourke, as a small non-residential treatment centre in a house on Upper Pembroke Street.

In 1955, a new clinic was opened in Goatstown while a school with the capacity to educate twenty pupils was established on the premises in 1957. By the end of 1958, 700 patients were being treated annually. A new occupational therapy unit was built in 1961 and a workshop was opened on the Goatstown site two years later.

In 1968, President de Valera officially opened a purpose-built facility in Vernon Avenue, Clontarf. This is now our main headquarters and administrative base.

The first qualified trainer in the Training & Development Centre (formerly known as CRC Workshop) started delivering vocational and life skills training back in 1969. Subsequent courses were validated by Foras Áiseanna Saothair (FÁS) and were accredited with the maximum Quality Training Standards available at that time, including The City & Guilds of London, Vocational Training Opportunities Scheme (VTOS), National Council for Vocational Awards (NCVA) and Further Education & Training Awards Council (FETAC). Adult education was also facilitated and pioneered by external Vocational Education Committee (VEC) tutors.

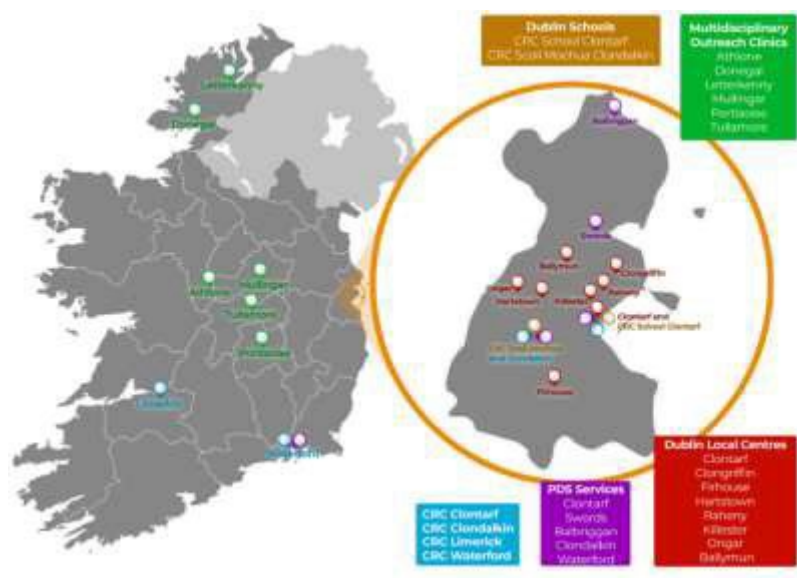
What was once a one-room clinic with two patients is today the largest organisation in Ireland dedicated to the achievements, training, wellbeing and health of people with disabilities. We now provide a full range of services to over 4,000 children and adults with disabilities across different sites throughout the country.

In the Dublin area, Adult Services are located in Clontarf, Coolock and Clongriffin, Firhouse, Hartstown, Killester, Ongar, Ballymun and

Raheny. We are committed to providing excellence and delivering services that matter and make a real difference in the lives of people with disabilities. We are involved in many ways in the lives of our clients, from early medical and clinical assessment to education and support.

Our adult services are passionate about inclusion and adult/learner involvement and have an exceptional track record in training and education and support for adults. We have two excellent schools that we are very proud of and have incredible parental support providing preschool, primary and post primary education.

Specialist services strive in their pursuit of excellence through education and research, and we work closely with many different agencies across the health, social, voluntary and charity sector to this end.



## 1.2. Purpose and Objectives

Established in 1951, the CRC was incorporated on 8 October 1953 as a company limited by guarantee and not having a share capital. The CRC was established under a Memorandum of Association which recognised the objects and powers of the company. The CRC is governed under its Articles of Association and by the Board of Directors.



Our activities are charitable in nature and all our income is applied solely in promoting our charitable objectives. The CRC Board continues to focus on ensuring that governance and compliance is maintained to a very high standard and continuously strives to achieve better than best practice in our corporate governance.

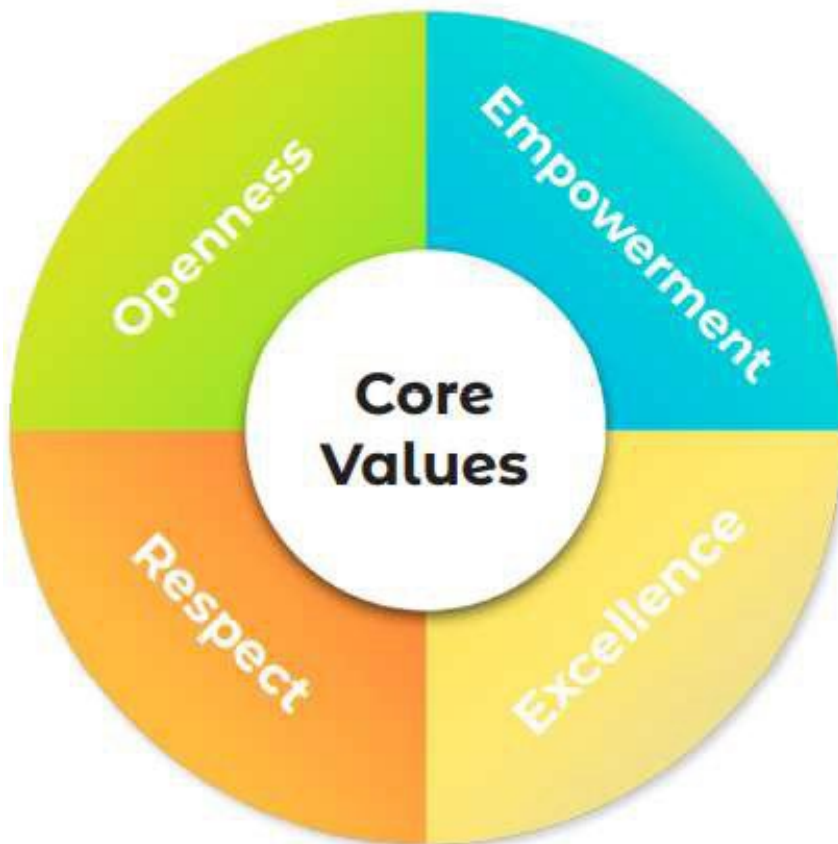
The CRC is registered with the following:



## Mission, Vision, and Core Values



Our mission, vision and core values are central to our purpose. They are connected to the understanding outlined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) that all people with disabilities have the same rights as everyone else and that we will work tirelessly to make this a reality for all those we work with.



Our strategic plan 2022-2026 is founded on four central pillars:

## Excellence



- Provide a range of high-quality services to the adults who attend our programmes.
- Recruit excellent staff and support our current staff to be the best in delivering quality services.
- Develop and expand the CRC as a centre for research, education and innovation.
- Optimise data usage to improve services, research client support and encourage staff to innovate.
- Adhere to the highest quality and safety standards to safeguard our clients and reduce risks.
- Pursue best practice in environmental, social and corporate governance.

## Growth



- Grow the service provision provided by the CRC.
- Revise and reconfigure the senior leadership and management structure to enable growth.
- Enhance and further develop the CRC's fundraising function.
- Enhance and update facilities to improve service provision.
- Ensure growth is enabled by reliable, resilient, secure systems.

## Culture



- Ensure our culture enables staff to provide the highest quality of service to clients.
- Promote a positive organisational culture and provide our staff with the skills, support and capabilities required to adopt to the changing environment.
- Promote a research and education culture in the CRC with staff and clients.

## Partnerships



- Develop our international and external communications capability to enable positive clear communication that reflects our culture values and brand.
- Foster partnerships with other individuals and donor organisations that support disability services.
- Establish and develop research and education partnerships and collaborations both internally and externally.

# Charts

## Governance Structure Hierarchy



# Organisational Chart



## Legal and Regulatory Governance Hierarchy



### 1.3. Board of Directors (BOD)

The CRC is governed by the Board of Directors who provide their services in a voluntary capacity and do not receive any remuneration in respect of their services to the company. There is a conflict-of-interest policy in place which outlines the procedure and process to deal with and manage all potential and actual conflicts, as and when they arise. In addition, a Register of Directors' Interests is maintained which identifies any interests that could give rise to a conflict of interest. The Board have delegated the day-to-day decision-making powers to the CEO and the Senior Management Team (SMT). The CEO is not a member of the Board of Directors. The CEO is invited to attend all Board meetings, but the Board holds a board-only discussion with no management present at the end of each Board meeting. The Board have delegated some responsibilities to Board committees. Details of the



separation of duties and responsibilities of the Chairperson and the CEO are documented and defined in our Directors' Handbook.



Director	Appointment	Term (Years)
Mr Brian Power (Chairperson)	17 January 2020	2
Mr Sean McCormack (Vice Chairperson)	17 January 2020	2
Mr Ian Callanan	1 December 2017	5
Mr Liam Cullen	1 December 2017	5
Mr Edward Ward	28 November 2019	3
Ms Rose O'Donovan	28 November 2019	3
Mr David Courtney	17 January 2020	2
Mr Joseph McGrath	17 January 2020	2
Mr Kieran McCarthy	23 March 2021	1
Mr Anthony Thomas Golden	28 May 2021	1
Ms Gillian Harford	7 July 2021	1
Ms Una Ryder	23 July 2021	1
Company Secretary	Appointment	Term (Years)
Ms Thérèse Allen	12 September 2016	6



## **1.4. Board Diversity**

Our values are built on the concept of inclusion and equality. We recognise the benefits of having a diverse board that respects and embraces inclusion and equality to enhance the quality of our performance as an organisation. We take Board diversity seriously, and in line with our strategic plan, we have in place a Board Diversity and Inclusion Policy which sets out our approach to achieving diversity on the Board. We introduced measures to increase diversity within the governance structures. One of the most successful measures being the addition of external, independent co-optee members to our Board Committees. We have adopted recommendations in line with the HSE Compliance Statement and Governance Requirements, which states that Membership of each Committee should comprise of non-executive and independent members.

The Board acknowledges that committees are more likely to have a more diverse range of skills and experience where their membership is not restricted to Board members. All our Board committees now have independent co-optees appointed as part of their membership. The addition of these co-optee members adds to the diversity, experience, and knowledge of our organisation, bringing independence and objectivity to discussions and deliberations of committee structures which, in turn, enrich the overall Board decisions. They also add an external opinion, perspective, and rigour to our committee structures. Our co-optees were appointed from a broad range of backgrounds, including the, academic, health, private and charity sectors.

## 1.5. Senior Management Team (SMT)

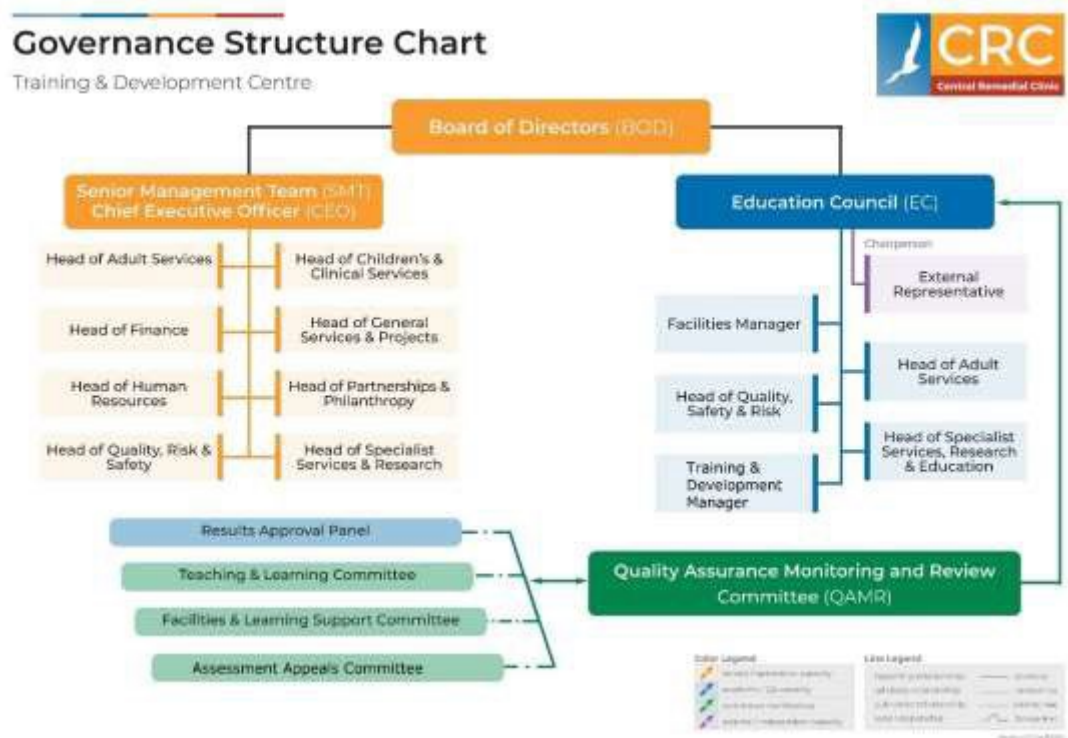


The Senior Management Team have responsibility for implementing the Strategic Plan of the organisation. The SMT are accountable to the Board to deliver on Key Strategic Objectives as outlined in the Strategic Management Plan.

The CRC's governance infrastructure has been established to ensure that it is governed and managed effectively, with clear and appropriate lines of accountability for its responsibilities. Through the application of its governance model, the CRC guarantees that objective oversight is in place to ensure that the organisation is financially sustainable; that financial management is sound; that a clear relationship exists between the organisation's financial policy; and ensuring the quality and standards of its educational and training provision.

There is a clear delineation between the education and the operational aspects in the governance structure. The Education Council (EC) have been constituted to include independent expertise in educational quality and assurance, while the SMT and BOD ensure operational success.

These arrangements are in place to ensure that the education decision-making processes and quality assurance within CRC are independent of operational considerations.



## 1.6. Education Council (EC)

The Board of Directors have devolved responsibility for matters pertaining to education and training of QQI to the Education Council and its associated subcommittees. The Board of Directors receive reports from the Education Council.

The Education Council has responsibility for the oversight of all matters pertaining to quality assurance for QQI delivery such as the development of new policies and procedures, programme development, delivery, self-evaluations, validations, assessment and review, and other issues pertaining to the quality of programmes, both accredited and unaccredited which are delivered in CRC Adult Services. [Education Council Terms of Reference](#)

The External Chairperson of the Education Council is an independent expert. Job description and Appointment of the External Chairperson are available here:

[!\[\]\(21199eb166cc97331a0c54c649195dcc\_img.jpg\) Job description External Chairperson of the Education Council](#)

[!\[\]\(2bdfe261b986065ee0ac76460d6528c9\_img.jpg\) Appointment of External Chairperson of the Education Council](#)

Education sub-committees have been structured to address key areas of education responsibility.

The independence of matters and decision relating to QQI governance is achieved through the independent sub-committees and reporting lines into the Education Council.

The Education Council makes decisions relating to the academic governance required by QQI but does not make decisions relating to the operation and delivery of unrelated services. The Senior Management Team makes decisions regarding service delivery, strategic development and commercial decisions. The Senior Management Team does not make decisions on the academic integrity on the delivery of QQI or its programmes. The Education Council has overall responsibility and oversight for all programmes, modules and documentation submitted for validation to QQI.

The primary reporting lines to the Board of Directors are from the Education Council and the Senior Management Team.

### **1.7. Training and Development Manager**

The Training and Development Manager has overall responsibility for QQI Quality Assurance.

[Training and Development Manager Job Description](#)

## **1.8. Teaching and Learning Committee**

### **Purpose**

The Teaching and Learning Committee is the key committee for teaching, learning and assessment. The committee will consider all matters relating to the policy and practice of teaching, learning and assessment.

## **1.9. Facilities and Learner Support Committee**

### **Purpose**

The provision and management of physical resources is designated to the Facilities and Learner Support Committee. This committee will meet at least once a term (three times per year) and report to the QA Monitoring and Review Committee. [Facilities and Learning Support Terms of Reference](#)

## **1.10. Assessment Appeals Committee**

### **Purpose**

The Assessment Appeals Committee will consider all matters relating to the policy and practice of academic integrity. The Committee will hold inquiries pertaining to assessment appeals processes. [Assessment Appeals Committee Terms of Reference](#)

 [Governance and Quality Assurance Committee procedure](#)

 [Quality Assurance Monitoring and Review Committee](#)

## **1.11. Training and Education: Adult Services**

CRC Adult Services continue to deliver innovative and meaningful day services, education and training to approximately 290 adults. We work in partnership with those we support by delivering a service to maximise

everyone's independence. Working with adults, families and schools, training providers universities and local communities, we deliver our services in response to identified individual needs.



Our person-centred planning supports adults to make informed choices about how they want to live their lives, now and in the future. It supports the person to identify their dreams, wishes and goals, and what is required to make these possible. Through developing this plan, we strive to ensure that available supports are responsive to the person and focus on the outcomes that the adults want to achieve.

### **1.12. New Directions**

In 2021 our day services were delighted to appoint a Person-Centred Planning Development and Research Coordinator to support the person-centred planning process to empower adults to live full and meaningful lives in their communities. Our model of service, in line with HSE New Directions policy, is based on person-centredness, self-determination, community inclusion and active citizenship. We were delighted to participate in two webinars on the adults' experience of the National Pilot Demonstration Project.



[HSE New Directions Interim Standards](#)

## **Section 2: Documented Approach to Quality Assurance**

### **2.1. Documented Policies and Procedures**

Our quality assurance system has been devised to support the development and delivery of quality training programmes to learners in CRC Adult Services.

In developing our quality assurance system, CRC Adult Services has taken time to embed a quality assurance culture within the CRC organisation in relation to both operational activities and education oversight of training provision. This culture supports the objectives of monitoring, review, and a focus on continual improvement.

We ensure that the appropriate staff members of CRC Adult Services have clearly defined roles and responsibilities. The core purpose of these roles and responsibilities is a focus on consistent and high standard of quality assurance as the ultimate objective of the training programmes provided by CRC Adult Services.

CRC Adult Services' quality assurance system is fully documented to ensure that the services we supply are consistent with all our stakeholder requirements, national standards, and any applicable legislation through the implementation of appropriate policies and procedures.

CRC Adult Services provide staff, stakeholders, and learners with reliability in terms of equality, quality and programme delivery, enabling us to retain learner satisfaction.

CRC Adult Services quality assurance policies are informed by awarding and funding body requirements. Learner, staff and stakeholder feedback is utilised to inform policy review and development of new policies.

In addition, the approach taken through our quality assurance regards the learner supports as well as the fundamentals of rehabilitative training, programme development and review, approval, coordination, delivery, monitoring, evaluation and other supplementary components to the training programme life cycles.

All CRC Adult Services' programmes conform to or exceed staff and stakeholder requirements and are comprehensively documented. All CRC Adult Services and related CRC organisational policies are available on SharePoint.

The purpose of policies and procedures is to promote best practices, standardise practices, ensure we meet legislative and regulatory requirements and ensure staff and programme coordinators are clear on their roles and responsibilities.

Quality and Qualifications Ireland (QQI) published statutory guidelines underpinning their Policy on Quality Assurance (QA) Guidelines in April 2016. These Guidelines draw upon and reflect the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015). The fundamental purpose of QA Guidelines is that they contribute to the overall assurance available to prospective learners,



existing students, and other key stakeholders that the procedures underpinning educational services provide a well-supported learning experience within the scope of the provider's provision and ultimately that the quality of the award meets best national and international standards.

The Further Education and Training (FET) Strategic Priorities of Skills, Pathways and Inclusion align with the CRC's vision, mission and values culminating in an inclusive lifelong learning pathway for learners to become active members within their communities.

 [Future FET Transforming Learning](#)

## **2.2. Risk Management**

In line with good governance practices, the CEO has delegated leadership for the Risk, Quality and Safety Agenda to the Head of Quality, Safety and Risk. Risk management is an ongoing process which informs strategic development to ensure organisational objectives are more likely to be achieved. The CRC is committed to establishing and maintaining a systematic approach to risk assessment and management of risk.

The CRC Risk Management Policy provides guidance and support to staff regarding the management of risk and supports staff and learners, ensures financial stability, and complies with self-monitoring and funding requirements.

 [CRC Risk Management Policy](#)

## **2.3. Corporate and Operational Risk**

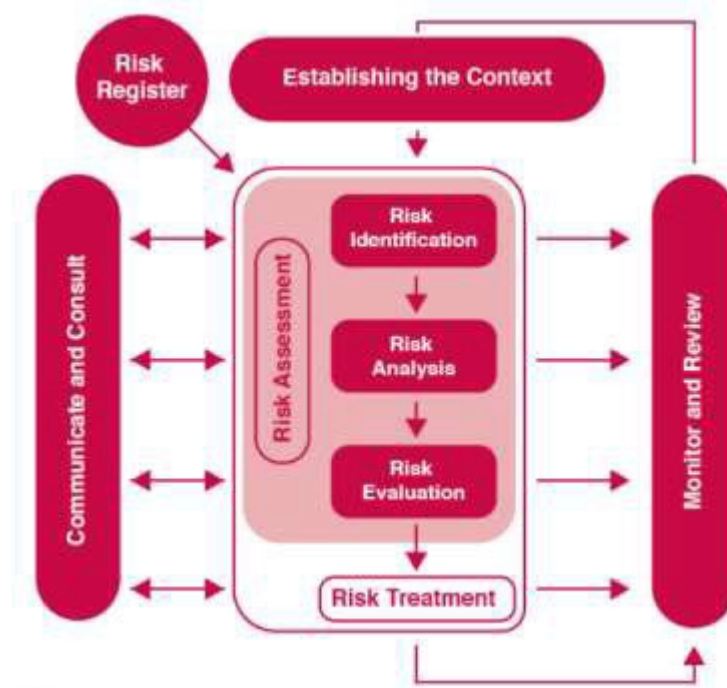
Risk assessment is the overall process of risk analysis and evaluation. Its purpose is to develop agreed priorities for the identified risks including measures to control the risk it involves and collecting

information through observation, communication, and investigation. At an individual level, it involves communication with a person with a disability about making informed judgement of any potential harm in a situation and measures to reduce this. Judgements should not be influenced by an over cautious or overprotective approach to risk. Risks are assessed using a 5x5 scale for the likelihood and impact of each risk and the control measures in place or to be implemented to reduce the risk rating accordingly.

Each CRC department operates, monitors, and reviews its own risk register. This ensures compliance with statutory requirements, maintenance and quality of education and training provision, ensuring business continuity and most importantly the health and safety of staff and learners.

 [Assisted Decision-Making \(Capacity\) Act \(2015\) - HSE.ie](#)

Each Head of Department will escalate risk to the Corporate Risk Register through the relevant senior manager.



Each Senior Manager maintains a service risk register which includes strategic and operational risks and can escalate concerns through the Senior Management Team. The Corporate Risk Register is reviewed every quarter by the Serious Risk and Incident Committee. The CRC Board Committee for Quality Safety and Risk Committee and the CRC Child and Adult Safeguarding Committee meet every quarter to review specific safeguarding risks to adult and children. See HSE Safeguarding Vulnerable Persons at Risk of Abuse policy for more information.

 [HSE Safeguarding Vulnerable Persons at Risk of Abuse policy](#)

 [Child & Adult Safeguarding Committee](#)

 [Risk Management Policy](#)

 [Risk, Health and Safety Policy](#)

 [Risk Assessment Form](#)

 [Safety Statement](#)

The CRC strive to embed a quality culture in all activities and services. To achieve this objective, each policy must embody the mission, values and vision and promote the Strategic Plan of the CRC. Each policy author must, during the drafting stage of the policy, actively engage with all parties within the organisation and ensure the policy is fit for purpose and effective from the front line to the Board of Management.

The CRC is committed to developing and embedding culture of quality in all its activities and empowers all stakeholders to participate in developing, maintaining, and improving a robust fit-for-purpose quality assurance system. In line with the CRC ethos, "We agree to maintain the CRC's ethos of service and user involvement through the continued commitment, dedication and mutual respect of our paid and voluntary staff." The participation of learners is facilitated and supported through the subcommittee of the Education Council, Advocacy Committees,

Adult Services Council, Human Rights Committee, Equality Committee, CRC Surveys, Learner feedback Forms, Module Feedback Forms, Employer Feedback forms, External Examiners Reports and suggestion boxes.

## **2.4. Policy development**

Each policy is drafted by a Head of Department and shared throughout the organisation for feedback. The draft policy is submitted to the Policies Committee for approval. If approval is sought from the Policies Committee, policies under the Executive remit will then be approved by the Senior Management Team and policies under the Board Remit must be further approved by the Board. Policies are then placed on the shared network and communication is emailed to all staff. Policies are drafted and communicated in accordance with the Terms of Reference for the Policy Committee, the CRC Hierarchy of Documents, and the Policy-on-Policy Governance.

 [Policy on Policy Governance](#)

 [Governance and Quality Assurance Committees](#)

 [Quality Assurance Monitoring and Review Committee](#)

In line with the QQI requirements and as outlined in the CRC Quality Assurance Manual, quality evaluation reports resulting from the reengagement process, future validation, institutional reviews, and self-evaluations conducted by the validating body the QQI will be published on the CRC website.

 [Public Information & Communication Policy](#)

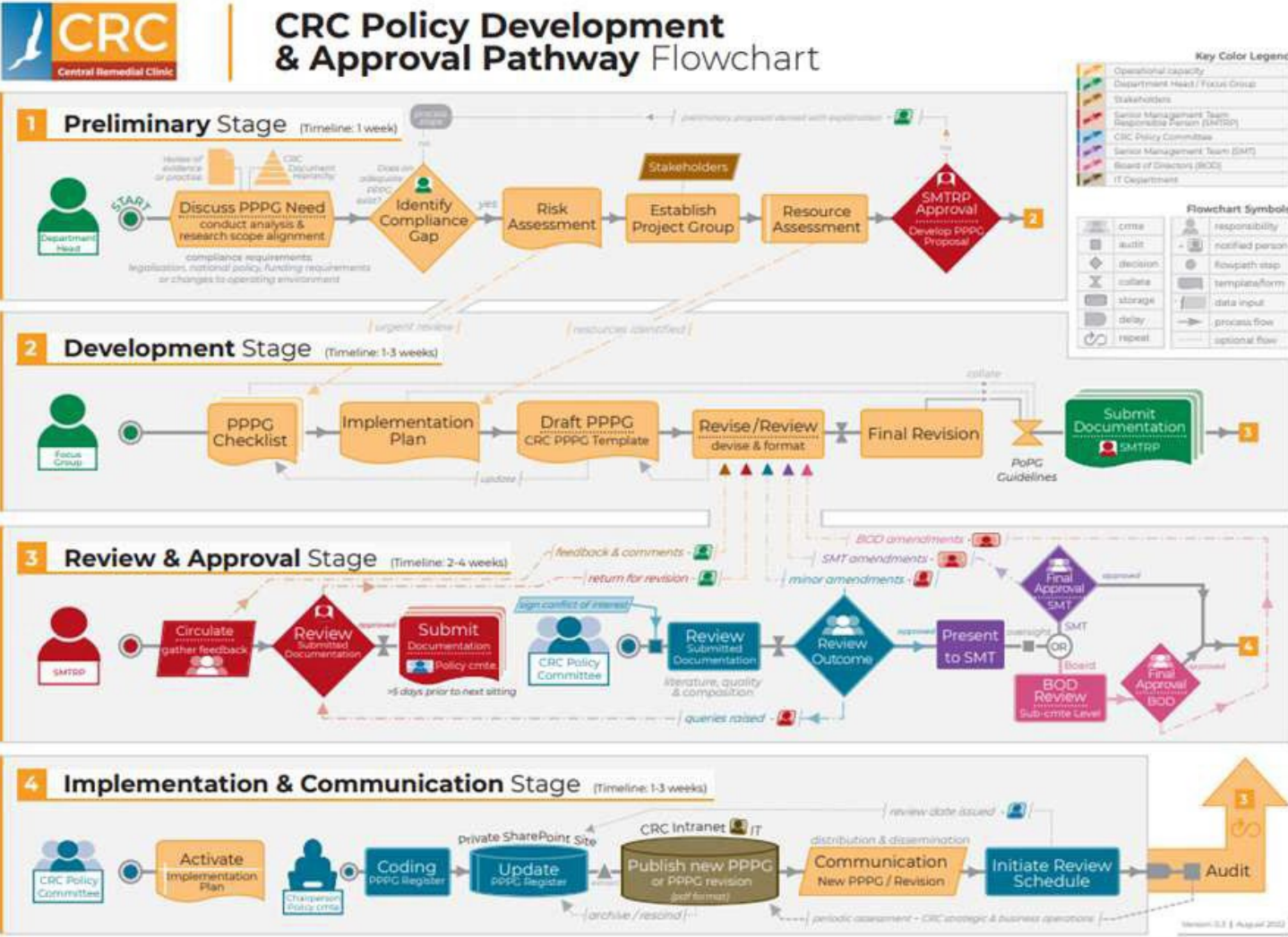
## **2.5. Public Information**

All information and material produced and managed by the CRC provides clear and accurate information to allow learners and stakeholders to make informed decisions about the CRC and its

Programmes. The CRC conducts rigorous checking and auditing to ensure all information is accurate. All information must be approved by the relevant Senior Manager, Communications Manager, and the office of the CEO.

All staff are responsible for ensuring that policies, procedures and supporting documentation, forms and templates being adhered to, circulated or in use are the most up-to-date versions.

CRC Policy Development & Approval Pathways



## 2.6. Document Controls

All QA documentation for CRC Adult Services and the Education Council has been approved by the QA Monitoring and Review Committee and stored on a dedicated Document Management System using the SharePoint framework.

This ensures and allows:

- Documents to be updated in accordance with this manual.
- Changes to be made and automatic revision status tracked.
- Authorisation of sign-out requests.
- Control document access and distribution.
- Policy review date notification.
- Prevent use of obsolete documents and ensure proper archiving of outdated document.



## **2.7. Document Reviews and Input**

The QA Monitoring and Review Committee reviews all QA documents at least annually, as part of the annual review, to ensure they remain compliant, effective, and fit for purpose.

The following can have a bearing on whether policies, procedures and documents require updating:

- Staff and Trainer feedback (formal and informal).
- Learner Feedback (formal and informal).
- Feedback from External Authenticator.
- Internal audits.
- Self-evaluations.
- Monitoring reports by awarding bodies.
- Complaints.
- Changes in awarding bodies' requirements.
- Changes in legislation.
- Internal changes to structure, process, etc.
- Outcomes of Risk analysis.
- Health & Safety.

Staff participation is encouraged in promoting a culture of quality within CRC Adult Services. Staff, learner, and other stakeholder feedback is all part of QA policy development and helps in supporting innovation. Staff, Programme Coordinators and Trainers are encouraged to submit any suggestions for new procedures or improvements to the QA Monitoring and Review Committee.

## **2.8. Accessibility and Distribution**

All Quality Assurance documents are made available to staff on a private members' SharePoint site. This contains the policies and procedures



applicable to programme delivery along with the associated documentation such as forms.

Where policies are to be shared publicly, they are made available in an accessible format on the CRC website.

Detailed policies with step-by-step procedures which are fundamental to the learner experience are available in the Learner Handbook.

 [Learner Handbook](#)

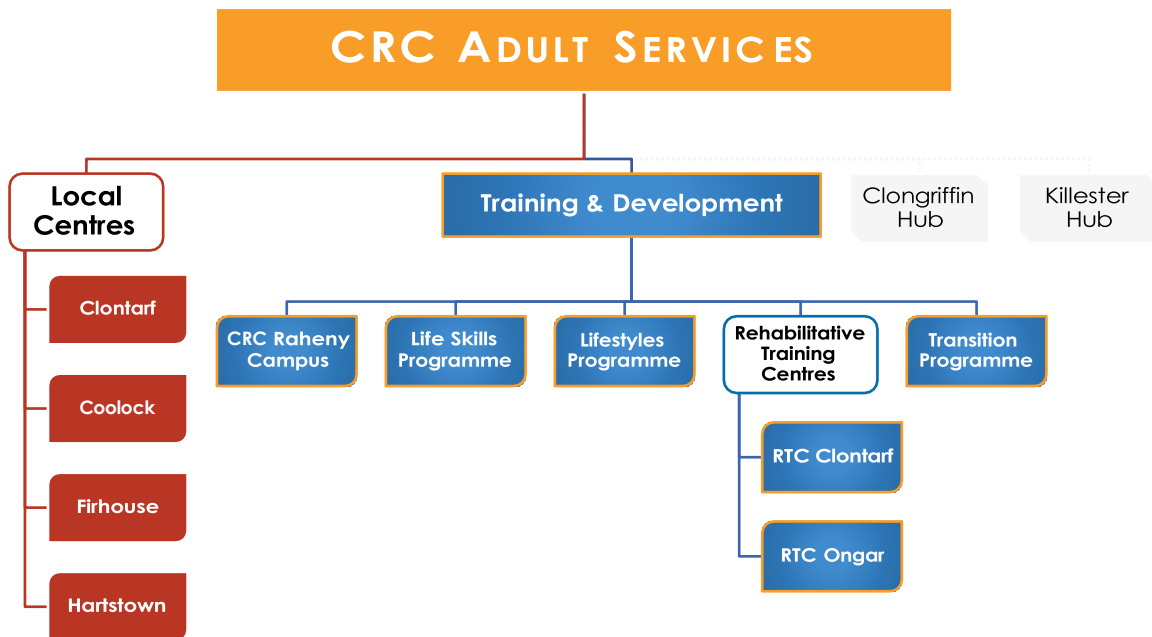
These are made available to learners at the Induction stage and attention is drawn to the QQI aspects as appropriate, throughout programme delivery.

## **Section 3: Programmes of Education and Training**

### **3.1. Introduction**

CRC is an energetic and vibrant organisation of learners, trainers and staff committed to performing at the highest standards. The aim of the CRC's quality assurance and quality enhancement policy is to strengthen the effectiveness of its core activities of learning, and its effective management.

The RT programmes in Ongar and Clontarf implement the New Directions approach to service delivery, which is based on the principles of person centredness, community inclusion, active citizenship, and high-quality service delivery.



RT offers an introductory **Pre-Vocational Skills** Training aimed at school leavers with physical/sensory and or a mild general learning disability. The course duration is two years. However, the RTC programme offers formal training within QQI framework from Levels 1-3 and non-accredited training.

## Subjects available for your consideration

Level 1	Level 2	Level 3
Visual Art	Listening and Speaking	Communications
Reading	Non-Verbal	Personal and interpersonal skills
Personal Safety	Communication	Personal effectiveness
Food Choice and Health	Personal Care	Application of number
Health Related Exercise	Health related exercise	Mathematics
Shape and Space	Data handling	Functional Mathematics
Problem Solving	Quantitative problem solving	Spreadsheet
Life Science	Computer skills	Database
Horticulture	Quantity and number	Desktop Publishing
Computer skills	Reading	Word processing
Quantity and Number	Relaxation	Computer Literacy

### 3.2. Programme Development and Approval

#### Regulatory and Reference Documents:

- Statutory Quality Assurance Guidelines - Developed by QQI for Independent/Private Providers coming to QQI on a Voluntary Basis – QQI 2016
- Policy and Criteria for Making Awards – QQI, 2014

- Policies and Criteria for the Validation of Programmes of Education and Training – QQI 2017
- Statutory Quality Assurance Guidelines developed by QQI for use by all Providers – QQI April 2016.
- Programme Review Manual 2016/2017 Pilot Implementation Draft - QQI December 2016
- Statutory Quality Assurance Guidelines - Developed by QQI for Independent/Private Providers coming to QQI on a Voluntary Basis – QQI 2016
- Policies and Guidelines on Minor, Special Purpose, and Supplemental Awards, Revised 2013
- Descriptors for Minor, Special Purpose, and Supplemental Award-types (NQAI)
- Policy and Criteria for Making Awards – QQI 2014
- Policies and Criteria for the Validation of Programmes of Education and Training – QQI 2017
- Programme Review Manual 2016/2017 Pilot Implementation Draft, QQI December 2016
- Policy and Criteria for Access, Transfer and Progression in Relation to Learners for Providers of Further and Higher Education and Training [NQAI 2003, Restated 2015]
- Policies and Operational Guidelines for the Recognition of Prior Learning in Further and Higher Education and Training (NQAI 2005)

It is the policy of the CRC to ensure that all training programmes are developed and approved in line with funding, awarding body requirements and the CRC's mission, vision, and values. The CRC operates within the structure of a service agency delivering social care services, which results in the organisation being well informed on issues and challenges affecting the sector. The CRC has direct links to

representative bodies in the disability, health related, education, non-profit and social care fields such as:

 [National Disability Services Association](#)

 [Disability Federation of Ireland](#)

 [National Disability Authority](#)

 [Inclusion Ireland](#)

 [AONTAS](#)

 [Léargas](#)

 [CDETБ](#)

Programmes/modules will be developed to ensure learners will be competent in a specific area. This will be measured in achieving the learning outcomes which are based on knowledge, skills, and the competence framework of the National Framework of Qualifications (NFQ). All programmes and modules are developed for validation in accordance with the quality assurance procedures outlined in this manual. Programme development is informed by consultation with stakeholders such as interest groups, employers, national policymakers, staff, and learners.

CRC programmes are not marketed through the CAO system referrals are made through the HSE.

The CRC is an independent provider offering QQI Levels 1 to 3 in General Learning. The CRC have a second provider relationship with CDETБ offering Employability Skills QQI Level 3. Programme development is aligned to the line with the implementation of the SOLAS Further Education and Training Strategy (FET).



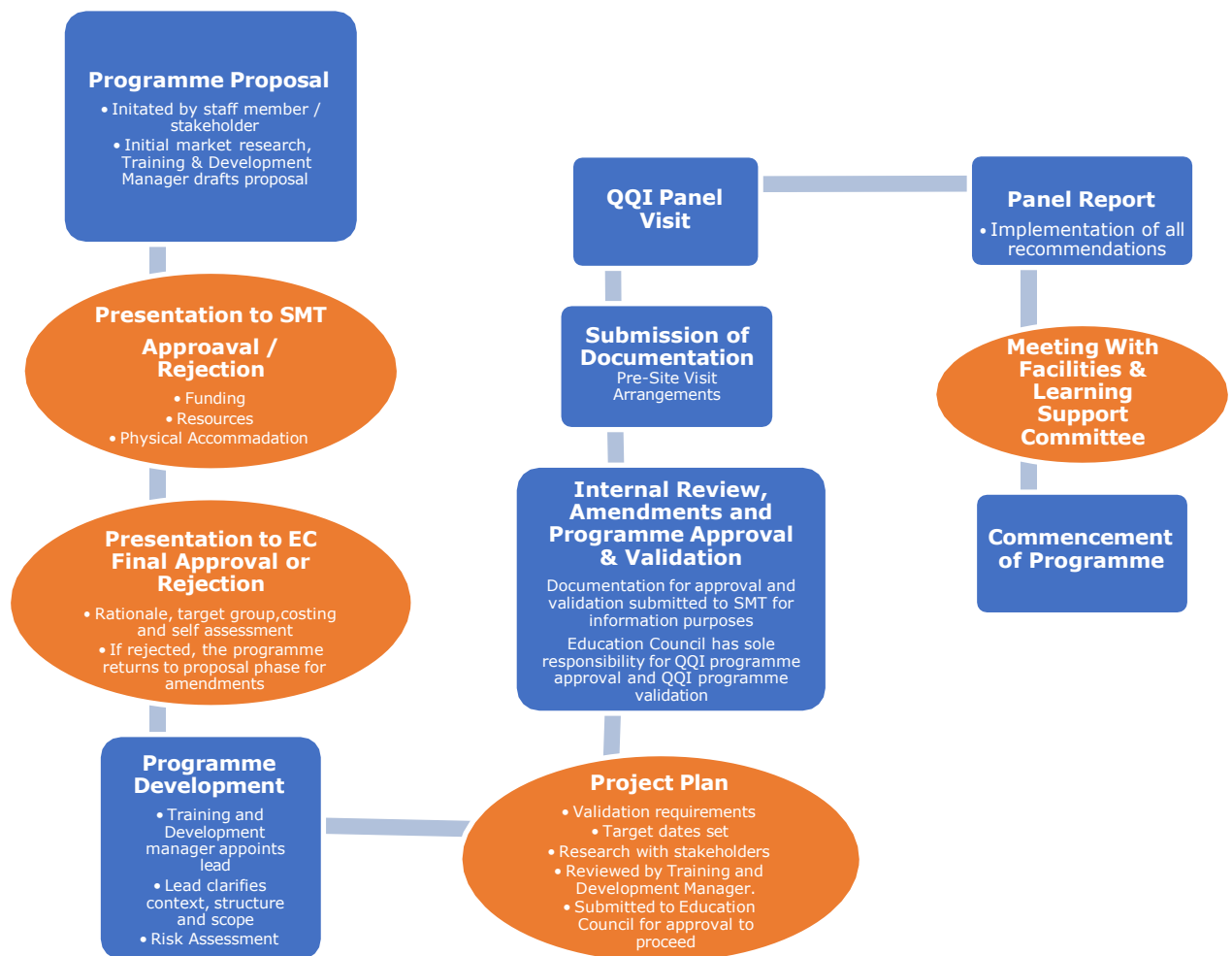
[!\[\]\(d0a1791f26d167e866e44ebbf83efebe\_img.jpg\) Further Education and Training Strategy\( FET\) 2020-2024](#)

### **3.3. Programme Development and Approval Process**

This process adopted by the CRC ensures programmes are relevant to learners and the employment market through development of new programmes and regular reviews of existing programmes. The CRC works closely with all stakeholders to ensure compliance with national and organisational standards. The CRC deliver QQI programmes Levels 1-3 to fulltime learners and modules are delivered in CRC locations.

## Programme Proposal & Development Process:

It should be noted that the CRC Board of Directors have delegated responsibility for programme development, programme policies, approval, self-evaluations and validation to the Education Council.



### Step 1: Programme Proposal

New programmes can come from a variety of sources, internal or external, including a review of the existing suite of programmes and because of emerging need. When a new programme is identified the Training and Development Manager will draft a brief outline of proposal

and risk assess the initiative. The CRC benchmark programme indicators against comparable providers to identify similar component and major awards, successful programmes, teaching methodologies, progression routes and reviewing best practice. This is done through the Training and Development Manager attending quarterly meetings with the CDET and NLN. This allows CRC to gain insights into comparable providers. The Training and Development Manager will present a paper to the Senior Management Team on aspects relating to financial implications, resources, staffing requirements and how this proposal aligns to the CRC Strategic Plan, Mission, Vision and Values. The Senior Management Team will provide feedback to the Training and Development Manager on the outcome of presentation. The Senior Management Team role is solely on commercial realities of the proposal (funding, resources) and not on any area of academic or educational integrity as this is responsibility of the Education Council.

If the Senior Management Team approve resources the Training and Development Manager, who has overall responsibility for the Quality Assurance process, will notify the Quality Assurance and Monitoring Committee and the Education Council. Validation is a role and responsibility of the Education Council.

To avoid conflict of interest the composition of the Education Council consists of an External Chairperson and the CRC Head of Operations does not sit on the Council. This composition ensures that programme integrity is a priority.

A proposal will be presented to the Education Council and this proposal will outline:

- The rationale for the proposed new programme; a brief review of similar programmes in other institutions (if they exist)
- Proposed target group and market for the proposed programme
- Initial costing for the development phase
- Potential funding sources



- Potential programme content
- Relationship to existing courses
- Proposed academic level
- Relationship of new programme to existing programmes
- Risk assessment
- Proposed action plan and timeframe

## **Step 2: Programme Development**

When programme development approval is granted the Training and Development Manager will appoint an experienced Lead and a development team is appointed for the validation process. The programme development team will be based on the expertise required for the new programme. This team will be informed by the policies and criteria for the validation of programmes of education and training, QQI (November 2017/QP.17-V1.03) and the National Framework of Qualifications.

The Lead will report to the Training and Development Manager directly for the duration of the validation. The Lead and Training and Development Manager will produce a project plan showing the tasks involved in the development and validation and key targeted dates.

The Lead will conduct extensive qualitative and quantitative market research with current learners, former learners, employers, agencies, and staff. This research will indicate the training need for the programme and its long-term sustainability.

This research will indicate if the programme is to proceed based on a second risk assessment. The Lead and Training and Development Manager will submit these recommendations to the Education Council together with budget costs and resource requirements. The Education Council will then approve, or the Education Council may send back the programme proposal seeking further information or clarification. The

Education Council will link in with the Senior Management Team to inform and consult on the new programme validation.

### **Step 3: Internal Review, Amendments and Programme Validation & Approval**

The Lead will provide a complete set of validation documents to the Training and Development Manager for review. The Training and Development Manager will review for completeness and compliance with external validation policy/criteria, as appropriate. The Education Council will approve documents and programmes for QQI approval and validation.

The criteria for approval are:

#### **Objectives**

- The programme is in line with the CRC's mission, values, and vision and in line with the CRC Strategic Plan
- Suitability of programmes learning outcomes for programme and modules
- Title of programme reflects programme content

#### **Admission Requirements**

- Entry criteria and appropriate level for admission

#### **Structure**

- Level of programme, learning outcomes and credits accurately reflect the programme duration

#### **Programme Content**

- Programme content addresses the area of expertise
- Incorporates new insights from experience of staff and position of CRC as a National influencer on policy

### **Mode of Delivery**

- Delivery of content will be through classroom-based activities, blended learning and part-time

### **Assessment of Teaching & Learning**

- Ensuring the assessment is appropriate to the learning outcomes (Eg: Skills Demonstration employed when learning outcome is active such as “demonstrate”)

### **Resources for All Programmes**

- Staff are available with requisite qualifications and experience to deliver programme/modules
- Physical environment is suitable such as space
- Learning environment is appropriate such as access to IT equipment

### **Quality and Other Indicators**

- Qualifications of staff and research CRC have conducted in the area

### **Competitor Analysis and Evidence of Market**

- Demonstrate a need for programme and how this differs from similar programmes

### **Assessment Report**

- Compliance with QQI Guidelines on Monitoring and Reviewing of programmes

#### **Step 4: Submission of Documentation and Pre-Site Visit Arrangements**

The Training and Development Manager will arrange submission of documentation to QQI and communicate with QQI regarding a Panel Visit and review. This will only be done following approval from the Education Council.

The following documents will be submitted:

- The Programme Submission Documents
- Assessment Report (Compliance with QQI)
- Fees
- Letter regarding PEL

#### **Step 5: Panel Visit**

The Head of Adult Services will ensure final copies of the Programme Submission Document are available to the members of the External panel in adequate time prior to the validation event.

The External panel will be welcomed by the CEO of the CRC and the External Chairperson of the Education Council and discussions will take place with relevant staff members on core elements of the QA, Learning Outcomes, and curriculum design. Stakeholder engagement, suitability of staff and adequacy of resources to deliver programme.

#### **Stage 6: Panel Report**

The CRC will proceed to act and implement all recommendations set down by the expert panel. Should the panel not approve, the CRC will review and reengage at a later time. The programme will not be advertised as QQI Accredited.

The CRC will only commence a programme on receipt of the Certificate of Validation from QQI.

### **3.4. Validation of Minor, Special Purpose, Supplemental Awards**

#### **Definitions:**

**Major Award:** The principal class of award made at a level for example: Higher Certificate, Bachelor's degree (Level 7 and 8), Master's degree and PhD.

**Minor award:** types provide recognition for learners who achieve a range of learning outcomes, but not the specific combination of learning outcomes required for a major award. This recognition will have relevance in its own right.

**Special-purpose award:** types are made for specific, relatively narrow, purposes

**Supplemental award:** types are for learning which is additional to a previous award. They could, for example, relate to updating and refreshing knowledge or skills, or to continuing professional development (*Ref: Descriptors for Minor, Special Purpose, and Supplemental Award-Types National Qualifications Authority of Ireland page 1*).

The title of named Minor awards will be clearly stated and distinguished from other awards to support learner understanding and avoid confusion. This distinction will be indicated in all supporting documentation and communication about award types for example in all recruitment and advertising of programmes.

## **Section 4: Programme monitoring and review**

### **Programme Review**

#### **4.1. CRC's Programmatic Review and Monitoring**

Programme review and monitoring are an essential part of our quality assurance process. Programme review and monitoring is an annual process that mirrors our assessment calendar. This timeline allows us to reflect on, explore, and act on any recommendations, risks arising from the programme and the assessment process. This approach enables review and monitoring of the whole programme.

The programmatic review and monitoring rationale is to identify and operate within the CRC's strategic goal of better than best practice. The system enables the CRC to identify the better than best practice, innovation practices and identify areas for quality improvement. Programmatic review and monitoring provide an opportunity to future plan for programmes ensures that programmes are in line with funding and meeting the requirements of the awarding bodies.

#### **Supporting documents:**

- Module/Learner/ Mid and end of Year feedback forms.
- Additional Stakeholder feedback forms.
- Trainer and Learner feedback.
- Incident reports and Risk assessments.
- Education Council and Sub-committee Meeting Minutes.
- Internal and External Authentication Reports.
- Programmes Annual Schedule.

The CRC's culture of Quality assurance is based on a person-centred approach to learning. We place the learner at the centre of what we do, we seek continuous feedback through keyworker meetings, informal conversations, complaints process, EASI Tool completion and Person-

Centred Planning. This directs us to further develop service in response to learner needs.

All programmes offered by CRC are reviewed midway and on completion. Feedback is sought through learner, stakeholder, and staff feedback forms.

 [Communication with Learners](#)

 [Module feedback form Trainer](#)

 [Module Feedback form Learner](#)

 [Learner Complaint policy](#)

 [Learner Complaint form](#)

 [Learner Code of Conduct Policy](#)

 [Recognition of Prior Learning](#)

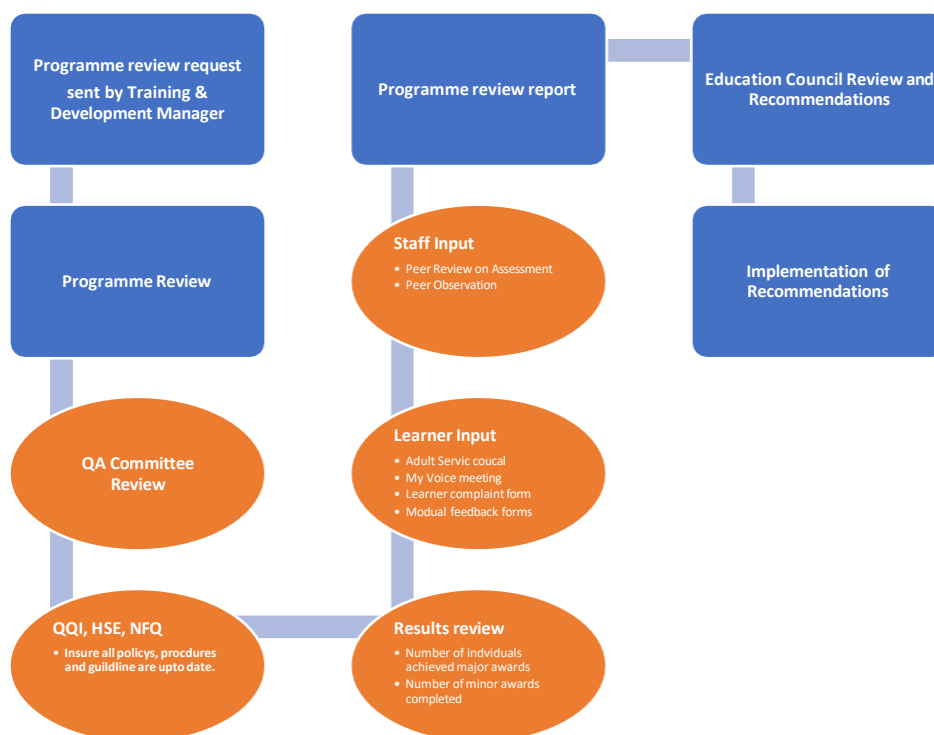
Summative review of programmes offers an opportunity to evaluate the programme holistically to create a greater learning experience.

Programmes are monitored at development level with midcourse and end of course evaluations and stakeholder feedback, allowing for issues to be resolved locally and in a timely manner. The assessment process is allowing for an internal verification and external verification process to further monitor the quality assurance of the programme.

Mid-programme reviews enable a programme to:

- Identify learner support needs.
- Identify staff training needs.
- Ensure the programme meets QQI, NFQ and HSE policy and guidelines.
- Ensure that the programme is relevant to the current labour market and education.
- Improve the overall quality of the programme.

## 4.2. End of programme reviews



## 4.3. Protection of Enrolled Learner

CRC is obliged to fulfil the provisions relating to the delivery of programmes leading to QQI accreditation.

In the event that the training programme closes before the learner can complete their course, the CRC has links to another training centre where the learner can complete the course. CRC will notify enrolled learners in writing of any change to the information of the programme at least 14 days of becoming aware of that change. CRC will support the QQI in seeking accommodation of learners affected by the termination of programme.

CRC does not charge nor receive payment from learners to deliver QQI modules. CRC has a Service Level Agreement with the HSE and receives direct referrals from the HSE.



#### **4.4. Recognition of Prior Learning (RPL)**

Recognition of Prior Learning (RPL), is a process that allows learners to receive recognition for the knowledge and skills they have gained through prior experiences. Examples of RPL would be work experience, volunteering, informal courses or other non-formal learning experiences. It involves assessing the learner's knowledge and skills against the learning outcomes of a specific module or programme to determine if they can be exempted from certain modules or receive credits towards their qualification. Please see Recognition of Prior Learning Policy for further information.

#### **4.5. Exemptions from studying a module**

Module exemption refers to the process of being granted an exemption from studying a particular module within a programme. When a learner can demonstrate that they have already acquired the necessary knowledge and skills covered by a specific module, they may receive an exemption upon request. Module exemptions are often granted based on previous academic qualifications or successful completion of similar modules in another program or institution. Please see Recognition of Prior Learning Policy for more information on exemption and appeals.

#### **4.6. Statement of arrangement**

A statement of arrangements for Recognised Prior learning (RPL) will be included in promotional materials related to the programme of learning.

In addition, this statement must form part of the learner's induction process.

RPL is not a prerequisite to gain admission onto a CRC Adult Services Programme. It is to be viewed as an important process in enabling learners to gain credit for learning they have already achieved.

CRC Adult Services is responsible for the academic standards and quality assurance of programmes undertaken by RPL. All learners entering a programme will be subject to the same quality processes that underpin all CRC Adult Services programmes outlined in the CRC Quality Assurance Manual. This ensures equality through all access routes.

Programme Coordinators are responsible for the implementation of all aspects of this policy in their associated programme.

## **Section 5: Staff Recruitment, Management and Development**

### **5.1. Recruitment and Selection Policy & Procedure**

Recruitment and selection of the staff in the CRC forms a crucial aspect of service delivery by ensuring that the highest quality of service and training is being delivered. It is essential that the recruitment process is fair and transparent. The CRC is fully committed to ensuring appropriate qualified staff are employed to meet the education, training, and administrative requirements of the organisation. Requirements and selection are carried out in line with CRC recruitment and selection policy. More information can be found in the Recruitment and Selection Policy & Procedure. Job selection criteria for programme facilitator and trainers is available on links below.



[Recruitment and Selection Policy & Procedure](#)

New staff are required to attend a staff induction and access to all CRC policies on the CRC SharePoint. Mandatory training on safeguarding and child protection must be completed within two days of starting the role.

 [Dignity at work](#)

 [Grievance Policy and Procedure](#)

 [Recruitment and Selection Policy and Procedure](#)

 [Programme Co-Ordinator](#)

 [Programme Facilitator](#)

 [Trainer](#)

 [Community Support Worker](#)

## **5.2. Staff Induction and Training**

The CRC is committed to employee learning and seeks to foster a supportive and effective environment where all staff are encouraged to further develop their skills and knowledge with the aim of maximising their performance in pursuit of organisational individual goals and objectives.

The CRC gives high priority to professional development and supports staff to develop skills and competences to ensure good teaching practice is embedded and enforced. Individual staff members are responsible for their own professional development. However, members of staff may be approached to complete training identified by other parties such as management and by the Teaching and Learner Committee.

The CRC supports a variety of training which include in-house training using the expertise available within the CRC and through external providers. This includes coaching and mentoring, Universal Design for

Learning, National Adult Learning Association NALA, Leadership and Management, Diet and Nutrition, Conflict Dynamics and Mediation, Train the Trainer, Leader for Innovation & Creativity (UCD). Adult Services staff are mandated to complete the following training:

- SAMS
- F.E.D.S
- Manual Handling and Client Training
- GDPR
- Introduction to Children's First
- Safeguarding Adults at Risk of Abuse
- Hand Hygiene
- Fire Safely

 [CRC Higher Level Education Funding Protocol](#)

 [CRC Study/Exam Leave Policy](#)

 [QQI Core Statutory Quality Assurance \(QA\) Guidelines \(2016\)](#)

### **5.3. Induction Training**

In addition to the general Human Resources/ Corporate Induction, departments play a role in the induction of new employees in their area.

 [Trainer Induction](#)

### **Performance, achievement management system**

The CRC is committed to ensuring all staff are provided with the knowledge and skills necessary to perform their roles to the best of their ability. Identifying staff needs and agreeing an action plan for meetings is done locally through the relevant Head of Department and the relevant staff member. This process provides a platform for Heads of

Departments and staff members to review aspects of job performance to ensure staff are provided with the resources necessary to perform their role. This is a collaborative process and will identify individual learning, development, and career needs.

The performance appraisal is an important aspect of workforce planning and closely linked to the CRC Strategic Plan. The process contributes to developing training needs of the wider organisation. It should be noted the performance appraisal is a process to strengthen the Head of Department s relationship with their team.

This process provides the individual team member with an opportunity to obtain valuable feedback on their performance and provides a forum for the individual to gain recognition for their efforts. The performance appraisal provides an opportunity for both parties to discuss challenging areas and possible solutions. The process facilitates individuals and their Heads of Department with time and space to discuss any challenges faced by the individual in completing their objectives and to discuss opportunities for learning and career development.

The Senior Manager responsible for each location undertakes a performance appraisal conducted by the Chief Executive Officer and each Senior Manager undertakes a performance appraisal with each Head of Department. Heads of Department in turn conduct the performance appraisal with each staff member.

Written feedback following the appraisal must be communicated to the relevant individual within 10 working days. Feedback on the effectiveness of the process will be obtained through a staff survey to ensure its appropriateness.



[Probation Review](#)



[Departmental Site induction](#)

#### **5.4. External Contractors**

The CRC, on occasion, employs external contractors and a contract of employment outlines their role and responsibilities. Qualifications and Insurance requirements are detailed in the CRC Contractors Policy. Trainers are provided with training and guidance on constructive alignment on the commencement of each academic semester to ensure there is a consistent approach in designing learning outlines and assignment rubrics.

#### **5.5. Department Training Budget**

Each training department has their own discretionary training budget which is managed by the centre manager.

To apply for training, you need to fill out a training application. This application is then submitted to the appropriate training department manager along with fee quote. If approved, employees can book the course and invoice the fees.

 [Training application.](#)

#### **5.6. Higher Level Education Funding**

This is aimed at higher level training for employees of the CRC and CRC schools. Funded courses are required to be validated in accordance with the NFQ level 7 and upwards. Funding will be proposed in line with the objectives of the CRC's Strategic plan 2022-2026.

## **Section 6: Teaching and Learning**

The CRC is committed to delivering learning and training programmes which are learner centred flexible and accessible to ensure a strategy for effective learning. It encompasses an inclusive learner-centred approach with specialised individualised support structures.

### [Teaching and Learning Policy](#)

The CRC cultivates a culture amongst all staff that is focused on continuous improvement, sharing good practice and achieving the best outcomes for every learner.

Each trainer must present their module descriptors, lesson plans, assessment briefs and rubric to the coordinator before the academic year commences. Trainers must ensure lesson plans clearly support learning, enable learners to develop over time, and use effective feedback and reflection techniques. Trainers must ensure lesson plans:

- Support learning.
- Enable learners to develop over time.
- Use effective feedback and reflection techniques.
- Encourage learners to work independently and collaboratively with others.

The quality assurance of teaching and learning is monitored by the Teaching and Learning Committee.

### [Governance and Quality Assurance Committees](#)

All programmes are delivered using a variety of flexible strategies to ensure a learner-centred approach. The programme module could be delivered through classroom-based learning activities, teamwork, group discussions, one-to-one tutorials, field trips, case studies, role play and other relevant activities. Each learner is assigned an individual key worker which is the learner's main contact for all matters relating to

their successful participation on the programme and supports learners to identify their learning support needs.

Learning supports are provided through a variety of media including telephone email and face-to-face. The following learner supports, and resources are available to learners:

- Additional one-to-one support sessions from module tutor/trainer
- Literacy and numeracy support
- Reasonable accommodations
- Advocacy support
- Keyworker/key-trainer support sessions

The CRC provides numerous opportunities for learners to obtain feedback on their learning through keyworker meetings, mid-programme reviews and end of year evaluations. During each module assessment, the learner is furnished with detailed feedback that clearly outlines the key learning outcomes of that module. The CRC provides learning materials and workshops and coordinates the certification process.

The CRC adopts a learner centred approach which supports learners on all aspects of their learning cycle and if there is a change in an individual learner's circumstances the key worker will support the learner to complete their study.

## **Section 7: Assessment of Learners**

The CRC Assessment Strategy is informed by best practice and provides the framework to ensure that assessment procedures are effectively coordinated and quality assured. To demonstrate how learners have reached the standards of knowledge, skills and competence outlined in this module. Learners are required to complete a Collection of Work/Portfolio. Evidence may include:



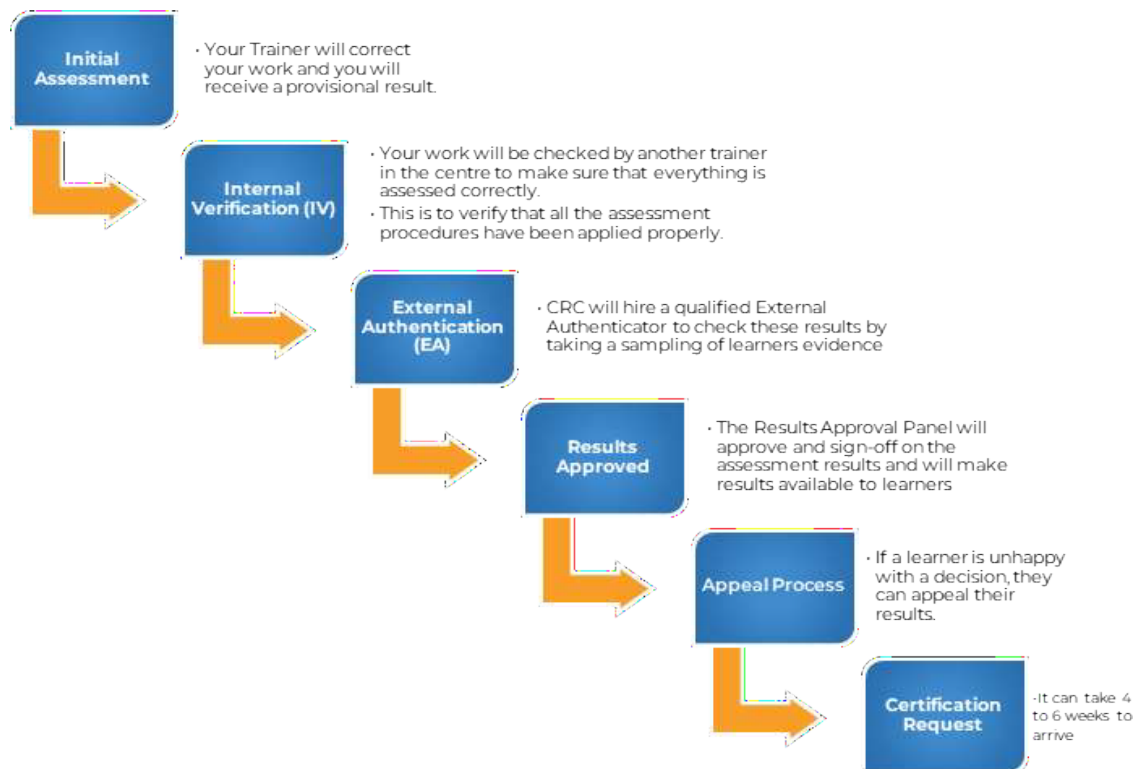
- Worksheets, completed handouts, charts, diagrams, graphs, tally records, collages, constructions, composites of images, drawings, documentation arising from visual/mathematical games, press cuttings.
- Photographs, audio/video recordings.
- Tutor verification, for example a description by the tutor of what was done by the candidate, clearly signed off by the tutor and the candidate.

The assessment for each module is carefully designed by the course team and addresses the key learning outcomes of the module.

Assessment supports learners with the opportunity to access feedback and progression routes. The purpose of the CRC Assessment Framework Strategy is to ensure learners' academic performance is assessed and quantified in a fair and transparent way.

## [Assessment Governance Strategy](#)

### 7.1. Assessment Creation



Assessments will be created based on the learning objectives required for the successful completion of the module. All assessments should be planned and coordinated across modules.

The CRC is responsible for the academic standards and quality assurance of the assessment framework strategy. All learners completing a programme will be subject to the same assessment processes that underpin all CRC programmes. This ensures the integrity of the assessment procedure. Link to the Assessment Governance Strategy.

Continuous Assessment opportunities should be developed following QQIs Assessment standards.

Any assessments being developed are required to be reviewed by a second reader. This second reader is to be a fellow trainer. This is to ensure that the assessment meets the learning outcomes. The second reader will co-sign the assessment under the second reader title. Trainers are required to submit their assessment plan including proposed dates to their coordinator prior to assessment for approval. Notification of assessment event must be completed and submitted to coordinator prior to skills demonstration or portfolio assessment. Learners should be informed of assessment dates once they have been selected.

The validity and reliability of assessments will be monitored with portfolios and skills demonstrations being peer reviewed twice a year.

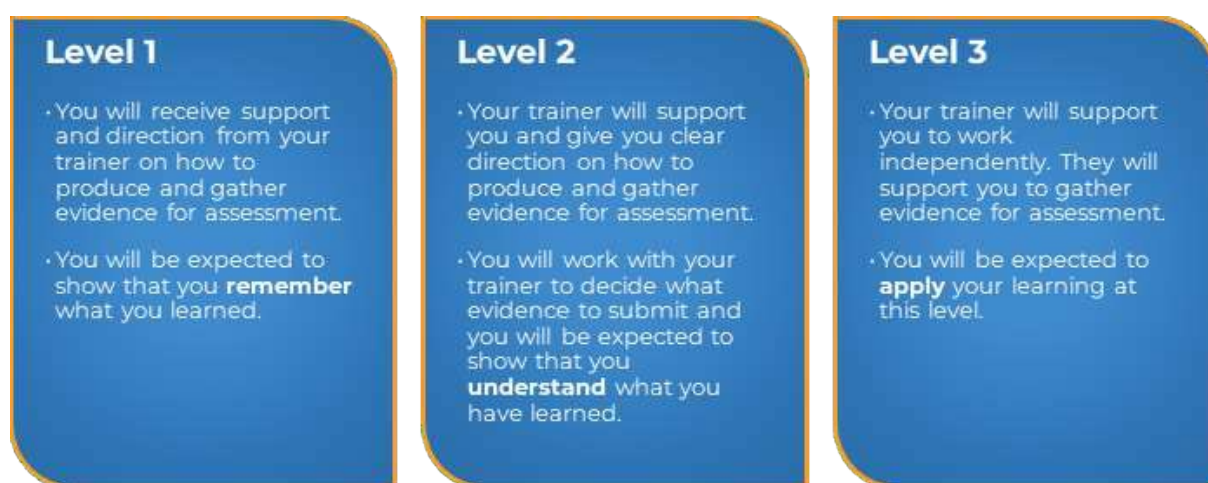
## **7.2. Initial Assessment**

Trainers will assess, and grade learners work throughout the academic year. Three different assessment tools will be used. These include assignments (Tasks), collection of work (Portfolio) and skills demonstration.

**At Level 1**, learners will receive direct support on how to complete the assessment requirements. Learners will be required to show that they remember what they learn.

**At Level 2**, learners will receive direct support on how to complete and gather information for their assessment. Learners are required to show that they understand what they have learned.

**At Level 3**, learners will receive support on how to work independently. Learners are required to show that they can apply what they have learned.



### 7.3. Internal Verification

All work and corresponding grades will be checked by another trainer in the centre to ensure fairness, validity, and reliability. This will verify that all assessment procedures have been applied properly. Internal Verification will happen throughout the academic year.

### 7.4. External Authentication

CRC will hire a qualified external authenticator to review samples of work to further ensure fairness, validity, and reliability. External Authentication will happen once a year.

 [External Authenticator Terms of Reference](#)

 [External Authenticator Job Advertisement](#)

## **7.5. Results Approved**

Results will be reviewed by the Results Approval Panel which will approve and sign off on the assessment results. The Results Approval Panel will then make results available to learners.

## **7.6. Appeals Process**

If a learner is unhappy with a decision, they can appeal their results using the CRC Learner Appeals form. The appeals process is discussed in further detail in the Learner Appeals Policy.

## **7.7. Certification Request**

It can take four to six weeks for certificates to arrive.

## **7.8. Grading**

Learners' work will be first assessed and graded by the trainer delivering the module.

- At QQI Levels 1-3 all learning objectives complete with evidence, to be marked as **Successful**.
- If learning objectives are not complete or no evidence is present, the work will be marked as **Referred**.

## **Minor Award**

Minor awards can be graded independently or as a component of a major award. Minor awards cover a range of learning outcomes. No specific combination of modules is needed to gain a Minor Award. Learning objectives must be met with evidence to achieve a minor award.

## **Major Award**

Major awards are a collection of minor awards. A specific combination of minor is required to reach specific major awards. Major awards delivered by the CRC include General Learning Level 1, General Learning



Reasonable accommodation will only be accepted when a learner has submitted the correct evidence of a disability along with a completed application form.

Within two weeks of receiving all the evidence, the programme coordinator will assess the documents received. They may request more information before a decision is made. Once a decision has been made, the Programme Coordinator will inform the learner in writing either successful or unsuccessful.

If successful, the Programme Coordinator will inform the trainer of the adaptations to be made, while adhering to the assessment principles in terms of reasonable accommodation.

If the learner's application is unsuccessful, the Programme Coordinator will inform the learner. The learner can appeal this decision within five working days by completing an appeal form.

Within two weeks of receiving all the evidence, the Programme Coordinator will assess the documents received. They may request more information before a decision is made. Once a decision has been made, the Programme Coordinator will inform the learner in writing if they are either successful or unsuccessful.

If successful, the Programme Coordinator will inform the trainer of the adaptations to be made, while adhering to the assessment principles in terms of reasonable accommodation.

If the learner's application is unsuccessful, the Programme Coordinator will inform the learner. The learner can appeal this decision within five working days by completing an appeal form.

### **7.10. Learner Feedback**

Continuous feedback throughout the learning process is an important part of learner engagement and progression. Feedback allows learners to reflect on their learning outcomes. Feedback should be constructive

and provide learners with tips on how they can improve their work and reach the learning objectives.

Feedback should be provided in a variety of formats that are accessible to the learners needs.

A comprehensive overview of CRCs approach to quality assurance can be found in Assessment Framework Strategy Policy.

 [Assessment Governance Strategy Policy](#)

### **7.11. Appeals**

The final decision of the application will be shared with the learner, and they can then proceed with the application or appeal the decision.

If a learner chooses to appeal the decision, they must complete an appeal form and submit this to the programme coordinator. Appeals form can be found in the Learner Handbook. This must be submitted to the manager within five days of receiving the decision.

 [Learner Appeal of Assessment Results](#)

Once the Programme Coordinator has received the appeal form, they will forward this to the Training and Development Manager along with the application form and evidence provided. The outcome of this appeal will be shared with the learner within five working days of receiving the appeal. If new supporting documentation is submitted, this will then be treated as a new application. A Programme Assessment Strategy informs trainers, learners, and assessors how, when, and why assessments are being carried out. Assessment strategies should be developed prior to each academic year.

### **Programme Assessment Strategy**

Assessment strategy will be communicated at the beginning of an academic year.

Where a module is shared by multiple programmes, each programme assessment strategy should integrate and adapt the shared modules assessment strategy.

- Assessment instruments (Formative / Summative).
- Marking scheme.
- Provide rationale for the choice of assessment.
- Describe learner requirements and accommodations.
- Describe recognition of prior learning processes.
- Ensure assessment workload is balanced throughout the module and learning objectives.
- Relate to the teaching and learning strategies.

Guidelines for completing a programme assessment strategy are outlined in QOI Assessment and Standards, Revised 2013.

 [Recognition of Prior Learning](#)

 [QOI Assessment and Standards](#)

 [Governance and Quality Assurance Committees](#)

## **Section 8: Supports for Learners**

The CRC seeks to provide a supportive teaching and learning environment throughout the learner life cycle. The CRC ensures that our education and training is delivered in a timely manner with respect to the learners' confidentiality at all times. The CRC invite potential candidates to sample the programme over a two-to-three-day period to assess their support needs, such as Assistive Technology, EASY read and NALA supports. The CRC has an open-door policy when it comes to helping and supporting all learners with their training. The CRC is committed to fair and consistent procedures that allow learners with



specific learning requirements and disabilities to complete assessments in alternative ways while maintaining the standards set by QQI.

[!\[\]\(c8d96c8885d3000a912c2582004aed63\_img.jpg\) Reasonable Accommodation Policy](#)

[!\[\]\(919a2cb85b99741a73c0c31a427236a8\_img.jpg\) Equality, Diversity and Inclusion Policy](#)

## 8.1. Key Working



Each learner in the CRC is assigned a full-time key worker.

The Key worker is responsible for the personal progress of the learner and the development of their training programme.

The Key worker will ensure that any changes in the learner's training progress, disability or personal circumstances are noted in the learner's files and in the main medical filing system in the CRC.

The Key worker will support the learner to advocate, if the learner wishes it, during meetings or discussions.

The Key worker is responsible for reporting on the progress of the learner during review meetings or case conferences. The Key worker will liaise with the HSE, the carers / family of the learner and other staff should the need arise. The Key worker will ensure that the learner can give feedback on the service being provided in the Training Department.

The learner will know and understand the role and function of their key worker and will be encouraged to seek support of their key worker.

## **8.2. Accommodation**

If a learner wishes to apply for reasonable accommodation on any assessment, the learner or someone on their behalf, should complete a reasonable accommodation application form and submit this to the Programme Coordinator. This application should be completed prior to course commencement. Usually, reasonable accommodation has already been discussed at interview stage and appropriate learning supports have already been arranged. However, the CRC provides learners with opportunity to request supports at any stage throughout their learning journey.

The learner should return the completed form along with the relevant documents to the Programme Coordinator, no later than ten days prior to assessment.

Reasonable accommodation will only be accepted when a learner has submitted the correct evidence of a disability along with a completed application form.

## **8.3. Requirements**

Specific needs identified below will be eligible for consideration for reasonable accommodation.

- Autistic Spectrum Disorder (ASD)
- Attention Deficit Disorder
- Attention Deficit Hyperactivity Disorder
- Blind/vision impaired
- Deaf /hard of hearing

- Developmental Co-ordination Disorder (Dyspraxia/Dysgraphia)
- Mental Health Condition (e.g., bipolar disorder, schizophrenia, clinical depression, severe anxiety, severe phobias, OCD, severe eating disorders and psychosis)
- Neurological condition
- Significant ongoing illness (e.g., diabetes type 1, cystic fibrosis, gastroenterology condition etc)
- Physical/mobility difficulty
- Specific Learning Difficulties (dyslexia or dyscalculia)

Within two weeks of receiving all the evidence, the Programme Coordinator will assess the documents received, and may request more information before a decision is made. Once a decision has been made, the Programme Coordinator will inform the learner in writing as to whether they have been successful or unsuccessful.

If successful, the Programme Coordinator will inform the trainer of the adaptations to be made, while adhering to the assessment principles in terms of reasonable accommodation.

If the learner's application is unsuccessful, the Programme Coordinator will inform the learner, who can appeal this decision within five working days by completing an appeal form.

#### **8.4. Advice and Support**

The Key worker provides essential support to the learner all through the learning cycle. The Key worker and learner will discuss the available options to support with decision making, individual goals and training. Learning support of learners may arise from issues associated with English language, literacy, time management and personal matters. The staff team support learners with the transition to further education and

or employment. Staff support learners with travel training, attending college interviews and visiting other colleges. The learners' Key Worker, in partnership with the learners, will chart a transition plan to ensure the learner is supported throughout the transition cycle. Supports available include:



All learners are required to complete a learner induction and learners are encouraged to become involved in various committees, such as, My Voice, Teaching and Learning and Facilities and Supports.

Learners in CRC programmes are offered a host of extracurricular activities, such as, social nights out, kayaking, golf, and creative expression. Activities are driven by the learner and supported by staff. Offering new opportunities for community involvement is an essential aspect of our education and training programmes. The CROW project is an initiative which was requested by learners and supported by staff.

The CROW Project is a holistic based volunteer programme, that immerses the learners in their local community and improves their knowledge on horticulture.



Active citizenship and advocacy are both integral aspects to service delivery. In partnership with DFI (Disability Federation of Ireland) and IHREC, twelve learners co-researched the Looking Ahead project which examined issues in service delivery and in wider society.



Learners are encouraged and supported to become strong self-advocates and learners have made presentations to the Oireachtas on Changing Places and employment.



## **Section 9: Information and Data Management**

The CRC complies with all applicable data protection, privacy and security laws and regulations, through maintaining high standards for all. The CRC aims to foster a culture that is honest, compassionate, transparent, and accountable; that protects the rights, privacy, and confidentiality of all individuals whose personal data it processes.

 [Data Protection Policy and Procedure](#)

 [CRC Data Retention and Destruction Policy.](#)

## [Assisted Decision making act](#)

CRC employs a Data Protection Officer who provides advice and guidance support and training on all aspects of data protection law. The Data Protection Officer processes Subject Access Requests and Freedom of Information Requests.

Each learner registered with the CRC is assigned a unique registration number which remains with the learner for the duration of their learning. Access to the system is strictly limited to internal CRC staff and any amendments to information may only be made by authorised personnel such as the Adult Services Administrator.

## [Social and health records policy](#)

Assessment results are completed annually and uploaded to QBS for certification. Hard copy assessments are destroyed within four weeks on conclusion of the appeals process and after ratification and certification. The CRC uses a certified document destruction contractor.

Information collected for each learner as part of the application process is updated each year. At the application stage, learners are informed of the CRC obligation to share this information with QQI and other regulatory bodies.

## [Privacy Notice](#)

The CRC collects feedback on an ongoing basis, responses to all surveys are confidential and identifying information of respondents is not contained in any published material. The CRC will only use feedback from surveys for the purpose communicated to the learner.

In its capacity as Data Controller, the CRC ensures that all personal data shall;

- Be processed fairly, lawfully and in a transparent manner.

- Be obtained only for specified, explicit, lawful, and legitimate purposes and shall not be further processed in any manner incompatible with those purposes.
- Be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed.
- Be accurate and, where necessary, kept up to date.
- Not be kept for longer than is necessary for the purposes for which it was obtained.
- Be processed in a secure manner which includes having appropriate technical and organisational measures in place to:
  - Prevent and/or identify unauthorised or unlawful access to, or processing of, personal data.
  - Prevent accidental loss or destruction of, or damage to, personal data.

### **9.1. Unauthorised Disclosure**

The CRC is committed to effective records management retention and disposal to ensure that it:

- Complies with the principles relating to processing of personal data set out in the GDPR and Data Protection Act 2018 such as purpose limitation, data minimisation and storage limitation etc.
- Optimises the use of space
- Minimises the cost and associated risk of record retention
- Securely destroys records within the agreed timeframes as set out in the Data Retention Schedule

### **9.2. Introduction**

High quality information underpins the delivery of high quality, evidence-based health and social care and many other key service deliverables. Information has most value when it is accurate, up to date and accessible when needed. Effective records management ensures

that information, including records, is appropriately managed in line with legal requirements and is available whenever and wherever there is justified need for that information, in whatever form of media it is required. Information may be required:

- To support learning and choice.
- To support individual care and continuity of care and support.
- To support day to day business which underpins the delivery of care and support.
- To support evidence based clinical practice.
- To support sound administration and managerial decision making, as part of the knowledge base for CRC services.
- To meet legal requirements, including requests from individuals under access provisions of the Data Protection Act 2018/GDPR or the Freedom of Information Act.
- To support improvements in clinical effectiveness through research and to support archival functions by taking account of the historical importance of material and the needs of future research.
- To Support a person's choice and control over treatment and services designed around individuals.

However desirable it may be to retain every single record perpetually in its original format in a "just in case" scenario, the reality is that there is limited storage capacity available and perpetual retention of all personal records is in breach of Data Protection laws. The longer the time period for retention of data, the greater the potential risk and burden to the organisation in terms of cost of storage, security of the data, ensuring it is accurate and up to date etc. The CRC must comply with the principle, as laid out in Data Protection law, that personal data must not be kept in a form which permits identification of data subjects for longer than is necessary for the purposes for which it was obtained. This



requirement places a responsibility on the CRC to be clear about the length of time personal data will be kept and the reasons why the information is being retained.



### **9.3. Data Retention**

The retention period, as set out, will start from the time the data was last active or in use e.g., from the date of discharge or exit from the training programme.

Information may be retained if it is likely to be needed in the future and if the consequences of not having it would be substantial. It is impossible to try to accommodate every conceivable need and therefore a balanced and common-sense approach must be taken, weighing up the likelihood and impact both for and against retaining the information.

### **9.4. Data Destruction**

Once the retention period has lapsed and provided there is no exceptional reason for the data to be retained for longer e.g., legal hold, the information must be disposed of appropriately and securely.

Records can be destroyed in the following ways:

- Non-sensitive/non-confidential/non-business information – can be placed in normal CRC recycling bin.
- Confidential information – can be placed in shredding console or shredded by nominated and approved waste disposal firm. N.B. client files must never be disposed of in a shredding console.

- Electronic equipment containing information – can be destroyed using KillDisk and for individual folders, they will be permanently deleted from the system.
- Destruction of electronic records should render them non-recoverable even using forensic data recovery techniques.

Destruction of records must be authorised by the relevant line manager and recorded in the Department Data Destruction log. Where records are to be destroyed by a professional contractor, a certificate of destruction must be issued.

### **9.5. Data Destruction logs**

A record in the form of a register/log, issued by CRC's DPO is to be maintained by each department of all records destroyed, providing verifiable authorised proof of destruction. The log should be kept in perpetuity and should provide details of all records destroyed.

## **Section 10: Public Information and Communication**

The CRC is committed to appropriate and effective communication with all stakeholders both internally and externally. The CRC is responsible for the accuracy of the information it puts into the public domain and therefore, must ensure the validity of such information to ensure transparency with its stakeholders.



[CRC Public Information and Communication Policy](#)

The CRC will detail accurately and in a transparent manner all CRC's service, programmes, services, and the CRC Quality Assurance Manual.

- Make public on the CRC website and in line with QQI Core Statutory Guidelines all details, reports, policies, and procedures relating to Quality Assurance in Education and Training to include but not limited to self-evaluation reports, institutional reviews,

quality improvement plans, protection of learners, information on acquired prior learning, details on accreditation and non-accredited programmes, details on award details on access, transfer and progression and Learner Handbooks.

- The CRC will ensure this information is easy to navigate for stakeholders and published in full.
- Social network site such as Facebook, Twitter, and Instagram.

 [Social Media Policy](#)

 [CRC Website](#)

### **10.1. Learner Information**

All relevant programme and award information is made available to prospective and current learners, including the following:

- Whether or not a programme leads to an award
- The name of the awarding body
- The title of the award; whether the award is recognised in the National Framework of Qualifications (NFQ) and if so, the award type and NFQ level
- Whether the programme is subject to procedures for access, transfer, and progression and if so, what these are
- Details of the Protection of Enrolled Learner (PEL) arrangements in place, should PEL be a requirement

The accuracy of such information is maintained and updated regularly. Information for prospective learners is honest, transparent and facilitates comparison to other services.

 [Learner Handbook](#)

 [Protection of Enrolled Learners Policy](#)

## **Section 11: Other Parties Involved in Education and Training**

The CRC has membership on the following bodies

1. DFI
2. HSE NEW DIRECTIONS
3. NYCI
4. AONTAS
5. NDA
6. Dublin Northwest Partnership
7. Gaisce
8. NALA
9. CDETБ

The CRC have a relationship with the local partnerships, and employment centres such as Ballymun Job Centre. This partnership includes local Community Network meetings which happen bimonthly and are attended by the Training and Development Manager. The local disability employment services are a progression route for adults on our programmes. Employability Services keep the local programme coordinators up to date with labour market trends and vacancies. CRC staff and adult's attend local recruitment fairs. The CRC are members of Open Doors initiative and AHEAD disability services.

The CRC has a second provider relationship with CDETБ QQI Level 3 Employability Skills in CRC Raheny. CRC Raheny deliver modules which include:

- Application of Number
- Breakfast Cookery (*elective module*)
- Career Preparation
- Communications
- Computer literacy
- Drawing (*elective module*)
- Health and Fitness
- Health and Safety
- Planting and Potting by Hand (*elective module*)

- Retail Sales Transactions
- Work Experience

Employability skills also offer social and advocacy programmes that support learners to develop confidence and skills that they need to find a job and keep a job. On completion of the course, learners will achieve a QQI level 3 Major Award in Employability Skills.

## **Section 12: Self-Evaluation, Monitoring and Review**

Self-Evaluation, Monitoring and Review is an essential part of our quality assurance process in the CRC. Self-Evaluation, Monitoring and Review is an annual process that mirrors our assessment calendar. This timeline allows for reflection, exploration, and action on any recommendations, risks arising from the programme and the assessment process.

**Self-Evaluation, Monitoring and Review** and monitoring rationale is to identify and operate within the CRC's strategic goal to improve services.

**Self-Evaluation, Monitoring and Review** and monitoring rationale provides us with the opportunity to future plan for our programmes, ensure that we are in line with funding requirements and meet the requirements of the awarding bodies. The Education Council will review and audit processes and procedures for conducting self-evaluations.

### **Support documents:**

- Module/Learner/ Mid and End of Year feedback forms.
- Additional Stakeholder feedback forms.
- Trainer and Staff Feedback.
- Incident Reports and Risk Assessments.
- Education Council and Sub-committee Meeting Minutes.
- Internal and External Authentication Reports.
- Programmes Annual Schedule.

The CRC's culture of quality assurance is based on a person-centred approach to learning; we place the learner at the centre of what we do, we seek continuous feedback through key worker meetings, informal conversations, complaints process, EASI Tool completion and Person-Centred Planning. This directs us to further develop services in response to the needs of the adults attending.

Programmes are monitored at centre level with mid-course, end of year evaluations and stakeholder feedback. Allowing for issues to be solved locally and in a timely manner. The Assessment Process allows for the internal verification and external authentication process to further monitor the quality assurance of the programme following a Results Approval Panel meeting where assessment reports are reviewed by the QA Committee and a report is produced and submitted to the Education Council for review.

Mid and End of Programme Reviews enable a programme to:

- Identify Learner support needs.
- Identify Staff training needs.
- Ensure the programme meets QQI, NFQ and HSE policy and guidelines.
- Ensure that the programme is relevant to the current labour market and education.
- Improve the overall quality of the programme.

### **12.1. Validation**

The aim of programme validation is to validate the education programmes that CRC intend to offer to their learners. The CRC Board of Directors has delegated responsibility for QQI validation to the Education Council. QQI requires that the CRC are satisfied that:

- A given programme's learning outcomes are right for its intended NFQ level and award type.

- The award is achievable by learners.
- Appropriate resources and quality assurance processes for the programme are in place.

As a QQI award provider, the CRC can apply to have a programme validated if it has been active for five years or more.

QQI's programme validation process ensures that any new programme proposed by a provider to lead to a QQI award has been fully evaluated and approved before it is offered to learners.

This means that your programme leads to an award that is:

- Quality-assured
- Nationally and internationally recognised
- Placed on the National Framework of Qualifications. (QQI 2022)



[QQI - Validating QQI Award Programmes](#)

The CRC currently has three programmes validated: General learning level 1, General learning level 2 and General learning level 3.

## **12.2 Revalidation**

QQI Programme revalidation outlines that all programmes are to be revalidated within a maximum period of five years. This revalidation process presents an opportunity to showcase internal findings from our self-evaluation, monitoring, annual and three-yearly reviews. The CRC's revalidation process allows programmes to evolve and adapt to the response or the stakeholder feedback and to meet industry needs.

Revalidation is an external independent process undertaken by a panel formed by QQI. This panel looks at all evidence for revalidation by the CRC and recommends whether the programme should be revalidated or not.