Inspection Report

Course provider: University of Northampton

Course approval: BA (Hons) Social Work (teach out), BA (Hons) Social Work, MA Social Work

Inspection dates: 9 July – 12 July 2024

Report date:	5 September 2024
Inspector recommendation:	Approved with conditions
Regulator decision:	Approved with conditions
Date of Regulator decision:	7 November 2024
Date conditions met and approved:	12 June 2025

Contents

Introduction

1. Social Work England completes inspections as part of our statutory requirement to approve and monitor courses. Inspections form part of our process to make sure that courses meet our education and training standards and ensure that students successfully completing these courses can meet our professional standards.

2. During the approval process, we appoint partner inspectors. One inspector is a social worker registered with us and the other is not a registered social worker (a 'lay' inspector). These inspectors, along with an officer from the education quality assurance team, undertake activity to review information and carry out an inspection. This activity could include observing and asking questions about teaching, placement provision, facilities and learning resources; asking questions based on the evidence submitted; and meeting with staff, training placement providers, people with lived experience and students. The inspectors then make recommendations to us about whether a course should be approved.

3. The process we undertake is described in our legislation; the Social Worker Regulations 2018[1], and the Social Work England (Education and Training) Rules 2019.

4. You can find further guidance on our course change, approval and annual monitoring processes on our website.

What we do

5. When an education provider wants to make a change to a course, or request the approval of a new course, they are asked to consider how their course meets our education and training standards and our professional standards, and provide evidence of this to us. We are also undertaking a cycle of re-approval of all currently approved social work courses in England following the introduction of the Education and Training Standards 2021.

6. The education quality assurance officer reviews all the documentary evidence provided and will contact the education provider if they have any questions about the information submitted. They also provide advice and guidance on our approval processes.

7. When we are satisfied that we have all the documentary evidence required to proceed with an inspection we assign one registrant and one lay inspector. We undertake a conflict of interest process when confirming our inspectors to ensure there is no bias or perception of bias in the approval process.

8. The inspectors complete an assessment of the evidence provided and advise the officer if they have any queries that may be able to be addressed in advance of the inspection.

[1] https://www.legislation.gov.uk/ukdsi/2018/9780111170090/contents

9. During this time a draft plan for the inspection is developed and shared with the education provider, to make sure it is achievable at the point of inspection.

10. Once the inspectors and officer are satisfied that an inspection can take place, this is usually undertaken over a three to four day visit to the education provider. We then draft a report setting out what we found during the inspection and if and how our findings demonstrate that the course meets our standards.

11. The inspectors may recommend in this report that the course is approved with conditions, approved without conditions or that it does not meet the criteria for approval. Where the course has been previously approved we may also decide to withdraw approval.

12. A draft of this report is shared with the education provider, and once we have considered any comments or observations they may wish to provide, we make a final regulatory decision about the approval of the course.

13. The final decisions that we can make are as follows, that the course is approved without conditions, the course is approved with conditions or that the course does not meet the criteria for approval. The decision, and the report, are then published.

14. If the course is approved with conditions, we will write to the education provider setting out how they can demonstrate they have met the conditions, the action we will take once we decide that the conditions are met, and the action we will take it we decide the conditions are not met.

Summary of Inspection

15. The University of Northampton's BA (Hons) Social Work (teach out) and MA Social Work was inspected as part of the Social Work England reapproval cycle; whereby all course providers with qualifying social work courses will be inspected against the new Education and Training Standards 2021. The university made changes to the undergraduate programme and the BA (Hons) Social Work was considered for approval as a new programme by the inspection team.

Inspection ID	TUNR1
Course provider	University of Northampton
Validating body (if different)	
Course inspected	BA (Hons) Social Work (teach out) BA (Hons) Social Work MA Social Work
Mode of study	Full-time
Maximum student cohort	BA (Hons) Social Work (teach out) – max cohort 45 BA (Hons) Social Work – max cohort 45 MA Social Work – max cohort 25
Date of inspection	9 July – 12 July 2024
Inspection team	Nikki Steel-Bryan, (Education Quality Assurance Officer) Jane Jones, (Lay Inspector) Jane Reeves, (Registrant Inspector)

Language

16. In this document we describe the University of Northampton as 'the course provider' or 'the university' and we describe the BA (Hons) Social Work (teach out) as 'the BA (teach out), the BA (Hons) Social Work as 'the BA' and the MA Social Work as 'the MA'. We may also refer to the BA (Hons) Social Work (teach out) and the BA (Hons) Social Work collectively as 'the BA courses'. Where all courses are referred to we will refer to them as 'the courses'.

Inspection

17. An onsite inspection took place from 9 July – 12 July 2024 at the Learning Hub at the University of Northampton. As part of this process the inspection team planned to meet with key stakeholders including students, course staff, employers and people with lived experience of social work.

18. These meetings formed the basis of the inspection plan, agreed with the education provider ahead of inspection. The following section provides a summary of these sessions, who participated and the topics that were discussed with the inspection team.

Conflict of interest

19. No parties disclosed a conflict of interest.

Meetings with students

20. The inspection team met with 10 students, 7 of whom were undergraduate students and 3 of whom where taught postgraduate students. Discussions included student experience of placements, the curriculum, teaching, learning and assessment, feedback, support, the student voice and attendance monitoring.

Meetings with course staff

21. Over the course of the inspection, the inspection team met with university staff members from the course team, those involved in selection and admissions, the senior leadership team (SLT), staff involved in placement-based learning and student support services.

Meeting with people with lived experience of social work

22. The inspection team met with people with lived experience of social work who have been involved in supporting the courses. Discussions included any roles they undertook in relation to admissions, curriculum development, course design and course delivery.

Meetings with external stakeholders

23. The inspection team met with representatives from placement partners including Mind, Northamptonshire Children's Trust, North Northamptonshire County Council, Woodbridge Family Centre and West Northamptonshire County Council.

Findings

24. In this section we set out the inspectors' findings in relation to whether the education provider has demonstrated that it meets the education and training standards and that the course will ensure that students who successfully complete the course are able to meet the professional standards.

Standard one: Admissions

Standard 1.1

25. The course provider submitted documentary evidence that included an admissions policy, institutional regulations, interview questions, example written exercise tasks, links to the programme websites, and the entry requirements for all programmes.

26. The narrative on the mapping document detailed that applicants to both the BA and the MA were required to complete a written test to assess an applicant's command of English and undertake an interview. Applicants were required to demonstrate ICT skills throughout the admissions process as applicants were required to use emails, MS Word and undertake research.

27. The entry requirements for the MA included the requirement of an honours degree in a relevant subject. Both the BA and the MA required applicants to have relevant experience, GCSE grade C/4 or above in maths and English language, or a level 2 equivalent, or International English Language Testing (IELTS) at 7 or above.

28. The inspection team were keen to better understand how the course team ensured that applicants had the capability to meet academic standards and a good command of English when the written test was undertaken remotely; particularly in relation to the use of artificial intelligence (AI). The course team reported that all submissions were read by the admissions tutor, but software to check for AI generated submissions had not been provided to them and was not used routinely.

29. The inspection team agreed that this standard was met for all programmes with the recommendation that the admissions tutor was provided with support to identify AI submissions. Full details of the recommendation can be found in the recommendations section of this report.

Standard 1.2

30. Documentary evidence submitted in support of this standard included documents which provided the BA and MA interview questions qualified by the criterion, and example answer structures that met, and did not meet the criterion. The inspection team noted that relevant prior experience was a discrete question listed in interviews for both programmes. The narrative on the mapping document explained that the applicant's personal statement

also was considered as an opportunity for candidates to discuss their prior experience. The inspection team agreed that this standard was met.

Standard 1.3

31. The university provided a Service User and Carer Engagement Strategy and a Faculty of Health, Education and Society (FHES) Resource Document which documented a commitment to the active involvement of service users and carers across the faculty. An example Service User Involvement Engagement Request Form and an interview schedule was also submitted. The narrative on the mapping form reported that interview panels included one academic staff member, one service user and one practitioner from an employer or placement provider.

32. Across the inspection, the inspection team triangulated the admissions process with relevant stakeholders who confirmed the panel membership. Service users reported feeling they had an active role in admissions, questions were provided in advance with a marking schedule, they had support from academic staff and undertook EDI and unconscious bias training with the university. The inspection team agreed that this standard was met for all courses.

Standard 1.4

33. Prior to inspection, the inspection team reviewed the institutional policies on admissions and the admission of applicants with criminal convictions, which included the university approach to disclosure and barring service (DBS) clearance. From the narrative included in the mapping document the inspection team understood that any offer of a place to study on the BA or MA programmes was subject to a satisfactory health declaration, successful occupational health screening and an enhanced DBS clearance.

34. The inspection team noted the process should a DBS return any entries, and during inspection the course team reported that where this occurred an institutional risk assessment matrix was in place. It was explained that, where an applicant had a criminal conviction, the course team would ask up to three placement providers if they would provide a placement to the candidate. If each provider did not feel they could host the student, then a course place was not offered. The inspection team agreed that this standard was met.

Standard 1.5

35. The university submitted the institutional equality, diversity and inclusion (EDI) and admissions policies alongside an EDI procedure. As part of a secondary submission of evidence, the course provider supplied a table that demonstrated that eight members of staff had completed mandatory EDI training. The inspection team acknowledged that service users were also provided with EDI training (c.f. para 32).

36. Through discussion with a variety of stakeholders on inspection, the inspection team heard that EDI statistics were managed by the Business Intelligence and Management Information (BIMI) Unit and were provided to the Head of the Faculty. The inspection team understood that the course team would be asked to respond if the data identified any areas of concern. More generally the course team identified an increase in students self-disclosing as neurodivergent, an increase in male candidates and for the MA an increase in applicants from South America and across Asia.

37. The inspection team considered both the documentary and heard evidence and concluded that the standard was met.

Standard 1.6

38. The course provider shared links to the course pages for the BA and the MA and the email text provided to applicants invited to interview. Throughout the inspection, the inspection team heard that there were a number of opportunities for information to be disseminated from both the university and the course team including open days, and discovery days for international students. The course pages detailed entry requirements, course content, staff profiles that linked to research interests, fees and funding and placement information.

39. The inspection team noted that both course pages referred to completion of the programme 'enabling graduates to register with Social Work England' and reported that the correct wording was that successful completion of the course enabled students *to be eligible to apply* to register with Social Work England.

40. Through discussion with students the inspection team heard that they generally felt they had enough information to make an informed decision on whether to take up a place on the course. However, some students reported being told incorrect information about the timetable at interview which had led to challenges with childcare.

41. Furthermore, the inspection team understood that the driving status of a student could impact their access to placements as some local authority partners required any student on placement with them to be a driver. The inspection team acknowledged that the BA website noted that 'it is desirable that you hold a current UK driving license', that the MA website noted that 'you will need to be able to travel independently' and that students agreed to travel within a 65 mile radius of the university. However, they felt that this did not adequately communicate the importance of driving on the ability to access of some statutory placements.

42. Following a review of the evidence, the inspection team is recommending that two conditions are set against 1.6 in relation to the approval of this course. Consideration was given as to whether the findings identified would mean that the course would not be suitable for approval. However, it is deemed that conditions are appropriate to ensure that

the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the conditions, their monitoring and approval can be found in the conditions section of this report.

Standard two: Learning environment

Standard 2.1

43. The mapping document reported that BA students undertook a 70-day placement in Year 2, a 100-day placement in year 3 and 30 additional skills days. MA students undertook a 70-day placement in year 1, a 100-day placement in year 2 and 30 skills days. At least one placement was reported to be statutory. From the narrative included on the mapping form the inspection team understood that social work placements were supported by the Practice and Work Based Learning Team, who were a faculty wide team that managed and recorded placement learning experiences and ensured appropriate contrast.

44. Documentary evidence in support of this standard included the practice placement guidance where the nature of contrasting placements was detailed, a list of placement providers, the skills day schedule and information on the practice knowledge development week, which was considered as 5 of the 30 skills days.

45. During inspection, the inspection team discussed skills days with stakeholders and understood that attendance at skills day was generally good. Attendance was monitored via a QR code and paper registers and signed off by the professional lead. Students understood that the skills days were mandatory. There was a clear process to compensate for the missed learning should a student be unable to attend a skills day, which students were familiar with. Should the compensation activity not be submitted, or not meet the required standard, then the student would be required to attend the skills day during another cycle.

46. However, through discussion with employer partners the inspection team heard a concern over placement allocation. The partner reported that not all students appeared to receive a statutory placement during the course, and that this had led to newly qualified social workers being placed on to performance capability procedures at the local authority early in their careers. The employer partner had previously raised this concern with the course team and were reportedly informed that up to 10% of students may not have a statutory placement. Through discussion with the course team, the inspection team heard that it was possible for a student not to complete a statutory placement depending on the driving status of the student (c.f. para 41) or student personal choice. Following the inspection team's request for an audit trail of instances where this had occurred the course team reported that some non-statutory placements included statutory tasks. The availability of these tasks was assured via a placement audit which was carried out annually (c.f. para 52-53) and the PLA which included the learning objectives. Tasks were reviewed at the

midway review, and the placement portfolio was reviewed at the practice standards panel (PSP) where a final decision was made on whether the placement had been appropriate.

47. The inspection team queried the volume, nature and complexity of the statutory tasks available referring to the Social Work England education and training standard that required placements to deliver a sufficient number of statutory tasks that would enable students to experience, and understand the realities of, high volume, high-risk work within a statutory environment. Through the resulting discussion with the course team, it was not clear to inspectors that there was a good understanding of which settings included s17, s47, Care Act 2014 or Mental Capacity Act 2005 tasks, or the volume and complexity of tasks offered.

48. During inspection, the inspectors also raised this line of enquiry with practice educators. The number of practice educators met by the inspection team who had supported a student undertaking a statutory placement in a non-statutory setting was low. However, the inspection team heard that the experience was that students did have some opportunities to be involved in complex work, such as assessments, but s17 and s47 work was referred back to the local authority.

49. The inspection team requested some additional data from the course team that showed final year placement allocations over the last 3 years and identified instances where it appeared that students had not undertaken a statutory placement. Through discussion with the professional, and course leads, the inspection team heard that the outcome for those students who had had two non-statutory placements was the relevant qualifying award.

50. The inspection team highlighted a single current student who appeared to have not undertaken a statutory placement within the current MA programme and requested additional information on the placements, which was reviewed after the inspection and would be considered outside of the inspection.

51. Following a review of the evidence, the inspection team is recommending that a condition, and a recommendation, is set against 2.1 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report. Further details on the recommendation can be found in the recommendations section of this report.

Standard 2.2

52. Documentary evidence reviewed prior to inspection included the placement guidance document, placement portfolio forms, a series of placement audit forms and a PSP recording template. The narrative provided on the mapping form reported that placements

were audited, in person, annually to assess the opportunities available to students. The audit process was managed by the Health Placements Team who prompted academic staff that the audit was due. A learning agreement meeting took place within the first two weeks of placement, where the learning opportunities were agreed and recorded on the PLA and were reviewed at the midway meeting. The inspection team understood that following each placement students and practice educators were provided with a quality assurance placement learning form to provide feedback, with any concerns raised triggering an early audit.

53. Through discussion with staff involved in placement activity the inspection team triangulated the audit process and heard that the audit was carried out by a placement visiting tutor (PVT). PVTs were employed by the university and took a lead on placement learning, including visiting students on placement, and auditing responsibilities. The inspection team understood from this discussion, that if an audit highlighted any issues, an action plan was put in place and the placement was put on hold.

54. During the inspection, the inspection team met a with a range of employer partners and practice educators and felt assured that, generally, the practice learning opportunities provided to students were varied and enabled students to gain the knowledge and skills necessary to develop and meet the professional standards. However, the inspection team noted that one employer partner reported a concern over some students not receiving a statutory placement (c.f. para 46-50).

55. Following a review of the evidence, the inspection team is recommending that a condition, and a recommendation, is set against 2.2 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions sections of this report. Further details of the recommendation can be found in the recommendations section of this report.

Standard 2.3

56. The PLA held within the placement forms included an induction checklist (c.f. para 77 and 79-80) and set out the supervision arrangements as occurring weekly for 1.5 hours. In addition, placements included a midway review.

57. Through the narrative on the mapping document the inspection team understood that the PLA was completed within the first two weeks of placement in the placement learning agreement meeting which included the PVT, student, practice educator and where appropriate the work-based supervisor. Students confidently discussed their experience

with the placement learning agreement meeting reporting that the learning opportunities were agreed and clear. The inspection team acknowledged that the PSP reviewed placement portfolios and understand that the PLA was included as part of the submission.

58. The inspection team were keen to better understand how student workloads were monitored and managed during placement. Through discussion with the course team the inspection team understood that PVTs sent email check-ins during placement and students also attended recall days where any issues could be raised. If there was a question over a student's workload the PVT would raise it with the employer partner initially and if it was not resolved it could be taken through the concerns process. The course team noted that employer partners were clearly made aware that students were supernumerary and were not to hold a caseload.

59. The inspection team identified support available to students via PVT check-in emails, recall days, PVT visits, practice educators and PATs and via weekly supervision. Arrangements for the physical resources required for the students to carry out their placement activities were covered in the PLA and the inspection team heard no evidence to suggest that students struggled to access the university's central support services when on placement.

60. The inspection team acknowledged that an employer partner reported a concern over some students not receiving a statutory placement (c.f. para 46-50) and therefore were not assured that all students had a workload that was meeting the student's learning needs in terms of complexity.

61. Following a review of the evidence, the inspection team is recommending that a condition is set against 2.3 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report.

Standard 2.4

62. Documentary evidence reviewed prior to inspection included the placement guidance, placement forms and an institutional student social work placement profile form. The narrative on the mapping document highlighted that students were assessed against the appropriate level of the professional capabilities framework (PCF) and the Social Work England professional standards to ensure that their responsibilities were appropriate to their stage of education and training. The placement forms document included the midway, and end of placement report form, which required practice educators to assess students against the Social Work England professional standards.

63. During inspection, the inspection team queried the ways in which students' responsibilities were ensured to be appropriate for their stage of education and training across a number of stakeholder groups. Through discussion with practice educators the inspection team heard that the practice learning agreement meeting formed the expectations of the placement, and through supervision explored whether students felt supported, considered the workload and ensured that the workload was aligned to learning needs. Students reported their workload on placement being tailored to them and that it changed as they progressed through their course. One student reported having a high workload, which they felt was not in keeping with their stage of education and training. This was raised by the student in supervision with the practice educator, however, the student acknowledged that they did not report this to the university during the placement, but did raise it afterwards with their tutor.

64. The inspection team acknowledged that an employer partner reported a concern over some students not receiving a statutory placement (c.f. para 46-50) and therefore were not assured that all students undertook a placement where their responsibility gradually increased as their knowledge and skills developed, particularly in relation to statutory tasks.

65. Following a review of the evidence, the inspection team is recommending that a condition and a recommendation is set against 2.4 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report. Further details of the recommendation can be found in the recommendations section of this report.

Standard 2.5

66. Documentary evidence reviewed prior to inspection included relevant module specifications documents (MSDs) which detailed the readiness for direct practice assessment components. The narrative included on the mapping document reported that readiness for direct practice for all courses was assessed by formative role play with service users, an academic assignment and a presentation. The inspection team triangulated service user involvement, and through discussion with the service users met by the inspection team, heard experience of both being part of the role plays and being an observer and providing feedback. Students felt ready for practice and noted that although the role plays initially felt challenging, it was felt to have built their confidence for practice. Practice educators identified some instances where students came to placement and were not ready for practice, however, generally they felt that the university prepared students adequately and that students were ready for practice. Neither students, nor practice

educators, raised any other concerns regarding preparedness for practice. The inspection team agreed that this standard was met.

Standard 2.6

67. The university submitted an independent practice educator application form (IPE form), practice educator CPD schedule, PSP summary template, social work educator evaluation questions, relevant MSDs and an agenda for the PE & OSS forum in support of this standard. The narrative supplied on the mapping document reported that independent practice educators were required to complete the IPE form which requested information on their level of qualification and Social Work England registration number. Local authorities were understood to keep records of employees who were practice educators. All practice educators were required to attend university on the first recall day of each placement where the university provided information about university processes and requirements, share any concerns and best practice and to ensure their currency.

68. Through discussion with the staff involved in placement learning the inspection team heard that the university met with local authorities every 6 weeks where issues of practice education could be raised and discussed. Local authorities maintained their own databases of practice educators' qualifications, currency and registration, however shared data with the university and the university monitored attendance at CPD events. Where regular non-attendance was identified the university were rigorous at contacting the employer partner to discuss how the practice educator was maintaining currency. The course team further explained that they could put a practice educator on hold within the system managed by Health Placements, and in this situation that individual could not be allocated to a student.

69. The inspection team directly asked who was responsible for checking the Social Work registration number against the register and heard that the professional lead had responsibility for this.

70. The inspection team agreed that this standard was met.

Standard 2.7

71. Documentary evidence reviewed prior to inspection included the placement guidance document which provided guidance on raising and escalating concerns and the institutional whistleblowing policy and procedure. Through discussion with the students met by the inspection team, the inspection team heard an example where a student had felt their workload had been too high on a 70-day placement but who did not report it to the university (c.f. para 63). The inspection team considered the evidence noting that the policy was available, and guidance was provided, and concluded that the standard was met.

Standard three: Course governance, management and quality

Standard 3.1

72. Documentary evidence reviewed prior to inspection included a social work organisational chart, an institutional organisational structure and the university senate committee structure. Also submitted were team CVs, agendas from the social work team meeting and the institutional handbooks for quality assurance, validation, periodic subject review (PSR), change of approval (COA) and students.

73. The inspection team were clear about the lines of accountability within the school and the governance structure within the institution more widely, and the narrative within the mapping document reported that the qualifying programmes were overseen by the lead social worker who reported to faculty deanery. However, through discussion within the SLT and the course team the inspection team understood that there had been an institutional change in the staff roles that could hold line management responsibility, and the line management of the course team was no longer held by the professional lead. Line management of the course team would be undertaken by a new head of subject role.

74. During the inspection the course provider submitted the job description for the professional lead which clearly stated that the role continued to hold the oversight of course delivery and support of staff. The inspection team understood that the full changes had not yet taken place at the time of the inspection and that the management structure would not be finalised until August 2024. In light of this, the inspection team reported that submission of the updated structure would be required.

75. Following a review of the evidence, the inspection team is recommending that a condition is set against 3.1 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report.

Standard 3.2

76. Documentary evidence reviewed prior to inspection included a partnership agreement template and the practice learning agreement (PLA).

77. The inspectors noted that the partnership agreement set out the placement responsibilities and required that placement providers completed the educational audit form. The PLA covered health, safety and risk, practical factors such as working space, IT access and working pattern. Also covered were induction requirements, including EDI policies and whistleblowing, supervision and identification of practice educators and on-site visiting tutors. The PLA also required learning opportunities to be identified against the Social Work England Professional Standard areas.

78. During the inspection, the inspection team triangulated the processes with a variety of stakeholders. Through discussion with the employer partners the inspection team heard that they all had a partnership agreement with the university. Employer partners provided a number of examples of managing placement breakdowns, with a variety of outcomes, including escalation to the concerns process if necessary, demonstrating that the processes were effective and well understood. University support for both students and partners was evident and the inspection team agreed that this standard was met.

Standard 3.3

79. Evidence submitted in support of this standard included a placement audit form and the PLA. The inspection team acknowledged that the PLA included an induction checklist with key policies to be reviewed including health and safety, working with difficult behaviour and lone working. Additionally, the PLA included equality arrangements where any reasonable adjustments were clearly documented.

80. The PLA also included a series of induction requirements related to the wellbeing of students including the requirements for students to be shown where they could access self-care facilities such as restrooms, or space to make drinks, and any staff canteen areas. The Placement guidance handbook provided students with information on how they could raise concerns about their placement if necessary.

81. Through discussion with the course team, the inspection team heard that each student was allocated a practice visiting tutor (PVT) and that the name of the PVT was included in the PLA. The narrative on the mapping document explained that the PVT was a member of the course team who had responsibility to support students and partners if an issue arose. The inspection team understood that PVTs were in regular contact with students, practice educators and placement providers and were included in learning agreement and midway review meetings.

82. The course team undertook an annual audit of placement partners. The audit included the completion of a form, and an in person visit from the PVT. During the audit the course team discuss any unique aspects of the placement, any limitations (for example if the placement only accepts drivers, or female students), any practice educators and onsite supervisors who will be working with them and ask about any organisational changes that have taken place. Training was required for all new onsite supervisors, and practice educators whose 2-year currency had lapsed. If an issue was identified an action plan was put in place, and the placement was put on hold.

83. Throughout the inspection a commitment to student wellbeing when on placement was evident. The audit process provided a level of quality assurance which could result in a placement being put on hold, employers reported that the induction process detailed in the PLA ensured that relevant policies and processes were covered. Through discussion with the

university support services the inspection team heard that wellbeing support, including counselling, continued to be available to students when on placement. The inspection team agreed that this standard was met.

Standard 3.4

84. The university submitted a stakeholder meeting (SM) agenda, a template completed at the PSP and an agenda from the practice educator and onsite supervisor (PE & OSS) forum agenda. As part of a secondary submission of evidence the course provider also submitted minutes from the SM, the BA PSP and the PE & OSS forum which appeared to show discussions relating to the management and monitoring of social work courses. With the exception of the PSP, the notes did not include an attendee list showing the role and agency of attendees. Consequently, inspectors were unable to verify if external stakeholders attended the PE & OSS forum. The PSP summaries detailed attendance from practitioner representatives from the Northampton Children's Trust (NCT) and West Northamptonshire Council (WNC) and service users.

85. Through discussion with employer partners the inspection team heard that employers spoke with confidence about their opportunities to be involved in the management and monitoring of courses. They reported attending the PE & OSS forum, acknowledged a recent invite to feedback on curriculum changes and discussed workshops in the previous academic year. Also identified was a wide range of input into course teaching including signs of safety training, reflective practice and homelessness. The employer partners noted that they had limited time to be able to engage in the programme but felt as though opportunities were offered. The inspection team agreed that this standard was met.

Standard 3.5

86. Documentary evidence reviewed prior to inspection included a template stakeholder meeting agenda, a template service user and PWLE meeting agenda and a template for practice educator evaluation. Also supplied were a mid-module evaluation form, a template agenda for the student voice meetings, and the social work practice learning audit form (c.f. paras 52-53 for information on the audit).

87. As part of a secondary submission of evidence the university also provided minutes from the student voice meetings, the faculty service user group (FSUG), the stakeholder group minutes, service user meeting (SUM) and the BA and MA annual review meeting.

88. Service users discussed being involved in interviews and student assessment. They spoke positively about their involvement and felt, where they were involved, their views were valued as an equal partner. However, it was not clear to inspectors how service users were included in the regular and effective monitoring, evaluation and improvements systems in place on the courses. The inspection team heard that the service users they met

during inspection had not been involved in the development of interview questions and were not aware of recent curriculum development.

89. The students met by the inspection team provided a variety of examples of being involved in regular monitoring, evaluation and improvement systems. One student rep met by the inspection team attended the annual review meeting. The inspection team heard that students were able to complete a Padlet to report any concerns which were responded to by email in a 'you said, we did' format. A specific example was provided in relation to the sequencing of assessments which was addressed. The inspection team acknowledged that module evaluation forms, mid-placement reviews and the student voice meetings were also provided as opportunities for students to provide feedback to the course team.

90. Employers highlighted providing feedback to the PE & OSS forum as well as the Placement Liaison Forum (PLF) held monthly and reported being actively involved in skills days and how the theory was applied in practice. Employer partners also highlighted the teaching partnership as another way they provided feedback on social work training.

91. Following a review of the evidence, the inspection team is recommending that a condition is set against 3.5 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report.

Standard 3.6

92. Documentation submitted in support of this standard included a spreadsheet providing data on the admissions cycle and the budget target, and placement availability numbers. Also submitted was a slide deck with graphical representations of placement numbers and observational and supervision documentation in relation to the provision of PEPs 1 and PEPs 2 training.

93. The narrative included in the mapping document reported that all courses within the university with placements had a recruitment cap set that equalled the number of placements available, and recruitment was closed once the cap was reached. However, as the course team had worked with the teaching partnership to increase the statutory placements they had not been restricted by the cap in recent years. The course team had been actively engaged in growing the number of practice educators in the region in order to support the increase in placements required.

94. Through discussion with the SLT the inspection team heard that there was an institutional process to increase staff full-time equivalence (FTE), via a business case, should student numbers increase.

95. The inspection team agreed that this standard was met.

Standard 3.7

96. The evidence provided to support this standard included the CV for the lead social worker which detailed relevant qualifications, experience, research and their Social Work England registration number. The register was cross checked as part of the inspection and the inspection team agreed that this standard was met.

Standard 3.8

97. Documentary evidence submitted in support of this standard included CVs for the social work staff. During the inspection the university provided a list of research interests and current study. The inspectors noted research being undertaken or recently completed, and two staff members undertaking PhDs at the time of inspection and reported that there was a positive mix of practice-based experience across the team.

98. The inspectors noted that, as line management for the course team was no longer situated within the course, it was not clear how oversight would be maintained by the professional lead to ensure effective delivery of the course considering staff absences. Through discussions with the SLT, the inspection team heard that, the university were assured that, the course would not be impacted by the organisational changes.

99. Following consideration of the evidence, the inspection team agreed that this standard was met.

Standard 3.9

100. The inspection team reviewed an award gap action plan proforma and the annual monitoring handbook which detailed student achievement as one data point under consideration within the review. From the narrative included on the mapping document the inspection team understood that data on performance, progression and outcomes was ratified at the board of examiners and that academic quality and achievement was considered during annual monitoring. This was informed by data supplied by Business Intelligence and Market Information (BIMI) unit and monitored via the central records system, Oasis.

101. The narrative provided on the mapping document noted that no attainment differential had been identified by BIMI for social work. As part of a secondary submission of evidence the university provided data from BIMI to qualify that a differential had not been identified. Through discussion with university staff across the inspection, the inspection team understood that EDI data was monitored on behalf of the institution by BIMI. It was provided to the faculty leadership team and the course team were asked to comment only if an issue was raised. On this basis, the inspection agreed that the standard was met.

Standard 3.10

102. The inspection team reviewed a CPD plan submitted in support of this standard that detailed development opportunities and the number of staff undertaking each activity. The activities available included working with employer partners and shadowing practice as well as academic skills development through the practice educator forum, and shadowing audit visits. The mapping document reported that staff had 188 hours of protected time in their workload to undertake practice, training or scholarly activity which was successfully triangulated with the SLT. Through discussion with the SLT the inspection team heard that all staff had a personal development review (PDR) where areas of development or interest were identified and recorded over 3 meetings a year. The inspection team agreed that this standard was met.

Standard four: Curriculum assessment

Standard 4.1

103. Documentary evidence submitted to support this standard included a mapping document that demonstrated how the courses mapped to the Social Work England professional standards. Also provided were the programme specification documents (PSDs) and the institutional validation handbook.

104. The narrative included in the mapping document noted that the courses were mapped to the following frameworks:

- Social Work England Professional Standards
- The QAA Benchmark Statement for Social Work

And the inspection team understood that placements were assessed against the following frameworks (c.f. para 62):

- Social Work England Professional Standards
- Professional Capabilities Framework (PCF)

The inspection noted that the course appeared to be appropriately mapped.

105. However, over the course of the inspection, the inspection team heard concerns from stakeholders regarding the professionalism of some students on the programme. The behaviours raised with the inspection team touched on attendance, punctuality, professional attitude, work ethic and respectful interaction with colleagues which were considered to be an essential part of being fit to practice. The inspection team raised these concerns with the course team directly and heard that tutors had addressed these behaviours and that PATs provided additional support to students to resolve the challenges raised with them. The inspection team felt assured that where the university were informed

of instances where students were not meeting the expected professional standard of behaviour this was addressed through appropriate internal processes.

106. The inspection team acknowledged that an employer partner reported a concern over some students not receiving a statutory placement (c.f. paras 46-50) and therefore were not assured that all students had experienced content, structure and delivery of training that was designed to demonstrate that they have the necessary knowledge and skills to meet the professional standards in relation to statutory tasks.

107. Following a review of the evidence, the inspection team is recommending that a condition is set against standard 4.1 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report.

Standard 4.2

108. The documentary evidence submitted prior to inspection in support of this standard included template agendas for the SU & PWLE meeting and the Stakeholder and Partner meetings. Other documents also supplied included the skills day schedule for all courses and the FHES resource document, which included a section on the faculty commitment to service user and carer involvement. As part of a secondary submission of evidence the university provided a teaching schedule from a BA module that included practitioner teachers and minutes from an annual review meeting as well as minutes to the stakeholder group meetings and service user group meetings. As the minutes supplied did not include an attendee list of roles, it was not possible for the inspection team to verify whether employers, practitioners or service users were in attendance (c.f. para 84).

109. The narrative provided on the mapping document reported that the university was a member of a teaching partnership with West, North Northamptonshire Councils, Northamptonshire Children's Trust and St Andrews Health Care. The following groups were also highlighted on the mapping document:

- key stakeholder meeting (met quarterly)
- stakeholder meetings (at least 4 times per year)
- service user and carer meetings (held at a faculty level)

Full details of the groups, including attendees, and terms of reference, were not provided.

110. During inspection, the inspection team queried how the views of different stakeholder groups were incorporated into the design, ongoing development and review of the curriculum. Service users spoke confidently about their role in admissions and supporting assessments, however, were not involved in curriculum development or review. Employer partners noted that changes were made within the university and then communicated to partners, and they were provided some opportunity to feedback on the changes, but the curriculum was not co-produced. The inspection team heard practice educators, employer partners, and practitioners were involved in the delivery of skills days but that employer partners weren't clear on any formal route to feedback any areas for development.

111. Following a review of the evidence, the inspection team is recommending that two conditions are set against 4.2 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report.

Standard 4.3

112. Documentary evidence submitted in support of this standard included the institutional EDI policy, the validation handbook, the admissions policy and the QAA subject benchmark statement for social work. The inspectors reported that the institutional policy was clear, and that the physical environment was accessible for people with disabilities. The inspection team acknowledged that the building used to host the inspection was not necessarily the building used for teaching, however, through discussion with the course team they were assured that other parts of the campus were also accessible with lifts, and automatic doors being specifically mentioned.

113. The inspection team noted that support for disabled students was available via the additional student support and inclusion team (ASSIST) (c.f. para 151 for more information on the services provided by ASSIST). The service offered by ASSIST was commented on positively by students met as part of the inspection and the inspection team had no reason to believe that the academic inclusion reports (AIR) system, and subsequent reasonable adjustments, was not operating effectively (c.f. para 151 for more information on AIR reports).

114. Through discussion with the course team, the inspection team heard that the courses covered anti-oppressive, anti-discriminatory practice aiming to create a safe space for students to explore challenging subjects and have open and frank discussions. They further noted that they recommended the Mandela model as the model for placement supervision to practice educators as it is a model that was developed at Northampton and promoted inclusivity.

115. Throughout the inspection, through discussion with stakeholders, the inspection team heard concerns relating to a disconnect between the personal needs of the student, the learning needs of the student and the placement provider. Examples previously cited included the driving status of the student (c.f. para 41) and the information provided at interview on the time commitment of the course which was not accurate in practice (c.f. para 40). In addition, feedback from employers acknowledged that some placements could not provide the best learning opportunity for students with caring responsibilities. The examples offered included students missing out on discharge processes when they were unable to be flexible with the times worked during the day.

116. Following a review of the evidence, the inspection team is recommending that two conditions are set against 4.3 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report.

Standard 4.4

117. Through review of the documentary evidence, the inspection team considered the currency of the programme modules submitted as part of the documentary evidence and noted that they appeared current. During the inspection the course team provided reading lists which were considered appropriate by the inspection team, with links to contemporary relevant resources. As part of a secondary submission of evidence the university also supplied:

- the institutional change of approval proposal form for the BA and the MA
- a new programme validation rationale form for the BA
- slide decks from a student and a stakeholder consultation on the BA programme changes
- notes from the BA validation panel
- slide decks showing changes to the MA
- notes from the BA and MA annual review.

118. Course team engagement in the internal validation processes for curriculum development demonstrated that the courses were reviewed and updated. The inspectors noted that the course team engaged in conferences, undertook shadowing in practice and were part of a wider teaching partnership. Some members of staff were research active or were undertaking higher degrees. The team were subject to annual monitoring within the

university and there was no evidence to suggest that the course was not updated in line with legislation, research and government policy.

119. The inspection team agreed that this standard was met with the recommendation that the service user group could be expanded to ensure a wider range of voices were contributing to the discourse around the changing needs of people with lived experience of social work. Further details of the recommendation can be found in the recommendations section of the report.

Standard 4.5

120. The inspection team reviewed the PSDs, the skills day schedules and the timetable for the practice knowledge and development week submitted in support of this standard.

121. Practice educators reported integrating theory into practice through supervision, citing the tools and cards they used to achieve this, while discussing students' case work. Although there were different approaches taken, the practice educators met by the inspection team generally expected that students would identify and bring new theory and reflection models to their supervisions each week, reporting that there was a theory prompt on the supervision template.

122. Students were well informed and talked confidently about their favourite theories and how they had used them in practice. They identified their practice educators and supervision as being the time when they were able to spend time thinking about theories and reflective models, and highlighted recall days at university as an opportunity to discuss how theory had impacted their cases on placement. The inspection team agreed that this standard was met.

Standard 4.6

123. The evidence submitted in support of this standard included the FHES resources document, that included a section on interprofessional education (IPE) and collaborative practice. The inspection team understood that interprofessional learning was a key strategic driver within the faculty, and there was an IPE lead for the faculty.

124. Through discussion with the course team, the inspection team heard that during welcome week students took part in an interprofessional activity where they were required to find out about the professions of other students. The course team also highlighted taught sessions that had been undertaken with the midwifery students, and education students, focussing on professional perspectives and the challenges, and importance, of working together. There was an aspiration to offer multiagency simulated events alongside other professions.

125. The narrative in the mapping document noted that placement included interprofessional experiences. The inspection team triangulated this with employer

partners who provided a fluent list of the ways students worked with people from professions other than social work during placement, highlighting police, voluntary agencies, psychologists, education professionals, health professionals and public health professionals. The inspection team agreed that this standard was met.

Standard 4.7

126. The inspection team reviewed the MSDs and noted that a standard credit accumulation and transfer system (CATS) was in place allocating 1 credit to 10 hours of notional learning time. The inspectors acknowledged that over the course of the inspection attendance had been raised as a concern by students, however, the inspectors reported that the course team were managing low engagement through the institutional systems in place (c.f. para 166). The inspection team agreed that this standard was met.

Standard 4.8

127. The course provider submitted eight pieces of evidence in support of this standard which included the institutional assessment and feedback policy, the institutional assessment and feedback process, and two institutional grading criteria, one for undergraduate and one for postgraduate study. It also included an institutional report on the impact of the CAIeRO (creating aligned interactive educational resource opportunities) approach to team course design in use at the university. The inspectors requested an assessment strategy as part of the secondary request for evidence, however, this was not provided.

128. The inspection team were keen to better understand the assessment strategy for the BA and MA courses. Through discussion with the course team the inspection team heard that assessments were predominantly designed around the content of the modules and were intended to test practical skills, replicate practice, and the application of law, theory and social policy to case studies or other real-world scenarios.

129. The course team reported that the university encouraged diverse assessment, and the courses made use of workshops, seminars, role plays, posters, exams, essays, case work, analysis and presentations to meet the needs of a varied student cohort. The variety of assessments available was successfully triangulated with students.

130. The inspectors noted that a written assessment strategy that detailed the course teams' approach to assessment design was not available. However, inspectors reported that the course team were able to articulate the rationale for their approach to assessment and when and in what format assessments took place across the course (c.f. para 131). The inspection team also acknowledged that students were made aware of the academic appeals process (c.f. para 169) and spoke confidently about the resit process (c.f. para 45). The inspection team agreed that this standard was met, with the recommendation that the

course team produce an assessment strategy. Further details of the recommendation can be found in the recommendations section of the report.

Standard 4.9

131. The inspection team reviewed the MSDs, PSDs, award maps and the external examiner reports from the BA and MA examiners. As part of a second submission of evidence the university provided the assessment schedule which set out assessments by module with specific submission dates. Students reported that assessment generally felt comfortably spaced. Through discussion with the course provider the inspection team heard an example where assessment sequencing was reviewed and changed following student feedback, as the dissertation submission date had previously clashed with the placement portfolio submission date and the end of placement. The inspection team agreed that this standard was met.

Standard 4.10

132. Evidence submitted in support of this standard included institutional assessment and feedback and personal academic tutoring polices, the institutional assessment and feedback process, guidance for module leaders in social work and the external examiner reports. The institutional policy stated that feedback should be returned within 4 weeks. The assessment schedule provided as part of the secondary submission of evidence included the dates that marking should be completed, and the dates that grades and assessment would be released to students.

133. Through discussions with stakeholders across the inspection, the inspection team identified that feedback was provided to students on summative assessment and provided by practice educators while on placement. Placement portfolios were understood to be moderated by staff and service users at the practice standards panel (PSP) providing an additional contribution to student feedback. PATS provided an additional means by which feedback and academic support could be provided (c.f. para 134).

134. Through discussion with students, the inspection team heard that feedback was generally timely, with students identifying only one instance when feedback was returned one working day late. It was reported that some students found feedback inconsistent, however, the inspectors noted that this did not seem to refer to any single module, or programme, and acknowledged that where students were unclear on feedback they discussed contacting their PATs to discuss their concerns. The inspection team agreed that this standard was met.

Standard 4.11

135. The inspection team reviewed staff CVs, external examiner CVs, the institutional external examiners handbook and the institutional assessment and feedback policy.

136. Staff were considered to have appropriate expertise to undertake assessment. The inspectors noted that at the time of inspection there was one new member of academic staff who was being appropriately mentored whilst undertaking their academic training.

137. It was understood that service users were involved in marking assessments and through discussion with the course team the inspection team heard standard criteria for presentations and role plays is provided alongside a briefing session where the learning outcomes, marking criteria, and feedback is discussed.

138. Practice educators were considered to be appropriately qualified to make judgements on students' performance during placement as practice assessors, including on direct observation of practice.

139. The external examiners for the programmes were both considered to be appropriately qualified and experienced and were both on the register.

140. The inspection team agreed that this standard was met.

Standard 4.12

141. The course provider mapped 5 pieces of evidence in support of this standard including the placement portfolio forms, which included the template for direct observation of practice, the undergraduate and postgraduate student handbooks and the assessment and feedback policy. The narrative provided on the mapping form detailed the institutional approach to progression including the use of the central student records system, Oasis, to manage and collate student progress.

142. The inspection team noted that a diverse range of people were involved in assessment decisions (c.f. paras 136-139) and acknowledged a clear exam board system. In addition, the inspection team understood that the PSP included service users, practitioners, practice educators and members of the course team demonstrating input from a range of people to inform decisions about progression. Practice educators provided feedback via the midway and final placement report, and through direct observation of practice. The inspection team agreed that this standard was met.

Standard 4.13

143. The inspection team reviewed the MSDs for SWK2096, *The Practitioner Researcher*, SWK4007, *Dissertation*, SWK2010, *Research for Social Workers*, SWKM026, *Professional Project*, and the skills day schedule.

144. Through discussion with students the inspection team heard that academic staff undertaking a PhD used their research in the classroom, and through discussions with central support teams the inspection team heard that the library had just launched a new online database relevant to social work students. A further database was being acquired

that focussed on supporting evidence informed practice for health and social care professionals.

145. BA students undertook a 40-credit dissertation, and MA students undertook a 50-credit professional project which both had clear links to the development of research skills. The inspection team agreed that this standard was met.

Standard five: Supporting students

Standard 5.1

146. The inspection team found that, throughout the inspection, student support was articulated clearly within the documentary evidence submitted prior to inspection and through discussions with stakeholders. The inspection team understood that central services provided a counselling and mental health service where students could access up to 6 sessions with a counsellor, and 6 sessions with a mental health advisor and the service advertised telephone drop-in sessions on weekdays. In additional to counselling services the inspection team heard that student welfare also provided financial guidance and support, administered a hardship fund, offered a multifaith chaplaincy and safeguarding staff to oversee and respond to instances of domestic and sexual violence.

147. The careers and employability service were not represented during inspection. However, the university provided a leaflet detailing the framework of support offered to course teams by the service and the intended outcomes for students up to level 6. It was not clear to the inspection team what specific services were available to students or what support was provided at level 7 and beyond.

148. The inspection team did not receive any evidence in relation to occupational health.

149. Following a review of the evidence, the inspection team is recommending that a condition is set against 5.1 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report.

Standard 5.2

150. The inspection team met with representatives from academic support services and heard that students had access to library services, a comprehensive disability support and within the faculty students' allocated PATs. The course provider submitted the institutional PAT policy prior to the inspection and inspectors noted that PATs usually followed students throughout the programme. The students met by the inspection team discussed their experiences with their PATs positively.

151. Central academic support services talked confidently about the variety of services on offer to students which included an inter-library loan service. The course team co-created a social work academic literacy workbook which was aimed at supporting students returning to study after a break. ASSIST worked with students with disabilities to enable them to access all aspects of university life. They provided a wide range of services which included personal emergency evacuation plans (PEEPS), created learning support plans known within the institution as academic inclusion reports (AIRs) and could organise screening for dyslexia. The students met by the inspection team spoke positively about the AIR process and the inspection team agreed that this standard was met.

Standard 5.3

152. Prior to the inspection, the inspection team reviewed the institutional honorary contract for students on health care programmes. The honorary contract clearly laid out the requirement for students to disclose any changes to their health or personal circumstances that may affect their suitability for social work study.

153. The inspection team also acknowledged that the placement portfolio forms submitted in support of other standards included a statement to be read, and signed by the student, at the learning agreement meeting between the student, PVT and practice educator which required students to disclose any matters that arise that could impact the student's ability or suitability to continue in the placement. Specific examples provided within the statement included criminal proceedings, health and mental ill health, or the involvement of children's services within the household.

154. The course provider also supplied the institutional emerging concerns proforma and provided a worked example of a concern taken through fitness to practice, and one which was considered through fitness to study. The inspection team agreed that this standard was met.

Standard 5.4

155. The inspection team understood that support was available for students with disabilities through the AIR process. The institutional academic inclusion reports policy submitted in support of this standard noted that PATS, the programme leader, disability coordinator, supervisor and module tutors were all responsible for ensuring reasonable adjustments were met in relation to assessment within the university. The AIR policy clearly stated that the document was not for use with placement providers, however, was provided to the placement office where the student owner was undertaking a professional programme.

156. The placement learning agreement meeting forms included a section where students could provide their placement provider with information on their support needs and requirements, any reasonable adjustment identified or learning needs.

157. The process to declare a disability, learning difficulty or health condition was laid out within the student life hub on the university website and the students met by the inspection team, who had experience of this service, described it as helpful, noting that they were contacted regularly by the service to ensure to follow up. The inspection team agreed that this standard was met.

Standard 5.5

158. Evidence submitted and detailed on the mapping form in support of this standard included MSDs, the slide deck from an institutional pre-placement briefing, a placement guidance document for the module SWK3005P, *100 Day Practice Placement*, SWK3042, *Professional Identity and Transition into Practice* (BA teach out), SWK3048, *Transition into Professional Practice (BA)*, and the skills day schedules for each programme. The inspection team also acknowledged that PSDs were provided for each course.

159. Across these documents undergraduate students were provided with information on the course structure, information about placements, referenced policies that were relevant to social work students (for example fitness to practice), contact details, information regarding Social Work England and the transition to registered social worker and CPD, and information about the form of assessment for each module.

160. For the MA, the course provider submitted a slide deck covering a 100-day placement briefing where students were provided with placement information, and similarly to the BA course structure and the form of assessment were detailed within the MSDs. The inspection team acknowledged the MSDs for SWKM022, *Social Policy and Law* and SWKM039, *Preparation for Professional Practice*, and noted that although both modules referenced Social Work England it wasn't clear to see where in the postgraduate programme students were provided with information on the transition to registered Social Worker including information on requirements for continuing professional development.

161. The students met by the course team were able to talk confidently about a range of processes that impacted the course delivery, placements and assessment. However, when asked about the transition to registered social work and the requirements for CPD students were unable to answer.

162. The inspection team also noted that the driving status of a student could impact their placement opportunities (c.f. para 41).

163. Following a review of the evidence, the inspection team is recommending that a condition, and a recommendation, are set against 5.5 in relation to the approval of this course. Consideration was given as to whether the finding identified would mean that the course would not be suitable for approval. However, it is deemed that a condition is appropriate to ensure that the course would be able to meet the relevant standard, and we are confident that once this standard is met, a further inspection of the course would not be

required. Full details of the condition, its monitoring and approval can be found in the conditions section of this report. Full details of the recommendation can be found in the recommendations section of this report.

Standard 5.6

164. Prior to inspection, the inspection team reviewed the narrative on the mapping form and noted that a presentation in welcome week was provided to students where they were informed that mandatory attendance was required at skills days and on their placement. International students were also informed during this presentation of relevant visa compliance monitoring. Documentary evidence included a faculty wide pre-placement briefing slide deck that included information on how to use the placement portal timesheets to record time on placement and an instruction to notify the health placement team if they were absent.

165. Through discussion with the course team the inspection team heard that there was an electronic sign in registration system for student attendance. Codes were provided for each session and students entered the session code into the app, MyAttendance, attendance at skills days were monitored via QR code. PATs were able to access information from MyAttendance for their tutees and this included session attendance and the frequency with which they logged into the virtual learning environment (VLE), NILE. The team confirmed that skills days and placement days were mandatory to attend, and that students were required to have 80% attendance in other areas of the course. Where a student missed a skills day, there was a process students followed to compensate the missed learning (c.f. para 45) and if a student was more than 1 hour late to a skills day a task was issued to ensure the student covered any missed material.

166. Through discussion with students the inspection team heard that there was a clear understanding that skills days, preparation for direct practice and placement days were mandatory and students reported knowing that 80% attendance was required in other areas of the course. The students reported a more general concern over the attendance within their cohorts, highlighting that some students were often late which they felt was disruptive to their learning and that some students shared the app sign in code with friends not in the room. The inspection team raised this with the course team and heard that there were processes in place to manage poor attendance, and these would not necessarily be known to other students, for example, students with low attendance are required to attend an interview, and the consequences for missing a skills day (c.f. para 45).

167. The inspection team considered the evidence and concluded that information was provided to students on mandatory parts of the course. Students were aware of what was mandatory and were able to articulate the task required from them to compensate missed learning at skills days if necessary. Inspectors acknowledged there was a system in place to

monitor attendance which was, on occasion, supplemented by a paper register. The inspection team agreed that this standard was met.

Standard 5.7

168. Following a review of the documentation provided, and through discussions with key stakeholders throughout the inspection, the inspection team felt assured that feedback was provided from a variety of sources (c.f. standard 3.9, 4.8, 4.10 and 4.12 for more information on student feedback), that it was timely (c.f. para 134) and that support was provided to students via PATs should they need help to interpret feedback comments (c.f. para 134). Any student who failed an assessment was offered a one-to-one tutorial to discuss the submission, a process that was triangulated with students who discussed it confidently. The inspection team agreed that this standard was met.

Standard 5.8

169. Documentary evidence reviewed prior to inspection included the institutional academic appeals (taught programmes) and student complaints policies which included clear information on academic appeals. Links were provided to student conduct, complaints and appeals on the student hub website. Some students were aware of the academic appeals process and cited a click through link located in the submission area portal of the VLE. The inspection team agreed that this standard was met.

Standard six: Level of qualification to apply for entry onto the register

Standard 6.1

170. The inspection team reviewed the PSD for each course and agreed that the BA (Hons) Social Work (teach out), the BA (Hons) Social Work and the MA Social Work met the standard, noting that the exit awards were clearly differentiated in title from the registered award.

Proposed outcome

The inspection team recommend that the course be approved with conditions. These will be monitored for completion.

Conditions

Conditions for approval are set if there are areas of a course that do not currently meet our standards. Conditions must be met by the education provider within the agreed timescales.

Having considered whether approval with conditions or a refusal of approval was an appropriate course of action, the inspection team are proposing the following conditions for this course at this time.

	Standard not currently met	Condition	Date for submission of evidence	Link
1	1.6 4.3 5.5	The course provider will provide evidence that demonstrates that they have updated the website, and all open and discovery day materials, to communicate that being a non-driver could impact the variety, and availability, of statutory placements.	14 February 2025	Para 41 115 162
2	1.6	The course provider will provide evidence that demonstrates that the course pages, and any other relevant documentation, is updated to reflect that successful completion of the course enables to students to be eligible to apply to register with Social Work England.	14 February 2025	Para 39
3	2.1 2.2 2.3 2.4 4.1	The course provider will provide evidence that they have a system in place to ensure that all students will have a minimum of 1 statutory placement as defined in the Education and Training Standards to include s17, s47, Care Act 2014 or Mental Capacity Act 2005 tasks.	14 February 2025	Para 46-50 54 60 106
4	3.1	The course provider will provide an updated organisational chart after August 2024 which clearly shows the lines of accountability following the restructure,	14 February 2025	Para 74

		and the job description for the lead social worker following the restructure.		
5	3.5 4.2	The course provider will provide evidence that a plan has been developed to involve service users in a more cohesive, and holistic way to ensure that their views are included within any: • monitoring, evaluation and improvement systems in place. • design, ongoing development and review of the curriculum.	14 February 2025	Para 88 110
6	4.2	The course provider will provide evidence that formal mechanisms have been put into place and operationalised to allow practitioners' and employer partners' views to be incorporated into the design, ongoing development and review of the curriculum.	14 May 2025	Para 110
7	4.3	That the course provider will provide evidence that they have a mechanism for students' circumstances to be balanced against when, and where, the learning opportunities occur within a placement to enhance the matching process and to ensure that all students are provided with contrasting placements, one of which is a statutory placement	14 February 2025	Para 115
8	5.1	The course provider will provide detailed information on the services offered by the careers and employability team to students at all levels and the way in which students can access occupational health services.	14 February 2025	Para 147-148

Recommendations

In addition to the conditions above, the inspectors identified the following recommendations for the education provider. These recommendations highlight areas that

the education provider may wish to consider. The recommendations do not affect any decision relating to course approval.

	Standard	Detail	Link
1	1.1	The inspectors are recommending that the university consider providing the admissions tutor/s with access to and training on AI and AI submission software.	Para 28
2	2.1 2.2 2.4	The inspectors are recommending that the university record the statutory tasks offered by each placement provider as part of the annual placement audit.	Para 46 52-54 63
3	5.5	The inspectors are recommending that the university consider the information provided to students on the transition to registered professional and the requirements for CPD and make it more explicit to students.	Para 161
4	4.4	The inspectors are recommending that the service user group is expanded to ensure a wider range of voices contribute to the discourse around the changing needs of people with lived experience of social work within the courses.	Para 119
5	4.8	The inspectors are recommending that the course provider produce an assessment strategy. Suggested content is available in the Social Work England Education and Training Standards guidance under standard 4.8.	Para 130

Annex 1: Education and training standards summary

Standard	Met	Not Met – condition applied	Recommendation given
Admissions			
1.1 Confirm on entry to the course, via a holistic/multi-dimensional assessment process, that applicants: i. have the potential to develop the knowledge and skills necessary to meet the professional standards ii. can demonstrate that they have a good command of English iii. have the capability to meet academic standards; and iv. have the capability to use information and communication technology (ICT) methods and techniques to achieve course outcomes.	☒	☐	☒
1.2 Ensure that applicants' prior relevant experience is considered as part of the admissions processes.	☒	☐	☐
1.3 Ensure that employers, placement providers and people with lived experience of social work are involved in admissions processes.	☒	☐	☐
1.4 Ensure that the admissions processes assess the suitability of applicants, including in relation to their conduct, health and character. This includes criminal conviction checks.	☒	☐	☐
1.5 Ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.	☒	☐	☐
1.6 Ensure that the admissions process gives applicants the information they require to make an informed choice about whether to take up an offer of a place on a course. This will include	☐	☒	☐

Standard	Met	Not Met – condition applied	Recommendation given
information about the professional standards, research interests and placement opportunities.			
Learning environment			
2.1 Ensure that students spend at least 200 days (including up to 30 skills days) gaining different experiences and learning in practice settings. Each student will have: i) placements in at least two practice settings providing contrasting experiences; and ii) a minimum of one placement taking place within a statutory setting, providing experience of sufficient numbers of statutory social work tasks involving high risk decision making and legal interventions.	☐	☒	☒
2.2 Provide practice learning opportunities that enable students to gain the knowledge and skills necessary to develop and meet the professional standards.	☐	☒	☒
2.3 Ensure that while on placements, students have appropriate induction, supervision, support, access to resources and a realistic workload.	☐	☒	☐
2.4 Ensure that on placements, students' responsibilities are appropriate for their stage of education and training.	☒	☐	☐
2.5 Ensure that students undergo assessed preparation for direct practice to make sure they are safe to carry out practice learning in a service delivery setting.	☒	☐	☐
2.6 Ensure that practice educators are on the register and that they have the relevant and current knowledge, skills and experience to support safe and effective learning.	☒	☐	☐

Standard	Met	Not Met – condition applied	Recommendation given
2.7 Ensure that policies and processes, including for whistleblowing, are in place for students to challenge unsafe behaviours and cultures and organisational wrongdoing, and report concerns openly and safely without fear of adverse consequences.	☒	☐	☐
Course governance, management and quality			
3.1 Ensure courses are supported by a management and governance plan that includes the roles, responsibilities and lines of accountability of individuals and governing groups in the delivery, resourcing and quality management of the course.	☐	☒	☐
3.2 Ensure that they have agreements with placement providers to provide education and training that meets the professional standards and the education and training qualifying standards. This should include necessary consents and ensure placement providers have contingencies in place to deal with practice placement breakdown.	☒	☐	☐
3.3 Ensure that placement providers have the necessary policies and procedures in relation to students' health, wellbeing and risk, and the support systems in place to underpin these.	☒	☐	☐
3.4 Ensure that employers are involved in elements of the course, including but not limited to the management and monitoring of courses and the allocation of practice education.	☒	☐	☐
3.5 Ensure that regular and effective monitoring, evaluation and improvement systems are in place, and that these involve	☐	☒	☐

Standard	Met	Not Met – condition applied	Recommendation given
employers, people with lived experience of social work, and students.			
3.6 Ensure that the number of students admitted is aligned to a clear strategy, which includes consideration of local/regional placement capacity.	☒	☐	☐
3.7 Ensure that a lead social worker is in place to hold overall professional responsibility for the course. This person must be appropriately qualified and experienced, and on the register.	☒	☐	☐
3.8 Ensure that there is an adequate number of appropriately qualified and experienced staff, with relevant specialist subject knowledge and expertise, to deliver an effective course.	☒	☐	☐
3.9 Evaluate information about students' performance, progression and outcomes, such as the results of exams and assessments, by collecting, analysing and using student data, including data on equality and diversity.	☒	☐	☐
3.10 Ensure that educators are supported to maintain their knowledge and understanding in relation to professional practice.	☒	☐	☐
Curriculum and assessment			
4.1 Ensure that the content, structure and delivery of the training is in accordance with relevant guidance and frameworks and is designed to enable students to demonstrate that they have the necessary knowledge and skills to meet the professional standards.	☐	☒	☐
4.2 Ensure that the views of employers, practitioners and people with lived experience of social work are incorporated into the design,	☐	☒	☐

Standard	Met	Not Met – condition applied	Recommendation given
ongoing development and review of the curriculum.			
4.3 Ensure that the course is designed in accordance with equality, diversity and inclusion principles, and human rights and legislative frameworks.	☐	☒	☐
4.4 Ensure that the course is continually updated as a result of developments in research, legislation, government policy and best practice.	☒	☐	☒
4.5 Ensure that the integration of theory and practice is central to the course.	☒	☐	☐
4.6 Ensure that students are given the opportunity to work with, and learn from, other professions in order to support multidisciplinary working, including in integrated settings.	☒	☐	☐
4.7 Ensure that the number of hours spent in structured academic learning under the direction of an educator is sufficient to ensure that students meet the required level of competence.	☒	☐	☐
4.8 Ensure that the assessment strategy and design demonstrate that the assessments are robust, fair, reliable and valid, and that those who successfully complete the course have developed the knowledge and skills necessary to meet the professional standards.	☒	☐	☒
4.9 Ensure that assessments are mapped to the curriculum and are appropriately sequenced to match students' progression through the course.	☒	☐	☐

Standard	Met	Not Met – condition applied	Recommendation given
4.10 Ensure students are provided with feedback throughout the course to support their ongoing development.	☒	☐	☐
4.11 Ensure assessments are carried out by people with appropriate expertise, and that external examiner(s) for the course are appropriately qualified and experienced and on the register.	☒	☐	☐
4.12 Ensure that there are systems to manage students' progression, with input from a range of people, to inform decisions about their progression including via direct observation of practice.	☒	☐	☐
4.13 Ensure that the course is designed to enable students to develop an evidence-informed approach to practice, underpinned by skills, knowledge and understanding in relation to research and evaluation.	☒	☐	☐
Supporting students			
5.1 Ensure that students have access to resources to support their health and wellbeing including: i. confidential counselling services; ii. careers advice and support; and iii. occupational health services	☐	☒	☐
5.2 Ensure that students have access to resources to support their academic development including, for example, personal tutors.	☒	☐	☐
5.3 Ensure that there is a thorough and effective process for ensuring the ongoing suitability of students' conduct, character and health.	☒	☐	☐

Standard	Met	Not Met – condition applied	Recommendation given
5.4 Make supportive and reasonable adjustments for students with health conditions or impairments to enable them to progress through their course and meet the professional standards, in accordance with relevant legislation.	☒	☐	☐
5.5 Provide information to students about their curriculum, practice placements, assessments and transition to registered social worker including information on requirements for continuing professional development.	☐	☒	☒
5.6 Provide information to students about parts of the course where attendance is mandatory.	☒	☐	☐
5.7 Provide timely and meaningful feedback to students on their progression and performance in assessments.	☒	☐	☐
5.8 Ensure there is an effective process in place for students to make academic appeals.	☒	☐	☐
Level of qualification to apply for entry onto the register			
6.1 The threshold entry route to the register will normally be a bachelor's degree with honours in social work.	☒	☐	☐

Regulator decision

Approved with conditions.

Annex 2: Meeting of conditions

If conditions are applied to a course approval, Social Work England completes a conditions review to make sure education providers have complied with the conditions and are meeting all of the education and training standards.

A review of the conditions evidence will be undertaken and recommendations will be made to Social Work England's decision maker.

This section of the report will be completed when the conditions review is completed.

	Standard not met	Condition	Recommendation
1	1.6, 4.3, 5.5	The course provider will provide evidence that demonstrates that they have updated the website, and all open and discovery day materials, to communicate that being a non-driver could impact the variety, and availability, of statutory placements.	Met
2	1.6	The course provider will provide evidence that demonstrates that the course pages, and any other relevant documentation, is updated to reflect that successful completion of the course enables to students to be eligible to apply to register with Social Work England.	Met
3	2.1, 2.2, 2.3, 2.4, 4.1	The course provider will provide evidence that they have a system in place to ensure that all students will have a minimum of 1 statutory placement as defined in the Education and Training Standards to include s17, s47, Care Act 2014 or Mental Capacity Act 2005 tasks.	Met
4	3.1	The course provider will provide an updated organisational chart after August 2024 which clearly shows the lines of accountability following the restructure, and the job description for the lead social worker following the restructure.	Met

5	3.5, 4.2	The course provider will provide evidence that a plan has been developed to involve service users in a more cohesive, and holistic way to ensure that their views are included within any: • monitoring, evaluation and improvement systems in place. • design, ongoing development and review of the curriculum.	Met
6	4.2	The course provider will provide evidence that formal mechanisms have been put into place and operationalised to allow practitioners' and employer partners' views to be incorporated into the design, ongoing development and review of the curriculum.	Met
7	4.3	That the course provider will provide evidence that they have a mechanism for students' circumstances to be balanced against when, and where, the learning opportunities occur within a placement to enhance the matching process and to ensure that all students are provided with contrasting placements, one of which is a statutory placement.	Met
8	5.1	The course provider will provide detailed information on the services offered by the careers and employability team to students at all levels and the way in which students can access occupational health services.	Met

Findings

Condition 1 – The university provided amended versions of the slides used for recruitment days and the programme websites, with both having been revised to clearly state that being a non-driver may impact on the variety and availability of statutory placements. The inspectors' recommendation is that this condition is now met.

Condition 2 – The university provided evidence to demonstrate that materials, including the programme websites, recruitment day powerpoint slides, award letter, placement guides, and programme specifications have all been updated to use the correct wording regarding registration. The inspectors' recommendation is that this condition is now met.

Condition 3 – The university provided evidence to demonstrate that their processes have been revised and an audit system put in place to clearly identify statutory placements, and to record and monitor this through the CRM (care record management) system. The inspectors' recommendation is that this condition is now met.

Condition 4 – The university provided a new organisational chart clearly showing all lines of accountability following the organisational restructure, along with a role descriptor for the lead social worker role. The inspectors' recommendation is that this condition is now met.

Condition 5 – The university provided a plan of meetings for involving people with lived experience of social work in the programmes in more cohesive holistic way. This included a service user engagement standing agenda, and the scheduled dates of upcoming stakeholder liaison meetings. The inspectors' recommendation is that this condition is now met.

Condition 6 – The university provided evidence that they have now established a formal stakeholder meeting, along with additional formal processes and meetings for gathering practitioner and employer views on the programme. The inspectors' recommendation is that this condition is now met.

Condition 7 – The university provided an amended student profile template, demonstrating that sections have been added on driver status, care commitments, and cultural considerations which may impact on placement allocation. As addressed under condition 3, evidence was also provided to demonstrate that statutory placements are now identified and recorded on the CRM to ensure all students are allocated at least one statutory placement. The inspectors' recommendation is that this condition is now met.

Condition 8 – The university provided detailed information regarding the services provided by the careers and employability team, and the occupational health process and support in place for students. The inspectors' recommendation is that this condition is now met.

Regulator decision

Conditions met.