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EQAVET Training Curriculum

EQAVET training curriculum is based on the EQAVET building blocks and the needs of the partners in the TVLC project

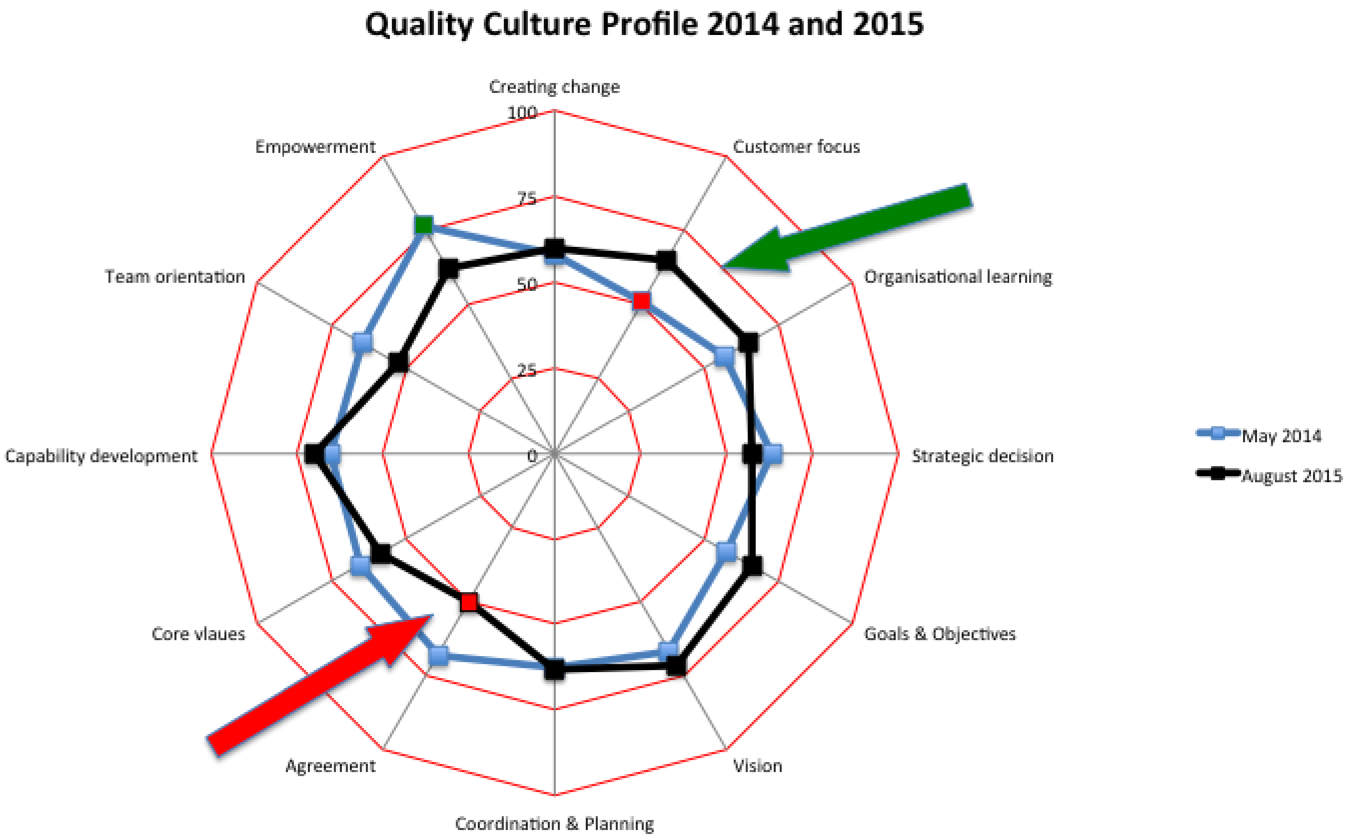
Co-funded by the Erasmus+ Programme of the European Union

Module 1	Identifying actions for improving for Quality Culture.	01 Management Culture

All organisations of social service providers have a quality culture. Many organisations have come to understand just how important the quality culture is for successful and sustainable implementation of the quality system. The Quality Culture Assessment (QCA) instrument is designed to assess strengths and weaknesses of the quality culture as they apply to the performance of the social service provider. The QCA is based on the theoretical framework of dr. R. Quin and the methodology of Organisational Culture Assessment by dr. D. Denison. The QCA is a survey with 60 items that measure specific aspects of an organisation's quality culture in four traits and twelve management practices which can be considered and key factors for organisation quality culture. The key questions of a Quality Culture Assessment Instrument are expressed in four dimensions: Internal orientation, vs. external orientation and flexibility vs. stability. Each of these dimensions is further broken down into three indexes. These indexes describe specific behaviours to make the results both relevant and actionable in your organisation.

	Time	What	Objectives	Materials
1	15 minutes	Introduction	Getting to know each other	-
2	20 minutes	Introducing the concept of organisational and quality culture.	• Understanding the dimensions and aspects of organisational culture	PowerPoint
3	20 minutes	Explanation of the: 1. theoretical framework 2. construct of the survey 3. interpretation of the spiderweb diagram 4. interpretation of the bar diagrams	• Understanding the theoretical framework of R. Quin • Understanding the dimensions of the model of R. Quin • Understanding how the dimensions are operationalised in Quality related behaviour indicators • Understanding the results of Quality Culture Assessment	PowerPoint
4	15 minutes	Introduction of a case study	• Understanding the relationship between the Quality Culture aspects • Understanding the impact of the Quality Improvement Activities	PowerPoint
5	30 minutes	Workshop in small groups of 4 persons per group: 1. Discuss organisational profile (August 2014) and the details for the aspect “Agreement”. (See: Annex 1 and Annex 2) 2. Formulate objectives and 3 concrete actions for the team to improve the performance on the Quality Culture aspect “Agreement”. 3. Record the objectives and improvement actions on the “Collect sheet”. (See: Annex 2)	• Identifying concrete actions for improving performance on the Quality Culture Aspect ‘Agreement’	Annex 1 Annex 2 Annex 3
6	30 minutes	Presentation: The Trainer will explain what activities have been carried out to improve the Quality Culture of this organisation. The trainer will also show the results of the intervention on the Quality Culture Profile.		PowerPoint

Module 1: annex 1: Quality Culture profile



Module 1: annex 2: Quality Culture performance: Agreement

Module 1: annex 3: Collect sheet

Objective	Action

Module 2	Cause-Effect-Analysis “Method 5 times WHY”	04 Support Traff training

The 5 Whys technique was developed and fine-tuned within the Toyota Motor Corporation as a critical component of its problem-solving training. Taiichi Ohno, the architect of the Toyota Production System in the 1950s, describes the method in his book Toyota Production System: Beyond Large-Scale Production as “the basis of Toyota’s scientific approach by repeating why five times, the nature of the problem as well as its solution becomes clear.” Ohno encouraged his team to dig into each problem that arose until they found the root cause. “Observe the production floor without preconceptions,” he would advise. “Ask ‘why’ five times about every matter.”

5 Whys is an iterative interrogative technique used to explore the cause-and-effect relationships underlying a particular problem. The primary goal of the technique is to determine the root cause of a defect or problem by repeating the question "Why?" Each answer forms the basis of the next question. The "5" in the name derives from an anecdotal observation on the number of iterations needed to resolve the problem. Not all problems have a single root cause. If one wishes to uncover multiple root causes, the method must be repeated asking a different sequence of questions each time. The method provides no hard and fast rules about what lines of questions to explore, or how long to continue the search for additional root causes. Thus, even when the method is closely followed, the outcome still depends upon the knowledge and persistence of the people involved.

It’s important to note that the purpose of the 5 whys isn’t to place blame, but rather to uncover the root cause of why something unexpected occurred. Additionally, it helps a team create small, incremental steps so that the same issue doesn’t happen again (to anyone).

	Time	What	Objectives	Materials
1	20 minutes	Introducing of the ‘5 time WHY-method’. Explaining the steps for applying the ‘5 times WHY-method’ Proving an example of carrying out the ‘5 times WHY-method’	• Understanding the ‘5 time WHY method’ as method for Cause-Effect-Analysis • Understanding the methodology that has to applied in the ‘5 times WHY-method”	PowerPoint
2	30 minutes	Workshop in small groups of 4 persons: Apply the ‘5 times WHY-method’ for the 4 cases below (see annex 1):. 1. The VET provider has a high percentage of Drop-outs of students! (Drop-out is defined as: a student that stops the training program before it is completed) 2. A high number of students do not show up at lessens on Wednesday. ("no show" id defined as: “not being present at the lessons”) 3. Less than 40 % of the service users will get a job after completion of the training program. (a job is defined as a contract for employement for min 20 hours a week) 4. Less than 40 % of the family members of service users show up at the information events of the VET provider.	• Practicing the “5 times WHY” method	Annex 1

Module 2: Annex 1: Assignment

Apply the ‘5 times WHY-method’ for the 4 cases below:

1. The VET provider has a high percentage of Drop-outs of students! (Drop-out is defined as: a student that stops the training program before it is completed)

2. A high number of students do not show up at lessens on Wednesday. ("no show" id defined as: “not being present at the lessons”)

3. Less than 40 % of the service users will get a job after completion of the training program. (a job is defined as a contract for employement for min 20 hours a week)

4. Less than 40 % of the family members of service users show up at the information events of the VET provider.

Module 3	Cause-Effect-Analysis “Fishbone diagram”	04 Support Traff training

The fishbone diagram identifies many possible causes for an effect or problem. It can be used to structure a brainstorming session. It immediately sorts ideas into useful categories. The fishbone diagram is also called “Cause–and–Effect Diagram” or “Ishikawa Diagram”. Fishbone diagrams, created by Kaoru Ishikawa, show the causes of a specific problem. The Fishbone diagram analysis is intended to reveal key relationships among various variables, and the possible causes provide additional insight into process behaviour. The specific problem is shown as the fish's head, facing to the right, with the *causes* extending to the left as fishbones; the ribs branch off the backbone for major causes, with sub-branches for root-causes, to as many levels as required. The basic concept was first used in the 1920s, and is considered one of the seven basic tools of quality control. It is known as a fishbone diagram because of its shape, similar to the side view of a fish skeleton. Ishikawa diagrams were popularized in the 1960s by Kaoru Ishikawa, who pioneered quality management processes in the Kawasaki shipyards, and in the process became one of the founding fathers of modern management. Common uses of the Ishikawa diagram are to identify potential factors causing an overall effect. Each cause or reason for imperfection is a source of variation. Causes are usually grouped into major categories to identify and classify these sources of variation. The causes emerge by analysis, often through brainstorming sessions, and are grouped into categories on the main branches off the fishbone. To help structure the approach, the categories are often selected from one of the common models shown below, but may emerge as something unique to the application in a specific case.

	Time	What	Objectives	Materials
1	20 minutes	Introduction of the Cause-Effect-Analysis ‘Fishbone Diagram’. Examples of ‘Pareto Analysis’	• Understanding the method of Fishbone Diagram	PowerPoint
2	20 minutes	Implementation of the ‘Fishbone Diagram’ (see annex 1) Explanation of the 6 steps to implement the ‘Pareto Analysis’ method	• Understanding of the six steps for making a Fishbone Diagram	Annex 1
3	45 minutes	Workshop in small groups (4 persons)	• Practicing making a Fishbone Diagram	Annex 2 Flipchart & marking pens
4	30 minutes	Resenting the results. Sharing the experiences and discussing the challenges.		.

Module 3: annex 1: Procedure for Fishbone Diagram

Fishbone Diagram Procedure

1. Agree on a problem statement (effect). Write it at the centre right of the flipchart or whiteboard. Draw a box around it and draw a horizontal arrow running to it.
2. Brainstorm the major categories of causes of the problem. If this is difficult use generic headings:
    a. People: Causes of human behaviour and human actions.
    b. Devices: Causes in the functioning of devices or installations.
    c. Material / tools: Causes in used materials or tools.
    d. Method / procedures: Causes in the working method, process or procedures.
    e. Environment: Causes that lie in the environment.
    f. Knowledge and training: Causes due to lack of knowledge or information
3. Write the categories of causes as branches from the main arrow.
4. Brainstorm all the possible causes of the problem. Ask: “Why does this happen?” As each idea is given, the facilitator writes it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.
5. Again ask “why does this happen?” about each cause. Write sub–causes branching off the causes. Continue to ask “Why?” and generate deeper levels of causes. Layers of branches indicate causal relationships.
6. When the group runs out of ideas, focus attention to places on the chart where ideas are few.

Module 3: annex 2: Assignment making a Fishbone Diagram

Task for the working groups:

1. Describe the problem as concretely and specifically as possible
2. Place the problem at the head of the fish
3. Brainstorm about possible causes
4. Consider the input for all main categories
5. In case of completed reasons: why does this happen?
6. Fill in the result as further branches / bones of the fish
7. Check logical validity for any causal vectors
8. Check for completeness

Finally, determine the priorities: what cause will we first pick up?
Ask for each cause the following questions

1. Is it feasible to change the cause with an effect of some improvement?
2. Is it feasible / possible to measure the improvement?
3. Is it feasible to identify the impact of the problem?

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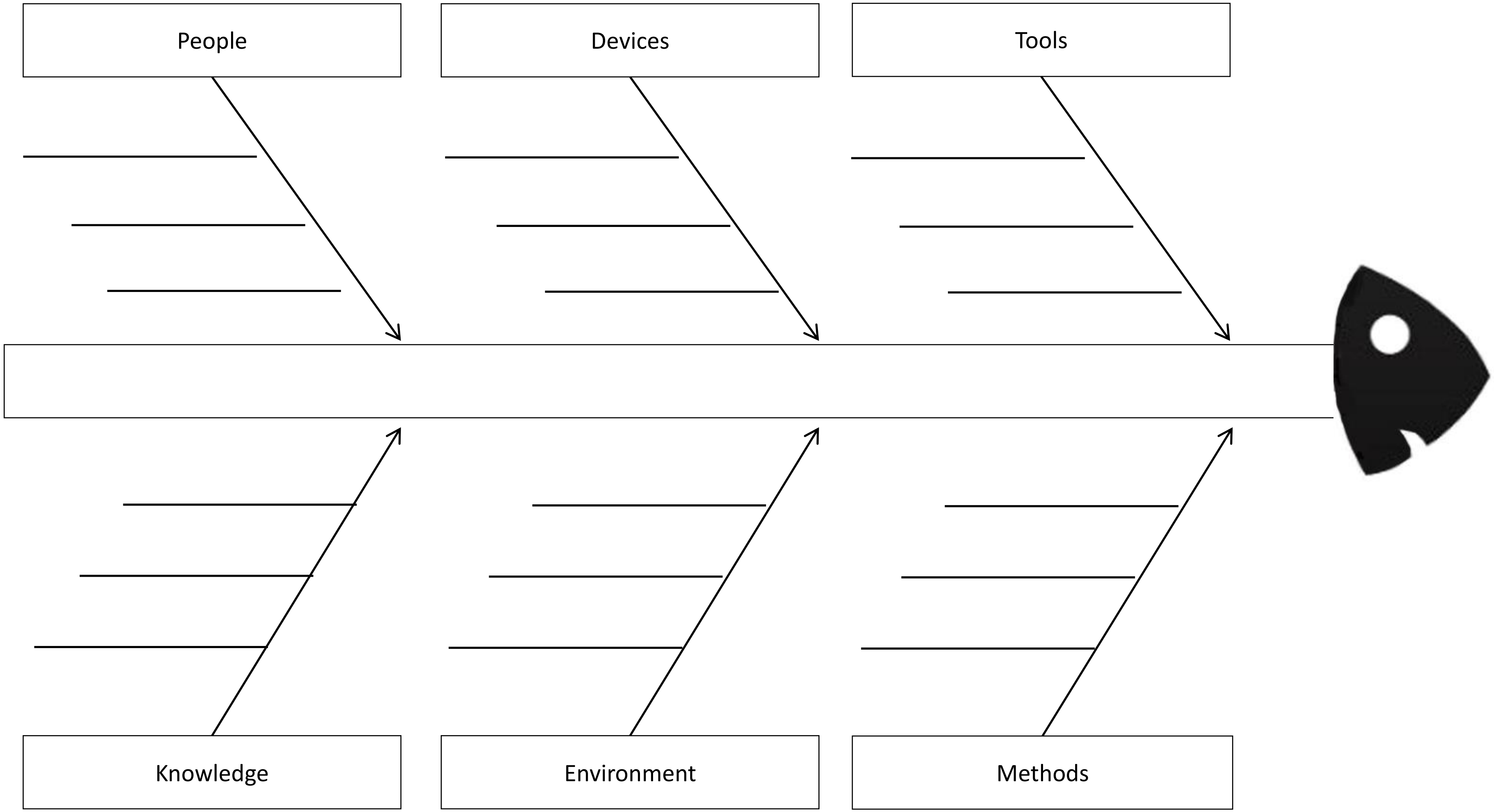

Module 4	Cause-Effect-Analysis "Pareto Analysis"	04 Support Traff training

Pareto analysis is a creative way of looking at causes of problems because it helps stimulate thinking and organize thoughts. However, it can be limited by its exclusion of possibly important problems which may be small initially, but which grow with time.
Pareto analysis is a formal technique useful where many possible courses of action are competing for attention. In essence, the problem-solver estimates the benefit delivered by each action, then selects a number of the most effective actions that deliver a total benefit reasonably close to the maximal possible one
This technique helps to identify the top portion of causes that need to be addressed to resolve the majority of problems. Once the predominant causes are identified, then tools like the Ishikawa diagram Fish-bone Analysis can be used to identify the root causes of the problems. While it is common to refer to pareto as "80/20" rule, under the assumption that, in all situations, 20% of causes determine 80% of problems, this ratio is merely a convenient rule of thumb and is not nor should it be considered an immutable law of nature.

	Time	What	Objectives	Materials
1	30 minutes	Introduction of the Cause-Effect-Analysis 'Pareto Analysis' Examples of 'Pareto Analysis'	• Understanding the method of Pareto Analysis	PowerPoint Annex 1
2	20 minutes	Implementation of the 'Pareto Analysis' (see annex 1) Explanation of the 7 steps to implement the 'Pareto Analysis' method	• Understanding of the seven steps for carrying out the Pareto Analysis	PowerPoint Annex 2
3	40 minutes	Workshop in small groups (4 persons):	• Practicing the Pareto Analysis method	PowerPoint Annex 3
4	20 minutes	Presenting the results in a plenary session. Explaining the way of working and the diagram. Sharing the experiences.		

Module 4: annex 1: Seven steps to identify the important causes using 80/20 rule

The following seven step can be applied to implement the Pareto Analysis:

1. Form a frequency of occurrences as a percentage
2. Arrange the rows in decreasing order of importance of the causes (i.e., the most important cause first)
3. Add a cumulative percentage column to the table, then plot the information
4. Plot (#1) a curve with causes on *x*- and cumulative percentage on *y*-axis
5. Plot (#2) a bar graph with causes on *x*- and percent frequency on *y*-axis
6. Draw a horizontal dotted line at 80% from the *y*-axis to intersect the curve. Then draw a vertical dotted line from the point of intersection to the *x*-axis. The vertical dotted line separates the important causes (on the left) and trivial causes (on the right)
7. Explicitly review the chart to ensure that causes for at least 80% of the problems are captured

Module 4: annex 2: Assignment for the working groups

Task for the working groups:

1. Study and discuss the examples of the Pareto Analysis
2. Carry out the following steps:
    1. Put all causes in your fishbone diagram in a column. (random selection)
    2. Discuss and estimate for each cause the contribution to the problem. The contribution is expressed in percentages. All causes must have a percentage.
    3. The total of all estimations (percentage) should be 100%.
    4. Put all causes in the following order: the highest percentage first, the second highest percentage second etc. etc.
    5. Make a bar-diagram and identify the 20 % of the causes that has the 80 % impact on the problem.
    6. Present the results at the plenary session and discuss how the methodology has been applied and its results.

Module 5	Understanding different Leadership Styles and impact on Quality Management	01 Management Culture

Effective leaders have a style or a combination of multiple styles that make them successful in guiding and inspiring employees. Every leader has his/her own style, but just about every leadership style falls under one of six key categories. A company is only as strong as its management team, so every business owner and executive needs to be familiar with the different leadership styles and what they have to offer. The right mixture of a competent leader using an appropriate leadership style can help a company to achieve all its business goals.

Quality is a fundamental aspect of all areas of business and of business management. A number of Quality Management systems were presented as reading material for the workshop participants and the content of the workshop explored the detail of a selection of these Quality Management systems.

	Time	What	Objectives	Materials
	20 minutes	Introduction Leadership Styles	• Understanding the various Leadership Styles	PowerPoint
	20 minutes	Introduction Quality management systems	• Understanding various Quality Management Systems	PowerPoint
	60 minutes	Workshop in small working groups (4 persons): 1. Discuss how you can Identify how quality is managed in an organisation 2. Discuss how you will identify the results of quality in an organisation	• Identifying ways of managing quality • Identifying outcomes of managing quality	Annex 1 Leadership styles
	30 minutes	Plenary reporting and sharing the outcomes of the discussions	• Understanding variation of managing quality	

Module 6	Collecting, comparing and analysing data for improvement	05 Using data and feedback of improving VET

Comparing approaches, way of working (processes) and achievements (performance data) with other VET providers might be useful and may give incentive for improvement. Preferably organisations from the VET sector are compared with each other, but it is very possible to compare between organisations from other sectors. Comparing ways of working (processes) and achievements (performance data) must be based on information and data. There different types of information / data. Information / data can be subjective, objective and presented in qualitative way and/or quantitative way.
Subjective information is based on personal opinions, interpretations, points of view, emotions and judgment. Objective information is fact-based, measurable and observable. Both types of information can be expressed in Qualitative and/or a quantitative way.

	Time	What	Objectives	Materials
	20 minutes	Introduction	• Understanding the importance of collecting information for comparison • Understanding the difference between subjective and objective information • Understanding the difference between Qualitative and quantitative information	PowerPoint
	20 minutes	Workshop 1: Collecting and analysing quantitative information	• Understanding the variation of quantitative information • Identifying topics for improvement and learning	PowerPoint Annex 1 Annex 3 (table)
	60 minutes	Workshop 2: Collecting and analysing qualitative information	• Understanding the variation of qualitative information • Identifying topics for improvement and learning	PowerPoint Annex 2 Annex 4
	30 minutes	Plenary reporting and sharing the outcomes of the workshops		

Module 6: annex 1: Collecting and analysing quantitative information

Assignment:

1. Study the table (see: PDF file (annex 3)
2. Discuss the variation of data
3. Try to understand the reasons of the variation
4. Formulate potential issues for improvement and learning

Module 6: annex 2: Collecting and analysing qualitative information

Assignment:

1. Study the written information (see: PDF file (annex 4))
2. Discuss the variation of the approaches and descriptions
3. Try to understand the reasons of this variation
4. Formulate potential issues for improvement, learning and development

Module 7	Self-assessment on EQAVET framework			03 A Culture of Self-assessment
The term ‘self-assessment on Quality’ may be used in Vocational Education and Training to refer to any procedure or activity that is designed to collect information about the performance of the organization on quality. A more detailed definition is that assessment is: “ …the process of obtaining information that is used to make decisions about the performance on quality criteria, to give feedback to the actors about the progress of quality improvement, strengths, and weaknesses and to judge instructional effectiveness … “ Self-assessment can be considered as a comprehensive, systematic and regular review of an organisation’s activities and results referenced against a model/framework, carried out by the organisation itself.				
	Time	What	Objectives	Materials
	20 minutes	Introduction of the EQAVET Framework	• To understand the rational and the elements of the EQAVET framework	PowerPoint
	45 minutes	Workshop in small groups (4 persons): Participants will discuss and give answer on the following questions. 1. How can managers encourage staff and other interested stakeholders to reflect continually on the quality of VET provision? 2. How can I constitute my self-assessment team? 3. Who should make part of this team? 4. How are the outcomes of self-assessment used to make improvements?	• To reflect on the performance of the VET-provider though having a culture of self-assessment in their Institution	PowerPoint
		Workshop:	• To identify how to improve their current way of self-assessment	PowerPoint Annex
		Workshop:	• To reflect on the implementation of a method of self-assessment	PowerPoint Annex

Module 7: Annex 1: Self-Assessment Checklist based on EQAVET model

Checklist	YES	NO	Description (i.e. How is this information gathered?)
Indicator 2: Investment in training of teachers and trainers			
a) Share of teachers and trainers participating in further training			
b) Amount of funds invested.			
Indicator 4: Completion rate in VET programmes			
Number of successfully completed/abandoned VET students			
Indicator 5: Placement rate in VET programmes			
a) Destination of VET learners at designated point in time after completion of training			
b) Share of employed learners at designated point in time after completion of training			
Indicator 6: Utilization of acquired skills at the workplace			
a) Information on occupation obtained by individuals after completion of training			
b) Satisfaction rate of individuals and employers with acquired skills/competences			
Indicator 8: Prevalence of vulnerable groups			
a) Percentage of participants in VET classified as disadvantaged groups (in a defined region or catchment area) according to age and gender			
b) Success rate of disadvantaged groups according to age and gender.			
Indicator 9: Mechanisms to identify training needs in the labour market			
Mechanisms set up to identify changing demands at different levels			

Module 8	Self-Assessment with the EQUASS system	03 A Culture of Self-assessment

Self-assessment in quality can be defined as “a cyclic, comprehensive, systematic, and regular review of an organization’s activities and results against a model (for example, the EQUASS model) culminating in planned improvement actions” (European Foundation for Quality Management). The notion of self-assessment has been adopted by companies throughout the world as a mechanism for guiding the development of such quality activities. This involves regular and systematic reviews of an organization’s activities and performance against the criteria of the quality model culminating in planned improvement actions.
EQUASS has two types of self-evaluation.

1. In-depth analysis on performance by analyzing documentation that records providers approaches and outcomes and by carrying out a survey for investigating the level of implementation.
2. A check list, filled in by individuals of a management team in order to identify common views and varieties on performance on specific criteria.

The checklist is designed for getting a first impression on the performance of the social service providers against the EQUASS criteria for EQUASS Assurance certification. The checklist can be filled in by one person or by a small group of persons after agreeing on the answers on the statements. The results will reflect the perception of the person(s) who has / have answered the statements. This might be strongly influenced by personal experiences and views, self-fulfilling prophecy and/or socially desirable answers.
The results of the analysis can be used as:

1. Input for discussions in the organisation of the VET-provider.
2. Identifying measures for additional analysis.
3. Identifying measures for improvements.
4. Sharing views and perceptions on performance of different functions within the organisation.
5. Identifying priorities in clarifying and understanding elements of the EQUASS standard.
6. Identifying an impression of performance of the organisation / services of the VET-provider against the EQUASS standard.

	Time	What	Objectives	Materials
1	20 minutes	Introduction of the EQUASS framework: Principles, Criteria and indicators	• To understand the rational and the elements of the EQUASS Certification System	PowerPoint
2	10 minutes	Methods of Self-assessment in the EQUASS system	• To understand the methods of self-evaluation in the EQUASS system	PowerPoint
3	90 minutes	Workshop 1: Self-assessment with checklist Participants of similar organisation will fill in the answers on the Checklist (Excel file). (Individual exercise) After completed the questions in the checklist, individuals of same organisation will compare the graphics of the 10 worksheet (Principles) and discuss the variation in performance in order to understand each other choices. Based on the arguments for choices, a consensus (common answer) may be identified so a common result of self-evaluation can be presented.	• To carry out EQUASS self-assessment with the checklist • To interpret the graphics of the outcomes of EQUASS self-evaluation instrument	PowerPoint Annex 1 Instruction workshop Annex 2 Checklist self-assessment
4	30 minutes	Workshop: 2 identifying communalities in self-evaluation Participants of will compare results of self-evaluation (outcome workshop 1) in order to identify common strengths and common issues for improvement.	• To gain insights in communalities and variation on VET providers performance on the EQUASS criteria	Annex 2 Checklist self-assessment

Module 8: Annex 1: Instruction workshop Self-Assessment with the EQUASS system

Assignment for the workshop

Duration: 30 minutes presentation
90 minutes workshop (individual exercise and discussion
30 minutes plenary session for feedback and information

Objective: *"to gain insights in communalities and variation on VET providers performance on the EQUASS criteria"*

Method / assignment:

1. Agree with your colleague about the scope of the self-assessment
2. Fill in the eQuass checklist (Self-evaluation tool - Excel file) Individual exercise!
3. Compare the performance diagrams and identify communalities and difference!
4. Share performance and experiences with other partners of the project.
5. Identify specific action for improvement based on the outcomes of the self-evaluation

Module 8: Annex 2: Checklist for Self-assessment with the EQUASS system

How to use this checklist?

This checklist is designed for getting a first impression on the performance of the social service providers against the eQuass 2018 criteria for eQuass Assurance certification. The checklist can be filled in by one person or by a small group of persons after agreeing on the answers on the statements. The results will reflect the perception of the person(s) who has / have answered the statements. This might be strongly influenced by personal experiences and views, self-fulfilling prophecy and/or socially desirable answers.

What to do with the results?

The results of the analysis can be used as:

1. Input for discussions in the organisation of the social service provider
2. Identifying measures for additional analysis
3. Identifying measures for improvements
4. Sharing views and perceptions on performance of different functions within the organisation
5. Identifying priorities in clarifying and understanding elements of the eQuass 2018 standard
6. Identifying an impression of performance of the organisation / services of the social service provider against the eQuass 2018 standard

Module 8: Annex 2: Checklist for Self-assessment with the EQUASS system

Check points		AGREE	NOT AGREE	DON'T KNOW
LEADERSHIP				
1	My organisation has described its mission.			
2	My organisation has described its vision on the future.			
3	My organisation has described its core values.			
4	Our employees are aware of our mission, vision and values.			
5	We have a strong quality culture.			
6	Management is promoting quality a culture of quality.			
7	My organisation has described its quality policy.			
8	The quality has clear quality goals			
9	Our employees are aware of the quality policy.			
10	Innovation is a topic high on the agenda of our organisation.			
11	Our employees are allowed to make mistakes as long as they learn from their mistakes.			
12	We have a system of planning our activities for the upcoming year			
13	We evaluate the achievements of our plans.			
14	My organisation actively promotes inclusion of service users into the society.			
15	We have specific measures for preventing a polluted and damaged environment.			
STAFF				
16	We have a clear written policy and procedures how to recruit and to select employees.			
17	My organisation meets all national legislative requirements for delivering services.			
18	We have a training program for all employees that supports them to develop their knowledge and their competences.			
19	Every employee has a description of his / her tasks and responsibilities			
20	All employees review their performance once a year			
21	Employees have the opportunity to give feedback.			
22	We belief that feedback of employees is a valuable input for improvements.			
23	Most of the employees are motivated in their job.			

RIGHTS				
24	Employees are aware on the rights of our service users.			
25	We explain service users about their rights.			
26	Most of the service users are aware of their rights.			
27	Service users can freely pursue their choices.			
28	We review our efforts in explaining rights to service users.			
29	My organisation has a formal system to collect and manage complaints			
30	In my organisation, it is easy to express complaints.			
31	All the complaints are addressed properly.			
ETHICS				
32	My organisation has a policy on ethical behaviour for employees.			
33	We have strict guidelines and procedures for ethical behaviour for employees to assure the dignity of service users.			
34	We facilitate external support for service users.			
35	We do not select service users based on age, religion and/or sexual preferences.			
36	My organisation has a written health and safety plan.			
37	Most of the employees and service users are aware of this health and safety plan.			
38	We have strict rules and regulations for preventing physical, mental and financial abuse of service users.			
39	Our ethical way of working is frequently reviewed by all of us.			
PARTNERSHIP				
40	My organisation is cooperating with many public and private organisation in the society			
41	The partnership helps us to include service users into the society.			
42	All partnerships are beneficial for our service users.			
PARTICIPATION				
43	Service users can freely express their needs, opinions and views.			
44	Service users are involved in the planning of services.			
45	Service users are involved in the delivery of services.			
46	Service users are involved in the evaluation of services.			
47	We review our way of involving service users in the services once a year.			
48	Feedback of service users often leads to changes and improvements.			
49	Our services contribute to empowerment of services users.			
50	We are aware of the conditions of the environment to support the empowerment of service users.			
51	We have tangible information that service users increased their empowerment due to our services.			
52	Our employees have the competences to create an empowering environment for our service users.			

PERSON CENTERED APPROACH				
53	My organisation has a system of assessing needs of service users.			
54	All services user have an individual needs assessment prior to receiving the services.			
55	Our services are based on the result of the individual needs assessment.			
56	Our services are aiming for improving quality of life of the service users.			
57	My organisation has described the understanding of quality of life of it service users.			
58	Employees are aware of our quality of life approach.			
59	We have tangible information that show that service uses have improved their quality of life due to our services.			
60	Every service users has an individual plan based on the needs assessment.			
61	We review the individual plan frequently.			
62	The individual plan is updated and adjusted if needed.			
63	We involve service users in the design of the individual plan.			
64	We involve service users in the evaluation of the individual plan.			
65	We involve service users in the changes of the individual plan.			
66	We involve family and friends in the planning of our services			
67	We involve family and friends in the delivery of our services			
68	We involve family and friends in the evaluation of our services			
COMPREHENSIVENESS				
69	My organisation assures a continuum of services to our service users.			
70	We have tangible information that this continuum is delivered.			
71	We take all aspects of life into account in our assessment.			
72	My organisation has clearly described the key activities of its services.			
73	Key activities of services are reviewed on regular basis.			
74	Services are delivered in a community-based-setting			
75	Services and activities are coordinated			
76	Services are delivered in a multi-disciplinary way.			

RESULT ORIENTATION				
77	My organisation has clear service results. (Outcomes of services)			
78	My organisation has clear business results. (Financial and non-financial results)			
79	The results of the organisation are validated by an independent external body (accountancy control).			
80	We have tangible information that our services benefit our service users.			
81	We improve out services based on outcomes of evaluation of results.			
82	We have tangible information about the satisfaction of our service users.			
83	We have tangible information about the satisfaction of our funders.			
84	We have tangible information about the satisfaction of other key stakeholders			
85	We have collected feedback of our funders about understanding our achievements.			
86	We have collected feedback of our service users about understanding our achievements.			
87	We inform our stakeholders about the performance (efforts and achievements) of our organisation in various ways.			
CONTINUOUS IMRPOVEMENT				
88	We have a clear and common method of improving our services.			
89	We have tangible information of improving our services.			
90	Future needs of stakeholders are taking into account in the development of new services			
91	Future needs of stakeholders are taking into account in the improvement of the services.			
92	We use information on future needs of service users for improving our services.			
93	We use information on future needs of service users for the development of new services.			
94	We compare our systems with other organisations.			
95	We compare our methodologies with other social service providers.			
96	We compare our ways of delivering services with other social service providers in the sector.			
97	We compare our business results with other organisations.			
98	We compare our service results with other social service providers.			
99	We change our ways of delivering services after comparing them with other service providers.			
100	We improve our methods based on comparing them with methods of other service providers.			

Module 9	Involving staff in Continuous Improvement	06 Involving stakeholders

It may not always be easy to find time to talk about bottlenecks in organisations and how to solve them. With the support of an improvement board, you can make bottlenecks and opportunities for improvement visible for a team. Each member of the team can write down what he / she has identified as a problem / challenge during the daily work. The other members of the team can contribute to the solution by writing a proposal for resolution on the board. These proposals for resolution are discussed on weekly basis and will be tried out by one of the members of the team. The result of the improvement activity is also part of this discussion. So, all members are also involved in the evaluation of the improvement result. Thus, joint problems are solved and everyone takes responsibility for identifying bottlenecks and resolutions. Identifying and expressing problems in daily work is an important part of this methodology. By doing this, all employees know what's going on and everyone can think and contribute to a solution. By writing the bottlenecks on the improvement board on daily basis, these challenges are kept small and will remain visible until the bottleneck is resolved. It is useful to place this improvement board in a central place in the department. This will make it easier to share the bottlenecks, to discuss the causes, to identify and define ideas for improvement. By doing so, the methodology of improvement will a part of the daily work of every employee.

	Time	What	Objectives	Materials
1	10 minutes	Introduction of the topic 'Staff-involvement Continuous improvement'	• Understanding the importance of involving staff in Continuous improvement • Understanding the key elements of sustainable improvement	PowerPoint
2	45 minutes	Assignment 1: 1. Selecting one of the problems 2. Discussing how this problem should be solved 3. Describing and visualising ways of working	• Analysing and visualising improvement process	PowerPoint Annex 1
3	30 minutes	Plenary session: 1. Sharing experiences and visualisation of ways of working 2. Analysing ways of working	• Sharing experiences and variation of visualisation of improvement process • Becoming aware of cyclic thinking	
4	45 minutes	Introduction of the method of Improvement Board/ Ways of working with the Improvement board Explaining the cyclic processes (PDCA) in the methodology of the Improvement board	• Understanding the method of continuous improvement • Understanding the importance of a cyclic process in improvement	PowerPoint
5	30 minutes	Assignment 2: 1. Improving outcome of Assignment 1 (practicing the PCDA-cycle)	• Improving and visualisation of the improvement process • Implementation of step 4	Annex 2
6	30 minutes	Plenary session: 1. Sharing experiences and visualisation of ways of working	• Sharing experiences and becoming aware of implementation of the PCDA cycle	

Module 9: Annex 1: Assignment for improvement

Assignment:

Working group (max 6 persons):

1. Select one of the problems below.
2. Discuss how to solve the problem.
3. Describe and visualize the process of solving the problem

Problem 1: "The majority of staff of the school is not respecting the procedures that have been set up by the Quality Management System"

Problem 2: "More than 25 % of the student do not show up at the lessons"

Module 10 Understanding the EQAVET framework

European Quality Assurance in Vocational Education and training (EQAVEt) forms part of the 'recommendation of the European Parliament and of the council on the Establishment of a European Quality Assurance reference Framework for Vocational Education and training' published in 2009. This document formalized the agreed **European standards** and then asked the EU Member states to implement the recommendation at national level.
The Framework is not prescriptive, it provides common principles, quality criteria, indicative descriptors and indicators which may help in assessing and improving the provision of VET
The framework consists of a Quality Assurance and improvement cycle (planning, implementation, evaluation/ assessment and review/revision) based on a selection of indicators applicable to quality management at both VET-system and VET-provider levels.

	Time	What	Objectives	Materials
	60 miniutes	Introduction The EQAVET framework Implementing The EQAVET framework	• Being aware of the EQAVET framework and its key characteristics	PowwrPoint
	45 minutes	Workshop: Creation of personalized key performance indicators	• Reviewing current Quality Assurance system • Identifying the importance of having a QA -ystem • Identifying key performance indicators for Quality Assurance	PowerPoint Annex 1
	30 minutes	Conclusions and practical suggestions to take on board for the improvement initiative		

Module 10: Annex 1: Gathering and adapting the Key Indicators

Assignment 1:

Gathering and adapting the Key Indicators

1. Given the simplified chart below, please describe how you would complete the following chart in your Institution – Individually

no.	Quality indicator	Process for gathering data	Person/ dept. responsible	Evidence produced for indicator	Where can this indicator be found	Work which needs to be done to implement this indicator
4	Completion rate in VEt programmes					
5	Placement rate in VEt programmes					
6	Utilisation of acquired skills at the workplace					

2. Would you suggest any more Indicators do adapt the model to your Institutions reality? – 3 Groups

Module 11 — Cause-Effect-Analysis “Mud-flow Analysis”

Is there anything like mud in the communication? In other words, why does communication stumble and sometimes stocks?

What is mud?

“Mud in communication” is all about time, money and energy. “Mud in communication” does not add value to the internal or external customer. Normally we use the concept of mud with physical processes, such as the production of an engine. It is less common in non-physical processes. But in spite of that “Mud analysis” can also be a good tool for analyzing and improving processes.

Kinds of mud in communication

The power of the concept of mud lies in the fact that you can distinguish various kind of mud. We can identify mud and we put that in a box. The advantage of this kind of analysis is that each box gives a direction for the potential solution of the problem

1. **Information is lacking:** You have to deliver training. All participants have to send in a registration form and an overview of work experiences. For one of the participants a registration form is missing.
2. **Information is wrong:** During the training, participants need have access to internet. The internet code, which is given, is: AA-44280. But the right code is AA-44380-23
3. **Information comes too late:** You have developed a workshop for registered participants at a conference for teachers. The workshop has various 20 exercises to. This morning you receive a message from your coordinator. Your workshop will probably be cancelled due to a change of the program. The workshop have been developed for ‘nothing’.
4. **Information is not clear:** Every week, management shows a spider web diagram about the performance of the department. Nobody in the department understands where the graphic stands for and what the information means.
5. **Too much information:** You have to know and to learn how to fill in some information in the Microsoft Excel program. Your coordinator sends you to an 10 days Excel training.
6. **Information is too early:** The project coordinator sends you the detailed program of the next meeting a few days before this meeting takes place. This information contains also logistic information and work schedule. The information on paper and is sent to the team leader. After a few days … no one knows where to find the information.

	Time	What	Objectives	Materials
	20 minutes	Introduction the key principles of communication and ‘Mud-Flow analysis”	• Understanding the process of communication • Understanding causes of misunderstanding • Understanding 6 types of mud in communication	PowerPoint Movie
	30 miniutes	Assignment 1: 1. Identify and describe examples of 6 types of mud (6 categories) in the communication in the quarterly meeting of the team for discussing progress and achievement of student. 2. Identify and describe examples of 6 types of mud (6 categories) in the communication in the regular review of the objectives of the individual plan by the multi-disciplinary team.	• Identifying types of mud in daily communication • Becoming aware of mud in daily practice • Analysing daily communication issues	PowerPoint Annex 1
	20 miniutes	Reporting and discussion at plenary session	• Becoming aware of challenges in communication in daily practice	

Annex 1: Assignment

Exercise (two groups)

Group 1:

3. Identify and describe examples of 6 types of mud (6 categories) in the communication in the quarterly meeting of the team for discussing progress and achievement of student.

Group 2:

4. Identify and describe examples of 6 types of mud (6 categories) in the communication in the regular review of the objectives of the individual plan by the multi-disciplinary team.

Reporting

	Types of mud	**Examples of practice VET-provider**
1	Information is lacking	
2	Information is wrong	
3	Information comes too late	
4	Information is not clear	
5	Too much information	
6	Information is too early	

Module 12	Visualisation of processes	04 Support Traff training

Visual management aims to make the situation easily understood merely by looking at it. The goal is to get as much information as possible with as little observation or time as possible. Visualizing the workflow of something that is essentially hidden in the computers of the developers allows a more concrete understanding of what is being worked on, what is stuck and needs attention, and what priorities are made across the different steps of this flow. The aim of good visual management is to lead us, as a team, always closer to the real problems we should address to be better not just in delivery, but in the quality of the delivery – and as we can see here, there is a link between the quality of the visual management tools and the relevance of the issues they point to (in other words, how well do the visual management tools perform in orienting us towards the right problems, problems which, if we solve them, will allow us to gain visibly in our own technical abilities).

- Visual Clarity: One of the biggest benefits of a flowchart is the tool's ability to visualize multiple progresses and their sequence into a single document. Stakeholders throughout an organization can easily understand the workflow while finding out which step is unnecessary and which progress should be improved.
- Instant Communication: Teams can use flowcharts to replace meetings. Simply clarifying progresses offers an easy, visual method to help team members instantly understand what they should do step by step.
- Effective Coordination: For project managers and resource schedulers, the benefits of a flowchart include the ability to sequence events and reduce the potential for overburdening team members. Eliminating the unnecessary steps help to save time and resources.
- Efficiency Increase: Efficiency increases are a significant benefit of flowcharts. The flowchart lists each step necessary to perform a process. The flowchart helps a designer remove unnecessary steps in a process, as well as errors. The flowchart should only include the steps that are requirements to reach the endpoint of the process.
- Effective Analysis: With the help of flowchart, problem can be analysed in more effective way. It specifically shows what type of action each step in a process requires. Generally, a rectangle with rounded edges defines the beginning or end of the process, a diamond shape shows the point at which a decision is required, and a square block shows an action taken during the process. A flowchart may also include symbols that show the type of media in which data is stored, such as a rectangle with a curved bottom to show a paper document or a cylinder to symbolize a computer hard drive.
- Problem Solving: Flowcharts break a problem up into easily definable parts. The defined process displayed by the flowchart demonstrates the method of solving a complex problem. A flowchart reduces the chance that a necessary step for solving a problem will be left out because it appears obvious. In this way, it reduces cost and wastage of time.
- Proper Documentation: Digital flowcharts serve as a good paperless documentation, which is needed for various purposes, making things more efficient

	Time	What	Objectives	Materials
	20 minutes	Introduction of Visualisation management and making flow-charts of describing and analysing processes	• Understanding the advantage of visualisation of processes • Understanding the basic elements of making a flowchart	PowerPoint
	30 minutes	Assignment 1: Process design in flow charts (group of 4 persons) Visualise the flow of activities and decisions of the process from the perspective of the VET-provider, starting with Start: A person has interest to attend a training program at your VET-institute. End: The person is accepted as service user / student and will start his / her first lessens next week.	• Analysing current ways of working • Visualisation of current practice • Having the experiences of making flow charts	Annex 1 A1 paper Post-its Marker Edding 200-
	20 minutes	Sharing experiences and discussion		
	30 minutes	Assignment 2: Value Stream mapping (group of 4 persons) Review your flow-charts from the perspective of the VET-provider and answer the following questions: 1. Which activities are we taking now? 2. Why do we do that? 3. Does this step add real value to the customer? 4. Can we carry out the task in less steps?	• Reviewing current way of working • Improving current way of working • Making process more efficient	Annex 2 A1 paper Post-its Marker Edding 200-
	20 minutes	Sharing experiences and discussion		
	30 minutes	Assignment 3: Process redesign (group of 4 persons) Visualise the flow of activities and decisions of the process form the perspective of the student, starting with Start: A person has interest to attend a training program at your VET-institute. End: The person is accepted as service user / student and will start his / her first lessens next week.	• Analysing current ways of working from the perspective of the student • Visualisation of current practice form the perspective of the student • Having the experiences of making flow charts from the perspective of the student	Annex 3 A1 paper Post-its Marker Edding 200-
	20 minutes	Sharing experiences and discussion		

Annex 1: Assignment

Visualise the flow of activities and decisions of the process from the perspective of the VET-provider, starting with

Start: A person has interest to attend a training program at your VET-institute.

End: The person is accepted as service user / student and will start his / her first lessens next week.

Annex 2: Assignment (Value stream mapping)

Review your flow charts from the perspective of the VET-provider and answer the following questions:

1. Which activities are we taking now?
2. Why do we do that?
3. Does this step add real value to the customer?
4. Can we carry out the task in less steps?

Annex 3: Assignment (Process redesign)

Take into account the lessons learnt.
Visualise the flow of activities and decisions of the process form the perspective of the student, starting with

Start: A person has interest to attend a training program at your VET-institute.

End: The person is accepted as service user / student and will start his / her first lessens next week