

Final Draft Monitoring Report (*Template V1.1*)

Date of Monitoring Report 20 June 2008

1. DETAILS OF THE ORGANISATION

Name of Organisation

Soilse

Address 6-7 North Frederick Street
Dublin 1

Email Address soilse@hse.ie + soilsehp@hse.ie

Contact Aoife Kerrigan Telephone 01 8724535 Fax 01 8724568

Type of Provider

[Reference categories in FETAC QA Application] HSE Addiction Rehabilitation, Adult Education, Vocational Guidance Programme

Forms of Programme Delivery [Reference categories in FETAC QA Application] Centre

Provider Profile (provided by Soilse)

Soilse is the Health Service Executive's Addiction Rehabilitation Service (Northern Sector). Soilse also receives funding from CDVEC. Through the provision of an holistic programme, Soilse seeks to address the personal, social and vocational needs of participants, people who typically have experienced significant marginalisation, disadvantage, and disempowerment. Working in an Addiction Recovery context since 1992, Soilse provides a basic education (General Learning), vocational guidance programme specific to the needs of people recovering from addiction. Soilse is registered with FETAC and currently offers participants an opportunity to achieve FETAC accreditation at Level 3 (Major and Minor awards) and Level 4 (Minor awards)'.

(The provider reported that in 2007, 75 candidates engaged in assessment, 16 achieved major Level 3 award, 59 achieved a minor award for between 1-7 Level 3 and Level 4 modules).

2. EDUCATION and TRAINING CENTRES
[FETAC clarify whether all or just FETAC registered]

Location	Number of Tutors/ Trainers/ Teachers	Number of Learners	FETAC Programmes Offered
North Frederick St	11 - 20	51 – 100 As per application Informed during monitoring visit that that participant numbers have increased to 120 since application was made to FETAC	Basic Education and Vocational Guidance Programme which Includes:- <ul style="list-style-type: none"> ▪ Maths ▪ Communication ▪ Drama ▪ Art:- Drawing Woodcraft Ceramics ▪ Personal Development ▪ Preparation for Work ▪ IT ▪ Health and Fitness Award Levels 3 + 4

3. TYPE OF VISIT UNDERTAKEN

INITIAL ✓

FOLLOW-UP

4. MONITORING VISIT PLAN

Visit Start Date
 Visit End Date
 Number of Monitoring Days (including preparation and reporting)

Procedures Monitored (e.g., B1.1 and B1.2; all B2, etc.)

B1:	B6:
B2:	B7:
B3:	B8:
B4:	B9:
B5:	

MONITORS ▪ Joan Hennessy
 Name

5. AGREED SAMPLE

Notes re identification of sample:

Centres Visited	Meetings Held				Programmes Sampled
	Staff (incl. Management)		Learners		
	Total	Sample	Total	Sample	
2 Locations 1- 2 Henrietta Place Dublin 1 (Pre Programme Centre) 6/7 Nth Frederick St Dublin 2 (Programme Centre)	1-20	7	120	9	Art Woodcraft Communications Personal and Interpersonal Skills

6. EVIDENCE REVIEWED (Summary only)

The following records were discussed and reviewed in the course of the monitoring visit:-

Review Of Records

- Policy and procedure documents related to all FETAC QA requirements B1 to B9
- Completed learner evaluation sheets
- Staff review questionnaires
- Staff meeting minutes
- Yearly staff meeting schedule
- Soilse brochure
- Open day details
- Equality training proposal (staff)
- Learner rights charter
- Code of practice
- Staff Induction handbook
- Staff induction records
- Staff training records
- Staff training handbook
- Learner literacy assessment tools
- Learner appeals mechanism re entry to the programme
- Module overviews and outlines
- Staff training records re assessment
- Learner appeals mechanism in relation to assessment
- Procedures re Assessment related to B6.7.1. and B 6.7.2
- Self Evaluation report
- External evaluation report
- Programme Improvement plan

Observation of Facilities and Resources

- There are a number of dimensions to the Soilse initiative. Soilse endeavours to support participants in their efforts to become drug free and offers second chance education and training opportunities when the participant reaches the appropriate stage in their overall programme.
- There are two locations associated with the programme. Location one has been refurbished and addresses the needs of participants in the early stages of their entry to the overall programme. Location one focuses on participant, health fitness, personal development and participant support interventions. This location has a gym which is very well equipped, IT facilities, training rooms, kitchen, office and meeting rooms.
- The second location provides an internal progression route for programme participants. Participants involved in this facility have been successful in their endeavours to become drug free and are provided with the opportunity to engage in a training and education programme which can lead to a FETAC award.

Facilities available at this location include:- training rooms, art room, woodcraft training area, participant library (located in the communications room). IT facility, offices, recreation area and canteen which is located on the lower ground floor. The building while steeped in history and of lovely design is not an ideal training location and requires refurbishment. This has been recognized by the provider and plans to move to a new premises are at an advanced stage. It is expected that the move will take place by autumn 2008

Other evidence

7. Assessment of the Provider's Quality Assurance System

Evaluation Criterion	Evaluation	
	Good Practice Please tick ✓	Area for Improvement Please tick ✓
<p>7.1 Effective <u>Implementation</u> of Quality Assurance Procedures</p> <ul style="list-style-type: none"> Is the provider implementing the quality assurance procedures as agreed (including consistently implementing the procedures in the centres of a multi-centre provider), and if not, is there a valid reason(s) why this is so? 	✓	✓
<p>7.2 Effective <u>Monitoring</u> of Quality Assurance Procedures, and evaluation of effectiveness of the procedures</p> <ul style="list-style-type: none"> Does the provider systematically monitor its progress towards achieving an appropriate range of quality goals and in particular further improving and maintaining the quality of its education and training provision? Is corrective action taken to remedy deficiencies identified by implementation of the quality assurance procedures? Is the effectiveness of the quality assurance procedures evaluated? 	✓	
<p>7.3. Effectiveness of Quality Assurance Procedures</p> <ul style="list-style-type: none"> Are the quality assurance procedures as implemented effective in maintaining and improving the quality of programme design and delivery? 	✓	

8. Good Practice Identified	
Policy Area	Good Practice
	Summary Statement(s) of Key Elements of Good Practice Identified in this Policy Area
Communication	<ul style="list-style-type: none"> ▪ Learner feedback taken on a daily basis ▪ All learners are assigned key workers who give and receive feedback on a one to one basis ▪ Staff meeting schedule drafted at the beginning of the year and provided to all staff ▪ Regular staff meetings held ▪ Meeting minutes recorded ▪ Staff feedback included in reviews ▪ Staff and learner notice boards evident ▪ Annual report produced ▪ Website and brochure currently being updated to enhance information available to all stakeholders
Equality	<ul style="list-style-type: none"> ▪ Strong understanding of issues related to equality particularly in the context of social exclusion ▪ Equality issues featured in staff handbook ▪ Staff training proposal in relation to equality drafted and funding for training delivery sourced and agreed ▪ Learner Rights Charter available to all learners
Staff Recruitment and Development	<ul style="list-style-type: none"> ▪ Staff recruitment records maintained ▪ Staff induction training provided ▪ Staff training records maintained ▪ Staff handbook provided to all staff ▪ Staff code of practice developed and provided to all staff
Access, Transfer and Progression	<ul style="list-style-type: none"> ▪ The programme engages in short term goal setting to enhance participant self esteem and provides both internal and external progression route opportunities ▪ Information is provided to learners in a number of ways. i.e. notice board, brochure, website one to one sessions with key workers, vocational guidance ▪ The provider has put in place a participant tracking system which provides information during the post programme phase. This system assists the provider in identifying suitable additional interventions as appropriate

<p>Programme Development, Delivery and Review</p>	<ul style="list-style-type: none"> ▪ The programme was designed following identification of learner needs. The design process included consultation with learners, staff, focus groups etc. ▪ The programme proposal was drafted in keeping with the provider mission and taking into consideration FETAC assessment requirements
<p>Fair and Consistent Assessment of Learners</p>	<ul style="list-style-type: none"> ▪ During discussion with learners it was evident that the learners were aware of :- <ul style="list-style-type: none"> - The significance of the National Framework of Qualifications - Where the FETAC award they had achieved or were working towards sits on the framework. ▪ The provider had taken steps to update procedures for Fair and Consistent Assessment of learners in the context of B 6.7.1 and B 6.7.2 ▪ Two internal verifiers have been identified ▪ Steps to identify external authenticators are currently being taken. The provider hopes to network with other providers to identify suitably qualified authenticators and also to utilize any authenticator panel put in place by FETAC. ▪ Assessment results are monitored for the purpose of continuous improvement
<p>Protection for Learners</p>	<ul style="list-style-type: none"> ▪ Section 43 of the Qualifications (Education and Training) act. 1999 does not apply to Soilse. Arrangements however are in place should a programme unexpectedly cease
<p>Sub-contracting/Procuring Programme Delivery</p>	<ul style="list-style-type: none"> ▪ The provider does not subcontract training delivery
<p>Self Evaluation of Programmes and Services</p>	<ul style="list-style-type: none"> ▪ The provider has engaged in self and external programme evaluation and produced a programme improvement plan based on the evaluation report findings ▪ Many of the proposed actions contained in the programme improvement plan have already been

	addressed. There is evidence that all proposed actions are receiving attention from the provider and timelines have been set to take corrective action in all identified areas.
Summary of Good Practice	<ul style="list-style-type: none"> ▪ It is clear that the programme endeavours to address the individual needs of the learner in the context of programme development and delivery and through the identification of internal and external progression routes to further training opportunities and employment as appropriate ▪ Internal and external evaluation conducted ▪ Strong co-ordination of QA system evident ▪ QA Policy and Procedure developed and implemented ▪ QA system facilitates continuous improvement ▪ Programme improvement plan drafted and findings acted upon

9. Areas for Improvement: Recommendations to Provider		
	The provider must	By this date
9.1 Essential Recommendations (Required Action(s))	▪	
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9.2 Development Recommendations (Suggested Action(s)/ Areas for Development)	The provider should consider
	<ul style="list-style-type: none"> ▪ Update policy for Fair and Consistent Assessment of Learners in the context of B6.7.1 and B6.7.2
	<ul style="list-style-type: none"> ▪ QA policy and procedure documents should be in a location which is accessible to staff and learners
	<ul style="list-style-type: none"> ▪ The link between QA policy and procedure and good practice on the ground should be reinforced with staff and learners
	<ul style="list-style-type: none"> ▪
	<ul style="list-style-type: none"> ▪
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	<ul style="list-style-type: none"> ▪
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<p><i>N.B. The provider has notified FETAC that the Policy for Fair and Consistent Assessment of Learners has been updated.</i></p>	

10. FETAC Monitoring – Conclusions and Outcomes

Centre	Soilse
Provider Registration No.	40701H
Date of Monitoring Visit	19 th June 2008
Type of Monitoring Visit	Initial
Monitoring Conclusions	Findings in monitoring report indicate that the quality assurance procedures of this provider are effective in maintaining and improving the quality of programmes and services. However there are a number of developmental recommendations as a result of minor issues identified which require attention.
Monitoring Outcomes	<ol style="list-style-type: none"> 1. Provider and staff commended on good quality practices 2. Provider required to implement developmental recommendations as specified in the report. 3. Provider to complete Self-evaluation in one year to report on improvement with particular attention to the recommendations made in Monitoring report. 4. Provider to make progress report to Monitor within agreed timescale 5. FETAC monitoring recommended in 2 years
Monitor	Joan Hennessy
Date	20 th June 2008