



## Initial Access to Validation Quality and Capacity Panel Report

### Assessment of Capacity and Approval of QA Procedures

#### Part 1 Details of provider

##### 1.1 Applicant Provider

Registered Business/Trading Name:	Cork Counselling Services CLG
Address:	The Centre, 7, Father Matthew Street, Cork, Ireland
Date of Application:	29 <sup>th</sup> May 2017
Date of resubmission of application:	
Date of evaluation:	1 <sup>st</sup> December 2017
Date of site visit (if applicable):	
Date of recommendation to the Programmes and Awards Executive Committee:	8 <sup>th</sup> March 2018

##### 1.2 Profile of provider

Cork Counselling Services (CCS) is a registered charity and non-profit organisation which provides professional counselling, psychotherapy and training services in the south of Ireland. Its sister organisation, Cork Counselling Services Training Institute (CCSTI), provides professional training, supervision, and placements for third level students. There are 3 programmes currently running:

- A Foundation Certificate in Counselling awarded by CCSTI;
- A Diploma in Counselling which was one of the first professional training courses to be recognised by the Irish Association for Counselling and Psychotherapy (IACP) in 1996; and
- A BSc (Hons) Counselling and Psychotherapy Top-up Degree programme which is validated by Coventry University.



## Part 2 Panel Membership

Name	Role of panel member	Organisation
John O’Herlihy	Chair	Independent Expert Retired Head of Development in Letterkenny IT
Marcella Finnerty	QA Expert	Chairperson and Director of Training Institute of Integrative Counselling and Psychotherapy
Aideen Long	Higher Education Representative	Professor in Molecular Medicine and former Dean of Graduate Studies, Trinity College Dublin
Patrick McLoughney	Student Representative	Graduate of programme in Irish College of Humanities & Applied Sciences (ICHAS), Limerick
Michael O’Sullivan	Report Writer	Independent Report Writer appointed by QQI

## Part 3 Findings of the Panel

### 3.1 Summary Findings

1. Given the wide-ranging breadth of services currently being provided in training and counselling services, the panel does not feel that CCS has the necessary complement of staff or capacity to provide a Level 8 honours degree programme that satisfies QQI criteria for validation.
2. The panel considers that CCS does not have the academic structure or expertise necessary for the academic management of a Level 8 Honours Degree Programme. For example, it does not have a Registrar or Academic Council, or equivalent arrangements appropriate to its context.
3. While the panel recognises the high quality of training and counselling being provided, it does not feel the pedagogical underpinning for a Level 8 degree is present.



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### **3.2 Recommendation of the panel to Approvals and Reviews Committee of QQI**

The Quality and Capacity Panel recommends to the Approval and Review Committee that it does not approve the quality assurance procedures of Cork Counselling Services.



## Part 4 Evaluation of provider capacity

### 4.1 Legal and compliance requirements:

- 4.1.1(a) **Criterion:** *Is the applicant an established Legal Entity who has Education and/or Training as a Principal Function?*
- 4.1.2(a) **Criterion:** *Is the legal entity established in the European Union and does it have a substantial presence in Ireland?*
- 4.1.3(a) **Criterion:** *Are any dependencies, collaborations, obligations, parent organisations, and subsidiaries clearly specified?*
- 4.1.4(a) **Criterion:** *Are any third-party relationships and partnerships compatible with the scope of access sought?*
- 4.1.5(a) **Criterion:** *Are the applicable regulations and legislation complied with in all jurisdictions where it operates?*
- 4.1.6(a) **Criterion:** *Is the applicant in good standing in the qualifications systems and education and training systems in any countries where it operates (or where its parents or subsidiaries operate) or enrolls learners, or where it has arrangements with awarding bodies, quality assurance agencies, qualifications authorities, ministries of education and training, professional bodies and regulators.*

### Findings

#### ***Does the provider's application provide evidence that these criteria have been met?***

There is no clear delineation throughout the submission between training and counselling on the one hand and academic delivery on the other. This makes it difficult to establish whether the above criteria are met. This difficulty manifests itself in a number of ways:

- In clarifying the “Principal Function”. For example, education and/or training is described as a principal function; however, in reality, it appears to be competing with another principal function which the applicant describes as “Provision of counselling services”;
- In making a clear separation between the decision-making powers of the academic and commercial / training activities;
- In confusion between the roles and responsibilities of key personnel;
- In the heightened risk that the lines between restricted finance for service provision and unrestricted finance for education might become blurred.

A not insignificant portion of the panel's subsequent difficulty in envisioning how the quality assurance procedures might work in practice can be traced back to these overlapping boundaries between “Cork Counselling Services” and “Cork Counselling Services Training Institute”. Notwithstanding this point, the panel is satisfied that:

4.1.1 (a) The applicant, Cork Counselling Services, is an established legal entity, a company limited by guarantee.

4.1.2 (a) The legal entity is established in the European Union and has a substantial presence in Ireland.



4.1.3 (a) Cork Counselling Services Training Institute is described as the registered business/trading name to be used in the delivery of programmes leading to QQI awards. However, there appears to be a small core team of employees, and the documentation is not clear on who does what. CCS also has a working partnership with Coventry University (CU). Current QA procedures are compatible with CU and are aligned with UK standards, but need to be reworked to map on to the Irish system in terms of credit allocation, assessment and standards etc. Finally, the programme currently has professional course accreditation status with IACP, the Irish Association for Counselling and Psychotherapy.

4.1.4 (a) More explicit mention could be made of third party relationships relating to external clinical placements. Quality assurance procedures surrounding these placements are an integral part of governance.

4.1.5(a) The applicant certifies that it is in all material respects compliant with all relevant legislation and regulatory requirements applicable to the provision of education and training in Ireland.

4.1.6 (a) The applicant is in good standing with the professional body, IACP, with whom it has course accreditation status. There is also a linked provision arrangement with Coventry University.

## 4.2 Resource, governance and structural requirements:

4.2.1(a) **Criterion:** *Does the applicant have a sufficient resource base and is it stable and in good financial standing?*

4.2.2(a) **Criterion:** *Does the applicant have a reasonable business case for sustainable provision?*

4.2.3(a) **Criterion:** *Are fit-for-purpose governance, management and decision making structures in place?*

4.2.4(a) **Criterion:** *Are there arrangements in place for providing required information to QQI?*

### Findings

#### ***Does the provider's application provide evidence that these criteria have been met?***

No.

#### ***Where criteria are not met, please identify and state the reason(s) why.***

The panel is strongly of the belief that CCS has an insufficient resource base and that its governance, management and decision-making structures are not fit-for-purpose in the context of the design and delivery of a Level 8 honours degree programme. For example:

- There is insufficient recognition of the additional academic resources and expertise that are required for the design and delivery of a Level 8 programme;
- The governance structure is poorly outlined and does not show an appreciation of the additional independence and oversight required. For example, it appears that the same three core staff serve on, and are answerable to, all boards.
- *"The Board is charged with the responsibility to manage the Charity"* and seeks to comply with the Governance Code for Community, Voluntary and Charitable Organisations. Accordingly, a long Schedule of generic Board Responsibilities is listed with little attempt to tailor them to the exigencies of an educational establishment. The Board of Directors could be totally unaware, for example, that proposed



new programmes should be brought to them for final approval – even though Paragraph 4.3 of the QA Handbook specifically requires this.

In addition, the business case for sustainable provision is inadequately outlined and there is concern that the information systems, being largely manually based, would not suffice for QQI purposes.

### 4.3 Programme development and provision requirements:

- 4.3.1(a) **Criterion:** *Does the applicant have experience and a track record in providing education and training programmes?*
- 4.3.2(a) **Criterion:** *Does the applicant have a fit-for-purpose and stable complement of education and training staff?*
- 4.3.3(a) **Criterion:** *Does the applicant have the capacity to comply with the standard conditions for validation specified in Section 45(3) of the Qualifications and Quality Assurance (Education and Training) Act (2012) (the Act)?*
- 4.3.4(a) **Criterion:** *Does the applicant have the fit-for-purpose premises, facilities and resources to meet the requirements of the provision proposed in place?*
- 4.3.5(a) **Criterion:** *Are there access, transfer and progression arrangements that meet QQI's criteria for approval in place?*
- 4.3.6(a) **Criterion:** *Are structures and resources to underpin fair and consistent assessment of learners in place?*
- 4.3.7(a) **Criterion:** *Are arrangements for the protection of enrolled learners to meet the statutory obligations in place (where applicable)?*

### Findings

#### ***Does the provider's application provide evidence that these criteria have been met?***

The panel has considerable reservations about whether CCS has the capacity to comply with the standard conditions for the validation of a Level 8 honours programme.

#### ***Where criteria are not met, please identify and state the reason(s) why.***

The panel draws a clear distinction between CCS's current training and counselling activities (which have been delivered by all accounts to a very high standard for a protracted period of time) and its readiness to embark on a Level 8 programme to the standard required for QQI validation. The panel is of the opinion that CCS under-estimates the step change involved. In particular, the panel considers that CCS lacks the necessary academic structures and expertise for the development and provision of a Level 8 programme. Moreover, the panel considers that CCS does not fully comprehend the extent to which it needs to draw on these resources on an ongoing basis, believing instead that *ad hoc* access might be sufficient. The Head of Training, for example, is a highly qualified and experienced practitioner, with many years involvement in training and education. However, it is not clear whether she will be delivering the programmes or managing the academic side of the registry. Equally, while CCS has



proposed the appointment of an Independent Training Evaluator and Advisor, the role specification does not include a high academic qualification and is very much on a part-time basis.

The panel also queries whether insurance cover is adequate. The primary activity is stated to be “Support / Welfare Association” - does the insurance policy extend therefore to their activities as a college? Flood risk is excluded from the policy and some buildings do not comply with disability access regulations. The premises may not therefore be fit-for-purpose.

Finally, the panel remains unconvinced regarding the sufficiency of the arrangements for the protection of enrolled learners.

The panel therefore considers that, while CCS has a strong record as a trainer and provider of counselling services, its capacity to comply with the standard conditions for validation is less clear.

#### **4.4 Overall findings in respect of provider capacity to provide sustainable education and training**

The panel believes that CCS does not have the capacity that would support an application for QQI validation. Its current resource base is stretched over a number of very commendable activities and it is difficult to envisage how it could, in practice, absorb further roles and responsibilities. Moreover, the existing resource base needs to be supplemented with a higher level of academic expertise. Indeed, CCS’s submission seems to be predicated on the assumption that its undoubted training and counselling expertise can easily migrate across to academic delivery and pedagogy. At the same time, it appears to be unaware of the necessity of formally identifying the membership and functions of Registrar, Academic Council, Programme Boards or equivalent arrangements appropriate to its context. The panel considers that CCS would be greatly helped if it had continuous recourse to an independent and academically-oriented governance structure. However, there is no indication that this is currently in place.

The panel therefore concludes that, while it is impressed with CCS’s track record in providing sustainable training and education, it is not clear that it has the capacity to do so at honours degree level.



## Part 5 Evaluation of draft QA Procedures submitted by Cork Counselling Services

The following is the panel's findings following evaluation of **Cork Counselling Services** quality assurance procedures against QQI's Core Statutory Quality Assurance Guidelines (April 2016). This section of the report follows the structure and referencing of the guidelines.

### 1 GOVERNANCE AND MANAGEMENT OF QUALITY

#### **Panel Findings:**

While not wishing to be prescriptive in how governance and management of QA is undertaken, the panel considers the governance structures to be inadequate:

- A hierarchy of responsibilities is not evident – it is not clear who reports to whom. For example, the designated Academic Manager responsible for quality is unclear;
- The distinction between training, counselling and academic delivery is unclear;
- There is an insufficient mix between internal and external expertise, in the context of the design and delivery of a Level 8 programme;
- The roles of Registrar, Academic Council, Programme Boards or Assessment Boards (or the equivalent arrangements appropriate to the provider's context) are not adequately shown in CCS's organisation chart; and
- If CCS intend to appoint an External Examiner independently of Coventry University, it is difficult to see how the processes and procedures associated with the appointment and roles of External Examiner will be actually implemented.

The absence of the above factors adversely impacts the independence and oversight inherent in a sound governance structure. The panel therefore concludes that the appropriate systems for the management of quality are not in place.

### 2 DOCUMENTED APPROACH TO QUALITY ASSURANCE

#### **Panel Findings:**

The panel considers the documented approach to quality assurance casts more light on the services CCS provides to its clients and its relationship with its professional body than it does on the design and delivery of a Level 8 programme. While academic standards are covered to some extent under the documented quality procedures, it is hard to see how they will be achieved and implemented in practice.

The panel was concerned to see a paragraph in CCS's QA Handbook entitled "*Partners in Regulation & Quality Assurance*". It is a fundamental tenet of QQI's "Core Statutory Quality Assurance Guidelines" that quality and its assurance is the primary responsibility of the provider. It must be fully owned by them and not shared with other stakeholders.

Overall, the panel does not see any clear indication of an understanding of the significant challenges facing CCS in becoming accredited by QQI.





### 3 PROGRAMMES OF EDUCATION AND TRAINING

#### **Panel Findings:**

It is the panel's opinion that CCS has not fully thought through the progression from the provision of a top-up degree (in collaboration with Coventry University) to the design and delivery of a 4-5 year degree programme that meets the academic standard of other Level 8 degrees in the National Framework of Qualifications. Existing CCS programmes seem to involve many placement/practical hours but the design and delivery of an academic (Level 8) degree *ab initio* incorporates a myriad of other elements. In the panel's opinion, the full import of this is downplayed by CCS. For instance:

- The responsibilities borne by a Registrar have not been assigned to a senior member of the management team. This failure to assign academic responsibility was evident in all areas of QA documentation including course design and development, academic content, delivery, assessment etc. As a result, there can be no confidence QQI standards are met.
- CCS suggest that their "*Programmes ... need editing to meet some NFQ requirements*". While an outline of programme / curriculum development is provided, there is insufficient attention to academic resources, teaching and learning scholarship, library provision, assessment of learners, the role of programme boards, assessment boards, external examiners etc.;
- In course design, there is a tendency for CCS to extrapolate too much from their own model of counselling, while not being sufficiently cognisant of NFQ requirements;
- The revised QA procedures suggest that academic expertise for curriculum development can be devolved to an Independent Training Evaluator and Advisor. Yet, the CCS proposal envisages an appointment on an external consultancy basis, with a minimum requirement of one Training Team meeting per calendar year and one Board meeting. This is clearly not sufficient.

All in all, there appears to be insufficient appreciation that the standards and criteria required by professional bodies can differ in a lot of material respects from those required by academic centres of learning.

### 4 STAFF RECRUITMENT, MANAGEMENT AND DEVELOPMENT

#### **Panel Findings:**

The documented procedures appear to be more focussed on the requirements of the professional counselling body, and enhancing the reputation of CCS, than on the academic development of staff. The panel was somewhat reassured however by the positive developmental experiences it heard during the panel meeting.

The documentation as submitted does not support the contention that all staff are Garda vetted.

Some element of staff representation at Board level might be considered.



## 5 TEACHING AND LEARNING

### ***Panel Findings:***

The panel considers that the quality assurance procedures are more practice-based than academically oriented. There is a balance to be struck between a training programme and a programme leading to an honours degree. While not looking for granular detail at this stage, the panel nevertheless expects a much greater recognition of the academic requirements to be forthcoming – for instance, the following areas could have been more clearly clarified in the QA procedures:

- The steps to be taken in designing a degree programme from 1<sup>st</sup> to 4<sup>th</sup> year, ensuring that the requisite quality standards are met;
- The process involved in aligning the humanist model of learning with MIPLOs and MIMLOs;

The overall impression gained is that while a number of staff members are very highly qualified and experienced in training and clinical practice, the pedagogical underpinning could be much improved by increased input from someone with a Teaching and Learning qualification. The panel therefore cannot adjudge the QA procedures in relation to Teaching and Learning to be satisfactory.

## 6 ASSESSMENT OF LEARNERS

### ***Panel Findings:***

CCS describes the introduction of an Independent Evaluator and Advisor as underpinning their QA whereas the panel considers that this should be the direct responsibility of a clearly-identified member of the management team.

The assessment strategy across the years of the courses, in terms of quality control, is not convincing. In particular, the panel considers the appointment and role of the External Examiner requires further clarification.

The maintenance of standard and quality by an assessment board (as proposed) across a 4 year degree / 3 year diploma needs further clarification / qualification.



## **7 SUPPORT FOR LEARNERS**

### ***Panel Findings:***

The panel compliments CCS on the excellent quality of its clinical placement system.

The panel notes that academic and pastoral support for learners is proposed. However, it questions the practicality of this across two programmes, given the proposed level of staffing and resources.

The panel observes that CCS is aware of the statutory requirements in relation to PEL and was in the process of making provision for their implementation, contingent on their application being accepted.

Student representation at Board level might be considered.

There is a lack of clarity about the range and availability of library resources. For example:

- What journals are available?
- To what extent is there online access in all learning locations?
- Is a student management system in place?
- Is there a virtual learning environment such as Moodle or Blackboard?

The panel understands that student access to materials depends on having a continuing relationship with Coventry University, as CCS has given no indication of having the resources to fund online materials themselves. The lack of recognition of the necessity of access to online resources, and the absence of planning to provide same, is a reflection of a lack of preparedness to provide a level 8 programme.

## **8 INFORMATION AND DATA MANAGEMENT**

### ***Panel Findings:***

The panel considers that CCS, in its self-assessment, was very honest and forthright about its shortcomings in the area of information and data management. This needs considerable attention to be fit for purpose for a provider of an honours degree programme. CCS appears to rely on a paper system and is conscious of all the limitations attached.

## **9 PUBLIC INFORMATION AND COMMUNICATION**

### ***Panel Findings:***

CCS acknowledges that QA documentation is not on its website or publically available.

## **10 OTHER PARTIES INVOLVED IN EDUCATION AND TRAINING**

### ***Panel Findings:***

CCS's experience to date with both Coventry University and the IACP is very positive. In addition, the report of the External Examiner (Madeline Anderson-Warren dated 2 September 2016) is a strong endorsement of their work.



The panel notes however that there is ambiguity regarding the continuing involvement of Coventry University, subsequent to QQI accreditation:

- If the current arrangement continues, it would be difficult to decipher whose quality assurance procedures take precedence;
- Equally, it is not abundantly clear that all the responsibilities currently carried out by Coventry University would be accounted for if QQI becomes the sole accrediting body.

The panel is also conscious that IACP approval is not an appropriate benchmark of academic standards and quality. IACP members / practitioners are integral to the training team – this is important for the placement / practical component but not necessarily for all academic components.

## **11 SELF-EVALUATION, MONITORING AND REVIEW**

### ***Panel Findings:***

On reading the self-assessment, the panel remains unconvinced that CCS understands, or is sufficiently aware of, the challenges it might face should it become accredited by QQI and the cultural shift in activities that would subsequently ensue.

The panel finds the overview in the self-evaluation document to be overly vague and generic and lacking in the specific actions needed for CCS to take sole responsibility for its QA.

### **Evaluation of draft QA Procedures - Overall panel findings**

The governance and oversight is academically very light. In effect, this means that CCS is almost exclusively reliant on a training and practice team to deliver an academic qualification. The appointment (on a retainer and then consultancy) of an independent evaluator may be helpful but does little to convince the panel that academic expertise and teaching and scholarly provision would be of the requisite standard. This in no way takes from the excellent work being currently done by CCS – this is not being questioned at all. However, the panel is of the view that the self-assessment, while often alluding to the scarcity of resources, underestimates the extent of the academic shortfall to a significant degree.



## **Part 6 Changes to Quality Assurance Procedures**

### **6.1 Mandatory**

Not Applicable to the Recommendation

### **6.2 Advisory**

Not applicable to the Recommendation

## **Part 7 Proposed Approved Scope of Provision for this provider**

As the recommendation of the panel is that CCS does not progress to stage 2, Part 7 is not applicable



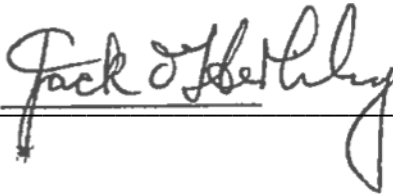
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## **Part 8      Approval by Chair of the Panel**

This report of the panel is approved and submitted to QQI for its decision on the approval of the draft Quality Assurance Procedures of Cork Counselling Services.

Name:



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Date:

14 December 2017



## **Annexe 1: Documentation provided to the Panel in the course of the Evaluation**

The following documentation was submitted by CCS:

1. Application form for Approval of QA Procedures and Scope of Provision for Initial Programme Validation
1. Legal Entity Evidence
2. Organisation Chart
3. Coventry University Contract
4. IACP Course Recognition
5. Financially Sound Evidence – 2013 to 2016
6. Public Liability Insurance
7. Tax Clearance Certificate
8. Garda Vetting Evidence
9. RBNI Equivalent
10. Strategic Planning 2016 – 2018
11. Self Assessment
12. QA Procedures
13. PEL
14. Board Handbook on Governance
15. Training Structure

## **Annexe 2: Provider staff met in the course of the Evaluation**

Name	Role/Position
Tony O’Riordan	Member of Board of Directors
Karen Walsh	Head of Training, Core Trainer
Laura Maybury	Head of Clinical, Core Trainer
Hugh Morley	Head of Business
Joseph Enright	Training Team