

**DSA-QAG**  
Non-Medical Helper  
**Audit Analysis Report**  
2017



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## 1. Background

Following the introduction of the Non-Medical Helpers (NMH) registration process by DSA-QAG in January 2016, DSA-QAG launched the revised NMH register in April 2016. The purpose of the introduction of the new register was to ensure students in receipt of the Disabled Students Allowances (DSA) funded by Student Finance England (SFE) received support from a registered NMH Provider.

The implementation of an audit programme was the next stage in ensuring quality controls were in place for the NMH provider sector, and to validate that registered NMH providers were conforming to the standards outlined in the Non-Medical Helpers Quality Assurance Framework (QAF). Some of the key elements of the audit are to validate the qualifications and training of support workers who deliver the support and to quality assure the support provided by registered NMH providers.

As part of the NMH registration process, each NMH provider organisation (including sole traders) was required to sign a declaration to confirm they were able to comply with the standards and principles of the framework (published in March 2016). They would also be subject to an annual audit.

The annual audit cycle commenced in January 2017 and was scheduled to end by 31<sup>st</sup> December. This allowed DSA-QAG the opportunity to ensure the standards, as published in the framework are being adhered to by NMH providers, giving a level of assurance to the Department for Education (DfE).



## 2. The organisation

Disabled Students' Allowances Quality Assurance Group (DSA-QAG) provides a quality assurance service for assessment centres (ACs), assistive technology service providers (ATSPs) and non-medical help providers (NMHPs) in the delivery of the Disabled Students' Allowances in England and Wales.

Our aim is to safeguard the public interest; to monitor the quality assurance system; to inform and to encourage continuous improvement in the management of quality in the sector through setting up a good practice framework and carrying out annual audits to maintain the desired quality standards.

We achieve this by regularly engaging with key stakeholders including, ACs, ATSPs, NMH providers, student funding bodies and student organisations. This allows us to collectively define standards, quality outcomes and carry out regular reviews against those standards.



DSA-QAG is governed by a Board of Trustees. These trustees are unremunerated and have no vested interest in the quality assurance process.

The National Union of Students (NUS) has two seats on the Board, to ensure that disabled students always have a voice. The other trustees are independent and are involved because of their interest and expertise.

DSA-QAG employs a team of key staff members in Glasgow, who provide the foundation for ensuring the work of DSA-QAG is carried out efficiently and effectively. In addition to our own staff, we have access to a pool of auditors who undertake our onsite audits for ACs and ATSPs throughout the regions. These resources deliver the core function, to provide audits to over 800 ACs, ATSPs and NMHPs. Additionally, we routinely engage in new projects to support the organisation in meeting our vision and aims.

For more information about DSA-QAG, please visit our website – <http://www.dsa-qag.org.uk>

### 3. Purpose of the document

The purpose of this report is to provide analysis of the NMH provider audits conducted by DSA-QAG from January 2017. The report will breakdown the elements of the key audit findings for the twelve month period and will provide an insight into the outcomes of the audit programme completed to 31<sup>st</sup> December 2017. This report is an abridged version; the original that included detailed analysis and information was shared with both DfE and SFE.



#### a. Approach

Data analysis has provided a selection of the percentage returns as -

- Areas of excellence
- Areas for improvements

The full consolidated audit analysis report for NMH providers is available in appendix 1, enabling the reader to review the overall audit findings reported by the audit team.

#### b. Scope

- In Scope
  - The audit programme applies to:
    - Registered NMH providers
- Out of Scope
  - The audit programme does not apply to:
    - Non-registered NMH providers

### 4. Audit process

There are two types of audits applied to NMH provider's, the type of audit is dependent on a number of factors, the number of support workers and the volumes of students supported by the NMH provider. The audits are categorised as Type 1 and Type 2.

#### a. Scheduling of audits

DSA-QAG contacted the provider to arrange a date for their forthcoming audit. This was typically 4 to 6 weeks in advance of the audit date. DSA-QAG confirmed the date the provider was required to complete and submit their self-assessment form (part 1) and whether the provider was expected to complete the student and staff validation exercise (part 2) as an online submission or whether an onsite visit was required.

For those selected for an onsite audit, the date of the visit was agreed with the provider. The onsite visit was normally scheduled within two weeks of the SAF submission date.

#### b. Format of audits

There are two types of audits applied to NMH provider's, the type of audit is dependent on a number of factors, the number of support workers and the volumes of students supported by the NMH provider. The audits are categorised as Type 1 and Type 2.

- Audit Types
  - The following is an outline of the two different audits being delivered:

- Type 1 audits are those which are carried out wholly online. Part 1 is a self-assessment submission by the NMH provider and part 2 is the submission of documentary evidence for staff and students selected for sampling via the DSA-QAG portal.
- Type 2 audits are a combination of part 1, an online submission and part 2 an onsite visit. Organisations are required to complete their self-assessment via the portal and their selected staff and student samples are validated onsite by the DSA-QAG compliance officer.

### c. Audit summary action plan – weighted scores

The scores from each of the three areas, the SAF, the staff and the student validation is recorded within an audit summary action plan; at this point the scores are consolidated to provide a weighted score based on the following calculation:

Process	Weight	Includes
<b>Self-assessment</b>	20	Review of online SAF and associated documentation
<b>Staff Sample</b>	40	Review of qualifications, professional body membership, induction training, risk awareness, CPD etc.
<b>Student Sample</b>	40	Review of DSA2, student records, timesheets, missed sessions and ILP/ work plans

The action plan is issued via the portal with a time frame of 10 working days for the NMH provider to respond with the action taken to address any non-compliance raised. For those NMH providers with a 'clean' audit, they would move direct to accreditation. There has been no NMH providers awarded accreditation immediately after their audit. This was expected in the first year of introducing and implementing a new audit process to this group, however, there was an organisation with an overall score of 99% as noted in section 5.



## 5. Overall compliance rates

Of the 589 registered NMH providers, the total number of audits conducted was 291, which included the 10 organisations who contributed to the pilot programme in advance of the 2017 audit cycle beginning. The remaining 298 organisations had indicated they had not supported any students in the audit period. It should be highlighted that the 298 organisations registered throughout 2017 and many support workers who worked for an NMH provider company registered in their own rights. In addition, there were 104 providers who withdrew from the register, 12 of which were after they had begun the audit process and opted to deregister. The overall compliances for the 2017 audit cycle are broken down in figure 1 below.

Figure 1

Audit Score	Type 1	Type 2	Overall
<b>Maximum</b>	99.0%	98.6%	<b>99.0%</b>
<b>Average</b>	78.1%	84.7%	<b>80.6%</b>
<b>Lowest</b>	22.7%	61.8%	<b>22.7%</b>

The overall maximum audit score for an NMH Provider was **99%**; the average score was **80.6%** which is a respectable result for the first year of introducing an audit programme to a sector which has not been subject to any scrutiny of their business processes or the support workers they have engaged to provide NMH support. The lowest score for completion was **22.7%**, this score was a result of the provider not understanding what they were required to provide as evidence.



In addition to providing an overall compliance rate, figure 1 above disaggregates the overall compliance rates by type of provider, Type 1 and Type 2.

#### a. Self-assessment compliance

The self-assessment form is completed online by each NMH provider via the DSA-QAG portal. The aim of this section is to ensure that the NMH provider has the necessary business processes and procedures in place to meet the requirements of the standards outlined in the QAF.

Additionally, at this point the NMH provider was required to submit a standardised staff template detailing the support workers they have engaged to provide support to students who required Band 3 and Band 4 support. They were also required to submit a standardised student template detailing Band 3 and Band 4 students they had supported post April 2016. The 28 April was the DfE cut off point and the framework applied only to students who had a study needs assessment after this date.

From the staff and student templates submitted, samples were then selected. Type 1 providers were required to upload their evidence to the portal for validation. For Type 2, the validation of selected samples was conducted onsite.

The NMH compliance team validated the self-assessment form and scored this in line with the expected response.

The maximum possible weighted score for completion of the self-assessment form (SAF) is **20%**. Figure 2 below, provides the overall outcomes for compliance with the completion of the SAF. The maximum weighted score for the completion of the online SAF by an NMH Provider was **20%**; the average score was **15.3%**. The lowest score for completion was **6.3%**; the NMH provider with this score submitted minimal evidence to allow validation of their processes and procedures, hence the low score.

Figure 2

Audit Score	Type 1	Type 2	Overall
<b>Maximum</b>	20.0%	19.5%	<b>20.0%</b>
<b>Average</b>	15.3%	15.2%	<b>15.3%</b>
<b>Lowest</b>	6.3%	7.9%	<b>6.3%</b>

### b. Student validation compliance

This validation exercise examined the level of support being delivered to the sample students selected.

Providers who underwent a Type 1 audit were required to submit various documentation such as a copy of the student's DSA2 letter along with the latest session timesheet indicating the number of hours of support provided, the name of the support worker, the type of support being provided, the hourly rate and the location where the support was delivered.

In addition to the above, the NMH provider was required to provide evidence of the communications with the student to indicate sessions were being formally booked and agreed, the recording of missed sessions and the latest Individual Learning Plan or work plan for the student in accordance with the QAF.

For Type 2 audits, verification of documentary evidence was carried out by the compliance officer onsite.

The compliance team verify the student validation and score this section in line with the expected results.

Of the **6,559** students sampled, the maximum possible weighted score for completion of the student validation is **40%**. Figure 3 below, provides the overall outcomes for compliance with the completion of the student validation. The maximum weighted score for student validation for one of the NMH providers was **40%**, the average score was **30.8%**. The lowest score for completion was **6.8%**, this relates to an NMH Provider who had not supplied the required evidence, e.g. DSA2 letters, timesheets, invoices, work plans, required to allow the student validation to be completed.

Figure 3

Audit Score	Type 1	Type 2	Overall
Maximum	40.0%	39.9%	<b>40.0%</b>
Average	29.1%	33.7%	<b>30.8%</b>
Lowest	6.8%	20.8%	<b>6.8%</b>

### c. Support worker validation compliance

The validation of support worker samples was intended to ensure that those engaged in providing support to DSA students meet the requirements of the standards in the QAF and the DSA-NMH Mandatory Qualifications or Professional Body Membership Criteria provided by DfE.

Providers who underwent a Type 1 audit were required to upload documentary evidence to demonstrate that their support workers have the required qualifications and/or professional body membership, and have undertaken induction training, risk assessment awareness training, HEI awareness training and CPD relevant to their support role.

For Type 2 audits verification of documentary evidence was carried out by the compliance officer onsite.

The compliance team verify the staff validation and score this section in line with the expected results.

The maximum possible weighted score for completion of the support worker validation is **40%**. Figure 4 below, provides the overall outcomes for compliance with the completion of the support



worker validation. The maximum weighted score result for support worker validation by NMH providers was **40%**; the average score was **34.5%**. The lowest score for the completion of the support worker validation was **0.0%**, this related to an organisation who was providing a service and did not provide any evidence of their support workers meeting the mandatory criteria, in addition they did not provide evidence of having undertaken sufficient induction, CPD and HEP familiarisation training.

Figure 4

Audit Score	Type 1	Type 2	Overall
<b>Maximum</b>	40.0%	40.0%	<b>40.0%</b>
<b>Average</b>	33.7%	35.8%	<b>34.5%</b>
<b>Lowest</b>	0.0%	20.7%	<b>0.0%</b>

#### d. Ineligible support workers

During the support worker validations, **3,020** support workers out of a total of **4,940** were selected for review and validation. It was identified from the information provided by those who were audited that a number of NMH provider's had supplied support workers to DSA funded students who did not meet or appear to meet the DfE mandatory qualifications criteria, including those required to hold a professional body membership for specific support worker roles. Figure 5 below provides a summary of the number of ineligible staff by Type:



Figure 5

	Type 1	Type 2	Overall
<b>Support Workers - Sampled</b>	785	2,235	<b>3,020</b>
<b>Support Workers - Ineligible</b>	272	421	<b>693</b>
<b>% of Ineligible staff</b>	34.6%	18.8%	<b>23.0%</b>

In terms of the **3,020** staff reviewed, the number of ineligible staff identified was **693**, which equates to **23%** of the total.

Of the **693** support workers who were identified as ineligible, **383** have ceased providing support, this equates to **55%** of the total staff who were deemed ineligible. This will now be used as the benchmark for subsequent audit cycles, ensuring NMH providers are only providing support workers who meet the criteria.



To add some context to these figures, **259** of the **693** ineligible staff (**37%**) relates to **qualification certificates** not being presented as evidence at the time of the audit. Figure 6 below provides a breakdown of these ineligible support workers by support role type.

The analysis identified that Specialist Mentor (AS) with 31.3% and Specialist one-to-one study skills (AS) with 25.9% were the two roles with the highest percentage where qualifications could not or were not presented for audit validation.

Figure 6

Support Role	No of Support Workers	% of Total
BSL Interpreter	15	5.8%
Communication Support Worker	31	12.0%
Lip Speaker	3	1.2%
Mobility Trainer	2	0.8%
Specialist Mentor (AS)	81	<b>31.3%</b>
Specialist Mentor (MH)	6	2.3%
Specialist Note Taker for HI students	35	13.5%
Specialist Notetaker for VI students	11	4.2%
Specialist one-to-one study skills support (AS)	67	<b>25.9%</b>
Specialist Support Professional for Students with Sensory Impairment - Multi-sensory Impairment (MSI)	8	3.1%
Total	259	100%

There were **253** support workers (**37%**) out of the **693** ineligible staff confirmed as not having the **professional body membership** required. Figure 7 below provides a breakdown of these ineligible support workers by support role.

Figure 7

Support Role	No of Support Workers	% of Total
Specialist Mentor (MH)	115	45.6%
Specialist one-to-one study skills support (SpLD)	138	54.4%
Total	253	100%

The remaining support workers, **180 (26%)** who were noted as ineligible relates to those who were identified during the audit, via the student sample session timesheets, as not having been notified to DSA-QAG via the support worker staff list submitted for audit. Indicating that a relative number

of organisations were not providing the full details of their staff engaged in DSA support which is a concern.

From the 693 noted above, 534 were identified during the support worker validation exercise.

## 6.Audit analysis statistics

All of the data is aggregated by collating the statistics from the 291 providers audited in the 2017 audit cycle. The full analysis of all of the standards can be found at Appendix 1.

### a. Top areas of excellence (top 10 standards)

The information provided in figure 8, indicates the top 10 'areas of excellence'. Figure 9 below the graph provides greater detail in terms of the action plan point.

Figure 8

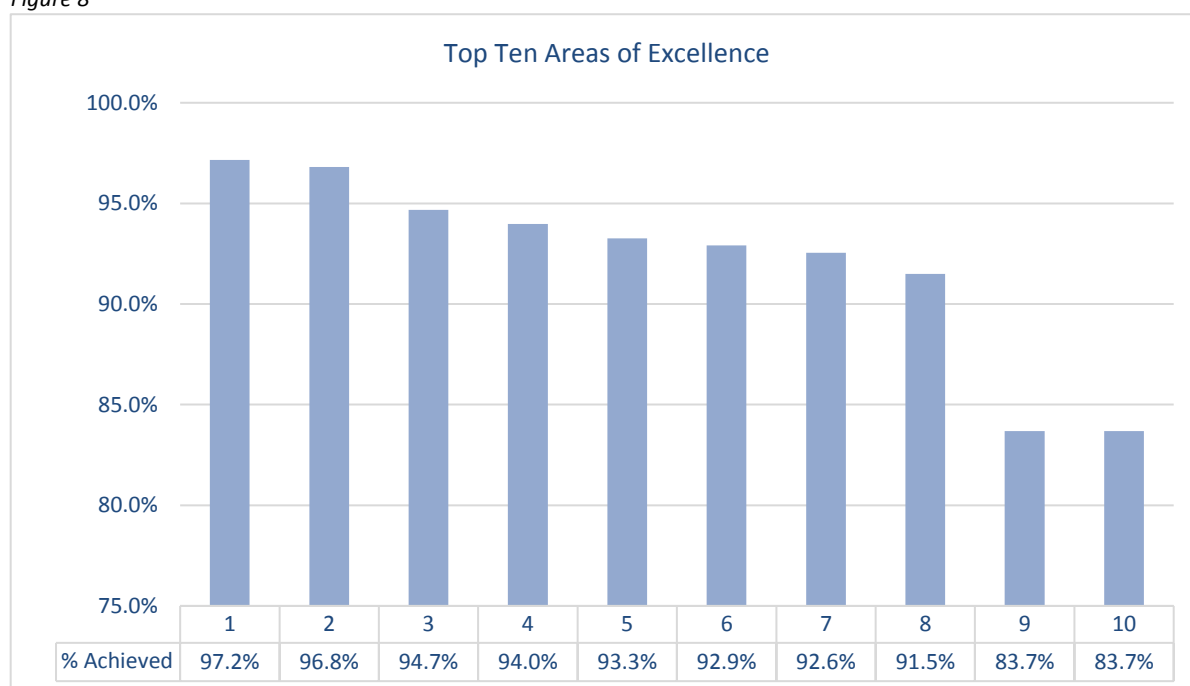


Figure 9

Point	Description	Yes	AI	No	N/A
1	Do you maintain an organisational Register of Interest (ROI) for your organisation?	97.2%	0.7%	2.1%	0.0%
2	Are your records maintained to comply with the standards laid down in the Data Protection Act?	96.8%	0.0%	3.2%	0.0%
3	Have all students been informed of the cancellation procedure and been provided with a copy of this process?	94.7%	1.1%	4.3%	0.0%
4	NMH Provider must record details of missed sessions, in line with the DSAs guidance and provide this information to SFE when invoicing.	94.0%	5.3%	0.4%	0.4%
5	Are all enquiries from funding bodies responded to within 5 working days?	93.3%	0.0%	6.4%	0.4%
6	Has all support been provided on a face-to-face basis unless specifically recommended in the needs assessment report?	92.9%	0.4%	5.3%	1.4%
7	Has a nominated point of contact been provided for all funding bodies to ensure a personalised service is delivered to the funding body?	92.6%	0.0%	6.7%	0.7%
8	Has all one-to-one support been provided in a comfortable and confidential location, taking account of the student's disability needs?	91.5%	0.0%	7.4%	1.1%

9	Have all students agreed a suitable and appropriate method of communication, which has been recorded on the individual student's records?	83.7%	0.4%	16.0%	0.0%
10	Where required by the Funding Body, the NMH Provider must provide the organisations NMH session timesheet, dated and duly confirmed by the student.	83.7%	12.4%	3.9%	0.0%

Whilst the points above show high performing areas, it should be noted that within some of these points there are areas where improvements can be made:

- Point 7 - indicates that nearly 7% of the providers audited have not notified the funding body of their nominated point of contact. To ensure continuity of service, it is important that the funding body are notified of who the main point of contact is within an organisation and if there is a change of personnel
- Point 8 although over 90% of providers are delivering support in a comfortable and confidential location, there are still a number who were not able to confirm this was the case. To provide one to one support in public places is not acceptable. This standard has to be taken on the information provided by the NMH provider. This is an area that DSA-QAG would like to reconsider how this can be better demonstrated by a provider. Anecdotal information received by DSA-QAG raises dubiety on this standard being met fully by some providers.
- Point 9 – whilst the method of communication should be the choice of the student, it is apparent that there are a number of providers, who will guide the student to their preferred method of contact, for example, restricting students to use their 'ac.uk' email account.
- Point 10 – to confirm sessions are taking place as noted on the timesheets, there were a number of occasions where this had not occurred. Those organisations where there were failings identified, have put in place processes and procedures to be adopted by support workers to ensure that all students sign their timesheets going forward.



### b. Top areas for improvement (bottom 10 standards)

The information provided in figure 10, indicates the top 10 'areas for improvement'. Figure 11 below the graph provides greater detail in terms of the action plan point.

Figure 10

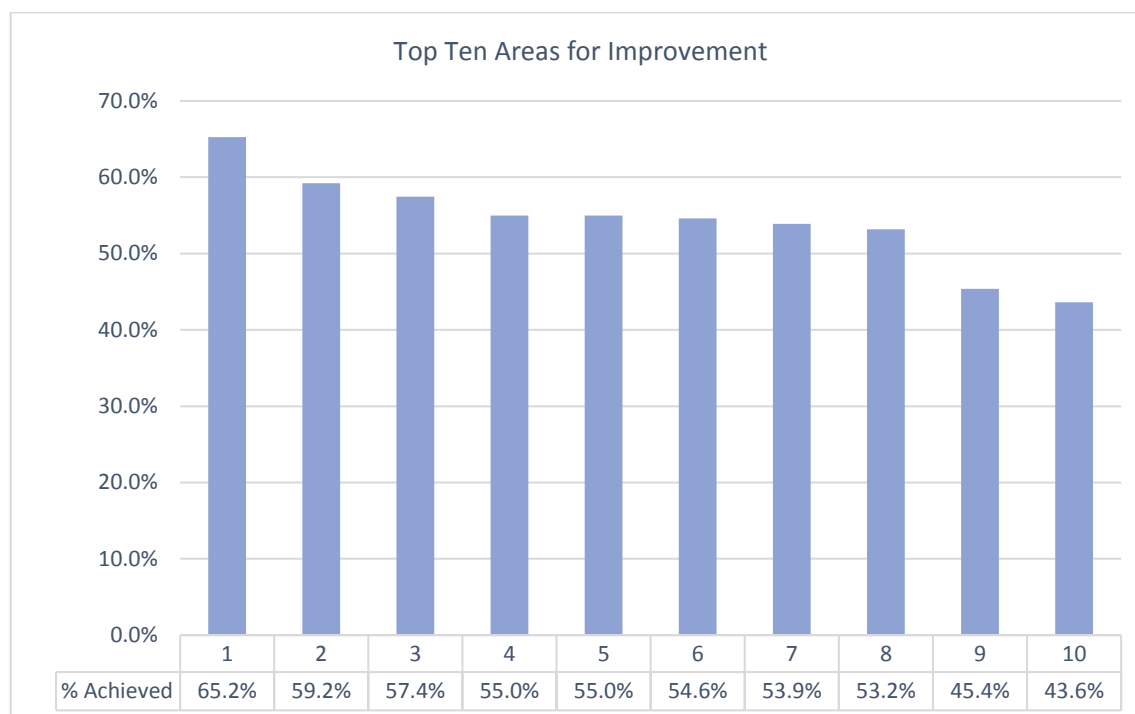


Figure 11

Point	Description	Yes	AI	No	N/A
1	Have all HEIs been provided with the facility to give feedback on support provided to students, at least once per term?	34.4%	0.4%	65.2%	0.0%
2	The support worker and the student should agree the work to be undertaken and expected outcomes. This must be documented, reviewed and updated at least every 3 months. This should include a student/ NMH agreement to articulate expectations on both sides.	28.7%	11.3%	59.2%	0.7%
3	Have all your NMH support workers been registered with DSA-QAG?	42.6%	0.0%	57.4%	0.0%
4	Have students been informed of the process for providing ad-hoc feedback and been encouraged to do so?	45.0%	0.0%	55.0%	0.0%
5	Has HEI feedback been collected and used to develop service improvements?	45.0%	0.0%	55.0%	0.0%
6	The NMH provider must make sure that all sessions are booked and confirmed with the student before attending.	24.1%	21.3%	54.6%	0.0%
7	Have all students been provided with the facility to give feedback on their support, at least once per term, with an option of anonymity?	45.4%	0.7%	53.9%	0.0%
8	Students should be contacted using their preferred method of communication to arrange their session within 1 working day of receipt of request for support.	14.5%	32.3%	53.2%	0.0%
9	The NMH provider must only use support workers qualified and trained to undertake the NMH role being provided to the student.	54.6%	0.0%	45.4%	0.0%
10	Have you agreed a method of reporting to HEIs on the support provided to students?	55.3%	1.1%	43.6%	0.0%

Whilst the points above highlight low performing areas, it should be noted that as this is the first year of the audit cycle, providers who have not yet been accredited by DSA-QAG will, in

completing their audit action plan address the non-compliance points noted. DSA-QAG envisages an increase in performance from providers meeting these standards in year 2.

Points 1, 4, 5, 7 and 10 – all of these points relate to either Higher Education Providers or student engagement. From the evidence provided at audit, a number of providers did not have procedures or formalised processes in place to ensure they were meeting the requirements of the QAF. However, there were a number who had informal mechanisms in place, which they have now formalised.

Point 2 - nearly 60% of the providers did not provide evidence of having an ILP / work plan or one which met Template 6 of the QAF. Following the outcome of the 2018 QAF working group Template 6 has been removed as a mandatory requirement, however, where applicable, providers will be required to have an ILP / work plan for each student.

Points 3 and 9 - over half of the providers, at audit, had a discrepancy in the number of support workers to that which was notified to DSA-QAG on their registration. In the main, this related to Band 1 and 2 support workers being included in their initial submission. However, there were a number who had engaged additional support workers and had not notified DSA-QAG to allow these new staff to be validated, prior to support being delivered. In addition to those support workers who were not registered, 45% of providers were utilising support workers who did not meet the mandatory criteria.



Points 6 and 8 – Both of these points relate to the formal process for booking support sessions or engaging with students to confirm their support. The majority of organisations were unable to provide evidence, at audit, of their response to the student's first contact. In addition, there were a number of providers who were unable to provide evidence that there was a formalised process for recording sessions being booked and agreed with students.

### c. Investigatory audits

Where it is deemed that a provider has failed to meet the minimum criteria by falling below 60% for any of the three parts of the audit process, self-assessment completion, student verification or support worker validation or an overall score of less than 60% there was the option to carry out a further investigation audit. Whilst this was not exercised for any provide, there was one organisation who was subjected to a follow up audit. This follow up audit was deemed to be required due to the high proportion of support workers identified as being ineligible. As a result of reviewing their support workers qualifications and professional body membership, the follow up audit confirmed the issues identified had been fully addressed by the provider.

## 7.Audit tool

The audit compliance tools, developed by DSA-QAG, are standardised documents the compliance team complete to record the audit results during both the online and onsite audits. The tool is populated with the findings from the audit and form the basis for the compliance team to produce an audit summary report.

The QAF audit compliance tools were developed in line with the creation of the 2017 QAF and each point is directly correlated within the tool. This enabled the compliance team to identify which of the requirements of the framework were being followed, where a degree of compliance is met but further recommendations are made or where the provider is not meeting the compliance of the QAF.



## 8. Post audit

On completion of the audit the provider is issued with an audit summary report from DSA-QAG within 7 working days of submitting all the required evidence online for T1 providers or the final audit day for those who were subject to an onsite audit.

The audit summary report is completed by the provider by including evidence of action taken and amendments made to each of the non-compliances highlighted within the audit summary. Once all of the non-compliances had been completed and approved by the compliance officer, the audit report was signed off by the management team and the provider was accredited by DSA-QAG.

## 9. Common issues identified

The following are some of the common issues identified during the audit cycle:

- NMH Providers withdrawing from the NMH register, for the following reasons:
  - Providers no longer wishing to provide support;
  - Providers not receiving any students and feeling the process is biased towards the larger organisations;
  - Providers not wishing to go through the audit process and feeling that the QAF and audit requirements were too great for the number of students they were supporting.
- During the student validation exercise, a total of 6,559 student samples were validated. Of the students validated, there is a recurring theme in terms of the areas of non-compliance:
  - Support workers who had supplied support not being registered by the organisation with DSA-QAG;
  - DSA2 letter displaying a rate that is not one published by the provider;
  - Invoices not available, however, this primarily related to invoices reported by the NMH provider as not having been raised at the time of the audit;
  - Invoices displaying a rate not previously published by the NMH provider;
  - Timesheets not available or not in the standard format;
  - Evidence of engagement with the student to confirm support, not available;
  - Evidence of engagement with the student to confirm sessions were booked, not available;
  - ILP or session outcomes not available.
  - During the student validation exercise, it was identified that a number of providers had been charging rates that, although indicated on the DSA2 letter, was not the correct rate according to their published rates submitted to DSA-QAG. This issue was flagged to SFE and DfE as the response from the providers was that they did not consider the charges they were submitting to SFE were incorrect as

the error had been from SFE. The provider charged the rate which was recorded on the DSA2 letter.

## 10.DSA-QAG going forward

### a. NMH framework working group

To ensure all registered NMH providers were provided with an opportunity to contribute to the next iteration of the QAF, DSA-QAG conducted a consultation exercise to gather feedback on where providers considered standards should be amended. In addition to gathering feedback, a working group was established to consider the feedback and the implications on the QAF. The working group consisted of the following:

- Dr Lucy Foley, University of Kent
- Lydia Pell, City University, London
- Marie Norris, Clear Links Ltd
- Steve O'Brien, Dyslexia Foundation
- Dr Jo Armitage, Sole Trader
- Amanda Abbott-Jones, Sole Trader
- Lesley Carey, Student Loans Company
- Wendy Morgan-Gray, Department for Education
- Jim Kersse, DSA-QAG
- Stuart Allan, DSA-QAG

The group reviewed all of the feedback submitted and as a result, the latest version of the QAF, v2.0, was released in November 2017. Going forward, each year there will be a similar process carried out to ensure NMH providers are engaged in any recommendations for improvements to the standards of the quality assurance framework.

### b. Stakeholder engagement

During October 2017, DSA-QAG carried out three roadshows, two in London and the other in Birmingham. The aim of the roadshows was to provide DSA-QAG, DfE and SFE with an opportunity to clearly define areas of responsibility in the DSA process and provide a forum for providers to seek clarification on their areas of concern. To ensure there is a continued engagement programme, DSA-QAG will be arranging, during 2018, smaller events in each of the regions, opening up access to a wider cohort of NMH providers.



## Appendix 1a – Audit Analysis Statistics – Self-Assessment Form

<b>Self-Assessment Form</b>				
<b>Description</b>	<b>Yes</b>	<b>AI</b>	<b>No</b>	<b>N/A</b>
<b>Student Information</b>				
2.1 Are individual records available for all students you have assisted with NMH provision?	0%	0%	0%	100%
2.2 Have all students agreed a suitable and appropriate method of communication, which has been recorded on the individual student's records?	84%	0%	16%	0%
2.3 Have all students been provided with an agreed work plan / individual learning plan (ILP) which as a minimum requirement is reviewed every 3 months, where applicable?	0%	0%	0%	100%
2.4 Were all students contacted within 1 working day of requesting support?	0%	0%	0%	100%
2.5 Has all support provided been booked with the student and the time, location and support role agreed?	0%	0%	0%	100%
2.6 Have all students been informed of the cancellation procedure and been provided with a copy of this process?	95%	1%	4%	0%
2.7 Have any students requested additional hours of support?	0%	0%	0%	100%
2.8 If yes: Have students been informed of the need to contact their assessor to gain any required authorisation?	43%	0%	1%	56%
2.9 If yes in 2.7 above: Was the assessment centre informed in writing of the students' requests for additional support?	39%	0%	4%	57%
2.10 Has all one-to-one support been provided in a comfortable and confidential location, taking account of the student's disability needs?	92%	0%	7%	1%
2.11 Has all support been provided on a face-to-face basis unless specifically recommended in the needs assessment report?	93%	0%	5%	2%
2.12 Have all missed sessions been recorded for each student?	0%	0%	0%	100%
2.13 Has all work undertaken been recorded on timesheets showing work undertaken, timings and signed by the student?	0%	0%	0%	100%
<b>Staff Information</b>				
3.1 How many NMH support workers do you have in your organisation?	0%	0%	0%	100%
3.2 Have all your NMH support workers been registered with DSA-QAG?	43%	0%	57%	0%
3.3 Are all your support staff trained to the required standards?	0%	0%	0%	100%
3.4 Have all staff undertaken Continuous Professional Development (CPD) in the 12 months preceding this audit?	0%	0%	0%	100%
3.5 Have staff been provided with an induction on the policies and procedures relating to HEIs attended by the students to whom they are providing a support service?	0%	0%	0%	100%
<b>Relationship with External Bodies</b>				
4.1 Has all DSA funded support provided by you been authorised in advance by SFE?	0%	0%	0%	100%
4.2 Have all chargeable missed sessions been communicated to SFE when invoicing?	0%	0%	0%	100%
4.3 Have all students who have terminated their support been reported to the funding body within 10 working days?	66%	0%	9%	25%
4.4 Are all enquiries from funding bodies responded to within 5 working days?	93%	0%	6%	1%
4.5 Has a nominated point of contact been provided for all funding bodies to ensure a personalised service is delivered to the funding body?	92%	0%	7%	1%
4.6 Have you agreed a method of reporting to HEIs on the support provided to students?	55%	1%	44%	0%

4.7 Is your pricing structure published on your organisation's website or provided to DSA-QAG in line with the DSA NMH cost structures (bands)?	54%	21%	24%	1%
4.8 Are your prices accurate and do they cover all services provided?	58%	1%	41%	0%
4.9 Have all in year rate changes been reported to DSA-QAG prior to their publication and within the rates revision period?	81%	6%	13%	0%
4.10 Have you had any requests for unusual support?	0%	0%	0%	100%
4.11 Have all requests by assessors for unusual support been confirmed or rejected within 1 working day?	0%	0%	0%	100%
<b>Organisation - Policies and Procedures</b>				
5.1 – 5.2 Do you have a complaints procedure published on your website or available in another accessible format on request?	56%	31%	13%	0%
5.3 Do you have a lone worker policy?	73%	8%	16%	3%
5.4 Has your lone worker policy been communicated to your staff?	58%	0%	24%	18%
5.5 Has your lone worker policy been used effectively on an operational basis?	0%	0%	0%	100%
5.6 Do you have a risk assessment policy?	36%	19%	10%	35%
5.7 Has your risk assessment policy been communicated to your staff?	39%	1%	16%	44%
5.8 Do you have relevant insurance cover, related to the provision of NMH providers?	72%	14%	14%	0%
5.9 Are your records maintained to comply with the standards laid down in the Data Protection Act?	97%	0%	3%	0%
5.10 Are you registered with the Information Commissioners Office?	82%	0%	18%	0%
5.11 Do you maintain a Register of Interest (ROI) log and update it annually for all of your employees?	37%	25%	30%	8%
5.12 Do you maintain an organisational Register of Interest (ROI) for your organisation?	97%	1%	2%	0%
<b>Feedback Processes</b>				
6.1 Have all students been provided with the facility to give feedback on their support, at least once per term, with an option of anonymity?	45%	1%	54%	0%
6.2 Have students been informed of the process for providing ad-hoc feedback and been encouraged to do so?	45%	0%	55%	0%
6.3 Has student feedback been collected and used to develop service improvements?	72%	0%	28%	0%
6.4 Have all HEIs been provided with the facility to give feedback on support provided to students, at least once per term?	35%	0%	65%	0%
6.5 Has HEI feedback been collected and used to develop service improvements?	45%	0%	55%	0%

## Appendix 1b – Audit Analysis Statistics – Student Validation

<b>Student Validation</b>				
<b>Description</b>	<b>Yes</b>	<b>AI</b>	<b>No</b>	<b>N/A</b>
The NMH provider only supplies DSAs-funded support that has been authorised by the funding body (evidenced by providing a copy of the DSA2 letter), and monitors against overall entitlement.	69%	18%	13%	0%
The NMH provider only supplies DSAs-funded support that has been authorised by the funding body (evidenced by the quantity and type of support), and monitors against overall entitlement.	72%	17%	11%	0%
The NMH provider must maintain up-to-date records (by student) of quantity and type of support that has been approved and delivered.				
The NMH provider only supplies DSAs-funded support that has been authorised by the funding body (evidenced by the support delivered matching the support awarded), and monitors against overall entitlement.	52%	28%	21%	0%
The NMH provider must maintain up-to-date records (by student) of quantity and type of support that has been approved and delivered.				
The NMH provider must make sure that all sessions are booked and confirmed with the student before attending.	24%	21%	55%	0%
Students should be contacted using their preferred method of communication to arrange their session within 1 working day of receipt of request for support.	15%	32%	53%	0%
NMH Provider must record details of missed sessions, in line with the DSAs guidance and provide this information to SFE when invoicing.	94%	6%	0%	0%
The NMH Providers must provide a clear and transparent charging structure to DSA-QAG, which applies for the academic year that the provider is registered for.	41%	43%	16%	0%
Where required by the Funding Body, the NMH Provider must provide the organisations NMH session timesheet, dated and duly confirmed by the student.	62%	9%	29%	0%
Where required by the Funding Body, the NMH Provider must provide the organisations NMH session timesheet, dated and duly confirmed by the student.	84%	12%	4%	0%
Where required by the Funding Body, the NMH Provider must provide the organisations NMH session timesheet, dated and duly confirmed by the support worker	76%	14%	10%	0%
Where required by the Funding Body, the NMH Provider must provide the organisations NMH session timesheet, dated and duly confirmed by the student clearly showing the number of hours support provided.	83%	13%	4%	0%
Where required by the Funding Body, the NMH Provider must provide the organisations NMH session timesheet, dated and duly confirmed by the student clearly showing the name of the support worker providing the support	60%	28%	12%	0%
The support worker and the student should agree the work to be undertaken and expected outcomes. This must be documented, reviewed and updated at least every 3 months. This should include a student/ NMH agreement to articulate expectations on both sides.	29%	11%	59%	1%

## Appendix 1c – Audit Analysis Statistics –Support Worker Validation

<b>Support Worker Validation</b>				
<b>Description</b>	<b>Yes</b>	<b>AI</b>	<b>No</b>	<b>N/A</b>
NMH providers (organisation or sole trader) should carry out a risk assessment before undertaking work which presents a risk of injury or ill health.	82%	3%	14%	1%
The NMH provider must ensure that all staff members have undertaken induction training, delivered by a suitably qualified person(s).	69%	10%	21%	0%
The NMH provider must ensure that all staff undertake CPD and relevant training annually.	68%	20%	12%	0%
The NMH provider must familiarise themselves with the information provided by the HE provider regarding delivering NMH services on-site, and cascade this to staff.	66%	22%	12%	0%
The NMH provider must ensure that their staff has the mandatory qualifications for the support role(s) which they are undertaking.	72%	23%	5%	0%
The NMH provider must ensure that their staff has the professional body membership for the support role(s) which they are undertaking.	71%	27%	2%	0%
The NMH provider must only use support workers qualified and trained to undertake the NMH role being provided to the student.	55%	0%	45%	0%