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This AASW Guidelines for Accreditation assessment for social work programs is informed by professional competencies as outlined in the AASW Australian Social Work Education and Accreditation Standards (ASWEAS), AASW Practice Standards, and AASW Code of Ethics.

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### **Definitions**

**AASW:** Australian Association of Social Workers, the professional body nominated by members, Providers and the broader professional community to set and maintain standards of professional conduct for social workers educated or seeking to work in Australia.

**AASW Practice Standards 2023:** Standards which outline how social workers demonstrate their professional identity through their practice and ensure trust and confidence in the profession for the public and service users. They provide a reference point for assuring the quality of practice and ensure social workers accountability to the people they serve.

**AASW Code of Ethics 2020:** The Code expresses the principles and responsibilities that are integral to, and characterise, the social work profession and to act in ethically accountable ways in the pursuit of the profession's aims.

**Accreditation**: The process through which a Higher Education Provider social work program demonstrates that it provides or will provide competent social workers.

**Accreditation Application:** The application submitted by a Provider to the AASW to have a social work program assessed for accreditation.

**Accreditation Assessment Panel**: AASW contracted individuals who as panel members on behalf of the AASW assess Provider's application for accreditation, reaccreditation or change to their social work programs and through their report make recommendations to the Accreditation Council.

**Accreditation Council:** The members appointed by the AASW ultimately determine whether or not a social work program offered by a Provider satisfies the requirements of a particular Accreditation status.

**Accreditation Expiry date:** The date the social work program ceases to be accredited for the purpose of enrolling new students. Accreditation expiry dates are determined by the AASW and are based on when the social work program is approved by the Accreditation Council.

**Accreditation Final Report:** Is the report prepared by the AASW Accreditation Assessment Panel for the AASW Accreditation Council which details the assessment and recommendations on a Provider's accreditation application.

**Accreditation Status:** Equates to 'Provisional Accreditation', 'Full Accreditation', and 'Reaccreditation' separately as applicable and where appropriate. Each of these statuses may also have conditions attached.

**Accreditation team:** AASW employees who liaise with Providers, students, Accreditation Assessment Panel Members, Accreditation Council and other AASW teams and coordinate the accreditation process.

**ASWEAS:** Australian Social Work Education and Accreditation Standards which ensures Providers design and deliver social work programs that clearly equip entry-level social workers to practise safely and effectively, thus making them eligible for membership of AASW.

**Curriculum:** Incorporates the social work program's total planned learning experience, including teaching and learning strategies, unit/subject outlines, educational and professional philosophies, program structure, and delivery mode, practice experience and links between their assessment and the standards.



**Delivery Mode:** Means by which the programs are made available to students: on-campus or in blended mode, by distance or by e-learning methods.

**Desktop assessment:** A desktop assessment consists of analysis of the evidence supplied in an Accreditation Application and whether this evidence demonstrates adherence to the Standards. This format will often be used for when a change to a Provider's program has occurred.

**Graduate Attributes:** The high-level qualities, skills and understandings that a student- should gain as a result of the learning and experiences they engage with, while at their Higher Education Provider.

**Head of School/Discipline Lead:** Academic responsible for the design and delivery of the program on behalf of the education provider.

**Program or Course or Degree:** The full program of study and experience that are required to be undertaken before a qualification recognised under the Australian Qualifications Framework, such as a Bachelor of Social Work, can be taken out.

**Provider:** A Higher Education Institution, or a recognised training organisation, accredited by the Tertiary Education Quality and Standards Agency (TEQSA) responsible for a program at AQF Level 7, 8 and 9 and who meets the requirements set out in the ASWEAS.

**Recommendation**: Suggestions that a Provider is required to report on as part of their next Accreditation Application.

**Site Visit:** Means the attendance by the Accreditation Assessment Panel at a Provider's campus/es to clarify and verify with Provider staff and students, statements made in the Accreditation Application regarding the demonstration of compliance with the Standards.

**SWAOU:** Social Work Academic Organisation Unit

**TEQSA:** The Agency responsible for regulating and assuring the quality of all providers of higher education in Australia.



### 1 Accreditation Overview

The AASW developed the AASW Guidelines for Accreditation assessment of social work programs (the Guidelines) to assist Higher Education Providers and AASW Accreditation Assessment Panels with the accreditation process, where Providers are seeking accreditation or reaccreditation of their social work education and training programs. The Guidelines outline the process the AASW follows to accredit a social work program and the roles and responsibilities of all parties involved throughout that process.

#### 1.1 Objectives of accreditation reviews

Accreditation is intended to ensure that graduates from social work programs are equipped to achieve the professional competencies and learning outcomes necessary to practice safely and for entry into professional practice (ASWEAS 2020).

The accreditation assessment aims to determine, with reasonable confidence, the extent to which:

- programs are capable of producing social work graduates with the skills and attributes identified by the ASWEAS
- graduates possess the capabilities specified by the Provider
- programs will continue to produce the graduate capabilities throughout the accreditation period.

In accrediting a social work program, the AASW signifies that it expects the Provider to produce graduating students with the knowledge, skills, and professional competencies necessary to practise in Australia safely.

Graduation from a program of study accredited by the AASW enables the graduate to apply for membership of the AASW.

#### 1.2 Structure of the AASW Accreditation Standards

The Australian Social Work Education and Accreditation Standards (ASWEAS) comprise six sections:

- 1) Context and principles
- 2) Graduate attributes, learning outcomes and assessment
- 3) Required curriculum
- 4) Field Education
- 5) Degree requirements and admissions
- 6) Governance, staffing and program delivery.

The ASWEAS additionally include two Appendix sections being:

- Appendix 1: Profession-specific graduate attributes
- Appendix 2: Required curriculum content.



#### 1.3 Courses Accredited by the Australian Association for Social Workers

Under TEQSA, Australian social work programs are academically accredited to award degrees at Level 7 (Bachelor), 8 (Honours) and 9 (Master) of the Australian Qualifications Framework (AQF. Degree titles specifically are

- Bachelor of Social Work (BSW)
- Bachelor of Social Work (Honours) (BSW (Hons))
- Master of Social Work (Qualifying) (MSW(Q))

Unless precluded by the regulations of their HEP, master's degrees should apply the terminology Master of Social Work (Qualifying) to differentiate them from programs offering advanced social work degrees by research.

Regardless of academic status, graduates of all social work programs are professionally qualified as entry-level social workers.

Where the Higher Education Provider offers multiple social work programs at different AQF levels, these will be separately accredited.

#### 1.4 Approach to accreditation

The AASW in its role as a professional accreditor, note in particular the following that the:

- 1. AASW supports flexibility and responsiveness of social work programs to change in response to the professional workplace
- 2. ASWEAS seeks to complement the role of the Tertiary Education Quality and Standards Agency (TEQSA) or the Higher Education Providers operating under the regulatory Higher Education Standards Framework (HESF), any overlap that may need to occur, the AASW will work to keep to a minimum
- 3. AASW is committed to a collegial approach in working with HEPs with the aim of ensuring that graduate social workers are ready for professional practice
- 4. Approach of the review should seek a balance of summative and formative evaluation
- 5. Accreditation process is guided by the principles of transparency, fairness and collaborative engagement with HEPs and other stakeholders
- 6. Accreditation Standards aim to accommodate a range of educational models and variations in curriculum design and teaching methods
- 7. Review recommendations must be based on clear evidence that the program is producing, or, in the case of new programs, can produce, graduates with the knowledge and practice outcomes expected for entry level social work professionals.

#### 1.5 Accreditation Status identification

The Provider is, and the AASW is not, responsible for keeping its students informed about:

a) Each AASW education program's accreditation status



- b) The progress of an application for accreditation status
- c) The impact of any absence of progress of an application for accreditation, including where that results from suspension, withdrawal or termination of any accreditation process and
- d) The impact of those matters on each student's eligibility to join the AASW.

The AASW reserves the right to review a Providers website, especially program related pages to ensure accurate reflection of the Provider's accreditation status.

If a Provider has a program granted an accreditation status, then the AASW may list the program and the Provider on its own website confirming that status, including any relevant conditional or limitations on that status.

#### 1.6 Confidentiality

All documentation and materials provided by the Provider will be treated confidentially by the AASW and their employees, including the Accreditation Assessment Panel members.

Any draft reports related to the accreditation will be confidential between the university and AASW. When the accreditation process is complete, AASW will maintain a clean copy of all documentation related to the accreditation process within the Association's designated platform, other copies of accreditation material will be destroyed.

#### 1.7 Withdrawing and resubmitting an application

A Provider may request that their application be withdrawn from the accreditation process by writing to the AASW Accreditation team. A program application can be withdrawn at any stage of the process until a final accreditation outcome has been provided by the Accreditation Council.

Once an accreditation assessment has taken place, a Provider may decide to request the withdrawal so that further work can be undertaken to meet the ASWEAS. In this instance, the Provider may subsequently resubmit the program for consideration with further additional evidence and information. If the program application is resubmitted within one calendar year of the withdrawal, a site visit may not be required. The decision regarding this will be at the AASW discretion after consultation with the nominated Accreditation Assessment Panel Chair, looking at identified concerns from the initial assessment.

Please note depending on the time within the process when the withdrawal occurs, the accreditation fee may still be required as the Assessment Panel and assessment process may have already occurred thereby requiring time and workload of the Panel. A Provider is not eligible for a refund after AASW has conducted a site visit. All refunds are at the CEO's discretion.

#### 1.8 Accreditation outcomes

The AASW may accredit a program if reasonably satisfied that either:

- 1) The program meets the ASWEAS, or
- 2) The program substantially meets the ASWEAS, and the placement of conditions will ensure the program meets the ASWEAS fully within a defined timeframe.



#### **Accreditation Outcomes (Cont'd)**

The below table outlines the accreditation outcomes for a program seeking to be accredited. These outcomes apply to all programs, whether newly accredited or existing.

Accreditation Status	Definition
Full accreditation	The AASW has determined that accreditation is granted to a new program or a program undergoing reaccreditation or expansion and the Provider has demonstrated it has met all the ASWEAS requirements.
Conditional accreditation	The AASW has determined a program substantially meets the requirements for accreditation, however there are identified areas of deficit or weakness which can be addressed within a specified limited time. Providers will be required to resubmit against specific conditions within the noted timeframe. This outcome can also be applied to Provisional accreditation status.
Provisional accreditation	Accreditation status for a new Provider offering a program for the first time, or an existing Provider adding a new social work course that has not yet delivered its first graduates. It may be applied in cases where a Provider has significantly changed an existing accredited social work program and the AASW would like to see a cohort of students graduate from the changed program. The Provisional status applies for the duration of the first cohort, before a sample of graduates has emerged. Full accreditation would be sought upon the next full Provider submission.
Revoked accreditation	The AASW determines the social work program is no longer considered accredited and would notify the Provider of reasons and require the Provider to advise the AASW of the management of currently enrolled students. The program is deemed to have serious weaknesses and deficiencies and fails to meet multiple areas of the ASWEAS. The Provider deemed not able to meet the non-compliant issues within a reasonable timeframe.
Refused accreditation	The AASW has determined that a new program or a program undergoing reaccreditation or expansion has a serious weakness or deficiency in one or more ASWEAS areas that cannot be corrected within a reasonable timeframe.
Approve/Not approve	That AASW has determined that approval be given or not for Provider's request to approve a variation to an existing social work accredited program. This is normally for an existing program which would be already accredited, and the Provider wishes to add a location or change of minor components of the program.
Accredited teach out	When a Provider has made the decision to no longer offer a social work program and may either transfer students into a similar program to complete their studies or allow students to complete the course with no further intakes to be permitted. The Provider is to notify the AASW formally of change to program status, any additional information and the records would reflect the 'teach-out' of the program noting the final completion date of the final students. No further accreditation cycle process for the program would be required for ongoing accreditation purposes. The Provider would need to update the AASW on ongoing process until completion through the annual reporting process.

The period of accreditation that will be granted <u>is up to</u> 5 years. The Provisional accreditation depending on the program will be up to 2 years (MSW(Q) or up to 4 years (BSW/BSW(H). The accreditation period will consider any conditions placed on programs.



#### 1.9 Recommendations, commendations and opportunities for improvement

The assessment of accreditation applications should be viewed as a learning activity, with all parties wanting to ensure that the social work program being delivered is one of high quality for the benefit of the student experience. To this end the final accreditation report will include recommendations, commendations and opportunities for improvement.

A recommendation is placed in the report by the Accreditation Assessment Panel and is something that may be linked to conditions placed on the program accreditation outcome. The recommendations consist of guidance that highlights actions to be taken by management to mitigate risk and enhance performance and should be acted on by the Provider prior to the next accreditation cycle. If they are linked to conditions placed on the program, there will be a timeframe noted in the outcome letter for evidence of correction.

The Accreditation Assessment Panel may also identify areas for commendation where there has been identified aspects of the assessment as exceeding the minimum requirements of the Standards or engagement occurring within the Provider that the Panel believes is an area of good practice.

The final area reported within the report are opportunities for improvement, which is where the Accreditation Assessment Panel have identified areas or components of the Provider processes or practices and suggested potential ways to improve or enhance the program delivery. The opportunities for improvement are not required to be acted on; however, it is encouraged that the Provider does review these and take them into consideration as a way of demonstrating a commitment to the overall quality improvement of the program.



#### 2 Accreditation Process

#### 2.1 Initial Program, Accreditation, Reaccreditation and Program Variation Approvals

The aim of the accreditation process is not simply to ensure quality but to support continuous quality improvement of professional social work education and training to meet community and practice. The accreditation process is conducted in a positive, constructive manner based on peer review. In the AASW role as accreditor of Provider's social work programs the Accreditation Assessment Panel will be asked to assess submissions regarding the following scenarios.

*Initial Program Accreditation:* The evaluation requested for a new educational program offered either for the first time by a Provider or in conjunction with another accredited social work program.

**Reaccreditation:** The evaluation requested for a renewing or extension of the accreditation status of a social work program delivered by the Provider after a specific period.

**Program Variation:** The request for assessment of a proposed change or significant modification to an existing social work program offered by the Provider.

#### 2.2 The accreditation cycle

The accreditation cycle begins from initial contact with AASW either through a request regarding an initial accreditation for a proposed social work program or through a trigger for reaccreditation. In each phase of the process (reflected in Figure 1 below) there are identified process steps that are required to be completed to ensure the accreditation cycle is effective and robust.

The Accreditation Standards (ASWEAS) assess a Provider's social work program in terms of its governance, students, and curriculum. The focus is on how the delivered program ensures the graduates are job ready to enter the profession.

Figure 1: Accreditation Cycle





#### 2.3 Accreditation programs

#### **New Social work Programs**

The AASW Accreditation team must be notified when a Provider is looking to offer a new social work program. The Accreditation team will require the completion of an *Intent to Submit* form and will then commence discussions with the Provider to note the process steps, timeframes, application requirements, accreditation format, fees, reporting, panel and site visit. For a new program the process may take extra time to ensure all requirements are met and therefore the AASW ask a Provider to allow 10-18 months prior to students enrolling.

For a new Provider and new program, it is good practice for the Provider to utilise an external consultant to develop the curriculum content, field education practice and required components of the program. The AASW does not provide this service, however they may be able to assist with the contact information for a suitable consultant.

#### **Accredited programs**

The AASW Accreditation team will notify the Provider that their social work program is due for reaccreditation within the next twelve-month cycle. The Accreditation team will require the Provider's confirmation of the program continuing through the completion of the *Intent to Submit* form. Once this has been confirmed further discussion will take place to note all accreditation process steps and start the process for confirming application due date and site visit dates.

#### Variation to accredited program

The AASW supports continuous quality improvement and realises that over an accreditation period a program is likely to undergo change. Higher Education Providers are requested to notify the Accreditation team either through the Annual Report (each December) or earlier within the year if significant change has occurred. The AASW is to be immediately notified by the Provider if TEQSA or another regulator proposes or commences an investigation, implementation of conditions or changes the Provider accreditation status.

Suggested other significant changes which should be noted, and which have occurred since the previous accreditation review include (but are not limited to):

- Change to program structure, course/unit codes or names
- Introduction of new units of study since your last accreditation cycle or replace units submitted within the previous course accreditation
- Change to program objectives, duration, format, structure, or delivery mode
- Addition of an existing accredited program to a dual degree
- Additional new location for delivery (Expansion of programs applies to fully accredited programs with no conditions)
- Changes to academic staff delivery team or SWAOU or governance or organisational structure within the provider
- If a program is moving to or has moved to teach out status. (If so, please provide a teach out plan)
- Field Education changes to structure, governance, and arrangements of the Field Education component of program delivery.

Depending on the size and details of the change an assessment may be requested by the AASW and the convening of an Accreditation Assessment Panel. This will be confirmed through discussion between the



Provider and the Accreditation team.

#### 2.4 Accreditation applications

The accreditation submission is the provider's self-assessment demonstrating along with evidence, how the social work program meets the Australian Social Work Education and Accreditation Standards. The application will include various pieces of supporting evidence to demonstrate how the provider believes they meet the Standards.

An AASW Evidence Guide is provided on the website to provide a general outline of potential evidence which the Accreditation Assessment Panel would be expecting to view as part of the submission. Providers can submit further evidence and information as they wish to support their application, it may also be material that has been used for other purposes, such as a TEQSA audit.

The AASW Application for program accreditation is available on the website along with several templates which a provider may choose to utilise to assist with the application completion. Electronic submissions are the preferred option and providers may include hyperlinks to key documents, please just ensure that hyperlinks are active and accessible by AASW staff and Accreditation Assessment Panel members.

The Accreditation team will gather Annual Reports completed throughout the accreditation cycle (if an existing provider) to provide to the Accreditation Assessment Panel and provide additional information, previous compliance concerns (if relevant), TEQSA status, and information to assist with the assessment process.

For social work programs delivered across more than one site, each site will be viewed as a separate entity and therefore the application should clearly delineate each sites evidence of compliance with the standards. Information that is common across all sites can be submitted together noting that it is for all locations. However, if there are differences in staffing, teaching space, field education practice or other practices, then the Provider needs to denote clearly.

#### 2.5 Accreditation advertising

The Provider must ensure that all advertising material used to inform prospective students contains accurate information on the accreditation status of the program being advertised.

Advertising before the accreditation process is complete must include a notation that states: "This social work program is not yet accredited by the AASW and will therefore not allow AASW membership eligibility for graduating students."

There are risks involved if a Provider was to commence social work programs outside of the AASW accreditation process, and potential complications for enrolled students and Provider alike should the review process find there are areas of development/ non-compliance identified within the program. There is the risk that the program will not be accredited by the time the first cohort graduates.

#### 2.6 Accreditation agreement

The Provider accreditation agreement is initiated by the AASW Accreditation team and outlines the roles and responsibilities of all parties in the accreditation of social work programs in Australia.

Notification of intent to submit for a social work program will signal to AASW to commence the process for completion of the accreditation agreement. The agreement will enable AASW to discuss accreditation timelines, process, fees, and reporting requirements, and upon completion have the program listed on the



AASW website along all accredited social work programs.

#### 2.7 Accreditation key dates

There are two important dates within the accreditation process which should be mutually agreed upon by the Provider and AASW Accreditation team in the initial phase: the date for the accreditation application submission and the site visit date.

The dates will be influenced by the AASW accreditation schedule, the volume of preparation and the number of sites to be visited. Currently the accreditation process notes the site visit timings as in below Figure 2, however this may be varied after discussion with the accreditation team.

Figure 2

Accreditation	Site Visit	Assessment Panel (Number may vary as required)
New Program & Provider	1.5 day	2 members
Existing Provider & new course	2 days	3 members
One program reaccred	2 days	3 members
Two or three programs reaccred	3 days	3 members
Notification of Change	May not be required, to be	2-3 members
Addition of dual degree offering	discussed with AASW	to be discussed
Addition of delivery location	1 day may be required to	1-2 members
(applies to fully accredited	review campus	
programs only no conditions)	If addition is online delivery a	
	site visit may not be needed.	

Please note: the days quoted are actual on-site days, the panel would travel before those dates, e.g., if 2 days site visit, you would fly in night prior therefore an extra day would be required.

#### 2.8 Accreditation fees

AASW charges providers to accredit social work programs through an accreditation fee and an annual fee. The cost is determined by factors including:

- Type of accreditation full submission, changes to existing program
- Complexity of accreditation if a program is offered across multiple sites or via dual degrees
- Volume of program- whether this is the first, second or third social work program offered.

The Provider is invoiced on or anytime following the commencement date of the accreditation process. If a review of monitoring a change or an appeal relating to a Provider or accredited program leads to a decision to hold a formal assessment, then the AASW will invoice the Provider to recover associated costs. All Providers who have accreditation with the AASW will be invoiced for the annual fee due each year in December.

Depending on the stage within the accreditation process at which the Provider may withdraw an application, the accreditation fee may remain, as the Assessment Panel and assessment process may have already occurred. A Provider is not eligible for a refund after AASW has conducted a site visit. All refunds are at the CEO's discretion.



#### 2.9 Accreditation expenses

All reasonable expenses (including but not limited to relevant travel, accommodation, and meals) incurred by the Accreditation Panel in connection with this Agreement shall be met by the Higher Education Provider. The reimbursement or prepayment of such expenses should be managed directly between the individual Panel members and the nominated representative of the Higher Education Provider. The Panel travel and accommodation is the responsibility of the Provider to arrange with the Panel members (may be coordinated by the Chair) as they are travelling from all across Australia.

#### 2.10 Accreditation site visit

The site visit provides the opportunity for the Accreditation Assessment Panel to verify and clarify the application and evidence provided to gain a holistic understanding of the social work program being delivered. During this part of the assessment, the Panel will usually meet with a range of individuals and groups, for example Head of School, Social Work Academic team, students, graduates, field education team who provide support to the program delivery.

The site visit enables the Accreditation Assessment Panel to meet with staff, students, graduates and external stakeholders to discuss the program and view the facilities available to students. Please see *Appendix 1 Site Visit Supplement* for assistance with the format.

The agenda for the site visit is jointly coordinated by the Accreditation Assessment Panel Chair and the Head of School, with an agenda template available on the AASW website, if the Provider would like to utilise. The Provider should consider requests of the panel and the focus of the assessment site visit which will be provided by the Chair approximately a month post the application submission. The Provider can also look at their structures/staffing and inclusions that they believe would assist the panel to understand the detail of their social work program delivery.

It is strongly recommended that the Provider commences the planning for the site visit as soon as the application has been submitted. Once the nominated Chair and panel have met to discuss the application, the Chair will notify the Provider of the site visit focus and request any further information, the agenda can then be refined and confirmed with the Chair. It would be helpful if a campus map and any other information could be provided to the Chair to assist with orientation of the first day. If this information can also include any taxi rank locations and parking areas, including fees if relevant.

At the end of the site visit the Accreditation Assessment Panel will normally hold a concluding meeting where the Chair would outline a summary of their assessment to date, and which may cover:

- Strengths of the program and commendations
- Noting accreditation standards which have been met or not met
- Identification of potential recommendations and conditions that may apply within the final report.

Please note the Accreditation Assessment Panel may note the accreditation decision that the panel will recommend to the Accreditation Council; however, they are not required to provide.



#### 2.11 Accreditation desktop assessment

The AASW may choose to utilise a desktop assessment instead of a site visit in instances of notification of change, e.g., adding online delivery for program. In this case, there is no campus to view and limited details requiring an in-person visit.

In these circumstances the Accreditation Assessment Panel will assess the application and evidence provided depending on the specifics of individual case. The members will note to the Provider any further evidence or information they may require including a timeframe. Depending on the circumstance of assessment, the panel may wish to hold a virtual meeting with key stakeholders to gain clarity of the situation. A report would be drafted and provided for factual checking. The report will then be tabled with the Accreditation Council for final outcome decision and notification communicated to the Provider.

#### 2.12 Accreditation Standards review and approval

A review of the AASW Approved accreditation standards (ASWEAS) for social work education programs will be conducted every five years. The review will consider and determine if the existing standards remain fit-for-purpose to achieve a level of social work graduates who are entering the profession environment competent and confident in their role, with the necessary foundational knowledge, professional attitudes, and essential skills.

A review would be orchestrated by the AASW with the engagement of Providers, students, industry, and sector stakeholders. The Standards will be tabled at the Accreditation Council for endorsement before proceeding to the AASW Board for final approval. Then published on the website with all parties notified of the decision.



## 3 Accreditation Roles and Responsibilities

#### 3.1 AASW Accreditation Assessment Panel

The AASW Accreditation Assessment Panel (the Panel) is the name given to AASW members appointed to act as accreditors of social work programs for the purpose of determining whether the programs demonstrate the required standards for social work education.

The efficacy of the Accreditation Assessment Panels and their decision-making stands as a cornerstone of the accreditation process. Vital to this effectiveness is an unwavering commitment to integrity and a process that remains replicable and consistent, leading to comparable outcomes regardless of the specific Accreditation Assessment Panel involved.

#### 3.2 Appointment of Accreditation Assessment Panel

Accreditation Assessment Panels are AASW members appointed to act as assessors of social work programs for the purpose of determining whether the programs demonstrate the required standards for social work education. The number of Panel members may vary from two to five depending on the focus of the accreditation process and the provider location and context. Each Panel is chaired by an experienced member of AASW Accreditation Assessment Panel Membership.

Previously accredited social work programs are reviewed by a Panel of three members, one of whom will be a chairperson. The Chairperson and one other member will be appointed by the AASW. The names of two other available Panel members will be provided to the Provider Social Work Academic Organisation Unit (SWAOU) so that they may select the third member of the Panel. The member selected by the Provider SWAOU is not a representative or advocate for the Provider SWAOU.

When appointing members of a Panel, the following will be taken into account:

- compatibility of the proposed Panel with the Provider SWAOU
- particular knowledge base relevant to any special needs of the school as identified by the Provider and AASW
- potential conflict of interest
- representation on the Panel of an academic/practitioner with experience as a field educator.

The AASW maintains a register of accreditation assessment panel members from which the panels will be chosen. The AASW will appoint a Panel Chair from amongst those on the register who are identified as qualified to chair a Panel. The panel will be formed given the availability of suitable potential panel members.



#### 3.3 Procedures for appointment

The following steps are required for the appointment of Accreditation Assessment Panel members:

- 1. A call for applications from AASW members will be advertised across a range of platforms as required
- 2. AASW members with a minimum of seven years' experience since qualification can apply for appointment as a Panel member
- 3. Applications should be addressed to the AASW Senior Accreditation Officer at <a href="mailto:education@aasw.asn.au">education@aasw.asn.au</a> and should be accompanied by the member's curriculum vitae and a statement addressing the selection criteria for appointment to the Panel
- 4. Applicants are asked to nominate two referees and the Accreditation may interview applicants regarding clarification or for further information
- 5. Successful applicants will be notified in writing and will participate in an induction process upon their selection.

#### 3.4 Term of appointment

Appointment to the Accreditation Assessment Panel is initially for a period of five years. The Panel Members will be communicated with by the Accreditation team to see if they wish to continue for a reappointed five years. The Accreditation team will ensure that the AASW maintains a current curriculum vitae.

#### 3.5 Chairperson appointment

As noted above under 3.2, the AASW will appoint a Panel Chair from amongst those on the register who are identified as qualified to chair a Panel.

The criteria for selecting a Chair of an Accreditation Assessment Panel may include but are not limited to the following:

- have previous experience as a panel member
- ability in skillfully negotiating with high-ranking executives and management within the realm of higher education institutions
- proficiency in rigorously analysing substantial volumes of data, information and adeptly prioritising tasks
- demonstrated capacity to effectively lead and manage a freshly established team
- comprehensive understanding of social work education within higher education environments
- experience as a social worker or academic of social work programs
- ongoing experience as a panel member with a depth of expertise and knowledge.

The Chairperson's responsibilities include:

coordinating the arrangements and task allocation for the assessment including site visits



- ensuring all timelines are met
- notifying the Provider post initial application review of the site visit- focus and requesting further information
- chairing the site visit meetings
- maintaining the Panel's independence throughout the duration of the assessment, to ensure that the panel conducts themselves ethically and professionally at all times
- coordinating the work of the Panel, including regular briefing of the Panel on arrangements and developments
- recording and documentation of all discussions
- leading the drafting of the initial and final reports
- preparing the accreditation final report for submission to the AASW Accreditation team.

#### 3.6 Members of Accreditation Assessment Panel

The primary responsibilities of accreditation assessment panelists in the accreditation process are to assess whether a program meets each of the Standards, based on the evidence provided. The accreditation process will include, at a minimum, time for reading and analysing the initial submission application and supporting documentation, engagement in an application review panel meeting, attendance at the site visit and collaboration of the draft accreditation report. There may also be time required for evaluating subsequent documentation, for example, responses by the provider to evidence gaps, issues or changes identified by the panel.

#### The Panel members will:

- undertake a rigorous examination and assessment of the program against the requirements of ASWEAS
- be available for and actively participate in all aspects of the review process
- read all documentation in advance of meetings and report writing
- declare any conflict of interest prior to and during the review
- ensure that they do not engage in activities that compromise their roles and responsibilities as reviewers
- take a balanced approach to their roles in the review process as assessors, facilitators and contributors to innovation and enhancement of good practice.

#### 3.7 Independent Experts

In the pursuit of fortifying the accreditation process, the integration of independent experts emerges as a potential strategy, poised to elevate the quality and rigour of professional education programs. The landscape of accreditation is evolving, and with it, the judicious utilisation of external expertise offers a dynamic avenue for enhancing practices and outcomes. The independent experts, for example, may be engaged to review a particular accreditation only, assess the quality of evidence, program design and delivery, quality assurance, and program evaluation or engaged for an appeal process.



#### 3.8 Academic organisational unit (SWAOU)

The Provider SWAOU is the academic unit within a Higher Education Provider responsible for developing and delivering the social work program submitted for AASW accreditation. The SWAOU's responsibilities include:

- declaring any conflict of interest prior to and during the review
- organising arrangements for accreditation site visits and meetings
- providing all information and supporting materials in the agreed format
- meeting the costs associated with the review, including Panel travel, accommodation, meals and all reasonable costs associated with site visits.

Following its initial assessment, the Accreditation Panel may request further information to be provided <u>prior to</u> the site visit. The site visit may be postponed if the documentation is not made available in advance.

#### 3.9 AASW Board

The AASW Board maintains a role in the oversight of the Accreditation Framework and program Standards. The Board will monitor and manage risk with respect to final decision-making processes. The Board will approve the Accreditation Council Terms of Reference.

The final decisions determined by the Accreditation Council of Higer Education Providers accreditation reports will be noted to the Board and in the case of the Council recommending the accreditation of a Provider be revoked, the Board will ensure that due process was followed throughout the Accreditation process by all stakeholders before endorsing the decision or not.

#### 3.10 AASW Accreditation Council

The primary responsibility of the Accreditation Council is to provide oversight of the accreditation process of the Australian Association of Social Workers (AASW) with the objective of ensuring that graduates from social work programs have achieved the professional competencies and learning outcomes identified as necessary for entry into professional practice by the Australian Social Work Education Accreditation Scheme (ASWEAS).

The Council will provide the final outcome decision for all accreditation reports tabled at meetings which will occur bi-monthly across the year. The goal is to maintain consistency and fairness in the accreditation process without interfering with the Panel's autonomy. By maintaining this approach, the Council will contribute to the credibility and integrity of the accreditation framework whilst respecting the expertise of the Assessment Panel members in carrying out their responsibilities.



#### 3.11 AASW Chief Executive Officer (CEO)

Maintaining the overall integrity of the accreditation process is a cornerstone of the CEO's role. By providing oversight of the process, the CEO ensures that the Association adheres to the highest standards of transparency, fairness, and ethical conduct.

Operational excellence is a hallmark of effective educational management. In the accreditation landscape, the CEO has the operational responsibility for the Accreditation Council and the Accreditation Framework. It is the role of the CEO to ensure the AASW commitment to quality is reflected in every facet of the accreditation journey.

#### 3.12 AASW Accreditation team

The Accreditation team employed by the AASW to ensure the completion of the ongoing accreditation cycle for all Providers.

In this role the AASW Accreditation team is responsible for:

- Establish and maintain contact between the Higher Education Provider and the Association
- Providing advice and support to all stakeholders involved in the process
- Completing a desktop assessment in conjunction with the Accreditation Assessment Panel of each submission from the Provider
- Track and schedule the accreditation cycle of all accredited Providers
- Developing templates, guidelines, and training manuals, to assist with the process
- Conducting induction and training of the Accreditation Assessment Panel Members
- Facilitates document management and the accreditation reporting process
- Maintain the register of Accreditation Assessment Panel Members and Chairs, whilst ensuring all members details are current
- Facilitate the ongoing engagement of Accreditation Assessment Panel Members
- Develop accreditation papers for tabling on recent accreditation reports to the Accreditation Council
- Monitor, assess and track the completion of the AASW Provider Annual Reports.

The Accreditation team will work closely and provide ongoing support to the Accreditation Council.



# 4 Accreditation Reporting & Monitoring

#### 4.1 Accreditation draft report

Once the site visit has been completed, the Panel will draft an accreditation report on the findings of the site visit, including recommendations, conditions, commendations, and opportunities for improvement. The draft report will be based on the assessment of the initial documentation, all evidence and further information provided as requested, the site visit and any additional documentation requested by the Panel as post visit follow-up.

The draft report will then be provided to the Provider by the Chair (copied in AASW) for a ten (10) day factual checking period and the Provider may choose to provide a written response if it so chooses. The response is limited to the correction of any errors of fact, to any matters to which a response is specifically requested or to any issue that the Provider feels the Panel may have misunderstood and so are correcting. The draft report additionally provides early sight of the proposed recommendations, commendations, conditions or monitoring requirements.

Any comment or further evidence will be considered by the Accreditation Assessment Panel and the report finalised by the Chair and submitted to the AASW Accreditation team.

#### 4.2 Accreditation final report

Upon the return of the draft report from factual checking the Chair will finalise the report making any final adjustments on the back of the advice from the Provider. The Chair will add the signatures of all panel members and forward the report to the AASW Accreditation team.

The Accreditation team will then submit for tabling the final report to the Accreditation Council for outcome decision. Once an outcome has been determined by the Accreditation Council this will be communicated to the Accreditation team who will then formally notify the Provider of the decision.

#### **Conditional Decision**

Conditions may be placed on a Provider through the final report recommendations, and this may mean a shortened period of accreditation will be applied. Any requirements relating to conditional accreditation will accompany the formal notification of the outcome decision from AASW.

There is more detailed information regarding this accreditation status outlined in the **Guide to Conditional Accreditation** which is accessible on the AASW Website.

#### **Accreditation not granted**

The final report may recommend to not grant accreditation to a Provider. In this case the decision will be made on one or more of the following reasons:

- The social work program application was not deemed to be sufficient by the Accreditation Assessment Panel
- The social work program application does not comply with a number of crucial requirements of the Standards, therefore the Panel and AASW is not confident that the program will deliver the required outcomes
- The Provider is unable to demonstrate that their processes and practices meet the Standard requirements



• That the Panel and AASW do not believe the quality of the social work program and therefore the graduating students are meeting the required Standards.

If a social work program accreditation is not granted, the AASW will notify the Provider of the decision by the Accreditation Council and any specific action or requirements from that decision. The Provider must then:

- Accurately inform current students and prospective students of the program status and decision, therefore noting their ineligibility for AASW membership
- Accurately reflect this decision in any marketing material of the social work program
- Submit a new application for accreditation following a suitable timeframe of making necessary changes or redevelopment to the non-accredited program.

For this instance, discussion would need to take place with the AASW Accreditation team regarding any new submission, timeframe and any new application would need to follow the outlined new application accreditation process.

#### **Accreditation revoked**

The accreditation of any social work program may be revoked by the AASW after serious consideration. If TEQSA instituted any serious investigation or revoked the Provider accreditation this would have serious repercussions on their AASW accreditation.

When a decision is made to revoke, this would mean that the social work program is no longer considered accredited, and students would need to be advised of this decision and all marketing materials reflect this decision. In this case, a Provider may choose to initiate the accreditation process after a period of time and the process would recommence from the beginning of the process, with a successful outcome resulting in a Provisional accreditation outcome.

#### 4.3 Accreditation status publication

The AASW maintains a listing of accredited programs on its website, which is updated post the Accreditation Council outcome decisions. Each program is provided with an accreditation expiry date which is captured in an AASW database. For an initial program, the expiration date will be the date of the Accreditation Council decision.

The Provider is responsible for maintaining on their published material the accurate accreditation status of each social work program. The Accreditation team will provide for new and fully accredited programs the logo which can be utilised on the Providers website. From time to time the accreditation status currently displayed by Providers will be monitored by the AASW.

The AASW requires that the Provider's publications and marketing material correctly displays an acknowledgement of accreditation for each accredited program.

This is an AASW-accredited qualification. It is an entry qualification into the social work profession and has been determined to meet the Australian Social Work Education and Accreditation Standards.



#### 4.4 Accreditation Annual report

The Annual report is a mandatory document which is requested each December from the Provider by the AASW Accreditation team. The template for this can be located on the website and will be included in communication from the AASW requesting its completion. The Social Work Academic Organisation Units are requested to nominate any changes or developments which have occurred over the previous twelve months. The Annual reports for the accreditation cycle will be provided to the Accreditation Assessment Panel as part of the evidence for any program assessment.

The AASW Accreditation Officer will review and track the provision of the annual report and will identify any risks or concerns at an early stage for addressing within the accreditation cycle. The AASW Accreditation Team may request further information to clarify, if noted or proposed changes significantly impact or may impact the existing accreditation or the Providers ability to provide the course as accredited.

There may be instances identified through the annual report that a planned or future change brings into question whether a program will continue to meet the accreditation standards. In this instance it may be appropriate for a monitoring or condition to be imposed, such as a report to be submitted or a further review to be undertaken.

#### 4.5 Accreditation Monitoring

There may be an occasion where the AASW receives a concern which may bring into doubt certain aspects of whether an accredited social work program continues to meet the accreditation standards. The AASW will consider such concerns and undertake further investigation where appropriate. In those instances, the AASW will inform the Provider of the basis for the concern and the Provider will have the opportunity to respond. The outcome would note any action that may be necessary, and this may result in monitoring requirements or undertaking a desktop review or site visit.

The AASW reserves the right to apply conditions or additional monitoring requirements to a social work program at any time if a serious risk or identification occurs where the program no longer meets the standards. At all times the Provider would be kept informed of the process being undertaken.

#### 4.6 Accreditation Appeals process

Once a final decision is made and the Provider has been notified of the outcome formally, the Provider has the right to appeal the accreditation process or outcome within thirty (30) business days. This process is detailed in the AASW Accreditation Appeals Policy which is accessible on the website and outlines the process in detail.

An appeal may be sought on one or more of the following grounds:

- a) Relevant procedures when making the initial accreditation decision were not observed
- b) Relevant and significant evidence or information was not considered (or not properly considered) in making the initial accreditation decision
- c) Irrelevant information was considered in making the initial accreditation decision



- d) An error was made in relation to a finding on a material fact  $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($
- e) The manner in which the accreditation process was conducted was procedurally unfair.

The AASW does apply a fee for this process.



## 5 Accreditation Stages

#### **Overview of stages**

The process for the review of AASW-accredited social work programs is divided into six stages. The stages for all accreditation categories are as follows:

- 1. Planning
- 2. Initial review
- 3. Site visit including preparation and response
- 4. Draft report and provider response
- 5. Ratification of final report
- 6. Appeal process

#### 5.1 Stage 1: Planning

#### 1) Initiating the review

A review of a <u>previously accredited program</u> starts with:

- 1) a written reminder from the AASW to the SWAOU at least 12 months prior to the expiry of the current accreditation period
- 2) confirmation by the SWAOU that it seeks accreditation.

For HEPs seeking <u>provisional accreditation</u> of a program the review is initiated by an application to AASW at least 12 months before the program is to be offered by the SWAOU. Application forms are available from the AASW website.

#### 2) Process management

The planning process involves the SWAOU and AASW staff until such time that an Accreditation Assessment Panel and Chair are appointed. At that point the details of the review are largely managed by the SWAOU and the Panel, consistent with this document, with AASW staff providing process and policy support and advice as needed.



#### 5.1 Stage 1: Planning

At the conclusion of Stage 1, all parties will be contracted to the accreditation review, dates for the site visit will be agreed and the SWAOU and the review Chairperson will work together to plan the remaining details of the review.

Party responsible	Activity
AASW Accred Team	Twelve months prior to expiry of accreditation period
or	Previously accredited program: notify Provider of impending expiry of current accreditation and invite intent to submit, including any information relevant to special needs of the program.  New Program: notify the AASW of proposal to apply for accreditation of
Provider/SWAOU	new Program. Hothly the AASW of proposal to apply for accreditation of new social work program, including as much detail as possible.  New Provider: AASW will convene a virtual meeting to discuss the accreditation process.
Provider/SWAOU	Completes and forwards to AASW for program accreditation, reaccreditation or provisional accreditation an <b>Intent to Submit</b> form, indicating any particular requirements of the Program for Panel knowledge.
AASW Accred Team	Acknowledgment of Intent to Submit and provided with links to Accreditation Application template and Appendices.
Provider/SWAOU	Commence preparation of application and provide suggested dates for submission and site visit.
AASW Accred Team	Confirm with Provider duration of site visit and panel size.  Identify available members for the Accreditation Assessment Panel.  Suggest names for the Provider to select third panel member.
Provider/SWAOU	Selection of third Accreditation Assessment Panel member.
AASW Accred Team	Confirm the Accreditation Assessment Panel members, including Chair. Confirm site visit dates and application due dates. Distribute contact information and details to Panel members, Chair and Provider SWAOU.
AASW Accred Team	Prepare and distribute contracts to Provider and Accreditation Assessment Panel members.
Provider/SWAOU	Return completed contract agreement.
Panel Members	Return completed contract agreement.
AASW Accred Team	Confirm to Provider the Panel Members who require a hard copy of application submission.



#### 5.2 Stage 2: Initial review

The initial review enables the Panel to evaluate the program based on the documentation submitted by the Provider. It provides an opportunity for the Panel to seek clarification of details from the Provider and to then prepare and note to the Provider the focus of the site visit and where further information is required.

At least eight weeks before the scheduled site visit, the Provider will forward its application to AASW for distribution to the Accreditation Assessment Panel for assessment.

The Accreditation team will provide to the Panel copies of

- Annual Reports for the duration of the accreditation cycle received from the Provider
- Compliance requirements/recommendations of the prior accreditation report, any conditions applied by AASW or TEQSA.

The AASW Accreditation team will support the Provider with any additional advice regarding accreditation requirements during the process.

Party responsible	Activity
Provider/SWAOU	At least eight weeks prior to site visit, submit application and supporting evidence to the AASW and distribute to the Accreditation Assessment Panel Members.
Provider/Chair	Finalise all administrative details for travel, accommodation.
	Commence the draft site visit schedule
Panel Members & AASW Accred Team	Assess the Provider application, prepare notes on initial thoughts, findings and details requirements for further information required prior to or at site visit. Note the themes for focus of site visit.  A virtual meeting is convened of AASW Accreditation team and Panel members and is Chaired by the Chairperson.
Chairperson	Provides feedback to the Provider HoS on the initial response, findings, requests any further information and details the focus of the site visit.
Provider/Chair	Collaborate and work to confirm the site visit agenda.  Agenda distributed to all parties.
Provider/SWAOU	Compiles further information requested by Panel and submits to the AASW and Accreditation Assessment Panel members.
Panel Members	Meet virtually to discuss the further information submitted and finalise site visit details.
AASW Accred Team	Provide the Chair with the template for Final Report and any further information if requested.



#### 5.3 Stage 3: Site visit

Please see *Appendix 1 Site Visit Supplement* for further information to assist with the site visit.

The Accreditation Assessment Panel Chair and Provider Head of School (HoS) are responsible for preparing the meeting agenda. It is important to ensure key stakeholders are included in the site visit to provide a balanced overview of the social work program and to allow the opportunity for the Panel to clarify statements made within the accreditation application and to answer questions raised through the supporting documentation.

Party responsible	Activity
Chair/Panel	Panel will meet upon arrival (normally night before site visit commences) to develop protocols, allocate tasks, and identify key questions to explore with the Provider, SWAOU and stakeholders.
Provider SWAOU and Panel	Site visit activities as scheduled.  Provider to supply additional information requested by the Panel  Panel to advise the Provider SWAOU of initial findings including areas of non-compliance that will require attention over the next accreditation cycle or within a timeframe if conditions are suggested.
Chair/Panel	Review the site visit outcomes, confer on revision of decisions and recommendations of assessment report.  Collaborate on the completion of the draft final report.
Chair & AASW Accreditation team	Notify Accreditation team on initial findings, including any areas of non-compliance and overall view of site visit.



#### 5.4 Stage 4: Draft report and provider response

The primary focus of the accreditation report is on whether the social work program meets, or is capable of meeting, the ASWEAS criteria.

The final decision of the Review Panel on accreditation of the program should be unanimous and the report co-signed by all members. In the event that the Panel cannot agree, the Chairperson will request that AASW appoint a mediator to assist.

Party responsible	Activity	
Chair	With input from the Panel members, complete draft final report and distribute to the Provider for factual checking period of ten (10) business days.  The draft final report is provided to the Accreditation team.	
Provider SWAOU	Provide response to the Chair at end of timeframe. Please copy the Accreditation team into any response.	
Accred Team	Review report and request clarification where required.	
Chair	Review the response and make adjustments if required and agreed.  Finalise assessment panel report and confirm recommendations, conditions or opportunities for improvement. Consult with AASW staff on recommendations if required.  Submit final report to the AASW Accreditation team	

#### 5.5 Stage 5: Ratification of report

The final review report is considered by the AASW Accreditation team who then prepare a Decision Paper for the AASW Accreditation Council. The Decision Paper will include a summary of the review process.

AASW CEO and Accreditation team may assist the Panel Chairperson in the formulation of a clear recommendation statement. Accreditation may have conditions awarded or no accreditation awarded, if the report identifies areas of non-compliance with ASWEAS.

Following the Council's ratification of the Panel's recommendation for accreditation the AASW Accreditation team will advise the Provider, SWAOU and Accreditation Assessment Panel of the outcome of the accreditation review.

Party responsible	Activity
Accred Team	Consult and advise Panel Chair on the recommended outcomes of the accreditation assessment.  Provide the AASW Council Executive Officer with final accreditation report and Decision Paper to be tabled at Accreditation Council for final outcome decision.
Accreditation Council	Consider tabled accreditation final report and Decision paper including the Accreditation Assessment Panel recommendations.  The Council determines if Provider has met the required standards through the Panel assessment and report and that all required accreditation procedures were followed.
AASW CEO	Advise the Accreditation team of final outcome decision of Council
Accred Team	Formally notify the Provider SWAOU and Accreditation Assessment Panel members of the Accreditation Council outcome decision of the accreditation assessment.  Note the final decision on internal AASW database and AASW website.

#### 5.6 Appeal process

Please see Section 4.6 of this document or the AASW Appeals Policy for further information regarding this process.



#### **Appendix 1: Site Visit Supplement**

This supplement is to assist in the preparation of the site visit schedule prepared by the Provider and Accreditation Assessment Panel Chair.

The Provider is to prepare a list of names and titles of attendees for each meeting to assist the panel and to assist with details of the report. (A draft schedule is accessible on the AASW website) The final agenda will be developed in conjunction with the Chair and each schedule will differ according to the focus identified for the site visit and availability of parties. The Provider should try to ensure that all requested parties are available for the time period of the site visit.

The accreditation site visit should provide opportunities for interactive and comprehensive discussions with staff, students and all relevant stakeholders to allow them to represent their views and so the Panel have the chance to verify statements made within the application.

It is important that all parties are encouraged to speak freely and provide honest answers to questions from the Panel. There is also the need to ensure that the Panel have suitable time during the course of the visit for confidential discussions to review and reflect on their observations and findings over the course of the site visit.

#### **General Venue**

It is always good to have a dedicated room which is assigned to the Panel for the duration of the site visit and have as many sessions as possible within that assigned room to reduce the level of time lost in transit moving locations. It is very helpful to have displayed or requested documentation and student materials ready in this room and available for the entire site visit. The Panel additionally like to often have a full set of the application documentation provided at the site visit for reference.

To assist with the running of the site visit, the following equipment if available may be provided in this room:

- Computer with USB capability, internet access and access to Provider website, learning management platform etc
- Access to printing facilities if required
- Ability to hold virtual meetings or presentations for utilisation if required.

#### **Liaison Staff**

It can be very helpful during the site visit to have the assistance of a Provider staff member to act as liaison for the Panel for additional requests regarding documentation, unscheduled meetings, changes to agenda or general questions.

Typically, an administrative staff member would take on this role for the duration of the site visit, and they may assist the Panel in navigating the campus or completing printing as requested.

The Academic Lead or senior member of the social work team may also act as a resource for the Panel to provide further information if sought regarding the program delivery. The same staff member is often in attendance at all meetings except for student or graduate meetings and possibly the field educator discussions. This assists in the transparency of the site visit and provides additional support for the Panel.

#### Opening Session with leadership team, including Vice Chancellor/Deputy Vice Chancellor/CEO

The purpose of this meeting is to establish the position of the Social Work discipline within the Provider overall structure. The Chair will confirm the agenda, participant attendance and raise themes identified for further discussion. The Panel will discuss issues with regards to leadership, strategic positions, staffing



design, frameworks for setting and monitoring educational outcomes and staff management and development.

Panel members may look at the overall education culture at a Provider level and items such as diversity, gender, culture and social differences, marketing position for program, partnerships. The Panel will also evaluate the requirements for program approval and how the Provider ensures quality of teaching and learning.

The Dean or Head of School may wish to commence this session with a brief (no more 10-15 minutes) presentation on the Provider and where the social work program fits in. The Panel then has the opportunity to ask questions around educational design, review and continuous improvement processes, leadership, research, industry engagement, targeted outcomes and structure of the program.

#### Concluding Session with leadership team and senior academic staff

A concluding session on the final day of the site visit will provide an opportunity for the Panel to present a brief summary of progress towards the interim recommendation(s) or conditions, the Panel intends to make regarding the accreditation and note commendations and any opportunities they may like to suggest continuing the improvement for the program for the next accreditation cycle.

Discussion at this meeting should encourage correction of any factual errors, and specifically address any issues of contention. A formal decision is not announced at this time as this is for the Accreditation Council to determine, and the Panel may choose not to present interim recommendations at this time, as they need to discuss further, it is at the Panel discretion.

#### **Meetings with Program Leaders**

In this session, the Panel will have a detailed discussion with staff members such as Program Coordinator/Director or Convenors who have specific accountability for leadership of the academic teaching team(s) for each of the programs seeking accreditation.

In this session the Panel may wish to discuss particular interests such as:

- Program objectives, graduate outcome targets
- Program design, including field education set up and format
- Student profile
- Staffing levels to support the delivery of the program
- Quality systems
- Detailed curriculum mapping against graduate attributes
- Industry or Course Advisory input
- Students input into the processes of continuous improvement and how their voice is included.

It is requested that the Head of School and Program Leaders be on call during times of private meetings of the Panel, in order to respond to any specific query or concern that may arise.

#### Meetings with academic staff

These sessions all full-time academic staff may be included who deliver the program. If the delivery is across multiple sites please include others, however if the Panel are to visit other sites, the Panel will talk to a similar group at each site. Each program will be evaluated in detail at this meeting, with the Panel discussing program structure, unit/subject content, graduate profiles, research, field education, program objectives, required curriculum and staffing, among other areas.



A further session may be required with academic staff after meetings have been held with other groups as additional information may be sought by the Panel to clarify or verify statements. The Panel will notify relevant stakeholders as the site visit proceeds.

If the accreditation application is for more than one social work program, it may be appropriate to discuss each program separately, especially if one is reaccreditation and one application is for new program delivery. This allows the Panel to maintain clear parameters around each program.

#### **Field Educator team**

This session will enable discussion of themes relating to the field education placement component of the program. It may also include representatives from employers which partner with the Provider for placement completion.

The Panel may wish to discuss:

- Induction, training and support from the Provider of the field educators
- Roles and responsibilities of all parties and the process for placements
- The delivery and sequencing of the practice education components of the program
- The Provider requirements regarding assessment of students during their placements, including assessment tool (if a particular platform a short demonstration may assist)
- The support provided to placement staff and students if the student is at risk of failing
- How the Provider overcomes the challenges associated with finding placements especially if more than one program
- The levels of internal and external supervision which occurs
- Are there themes regarding the skills and knowledge of the students undertaking placements
- Documentation requirements of both students and educators during the placement
- Any other issues that the Panel wish to clarify from the application.

This session usually occurs without Provider staff present to allow educators willingness to share their views.

#### **Student Support and resources**

The Panel welcomes the opportunity to meet with the student support services staff, to gain an insight into the services offered to students. These services may be for students who are struggling academically due to curriculum or English language especially international students, or it may be for wellbeing support, mental health or general assistance.

This may also be a good opportunity for the Panel to discuss with staff regarding the engagement of community representatives or development in relation to the Aboriginal and Torres Strait Islander Peoples required curriculum content and involvement generally with the Provider.

#### **Campus Site Tour**

During the site visit a tour of facilities should be planned with staff available for discussion. This provides an opportunity for the Panel to see and meet the Librarian or to inspect classrooms, simulation labs or practical labs and learning and teaching support facilities that students may require, and that were noted in the application.



#### **Student Work**

Often at a site visit the Panel will view education materials and deidentified student work examples, which should be made available at the site visit.

Representative examples of teaching and learning materials, resources and samples of assessment materials and marked student work from units/subjects across the relevant program and year levels. Material should be provided in all aspects of the program and especially where the Provider notes 'capstone' or 'advanced'.

Any materials should be clearly identified for year levels and units and displayed in order to demonstrate the delivery of the full range of graduate attributes especially field education and practical skills. The Panel would expect to have access or viewing of the student learning management system in place to assess the student experience.

It can assist to have records of proceedings of the following organisational School entities which may be relevant:

- Faculty/School Teaching and Learning Committee
- Academic Board
- Student Consultative Committee or similar
- Faculty/School/Course Industry Advisory Committee
- Any Program Student Evaluation that the students may complete
- Any records that reflect follow up action from meetings held regarding the program to see the process for continuous improvement.

#### **Students and Graduates**

The Panel will request to speak with current students (across all levels of program) and graduates from the program. The Panel may wish to convene these meetings separately, so please discuss with the Chair when planning. The Provider should attempt to invite graduates who are currently working in the social work sector rather than those that moved into further study, however, again please discuss with the Chair in the planning phase.

The Panel will meet with the students without any academic staff present and all comments are treated with the strictest confidence. The report format will not identify any individual or sub-group of the student body.

#### Catering

The Provider is asked for the duration of the site visit to provide catering for the Panel, this would be to cover lunch, morning and afternoon teas. The Chair is able to advise the Provider of any dietary requirements of the panel.

The Panel quite often will use the lunch period to discuss their observations thus far in private, however it may be used to invite the Course Advisory Committee members to join the Panel for a discussion.

There is no expectation on the Provider to arrange a joint dinner for the Panel and academic staff, with the preference of the AASW being that this not occur to maintain a level of independence during site visit. As stated above under Section 2.9 and in the Provider Contract, any expenses incurred by the Panel are to be reimbursed by the Provider and arranged via the individual panel members.



#### **Appendix 2: Accreditation Assessment Considerations**

Please note this is not an exhaustive listing. However, a guide to assist with planning, please contact the AASW Accreditation team when planning any change to your social work programs.

Accreditation Descriptor		Assessment Process Requirement
New Pr	ogram Delivery	
a)	New Provider & new course	Application and 1.5 - day site visit
	(Provisional Review)	(2 Member Panel)
b)	Existing Provider & new course	Application and 2-day site visit
	(New Course will be Provisional)	(3 Member panel)
c)	Existing Provider existing accredited course	Application and desktop review
	added to dual degree	(scale will depend on submission details)
Reaccre	editation (Existing Providers)	
d)	One program	Application and 2-day site visit
		(3 Member Panel)
e)	Two or more programs	Application and 3-day site visit
		(3 Member Panel)
Program	n Expansions (Existing Providers)	
f)	Addition of online delivery for existing	Application and desktop review
	accredited course	
g)	Existing accredited online program delivery	Application and potential 1- or 2-day site visit
	and adding face-to-face delivery for same	(dependent on submission scale)
	program	
h)	Additional new delivery location to existing	Application and desktop review and/or potential site visit
	accredited program.	(Dependent on how resources are being coordinated,
		centrally or whole new team)
i)	Significant restructure of existing	Application and desktop review
	accredited program	(scale will depend on submission details)
	(Change may be noted through the Annual	
	Report & Provider contacted by AASW)	
j)	Expansion (new delivery method or	Application and desktop review
	location) is not of provisional status and the	(scale will depend on submission details)
	program must have no conditions placed	
	on it.	

#### For Program Expansions (Discussion to take place with AASW Accreditation Team)

The AASW advises that for accreditation purposes, a formal submission containing further information about the proposed expanded Program or notification of change is required. The program looking to be expanded should have no conditions placed on its accreditation status and not be within provisional status, it should have completed at least the initial cohort.

This is consistent with other ASWEAS review precedents. This submission will be reviewed by members of the AASW Accreditation Assessment Panel, with a recommendation to be presented to the AASW Accreditation Council.

Following discussion with the Accreditation team it may not require a full review of existing program and curriculum where expansion/change is to occur, rather specific information about the expansion/change is requested. AASW will provide the Panel with the last submitted annual report(s) and last accreditation review report to assist with decision making.

It is required that the submission for expansion include the following information:

- 1. Background information about the program such as locations, school design and student numbers.
- 2. Rationale for expansion.
- 3. Projected timing plans for roll-out, and projected student numbers.
- 4. Plans for staffing and social work EFT, across the full SW program across proposed against the ASWEAS.
- 5. Information about teaching and shared modes of teaching across campus locations etc.



- 6. Planning and support for Field Education.
- 7. Plans for governance and course coordination.
- 8. Information about teaching and learning facilities.
- 9. Any other relevant information i.e. proposed new MSW(Q)

This submission can be presented on Provider Letterhead. Use of a particular AASW report template is not required. An accreditation review fee will be payable for this review. This will be contained in a contract and invoiced to the Provider.

Notification of Change (Existing Provider)	Assessment Process Requirement
Change to program offering	Application and desktop review
	Depending on the size and details of the change the convening of an Accreditation Assessment Panel may
	be required.

The AASW supports continuous quality improvement and realises that over an accreditation period a program is likely to undergo change. Higher Education Providers are requested to notify the Accreditation team either through the Annual Report (each December) or earlier within the year if significant change has occurred. The AASW is to be immediately notified by the Provider if the TEQSA or another regulator proposes or commences as investigation, implementation of conditions or changes the Provider accreditation status.

Suggested other significant changes which should be noted, and which have occurred since your previous accreditation review include (but are not limited to):

- Change to course structure.
- Introduction of new units of study since your last accreditation cycle or replace units submitted within the previous course accreditation.
- Change to course objectives, duration, format, structure, or delivery mode.
- Addition of an existing accredited course to a dual degree.
- Additional new location for delivery.
- Change to academic staff delivery team or SWAOU or governance or organisational structure within the provider.
- Course/unit codes or names.
- If a course is moving to or has moved to teach out status. (If so, please provide a teach out plan)
- Field Education changes to structure, governance, and arrangements of the Field Education component of program delivery.



#### Appendix 3: Program Reaccreditation & New Program Accreditation

## 2. Prepare the application

- readiness to proceed submission HFP notifies AASW of intent to seek
- AASW of intent to offer new program. AASW provides information to discuss process requirements.

accreditation or

Provider will notify

1. Assess

HEP submits preapplication intent to submit form

and format

AASW confirms HEP is ready to proceed with application.

- 5. AASW communicates with HFP of approach to accreditation &
- HEP prepares and submits application submission with "Statement of Support" from HEP Senior Executive
- Contracts arranged by AASW and signed by HEP.

#### 3. Appoint the review panel and Chair

- AASW selects Accred Assessment panel members and Chair
- HFP nominates third review panel member from nominated pool members
- 10. Following appointment of Panel and Chair, AASW provide information on assessment process

#### Conditions:

- Full accreditation is normally granted for up to five years
- Process applies to domestic programs
- Reaccreditation and new program accreditations may be conducted jointly
- MSW (O)/BSW programs preferably accredited at the same time regardless of level of integration

#### 4. Desktop review

- 12. Assessment Panel & AASW assesses program compliance, risk and outcomes evidence
- 13 AASW and Panel decide if site visit should proceed or not
- Where applicable. AASW provides noncompliance notification to HEP with opportunity to respond
- Assessment Panel assesses application prior to site visit considering: program coherence and potential shifts in focus
- Panel & Accred team meet to discuss application initial findings
- 17. Chair provides initial thoughts on application to HEP, requests further information & focus of site visit.

#### 5. Site visit

- 18. HEP and Chair identify key stakeholders for meetings
- 19. Chair collaborates with HEP to prepare site visit agenda schedule
- Assessment Panel assesses information received and with panel identifies format and allocates tasks of site visit
- 21. Assessment Panel briefs HEP senior executive and conducts site consultations
- 22. Assessment Panel presents initial findings to HFP Snr Exec & discipline team.
- 23. HEP invited to address compliance and related issues prior to panel drafting final report
- Assessment Panel debriefs AASW post site visit.

#### 6. Final report

- 25. Accreditation Panel Chair prepares draft final report
- 26. Chair and panel consider and confirm draft report
- 27. HEP receives draft report for factual checking purposes
- Chair finalises report
- Final report confirmed by chair and panel
- Chair provides report to AASW Accred team
- 31. Accred team draft Council papers, provide to Executive Officer, & CEO for tabling Accreditation Council.

#### Categories of accreditation:

- Full accreditation
- Provisional Accreditation
- $\square$ Conditional accreditation

#### 7. Ratification of report by Accreditation Council

- 32. Accreditation Council advises CFO of its decision (within remit)
- 33. CFO advises AASW Board, & Accred team
- 34. Accred team advise HEP and Panel of the decision
- 35. Where a decision is made by the Accreditation Council to revoke accreditation, the Accreditation Council makes a recommendation to the AASW Board
- The AASW Board verify that due process was correctly followed throughout the Accreditation process by all stakeholders in the decision-making process.

#### **Appendix 4: Program Variation**

#### Variations:

Substantial change in program elements, balance and sequence:

- Extended/restructured program
- Existing program at an additional campus
- Change in delivery mode
- Change of program title
- Significant changes in content

# 1. Assess readiness to proceed

- HEP notifies AASW
   of change to
   accredited program
- 2. AASW provides information on submission requirements
- 3. HEP submits intent to submit form
- AASW confirms HEP is ready to proceed with application.

# 2. Prepare the

application

Conditions:

- 5. Accred team advises
  HEP of proposed
  approach to
  accreditation
  (including
  documentation and
  whether a site visit is
  required)
- 6. Accred team to assist HEP
- 7. HEP prepares and submits application with "Statement of Support" from HEP Senior Executive
- AASW appoints independent expert assessor(s) or Panel
- Contract signed for all parties.

#### 3. Independent expert assessor(s) conduct review

Reaccreditation and new program applications may be submitted at the same time

Flexible process would aim to reduce the time and costs involved for all parties

On application within current accreditation period

Remains in cycle with existing program

May include variations in accreditation period

- 10. Desktop assessment of program compliance risk and outcomes evidence
- 11. Focus on alignment with ASWEAS objectives
- 12. Assesses quality of evidence (robust, valid, auditable)
- 13. Independent
  Assessor or Chair
  notifies HEP if
  additional
  information required
- 14. Site visit conducted if required
- 15. Assessment report prepared and submitted to AASW
- 16. Accred team provides report to HEP for factual checking
- 17. Independent
  assessor(s) or Chair
  prepares final report
  & sends to Accred

# 4. Ratification of report by Accreditation Council

- 18. Accred team prepare Accreditation Council paper and provides with report to Executive Officer & CEO to table at next Council meeting
- 19. Accreditation
  Council advises
  CEO of its decision
- 20. CEO advises AASW Board, and Accred team of decision
- 21. Accred team notify HEP, and independent assessor/Chair of the decision.

#### Categories of accreditation:

☑ Approved / not approved

#### **Appendix 5: Program Conditional Accreditation**

1. Assess

readiness to

proceed

1. Last accreditation cycle

accredited with

has Provider program

conditions approved.

Accreditation team

coordinates with

format.

Provider the process

# 2. Prepare the application

- 3. HEP prepares and submits application submission with "Statement of Support" from HEP Senior Executive
- 4. Contracts arranged by AASW and signed by HEP

# 3. Appoint the review panel and Chair

- 5. AASW convenes the original assessment panel members and Chair
- Following appointment of Panel and Chair, AASW provide information on assessment
- AASW and Panel decide if site visit should proceed or not (dependent on conditions)
- Contracts signed.

#### Conditions:

- Previous accreditation assessment the Council outcome approved conditions on the program
- Conditions are normally placed on a course for a limited duration, to allow the Provider time to correct
- Process applies to domestic programs, which may have international components.

# 4. Desktop review

- Panel & AASW
  assesses program
  compliance, risk and
  outcomes evidence
- 10. Where applicable,
  AASW provides noncompliance
  notification to HEP
  with opportunity to
  respond
- 11. Assessment Panel assesses submission against the conditions set
- 12. Panel & Accred team meet to discuss initial findings
- 13. Chair notifies HEP initial assessment of application, site visit focus & further information required.

# 5. Site visit (If required)

- 14. Provider and Chair identify key stakeholders for meetings
- 15. Accred Panel Chair collates and HEP discuss meetings that are required
- 16. Assessment Panel will notify HEP of initial findings.

#### 6. Final report

- 17. Accreditation Panel Chair prepares draft final report
- 18. Chair and panel consider and confirm draft report
- 19. HEP receives draft report for factual checking purposes
- 20. Chair finalises final report- post feedback
- 21. Final report confirmed by chair and panel
- 22. Accred team draft
  Council papers and
  provide to CEO &
  Executive Officer for
  tabling to
  Accreditation Council.

# 7. Ratification of report by Accreditation Council

- 23. Accreditation
  Council advises CEO
  of its decision
  (within remit)
- 24. CEO advises AASW Board, & accred
- 25. Accred team advise
  HEP and Panel of the
  decision
- 26. Where a decision is made by the Accreditation Council to revoke accreditation, the Accreditation Council makes a recommendation to the AASW Board
- 27. The AASW Board verify that due process was correctly followed throughout the Accreditation process by all stakeholders in the decision-making process.

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