

**SKILLS ISSUES IN THE CARE SECTOR
IN BOURNEMOUTH, DORSET, POOLE, AND
SOMERSET**

**A report to
LSC Bournemouth, Dorset and Poole**

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1. Introduction

1. BMG Research has been commissioned by LSC Bournemouth, Dorset and Poole to assist the LSC to develop its policies and programmes in respect of eight local sectors. These are....
 - Health
 - Engineering
 - Construction
 - Hospitality
 - Retail
 - Financial services
 - Childcare
 - Social care
2. These sectors are regarded as current priorities for the LSC on a number of grounds. They each employ significant numbers of people in Bournemouth, Dorset, Poole and Somerset. Several of them have significant local focus (in the sense of employing above-UK average proportions of the workforce in the local area. They have an importance to local economies which extends beyond direct employment – generating wealth externally to the local area which is ‘imported’ into the local area for distribution as local incomes and wages, supporting or linking with other key activities, or providing fundamental services (in house building or social welfare, for example) which are essential underpinnings of an effective society and economy. There is also significant prima facie evidence to suggest that these sub-sectors face a substantial challenge to maintain the flow of labour and skills which they need to secure an optimal level of efficiency. This is not to say, of course, that other local sectors do not have these properties. But, with limited resource, the LSC’s intent is to seek progress in *some* sectors rather than dissipate resources too widely. Attention will turn to other areas of the economy in due course.
3. The essence of each study is broadly to undertake a desk review of available information on the sector which describes each local sector, recognises how the sector is developing and the challenges each sector faces, considers how this change process affects skills needs and supply, and, thus, identifies a set of ‘skills issues’ on which the LSC and its partners may focus with recommendations for appropriate action.
4. This report is the output of a study of the local *care* sector. Because of the recent re-configuration of LSC activity in the South West Region, the study, whilst originally commissioned by the local LSC for Bournemouth, Dorset and Poole, now reports and applies to the new LSC sub-regional area which combines *Bournemouth, Dorset, Poole and Somerset*. For convenience, we will refer to this new operating area as ‘the BDPS area’ in the remainder of this report.
5. The report’s chapters consider:
 - The structure and character of sector delivery in the BDPS area.
 - Key skills and labour demand indicators.
 - Skills supply into the sector.
 - Skills issues and recommendations.

2. Care sector employment in the sub-region

Defining the sector

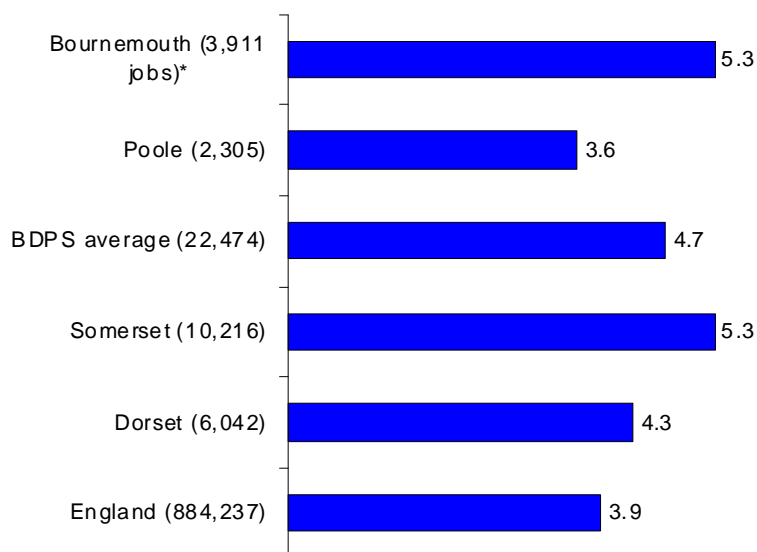
6. In terms of Standard Industrial Classification (SIC), the 'care sector' (as defined by the Skills for Care and Development Sector Skills Council) covers the categories of:
 - 85.31 Social work activities with accommodation
 - 85.32 Social work activities without accommodation
7. The first of these sub-classes (85.31) includes public, private, and voluntary sector provision of:
 - Activities provided on a round-the-clock basis directed to provide social assistance to children, the aged and special categories of persons with some limits on ability for self-care, but where medical treatment or education are not important elements
 - Activities provided by orphanages, children's boarding homes and hostels, residential nurseries, homes for the aged, homes for the physically or mentally handicapped, rehabilitation homes (without medical treatment) for people addicted to drugs or alcohol, homes for the homeless, institutions that take care of unmarried mothers and their children, etc.
8. The second sub-class (85.32) includes public, private, and voluntary sector provision of:
 - Social, counselling, welfare, refugee, referral and similar activities, the services of which are delivered to individuals and families in their homes or elsewhere and carried out by government organisations or by private organisations, disaster relief organisations and national or local self-help organisations and by specialists providing counselling services
 - Welfare and guidance activities for children and adolescents
 - Adoption activities, activities for the prevention of cruelty to children and others
 - Eligibility determination in connection with welfare aid, rent supplements, etc.
 - Old age and sick visiting
 - Household budget counselling, marriage and family guidance
 - Guidance delivered to persons on parole or probation, community and neighbourhood activities
 - Activities for disaster victims, refugees, immigrants, etc., including temporary or extended shelter for them
 - Vocational rehabilitation and habilitation activities for handicapped or unemployed persons provided that the education component is limited

- Child day-care activities, including day-care activities for handicapped children
 - Day-care activities for handicapped adults
 - Day facilities for homeless and other socially weak groups
9. Thus, the sector, as defined by the SIC system, is quite broad and may include activities and institutions somewhat beyond those which are most frequently thought of as being in 'mainstream' social care provision.

Employment in the sector

10. Using this definition, one estimate (Annual Business Inquiry 2004) is that the BDPS area employs 22,474 people in 1,304 care establishments.
11. It can be seen that care sector jobs are fairly evenly spread across the main subdivisions of the local economy. Overall, the care sector accounts for nearly 1 in 20 jobs, a higher proportion than the English average. Only Poole has a lower population of care jobs than that average whilst Bournemouth and Somerset have the highest proportions:

Figure 1: Percentage of all employment in each County/Unitary Authority which is in the care sector

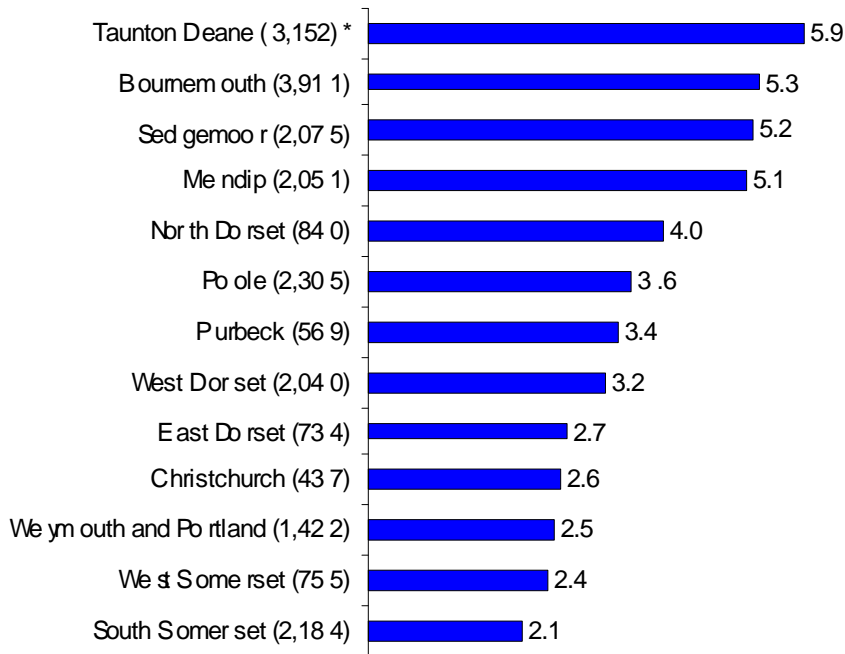


Source: ABI 2004

* Actual numbers of care jobs

12. Even at a more detailed local level, it can be seen that care sector employment is fairly even with a spread between around 2% and 6% of local employment totals:

Figure 2: Percentage of all employment in each District/Unitary Authority which is in the care sector

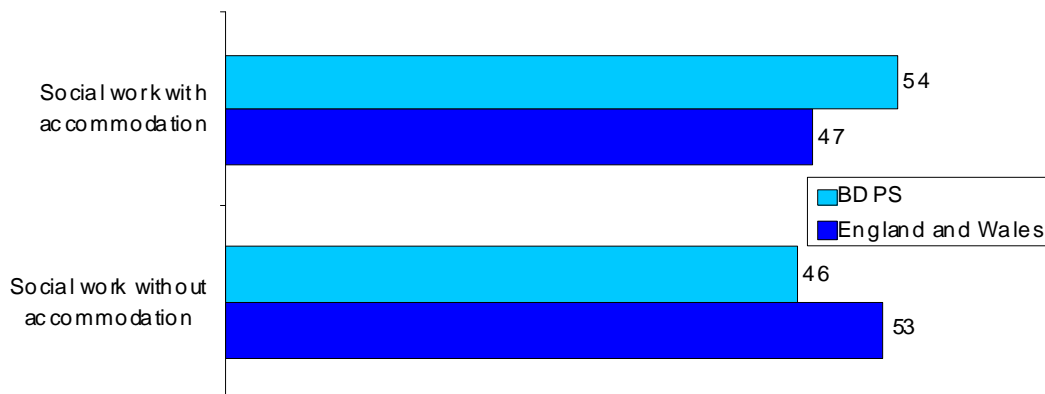


Source: ABI 2004

* Actual numbers of care jobs in brackets

13. The local distribution of care sector employment by *sub-sector* shows that the BDPS area has a noticeably higher proportion of care sector employment in *residential* care than is the case nationally:

Figure 3: Percentage of all care sector employment in care sub-sectors



Source: ABI 2004

14. Given, as above, that the sector employs around 22,500 people in around 1,300 establishments – an average of 17 people per establishment – it is not surprising that many care establishments are small. Very few establishments employ 200 or more people but there are a significant number which employ between 25 and 199 employees:

Table 1: Numbers of care sector establishments* of different sizes in the BDPS area

| | 1-10 employees | 11-24 employees | 25-199 employees | 200+ employees | Total |
|--------------|-----------------------|------------------------|-------------------------|-----------------------|--------------|
| Bournemouth | 113 | 61 | 43 | 2 | 219 |
| Dorset | 208 | 100 | 64 | 0 | 372 |
| Poole | 85 | 26 | 25 | 1 | 137 |
| Somerset | 298 | 167 | 111 | 0 | 576 |
| Total | 704 | 354 | 243 | 3 | 1,304 |

Source: ABI 2004

* Establishments do not readily correspond to the commonly used terms firms, companies or businesses by which employers are sometimes identified. They are roughly equivalent to workplaces but because of the way the data are collected two or more units can be present in the same workplace. And, if an organisation has several branches and offices in an area, each one of these would be counted as a separate establishment.

15. These establishments are distributed between residential and non-residential care as:

Table 2: Care sector establishments* by type in the BDPS area; numbers

| | Residential | Non-residential | Total |
|--------------|--------------------|------------------------|--------------|
| Bournemouth | 116 | 103 | 219 |
| Dorset | 172 | 200 | 372 |
| Poole | 76 | 61 | 137 |
| Somerset | 281 | 295 | 576 |
| Total | 645 | 659 | 1,304 |

Source: ABI 2004

* Establishments do not readily correspond to the commonly used terms firms, companies or businesses by which employers are sometimes identified. They are roughly equivalent to workplaces but because of the way the data are collected two or more units can be present in the same workplace. And, if an organisation has several branches and offices in an area, each one of these would be counted as a separate establishment.

16. In employment terms, however, the picture is somewhat differently balanced. Whilst 81% of establishments employ fewer than 25 people, such establishments employ only 57% of the workforce:

Table 3: Employment in care sector establishments of different sizes in the BDPS area

| | 1-10 employees | | 11-24 employees | | 25-199 employees | | 200+ employees | | Total | |
|--------------|----------------|-----------|-----------------|-----------|------------------|-----------|----------------|----------|---------------|------------|
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| Bournemouth | 548 | 14 | 1,035 | 26 | 1,897 | 49 | 431 | 11 | 3,911 | 100 |
| Dorset | 936 | 16 | 1,644 | 27 | 3,461 | 57 | 0 | 0 | 6,042 | 100 |
| Poole | 304 | 13 | 427 | 19 | 1,209 | 52 | 365 | 16 | 2,305 | 100 |
| Somerset | 1,411 | 14 | 2,966 | 29 | 5,809 | 57 | 0 | 0 | 10,216 | 100 |
| Total | 3,199 | 14 | 6,102 | 27 | 12,376 | 55 | 796 | 4 | 22,474 | 100 |

Source: ABI 2004

Note: Percentages add horizontally

Other employment characteristics

17. Employment in the sector is strongly biased towards women – 85% of the workforce is female whilst 15% is male. The sector relies heavily on a part-time workforce. 61% of employment in the sector is part-time and only 39% is full-time. As in other sectors of the economy, women are less likely to work full-time – only 35% do so, compared with 60% of men who work in the sector.

Trend in employment

18. *Nationally*, care sector employment has grown significantly in recent years. The Annual Business Inquiry shows growth of 110,000 jobs between 1998 and 2004, an increase of 14% in the period.
19. *Locally*, the ABI also shows growth. However, that result hides more detailed geographical change with modest growth in Bournemouth and Dorset, much sharper growth in Somerset, and actual decline in Poole:

Table 4: Employment change in the care sector in the BDPS area, 1998-2004

| | 1998 | 2004 | Actual change | Percentage change |
|--------------|---------------|---------------|---------------|-------------------|
| Bournemouth | 3,812 | 3,911 | +99 | +3 |
| Dorset | 5,879 | 6,042 | +163 | +3 |
| Poole | 2,750 | 2,305 | -445 | -16 |
| Somerset | 8,998 | 10,216 | +1,218 | +14 |
| Total | 21,439 | 22,474 | +1035 | +5 |

Source: ABI 2004 and 1998

20. As with geography, apparent overall employment stability conceals sub-sectoral changes on a quite marked scale (though it should be noted that the Annual

Business Inquiry is not a complete census of employment and apparent changes may be exaggerated). Whilst employment associated with residential care has expanded significantly, that associated with non-residential care of various kinds has declined:

Table 5: Employment change in the care sector by sub-sectors in the BDPS area, 1998-2004

| | 1998 | 2004 | Actual change | Percentage change |
|-----------------------------------|---------------|---------------|---------------|-------------------|
| Social work with accommodation | 10,396 | 12,124 | +1,728 | +17 |
| Social work without accommodation | 11,018 | 10,325 | -693 | -7 |
| Total | 21,439 | 22,474 | +1,035 | +5 |

Source: ABI 2004 and 1998

More recent employment change: change between 2004 and 2006

21. The sector employment analysis above is based on the latest Annual Business Inquiry figures which were current at 2004. However, the LSC's forecasting model, Working Futures II (Working Futures II, Institute of Employment Research. Sector Skills Development Agency, 2005) allows an estimated forward projection to the present – and suggests that total employment in the sector may have advanced to around 23,000 jobs.

Future employment change

22. Looking further ahead, Working Futures II predicts that employment in the decade from 2004 to 2014 will grow by around 9%-10%. This would suggest that total employment in the sector by 2014 may be of around 24,500-25,000 jobs.
23. A number of trends in the industry support this technical forecast:
- People are tending to move into residential care at a later age and more staff per resident are needed.
 - Hospitals are trying hard, because of the 'bed blocking' issue, to move patients into residential or domiciliary care.
 - And, of course, an ageing population will, overall, raise demand for care.

Summary: care sector employment in the BDPS area

24. A review of care sector employment characteristics in the BDPS area reveals:
- The sector currently employs around twenty-two and a half thousand people, or about 1 in 20 of the total workforce of the area, a higher proportion than is average for England as a whole.
 - Employment is much more evenly spread in this sector than in many others. There are no major concentrations of employment though Bournemouth, Taunton, and Sedgemoor

Districts have above-average proportions whilst South and West Somerset have the lowest proportions.

- In absolute numerical terms, Bournemouth, with nearly four thousand care workers, has the single largest share of all care workers in the BDPS area.
- The BDPS area has a noticeably larger share (than the English average) of employment in residential care and a lower share of its employment in non-residential care.
- A majority of employment is within small establishments employing fewer than 25 people and there are very few large establishments with 200 or more staff.
- Employment is overwhelmingly concentrated amongst women who make up 85% of the workforce.
- The sector relies heavily on part-time staff who comprise 6 out of 10 of all employees.
- The sector in the BDPS area as a whole has grown in recent years but not as strongly as is average for England – except in Somerset where employment growth was at the national average rate.
- In Poole, employment in the sector apparently fell between 1998 and 2004 (though this may reflect changes in patterns of ownership and, hence, of where employment is registered rather than actual job losses)
- Statistics also show that locally, growth has occurred in the residential care sub-sector whereas employment in non-residential care services has fallen.
- It is predicted that the growth trend in employment will continue and that the sector will increase its staffing by around 10% in the decade 2004-2014 – taking the local employment total towards 25,000 people.

3. Key sector drivers

Legislation: standards in the care sector

25. *Modernising Social Services, 1998*, set out plans for improving social care provision, including...
- Independent inspection watchdogs for care homes and other services, with eight regional Commissions for Care standards, with stringent powers and national standards. They inspect all types of care homes, those run by local authorities, and ensuring that vulnerable children and adults are safe and properly cared for. They also have inspection responsibilities for care provided to people in their own homes.
 - Better support opportunities for adults – care designed to help people to live in their own homes and have independent lives, wherever possible. The direct payments scheme means that if care is needed, money is available instead of services, in order to provide choice of care staff, and with efforts to ensure that better and fairer systems are in place to determine who should get help, what type of care services are available, and how they are charged.
 - A special programme, called Quality Protects, to transform children's social services, making sure children were adequately protected against abuse, raise standards in children's homes, give children in care better opportunities for a decent education, and help them towards a successful adult life. The Quality Protects programme aimed to improve other areas of children's services, such as foster care and services for disabled children.
 - General Social Care Council, to raise the standards of social care staff, and make sure that training levels are improved.
26. There are also checks to make sure that local authorities are delivering the quality of services that they should. Councils have to meet standards for quality and efficiency in what they do for local people and, if standards are not met, the Government can take action to make sure things improve. Annual reports show how each council is performing, against the Government's standards and targets.
27. The introduction of the *Care Standards Act (2000)* followed publication of *Modernising Social Services 1998* and *Building for the Future 1999*. The rationale lay in formalising the management and social care; tackling inconsistencies in the way regulations were applied and reversing the exclusion of some forms of supported housing that should have been included, such as domiciliary care agencies. The broad purpose of the Care Standards Act is to extend the regulation of Social Care, make it more consistent, and expand its remit. In addition, the Act provides the sector with National Minimum Standards in terms of staffing requirements and qualifications, as well as standards concerning the physical environment, and move towards a more service user-focused approach in terms of the service delivered.
28. The principal changes required by the Act were:
- Local Authorities to be regulated and expected to meet the same care standards as independent sector providers.

- The National Care Standards Commission (NCSC), an independent regulatory body, became active in April 2002, replacing Local Inspectorate Units, and monitoring care homes nationally. Its remit is to implement the regulation of Social Care and private and voluntary health care in England. Inspectors and support staff from health authorities and local authorities moved to the NCSC in order to regulate specific services, against a set of National Minimum Standards (based upon the service provided and its activity). These include: *Care Homes for Older People, Care Homes for Younger Adults and Adult Placement, Domiciliary Care, Nurses Agencies, Care Homes for Children, Residential Family Centres, Fostering Services, Independent Health Care, Boarding Schools, Residential Special Schools and Accommodation for Students under Eighteen by FE Colleges.*
- The General Social Care Council (GSCC) replaced the Central Council for Education and Training in Social Work (CCETSW). Responsibilities include: promoting, improving, regulating and assuring high quality education, training and qualifications for social work and social care staff in personal social services throughout the UK. In addition, they have responsibility for registering social care workers, and to raise standards in social care.
- All homes (care and residential) now have to register their businesses.
- Domiciliary Care agencies also need to be registered.
- Day Care centres to be brought into the inspection regime.
- (By 2005) a minimum of 50% of care staff (agency and ancillary staff included) to be trained to NVQ Level 2 or equivalent.

29. The implications of these requirements are clear:

- All staff to receive comprehensive induction training to SSC specification within 6 weeks of appointment.
- All staff to receive foundation training to SSC specification within first 6 months of appointment.
- Trainees to be registered on a Sector Skills Council standard training programme.
- All managers to be qualified to NVQ4 in management and care or equivalent (by 2005) and have at least two years' experience.
- Nursing Home managers to be first level registered nurses and hold relevant management qualification (by 2005).
- One-third of all staff in Nursing Homes also to be Registered Nurses, 50% of remaining staff to be qualified to NVQ2.
- Periodic training to update knowledge, skills and competence for all staff.
- Registered managers to ensure employees have clearly defined job descriptions, roles and responsibilities.

- Registered person to ensure that there is a staff training and development programme, which meets workforce training targets.
 - All staff to receive a minimum of three paid days training per year.
 - Domiciliary staff to meet the same targets but have until 2007 to comply.
30. The Act also made significant provision for standards in the physical environment of homes; this includes space requirements for residents' rooms and communal areas, standards for wheelchair access, bathroom and toilet facilities and access to telephones, television and electrical sockets. Restrictions are also placed on the number of rooms which may be shared – 20% of overall places, with a maximum of two residents to a room.
31. These physical changes are mandatory by 2007 and are causing concern amongst existing homeowners because of the cost implications. It is claimed that being locked into contracts with local authorities has kept rates down, thereby limiting the funds available to care providers to meet the costs of complying with the new legislation.

Legislation: convergence between health and social care

32. The *Health Act, 1999* came into force in April 2000. It comprised the latest attempt to pull down the 'Berlin Wall' that historically divided health services, funded and provided by the NHS, from social services run by local councils.
33. The legislation aimed to enable providers of both Health and Social Care to behave more flexibly in terms of delivery and to encourage joint working, removing barriers that result in a lack of continuity of care. The legislation made it possible to:
- Set up pooled budgets.
 - Delegate functions, by nominating a lead commissioner or integrating provision, such as the delegation of local authority functions to an NHS Body.
 - Transfer funds between bodies.
34. This allowed a number of service providers to modify the ways in which services are delivered and to adjust the combination of providers and carers involved. To date changes have concentrated around services for older people, people with learning difficulties (or learning disabilities), children or mental health. It was anticipated that there would be cost savings as a result of collaborative working, eg. keeping an elderly person in hospital can cost more money than the appropriate package of social care needed to allow the patient to be discharged. With pooled budgets, funds would no longer be tagged as belonging to health or social services, and managers should be enabled to take more rational, holistic decisions.
35. The *NHS Plan, 2000*, introduced a challenging agenda for modernising the Health Service, enabling Social Services and the NHS to come together with new agreements to pool resources – proposing new Care Trusts able to commission Health and Social Care through a single organisation.

36. The *Health and Social Care Act, 2012* delivered many aspects developed from 'The NHS Plan: A plan for investment, a plan for reform' and 'The NHS Plan: The Government's response to the Royal Commission on Long Term Care'.
37. The rationale for change was identified as:
- Improve NHS performance.
 - Provide better protection for patients.
 - Provide better protection of patient information.
 - Strengthen the ways in which the public and patients are involved in determining the way the NHS works.
 - Modernise pharmacy and prescribing services.
 - Extend direct payments for social services users and provide a fairer system of funding for long-term care, eg. measures to reduce the need to sell one's home on entering residential care.
38. Principal changes emanating from the Act were:
- Changes to the way the NHS, including family health services, is funded and run and changes to the way long-term care is provided for.
 - Provision for the establishment of Care Trusts and for the transfer of staff in connection with partnership arrangements.
 - Encouragement for local and health authorities to merge their social services and NHS powers into 'Day Care Trusts'.
 - Long term care for the elderly – medical needs will be met by the state, but the living costs of staying in a residential home will still have to be paid.
 - Nurses' prescribing rights to be extended, and chiropodists, physiotherapists and pharmacists were also made able to prescribe certain classes of medicine.

Sector Skills Council initiatives

39. Over and above the standards set by legislation, the Skills Council for the sector, Skills for Care and Development (and TOPSS, its predecessor) has undertaken several initiatives to improve care standards and professionalise the workforce. These include:
- The finalisation of new Health and Social Care National Occupational Standards, qualification structures and assessment strategy.
 - Agreement on a National Minimum Dataset (NMDS-SC) with all key stakeholders to radically overhaul workforce data in the sector.
 - Introduction of new Common Induction Standards.
 - A start on evaluating new types of working across the whole workforce, including developing the role of Personal Assistants.

- Establishment of a Learning Resource Network (LRN) with regional and local hubs supporting work-based learning.
 - Drafting of a Continuing Professional Development strategy, linked to skills and qualification needs.
 - Launch of the first national Leadership and Management strategy for social care.
 - Development of a participation strategy for people who use services, involving them in the training and education of students and staff.
 - Development of a local and regional employer-led commissioning framework for social care and social work education and training, based on robust workforce plans.
40. The sector is currently developing a Sector Skills Agreement for Adult Social Care (to emerge in 2007) which will identify workforce development needs and propose solutions (including the initiatives, as above, already established or in design).

Summary: key sector drivers

41. The sector has some obvious advantages. It is a fundamental requirement for a modern state to offer adequate care to its disadvantaged and older citizens. It is, therefore, a sector of which there are high public expectations with commensurate political profile. It cannot be delivered other than locally: social care cannot be outsourced abroad. And with a growing and ageing population, demand for one of its main functions, the care of the elderly, will invariably rise.
42. However, underlying this strong basic position are several tensions.
43. Both the public and the industry itself are keen to see consistently high standards of care, both in its physical infrastructure and from a committed and qualified workforce.
44. Pressure from legislation and from the Sector Skills Council seek to drive up standards in these areas. However, such changes have imposed significant costs in buildings design and development and in staff training time. These costs have not been easy to fund. Local Authorities tend to fund care support at minimum levels and only a minority of people are independently able to afford the full cost of care at its highest standards.
45. One consequence has been the closure of care homes and amalgamation of others to achieve the economies of scale which allow private care operators to remain profitable.
46. The other consequence is that wages in the sector are low for most grades of staff. This has meant that turnover of staff has frequently been high. In turn, this places stress on workforce development. Although some training remains relevant when workers simply 'churn' between different employers in the sector, a significant proportion of training value is lost when workers move into competitor sectors (typically, hospitality or retail) or leave the industry for other reasons (typically when young women start a family).
47. The government's objective to better align social and health care has proved organisationally difficult with many barriers to efficient functioning remaining. But

in workforce terms, the boundaries between the health sector and the care sector have become increasingly blurred with more staff effectively employed in mixed health/social care functions, supported by 'shared' health and care qualifications which continue to develop. Whilst this is a desirable and required outcome of public policy, in practice it places further stress on the social care workforce which is less competitive than NHS employment in terms of wages and conditions.

4. Demand for labour and skills in Bournemouth, Dorset, Poole, and Somerset

Introduction

48. Thus far, we have reflected on the size of the social care sector in the BDPS area, on the trend in employment, and on the major factors which drive both the overall level of employment and the changing nature of skills required in the industry.
49. In this chapter, the nature of labour and skills *demand* in the sub-region is considered in more detail.

Occupational structure

50. At the simplest level, 'labour demand' can be considered just as the necessity to fill the 22,000+ or so jobs which are offered by the sector in Bournemouth, Dorset, Poole and Somerset. However, the nature of those jobs can be more clearly understood by reference to their occupational structure.
51. It is not possible to quantify the occupational structure for the BDPS area in *exact* terms, since no data source is available for this purpose. However, projecting a national estimate of workforce structure onto the local employment total offers a reasonably robust picture:

Table 6: Estimated occupational structure, BDPS area, 2006

| | No. | % of total |
|---|---------------|------------|
| Professional social workers | 2,050 | 9.1 |
| Other LA social service department staff | 800 | 3.6 |
| Managers/proprietors of care homes | 875 | 3.9 |
| Nursing staff in care homes | 500 | 2.2 |
| Senior care assistants/supervisors in care homes | 3,550 | 15.8 |
| Junior care assistants in care homes | 6,250 | 27.7 |
| Care home support staff (cleaners, maintenance, etc.) | 1,500 | 6.7 |
| Managers of domiciliary care services | 500 | 2.2 |
| Domiciliary care assistants | 3,200 | 14.3 |
| Agency carers | 700 | 3.1 |
| Day care centre staff | 2,550 | 11.3 |
| Total | 22,500 | 100 |

Source: Estimates are made by projecting statistics from the State of the Social Care Workforce in England (TOPSS, 2003) onto ABI 2004 total workforce estimates for the BDPS area

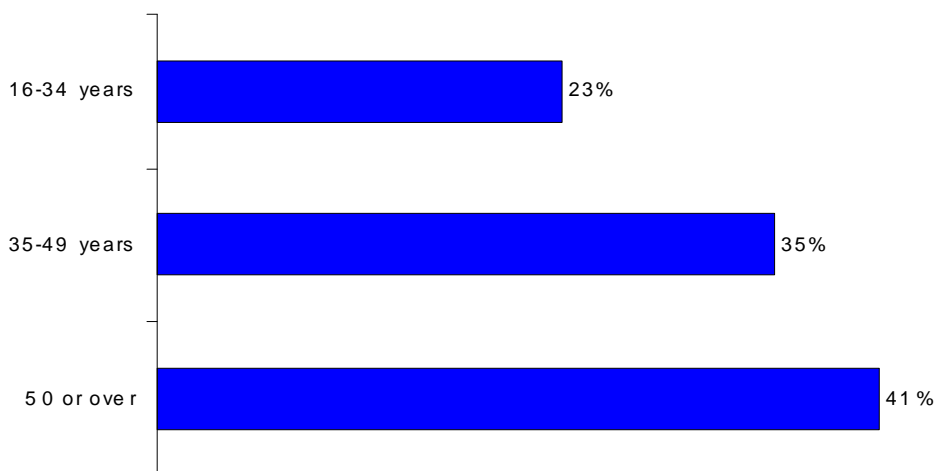
52. This data suggests that, in numerical terms, key occupational groups in the sector (excluding professional social work functions) comprise:
- Managers (6% of total employment)
 - Residential and domiciliary care assistants, day care staff, agency carers (72% of total employment)

- Domestic staff (7% of total employment)
- Nurses in care homes (2% of total employment)

Occupational change

53. The prospects for change in the absolute number of people employed in the sector in the BDPS area were discussed above. However, whatever the actual number turns out to be in 5 or 10 years, some moderate change in the occupational balance is anticipated (by Working Futures II, the LSC's employment forecasting model).
54. The number of *corporate managers* is expected to increase (by around 400 staff) by 2014 but the number of *proprietors/managers* in the sector is forecast to decrease slightly (by 50-100) as small homes close and the sector becomes increasingly 'corporate'.
55. The number of health professionals in the sector is forecast to increase (by around 500 staff) as the integration of social and health care increases.
56. The number of administrative and clerical staff is forecast to decline (by around 300 staff) as technology replaces routine clerical functions and as managers become increasingly able to manage their own clerical and secretarial workloads.
57. The number of 'core' care staff – care assistants of various types and grades – is forecast to increase (by around 1,500 staff) in line with general expansion of the sector.
58. However, the major factor which influences the future demand for labour is replacement demand, the requirement for recruitment generated by retirements, occupational mobility, and workforce migration.
59. Specifically, retirement from the sector is, of course, driven by the level of older people in the workforce. An up-to-date figure for the age structure of the workforce is not available, but a survey of social care staff in 2002 (BMG Research for LSC Bournemouth, Dorset and Poole) showed that over 4 out of 10 workers in the industry were aged 50 or over:

Figure 3: Age distribution of the social care workforce in Bournemouth, Dorset and Poole



Source: Survey of the local social care workforce, BMG Research for LSC BDP, 2002

60. The same survey also identified a high degree of staff 'churn'. 49% of care sector managers reported that they had lost at least one member of staff to another care sector employer in the previous 12 months.
61. More generally, the Institute for Employment Research (Warwick University) estimates national rates for the combined effect of occupational change and replacement needs in the sector (Working Futures II). These can be projected on to the local occupational structure. Of course, it cannot be assumed that these effects are wholly consistent across the UK but the estimates give a broad guide to the likely scale of recruitment necessary to maintain the workforce at the required level. However, these projections are for a combined workforce covering both the health sector *and* the social care sector. The forecast may be somewhat conservative, particularly in respect of care assistant grades in social care. For these occupations, therefore, a separate figure has been used, drawn from the national Social Services Workforce Survey of 2003, which estimates an annual turnover rate of 15% for residential and domiciliary care assistants:

Table 7: Recruitment need in the care sector in the BDPS area, 2006-2014

| | Employment in 2006 | Estimated recruitment need 2006-2014* | Estimated average annual recruitment need |
|---|---------------------------|--|--|
| Professional social workers | 2,050 | 1,300 | 160 |
| Other LA social service department staff | 800 | 200 | 25 |
| Managers/proprietors of care homes | 875 | 550 | 70 |
| Nursing staff in care homes | 500 | 250 | 30 |
| Senior care assistants/supervisors in care homes | 3,550 | 4,250 | 530 |
| Junior care assistants in care homes | 6,250 | 7,500 | 940 |
| Care home support staff (cleaners, maintenance, etc.) | 1,500 | 900 | 110 |
| Managers of domiciliary care services | 500 | 300 | 40 |
| Domiciliary care assistants | 3,200 | 3,850 | 480 |
| Agency carers | 700 | 450 | 55 |
| Day care centre staff | 2,500 | 1,500 | 195 |
| Total | 22,500 | 21,050 | 2,635 |

* Includes effects of growth, occupational change and replacement needs

Sources: Working Futures II, national estimates projected on to the local workforce; Social Services Workforce Survey, 2003

62. Thus, it can be seen that the combined effect of occupational change and replacement needs may generate a need to recruit 21,000 people into the sector over the next 8 years or so. This implies an average annual recruitment requirement of around 2,600 people concentrated in varying care assistant roles but not excluding professional and management staff. Local anecdotal evidence confirms that replacement needs, generated by significant 'churn' in the more routine care functions, are significant.

Changing skill needs

63. Numerical demand for labour within the sector at different occupational levels is one thing. There is, however, also the question of how *skill* needs within those occupations is changing.
64. We would see major change as not being in the skill set as such (though no doubt, there will be an increasing requirement for IT skills, supervisory and management skills, and so on) but as a function of the requirement under the Care Standards Act to formalise and certificate existing skills and to ensure that appropriate proportions of staff are qualified to necessary levels.
65. This general requirement can be disaggregated into its more specific components....

| Sector/Job Roles | Key Drivers for Change | Qualification/Skills Issues |
|--|--|--|
| Registration & Inspection Staff | Establishment of independent generic commissions for care standards | Mix of formal qualifications and skills required – vocational and academic. No qualification dealing with process of inspection/regulation currently available. No agreed entry qualification or career pathway. Few university based programmes. |
| Registered Managers residential care & deputies; Adults (learning disability & mental health) | Shifts/changes from public to independent sector. LD from health to social care. MH from social care to health. Growth in sector as population ages. Intro of GSCC – regulation for staff. Identification of national service standards. Human rights legislation. | Increasing the level of managers with relevant qualifications. Mix of qualifications and skills required. Variations in training programmes and awarding bodies. Skill gaps include partnership working skills, organisational development, recruitment and retention skills and key skills such as information management. Weak career pathways. Lack of funding for skills training in independent sector. |
| Front Line residential care staff – adults incl. LD & MH | Multiple shifts from public to independent, LD from health to SC, MH from SC to health. Ageing population creating additional demand. Intro of GSCC, national service standards, regulation and performance indicators for staff. Human rights legislation | Increasing the level of registration for NVQs. Poor progression from registration to award. Only recent induction standards. Weak career pathways. Skill shortages include competition for all staff with health and retail labour markets. Low pay levels. Skills gaps include dealing with violence, challenging behaviours, dementia. Partnership working, and Key Skills such as IT and communication. |
| Day centre managers & deputies LD & MH | Introduction of GSCC, identification of national service standards. Shift to greater numbers supported living in own homes. Direct payment legislation. Human rights legislation. | Skills gaps include management, IT, partnership working, including planning and managing joint services. Weak career pathways and lack of clarity on entry level. |
| Domiciliary Care Staff Home Care organisers & deputies | Sector growth due to increase in supported living in own homes. Intro of GSCC. Identification of national service standards. Direct payment legislation. Human rights legislation | No recognised qualification. Range of skill and experience. Significant management implications of part-time workforce. No obvious career pathway. |
| Front Line domiciliary care staff | As above | Access to training and assessment difficult. Weak career pathways. Lack of skills data. Labour market competition. |

LD = Learning Disability;
 MH = Mental Health;
 GSCC = General Social Care Council;
 SC = Social Care

Summary: labour and skills demand

66. Key aspects of labour and skills demand can be summarised as:

- There is a division (though an increasingly blurred one) between public and private sector activity. Whilst the public sector may be assumed to be accessible and broadly welcoming of initiatives in respect of skills supply, the same is not necessarily true of SME provision – firms in this segment are likely (as elsewhere in the economy) to regard training in a minimalist fashion and/or to seek to offload its necessity. There remain basic ‘philosophical’ differences between not-for-profit and profit-oriented operations. Recent regulation is essentially a response to historic employer resistance to ‘professional’ standards but still faces considerable resistance on cost grounds.
- There is a strong requirement, therefore, for the LSC and partners to develop a clear focus on particular areas/occupations where change is both desirable and possible.
- This focus is likely to *exclude* the ‘professional’ and ‘registered’ elements of the workforce. For nurses, allied health professionals, qualified social workers, and some other specialist groups, there are national training systems feeding largely national labour and recruitment markets where LSC level intervention is unlikely to be effective. It is in the ‘unregistered’ workforce where intervention may be more valuable. Here there is considerable policy pressure towards increasing the qualified proportion of staff which suggests that this area may contribute more fertile ground for effective support.
- Generally, too, an assumption of growth is valid. All forecasts, backed up by national funding and policy pronouncements and by demographic change, point to more people being employed across the sector.
- Absolute growth projections are significantly amplified by recruitment needs consequent on significant replacement rates driven variously by retirement, ‘sector leavers’, and ‘churn’ within the sector.
- These latter factors are exacerbated, at the lower end of occupational scales, by part-time work and low pay (and are associated with high levels of female employment). Simply, there is a continuing challenge to stabilise the workforce in the course of its ‘professionalisation’ through higher proportions of trained and qualified staff. The danger, of course, is that if the workforce continues to lose high numbers of people, then significant investment in skills development may be lost.
- However, notwithstanding this cautionary note, the LSC and partners can be broadly confident that efforts to expand the number of people who are qualified to enter or progress in the sector will not meet a lack of employment opportunity *in* the sector.
- In terms of *skill development*, the *basic* skill sets involved in many sector occupations (below the high managerial, professional and technical levels of employment) are

frequently *not* in a condition of rapid change. *Basic* social care skills are broadly the same as ever. What *is* changing is the context in which those skills are applied. As above, it is one in which increasing standards, and regulation to ensure those standards are met, is demanding more frequent qualification; one in which a more 'formal' environment and higher client expectations, demand better communication and management skills; and one in which basic IT user skill requirements (as across the rest of the economy) are rising.

5. Supply of labour and skills

Introduction

67. The previous section of this report considered labour and skills demand – the numbers of people with particular abilities which the care sector in the BDPS area needs, now and in the near future, to operate its services at an efficient level.
68. This chapter moves on to consider the ability of the local area to supply those requirements. However, as context we first set out a brief consideration of some national supply characteristics.

The national supply picture

69. National information on the supply-side for the care sector is by no means comprehensive but a number of features can be picked out.
70. The latest national analysis (The State of the Social Care Workforce, Skills for Care, 2005) reports that up-to-date analyses of numbers of staff in CSCI-regulated care providers holding or working towards the NVQs and other qualifications specified in the National Minimum Standards were not available, so it was not possible reliably to assess progress towards the NMS targets.
71. However, at September 2003, an estimated 10% of registered managers in local authority care homes (including children's) held the NVQ Level 4 Registered Manager's Award and a further 26% were studying for it. A third held another management qualification and 37% a professional social work qualification. The proportion of qualified managers appeared to be steadily increasing. No information about managers in independent sector care homes was, however, available.
72. Information about the proportion of care workers in care homes who are qualified to the appropriate NVQ level was also sketchy, but generally pointed to non-achievement of the 2005 targets at a national level (though many individual homes had achieved them). Some 22% of independent sector care homes for older people were estimated to have achieved the 50% NVQ2 target in early 2004, but in around half fewer than 20% of staff were qualified. Two-thirds (63%) of all types of homes for younger adults, and 52% of children's homes had sufficient staff with the necessary qualifications in 2003. At end of March 2004, 39% of local authority children's home workers and 35% of local authority care workers in adult learning disability services had the relevant NVQs.
73. The proportion of managers in local authority and independent sector domiciliary care services with and studying for management qualifications was uncertain but appeared to be considerably lower than among their counterparts in care homes. There was similar uncertainty about numbers of qualified domiciliary care workers, but estimates of 10% qualified and 18% studying for NVQ Level 2 or higher in 2004 had been made.
74. By June 2004 over 3,000 Registered Manager (Adults) and 78,500 Level 2 NVQ in Care certificates had been awarded. Over half of NVQ Care awards are assessed via private training providers.
75. Overall, therefore, national statistics are both outdated and incomplete. What they appear to show, however, is that, whilst progress towards National Minimum Standards was occurring, there was, at least in 2004, a considerable shortfall. For example, of care homes for the elderly, fewer than a quarter (22%) had

achieved the NMS for 50% of non-nursing staff to hold a Level 2 qualification. Local sector representatives suggest that the national picture (set out below) is also applicable locally and that the 2005 target for 50% of care assistants to have a Level 2 care qualification has not been met. High turnover of staff and increasing use of migrant workers are thought to be the major barriers to achievement of the target:

Table 8: Percentage of non-nursing staff qualified to NVQ Level 2; 2004

| | Care only homes | Care homes with nursing | All care homes |
|--|-----------------|-------------------------|----------------|
| | % | % | % |
| 90% or more | 1 | 2 | 1 |
| 80% or more but less than 90% | 1 | 2 | 2 |
| 70% or more but less than 80% | 2 | 4 | 3 |
| 60% or more but less than 70% | 5 | 5 | 5 |
| 50% or more but less than 60% | 10 | 12 | 11 |
| Subtotal: 50% or more | 19 | 24 | 22 |
| 40% or more but less than 50% | 11 | 10 | 10 |
| 30% or more but less than 40% | 16 | 16 | 16 |
| 20% or more but less than 30% | 22 | 22 | 22 |
| Subtotal: 20% or more but less than 50% | 49 | 47 | 48 |
| 10% or more but less than 20% | 21 | 20 | 20 |
| Less than 10% | 12 | 9 | 10 |
| Subtotal: less than 20% | 32 | 29 | 30 |

Source: The State of the Social Care Workforce, Skills for Care, 2005

76. And in independent domiciliary care, responding to a 2004 survey, organisations reported that 12% of their managers held the NVQ Management/Registered Manager's Award (RMA), 23% held the NVQ Assessor/Internal Verifier, 34% a Registered Nursing Qualification and 5% NVQ Level 4 in Care. Over a quarter (27%) of managers were reported to be working towards the RMA, 20% towards the Assessor awards, and 11% were working towards NVQ Level 4 in Care. (The extent to which there is overlap between those holding and working towards each qualification is not available).
77. Of the 561 *registered* managers responding to the same survey, only 3% held the NVQ/SVQ Management/Registered Manager's Award (RMA), 25% held NVQ/SVQ Assessor/Internal Verifier, 18% held NVQ Level 4 in Care and 14% a Registered Nursing Qualification. A further 6% were working towards the RMA, and 42% towards NVQ/SVQ Level 4 in Care.

Local skills supply

78. Turning now from the national context to the local position, labour and skills supply in the BDPS area depends, broadly, on two factors. Firstly, the general availability of labour and, secondly, the scale and success of mechanisms to generate relevant skills.

Broad labour supply

79. Thus, a first issue concerns the availability of labour in general. Of course, the care sector is in competition with other sectors for the supply of labour – particularly at lower levels and for generic skills which are readily transferable between sectors. The question is one of whether the local labour market is ‘tight’ (ie. fairly competitive for labour or skills) or not.
80. There are a number of indicators of ‘tightness’ in Bournemouth, Dorset and Poole.
81. Firstly, the working age employment rate in Dorset and Poole is higher than in England and the SW as a whole though Bournemouth has a lower rate than both. Since 2001/02, the rate has grown in Dorset, but fallen in Poole and in Bournemouth. The national rate has remained static, and the SW rate has fallen slightly:

Table 9: Employment rates in Bournemouth, Dorset and Poole

| Percentage of working age population | Jun 01- May 02 | Jun 04- May 05 | % point change |
|--------------------------------------|----------------|----------------|----------------|
| Dorset | 79.4 | 80.9 | +1.5 |
| Bournemouth | 73.0 | 68.1 | -4.9 |
| Poole | 80.3 | 77.2 | -3.1 |
| South West | 78.9 | 78.8 | -0.1 |
| England | 75.1 | 75.1 | 0 |

Source: ONS Quarterly Labour Force Survey 4th quarter average May 05

82. Thus, although there has been some slackening, local employment rates in Dorset and Poole (though not Bournemouth) remain higher than national levels – suggesting that the number of people available to enter the labour market is lesser than elsewhere.
83. Secondly, the latest annual unemployment rates are 3.9% for Bournemouth, 2.4% for Dorset and 2.3% for Poole (SW: 3.6%, Eng: 4.7%). Bournemouth’s 12-month average claimant count rate of 1.7% is higher than the South West average of 1.4%. The rates for Dorset (0.9%) and Poole (1.0%) are below. All are less than the England rate (2.4%). Again, therefore, labour market tightness is evident. Unemployment rates (though recently moving upwards) remain very low in historical terms and local unemployment may be reduced to the minimum of people in ‘transitional’ unemployment – between jobs – or who are difficult to employ because of low abilities and/or low motivation.

84. If these factors suggest that local labour supply is constricted, then data on *house price* data emphasises the difficulty for prospective applicants for lower paid/lower skilled occupations to move into the area.
85. Thus, in Q3 of 2005, the average house price in Poole (£254,959) was the highest (out of 15) among SW county and unitary authorities, and was 29.3% above the English average (£197,201). (SW: £202,396). Dorset had the third highest average house price in the region (£230,261), and Bournemouth the ninth highest (£196,367).
86. More particularly, lower quartile housing affordability ratios show that lower quartile house prices are approximately 9.1 times lower quartile resident earnings in Bournemouth, and 9.6 times in Poole (SW: 8.5, England 6.8). For Dorset districts, ratios range from 9.2 (Weymouth and Portland) to 11.9 (Christchurch). The latter is the highest lower quartile ratio of any local authority in the South West. (*House Prices: OPDM Mean House Prices Q3 2005 (provisional)/ Affordability: HM Land Registry house prices Q1-Q2 2005/ONS Annual Survey of Hours and Earnings 2005.*)
87. Data on *Somerset* is less comprehensive but it can be noted that:
- Somerset's economic activity rate (81.6) remains higher than that of the South West (80.8) or the UK (78.1)
 - Unemployment (claimant count) is lower in Somerset (1.4) than the South West average (1.7) or the UK average (2.6).
 - House prices are below the average for England and Wales. However, because of relatively lower wages, their affordability is also less than average.
88. Overall, these statistics, for the BDP area and Somerset, suggest that the labour market in both sub-regions is still quite tight and that the care sector, given its low wage levels, is intrinsically likely to suffer from labour turnover and recruitment problems.
89. However, it is also noted that a substantial and increasing volume of in-migrant labour is available to meet absolute labour shortages. It is estimated that around 12%-13% of the care sector workforce in the BDPS area (a similar proportion as nationally) is comprised of in-migrant staff (source: Partners in Care, Bournemouth, Dorset, and Poole)

Work-based learning (WBL)

90. Statistics for WBL participation in the BDPS area show that only 229 Apprentices ended a period of training within the health and social care sector in 2004/05. These were distributed by age and gender as:

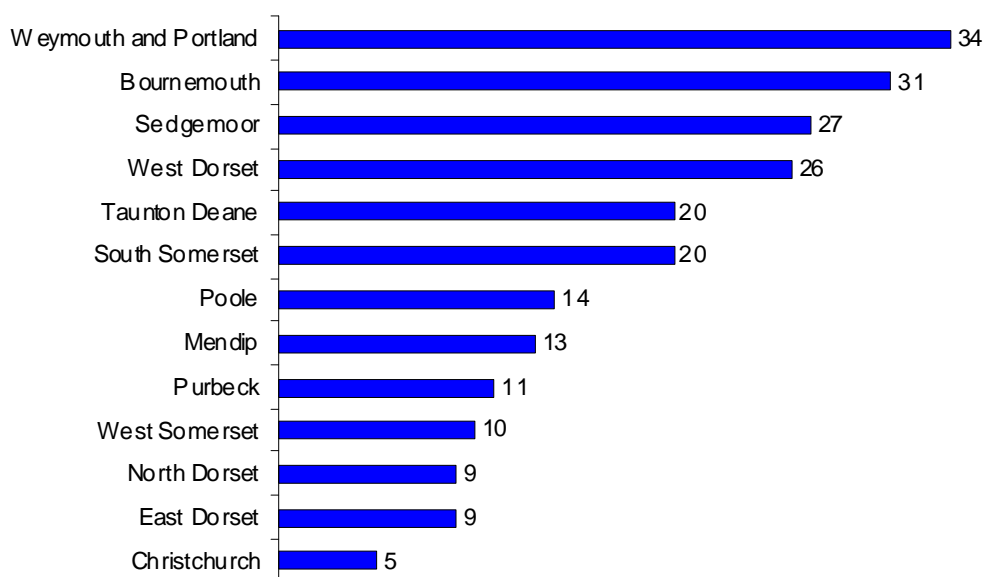
Table 10: WBL trainees ending training in health and social care in, 2004/05

| | F | M | Total |
|--------------|------------|-----------|--------------|
| 16-18 years | 62 | 5 | 67 |
| 19-20 years | 61 | 5 | 66 |
| 21-24 years | 88 | 8 | 96 |
| Total | 211 | 18 | 229 |

Source: ILR 2004/05

91. It can be seen that the structure of Work Based Learners perpetuates the bias towards female employment in the sector.
92. Locationally, Apprentices were resident in all BDPS Districts/UAs and were thus spread in fairly small numbers across the different local authority areas. Weymouth and Portland had the most trainees whilst Christchurch had the fewest:

Figure 4: Numbers of WBL trainees ending training in health and social care per District/UA, 2004/05



Source: ILR 2004/05

93. The majority of WBL trainees were Apprentices at Foundation level (157 cases or 69%) or at Advanced level, Level 3 (62 cases or 27%), but 10 trainees (4%) trained towards Level 4.
94. In 2004/05 success rates in terms of partial achievement were poor at Level 2 and only moderate at Level 3. The proportions of trainees completing the full

Apprenticeship framework were low. However, it can be seen that achievement rates have risen significantly in the most recent year:

Table 11: Success rates in WBL in health and social care in the BDPS area, 2004/05

| | 2004/05 | | 2005/06 | |
|-----------------------------------|------------------|---------------------------|------------------|---------------------------|
| | Some achievement | Full framework completion | Some achievement | Full framework completion |
| Apprenticeship (Level 2) | 48% | 35% | 60% | 52% |
| Advanced Apprenticeship (Level 3) | 60% | 27% | 71% | 57% |
| Level 4 | 80% | N/A | N/A | N/A |

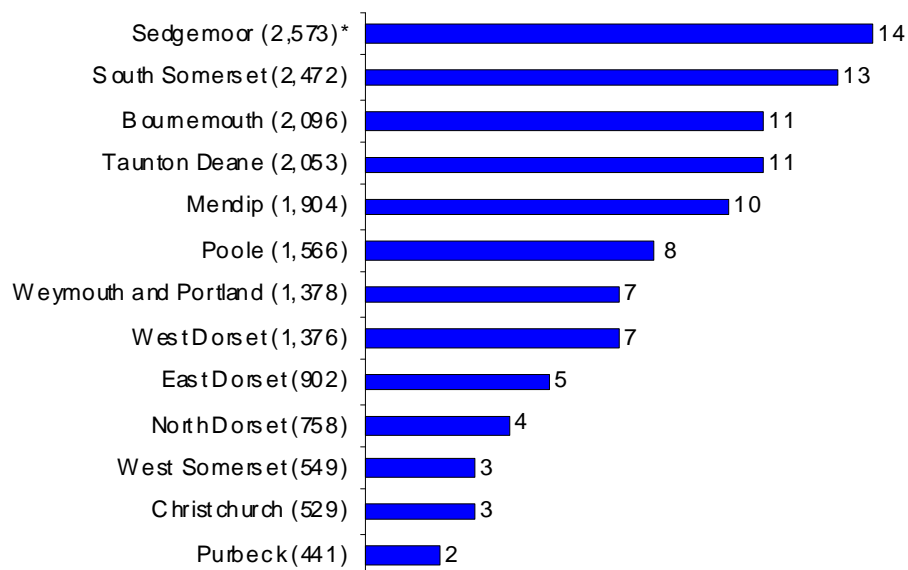
Source: ILR 2004/05 and 2005/06

95. As noted, these success rates have recently improved. The social care NVQ has changed in the past year so that it is more clearly based in the workplace, requires less written work, and is largely assessed on workplace performance.

Further Education

96. In total, 18,612 learning aims in Further Education in health and social care were pursued by residents of the BDPS area during 2004/05. Of these:
- 15,902 (85%) were pursued by people aged 19 or over, 2,710 (15%) were pursued by people aged 16-18.
 - 12,258 (66%) were pursued by females and 6,354 (34%) by males.
97. These students were resident in all Districts and Unitary Authority areas in the BDPS area, approximately in proportion to the underlying populations of the areas concerned:

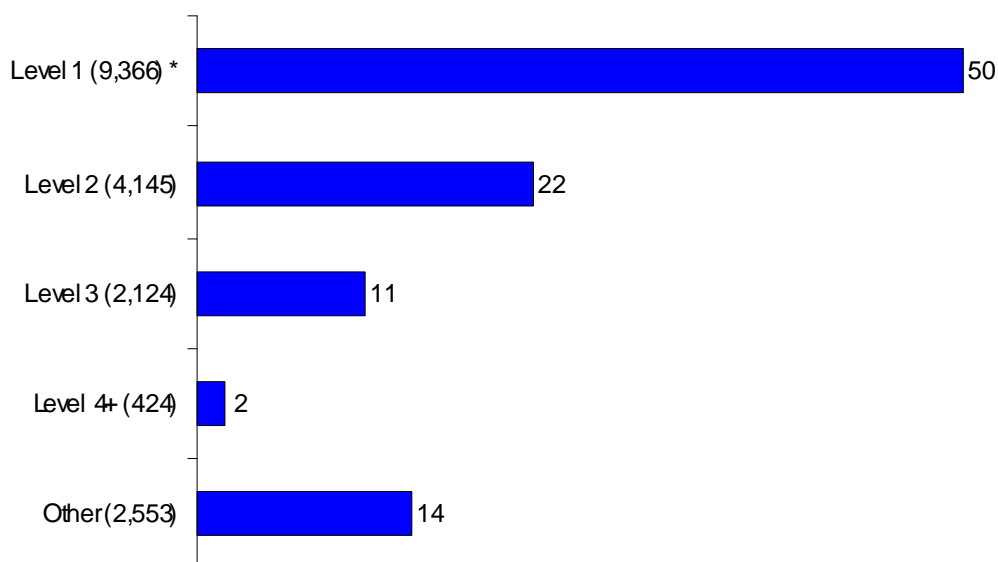
Figure 5: Place of residence of those with learning aims in health and social care, 2004/05; percentages of total



Source: ILR 2004/05

98. The levels at which students pursued learning aims were:

Figure 6: Level of learning aims in health and social care pursued by BDPS area students, 2004/05; percentages



Source: ILR 2004/05

* Actual cases

99. The learning aims pursued by 16-18 year old FE students were:

Table 12: Learning aims of 16-18 year old FE students; numbers and percentages

| | | |
|---|-----|-----|
| 1 day Appointed Persons First Aid Course | 2 | 0.1 |
| Abrasive Wheels Regulations | 2 | 0.1 |
| Accident and Incident Awareness and Response | 3 | 0.1 |
| Advanced Subsidiary VCE in Health and Social Care | 15 | 0.6 |
| Advanced VCE (Double Award) in Health and Social Care | 143 | 5.3 |
| Advanced VCE in Health and Social Care | 127 | 4.7 |
| Basic First Aid | 122 | 4.5 |
| Basic Health and Safety Certificate | 67 | 2.5 |
| Basic Health and Safety for the Construction Industry | 1 | 0 |
| BTEC Award in The Control and Administration of Medicines | 13 | 0.5 |
| BTEC First Diploma in Caring | 18 | 0.7 |
| BTEC Introductory Certificate in Health and Social Care | 1 | 0 |
| BTEC Introductory Diploma in Health and Social Care | 15 | 0.6 |
| BTEC National Certificate in Health Studies | 3 | 0.1 |
| BTEC National Diploma in Care | 3 | 0.1 |
| BTEC National Diploma in Health Studies | 94 | 3.5 |
| Certificate for Working in the Community | 8 | 0.3 |
| Certificate in Aromatherapy Massage | 3 | 0.1 |
| Certificate in Basic Health and Safety | 6 | 0.2 |
| Certificate in Care Procedures | 1 | 0 |
| Certificate in Care Skills | 1 | 0 |
| Certificate in Counselling Skills | 1 | 0 |
| Certificate in Food Hygiene | 434 | 16 |
| Certificate in Health & Safety (Entry Level) | 7 | 0.3 |
| Certificate in Health and Safety in the Workplace | 245 | 9 |
| Certificate in Infection Control | 7 | 0.3 |
| Certificate in Introduction to Counselling Skills | 77 | 2.8 |
| Certificate in Nutrition and Health | 1 | 0 |
| Certificate in Paediatric First Aid | 8 | 0.3 |
| Certificate in Personal Safety Awareness | 95 | 3.5 |
| Certificate in Positive Dementia Care | 3 | 0.1 |
| Certificate in Reflexology Techniques | 23 | 0.8 |
| Certificate in Safe Handling of Medicines | 11 | 0.4 |
| Certificate in Safety Compliance | 3 | 0.1 |
| Certificate in Salon Hygiene | 14 | 0.5 |
| Certificate in Swedish Massage | 11 | 0.4 |
| Certificate in Working Safely | 1 | 0 |

| | | |
|--|-----|-----|
| Certificate in Working with Voluntary Organisations and Community Groups | 47 | 1.7 |
| Certificate in Youth Work | 4 | 0.1 |
| Conversion from Advanced Subsidiary VCE to Advanced VCE in Health and Social Care | 23 | 0.8 |
| Conversion from Advanced VCE to Advanced VCE (Double Award) in Health and Social Care | 2 | 0.1 |
| Diploma in Aromatherapy | 2 | 0.1 |
| Diploma in Body Massage | 4 | 0.1 |
| Diploma in Holistic Massage | 5 | 0.2 |
| Diploma in Holistic Therapies | 1 | 0 |
| Diploma in Reflexology | 4 | 0.1 |
| Domestic Natural Gas Core Safety | 1 | 0 |
| Emergency Aid | 1 | 0 |
| Emergency Aid at Work (Appointed Person) | 3 | 0.1 |
| Emergency Aid in the Workplace for Appointed Persons | 210 | 7.7 |
| Emergency First Aid (Appointed Person) | 37 | 1.4 |
| Emergency First Aid at Work | 2 | 0.1 |
| Emergency First Aid for Appointed Persons | 1 | 0 |
| Entry Level Certificate in Skills for Working Life (Health and Social Care) | 2 | 0.1 |
| First Aid at Work Certificate (certificate awarded by HSE approved organisations) | 245 | 9 |
| First Aid at Work Certificate (HSE approved) | 28 | 1 |
| First Aid for Child Carers | 59 | 2.2 |
| First Aid for Child Carers Certificate | 3 | 0.1 |
| First Aid Refresher Course and Examination (certificate awarded by HSE approved organisations) | 1 | 0 |
| Foundation Certificate in Health and Safety in the Workplace | 82 | 3 |
| GCSE Health and Social Care (Double Award) | 2 | 0.1 |
| GNVQ in Foundation Health and Social Care | 52 | 1.9 |
| GNVQ in Intermediate Health and Social Care | 68 | 2.5 |
| Infection Control | 1 | 0 |
| Intermediate Certificate in Food Safety | 20 | 0.7 |
| Intermediate Certificate in Safe Handling of Medicines | 2 | 0.1 |
| Introduction to Counselling | 1 | 0 |
| Level 2 Certificate in Manual Handling | 1 | 0 |
| Lifesaver First Aid Course | 80 | 3 |
| Lifesaver Plus First Aid Course | 4 | 0.1 |
| Medic First Aid - Care Initiator Course | 33 | 1.2 |
| Medic First Aid - Sports Medicine | 16 | 0.6 |

| | | |
|---|--------------|------------|
| National General Certificate | 1 | 0 |
| National Skills Profile - Care | 9 | 0.3 |
| NVQ in Care | 12 | 0.4 |
| NVQ in Health and Social Care | 7 | 0.3 |
| Principles of COSHH | 2 | 0.1 |
| Principles of Manual Handling | 2 | 0.1 |
| Professional Development Award in Caring (Communication Support Worker with Deaf People) | 1 | 0 |
| RYA First Aid Certificate | 4 | 0.1 |
| Safety in the use of Abrasive Wheels | 1 | 0 |
| Standard First Aid Certificate | 2 | 0.1 |
| Working Safely | 33 | 1.2 |
| Total | 2,710 | 100 |

Source: ILR 2004/05

100. It can be seen that a high proportion of courses undertaken by 16-18 year olds, though nominally in 'health and social care', are actually certificates related to health and safety and first aid. Other significant proportions of study are towards specialised certificates only some of which are important in mainstream care settings. Fewer than 20% of learning aims are directed to a 'generic' care qualification and some of these are at Level 1.

101. The learning aims of 19+ year old students were:

Table 13: Learning aims of 16-18 year old FE students; numbers and percentages

| | | |
|---|-----|-----|
| 1 day Appointed Persons First Aid Course | 291 | 1.8 |
| 1 Day Mobile Elevated Platform (refresher) | 2 | 0 |
| Abrasive Wheels Regulations | 2 | 0 |
| Access to Higher Education (Social Work, Teaching, Health Studies) - Yeovil College | 40 | 0.3 |
| Access to Higher Education: Social Work - Bridgwater College | 10 | 0.1 |
| Accident and Incident Awareness and Response | 255 | 1.6 |
| Advanced Certificate in Counselling | 3 | 0 |
| Advanced Certificate in Counselling Skills | 41 | 0.3 |
| Advanced Certificate in Food Safety | 2 | 0 |
| Advanced Diploma in Pest Management | 1 | 0 |
| Advanced VCE (Double Award) in Health and Social Care | 3 | 0 |
| Advanced VCE in Health and Social Care | 3 | 0 |
| Basic First Aid | 649 | 4.1 |
| Basic First Aid at Work Certificate | 3 | 0 |
| Basic Health and Safety Certificate | 324 | 2 |
| BTEC Award in Infection Control | 1 | 0 |

| | | |
|---|-------|------|
| BTEC Award in The Control and Administration of Medicines | 3 | 0 |
| BTEC National Certificate in Health Studies | 1 | 0 |
| BTEC National Diploma in Health Studies | 6 | 0 |
| CAB Certificate in Generalist Advice Work | 4 | 0 |
| Care Practices | 5 | 0 |
| CCNSG Nationally Accredited Safety Passport | 2 | 0 |
| Certificate for Working in the Community | 1 | 0 |
| Certificate in Aromatherapy Massage | 9 | 0.1 |
| Certificate in Basic Health and Safety | 43 | 0.3 |
| Certificate in Care Practices | 3 | 0 |
| Certificate in Care Procedures | 6 | 0 |
| Certificate in Care Skills | 56 | 0.4 |
| Certificate in Community Mental Health Care | 6 | 0 |
| Certificate in Control of Infection and Contamination | 1 | 0 |
| Certificate in Counselling Concepts | 2 | 0 |
| Certificate in Counselling Skills | 224 | 1.4 |
| Certificate in Counselling Skills and Theory | 11 | 0.1 |
| Certificate in Counselling Studies | 154 | 1 |
| Certificate in Drugs Awareness - Level 2 | 1 | 0 |
| Certificate in Drugs Awareness | 23 | 0.1 |
| Certificate in Food Hygiene | 1,829 | 11.5 |
| Certificate in General Practice Reception | 12 | 0.1 |
| Certificate in Health & Safety (Entry Level) | 23 | 0.1 |
| Certificate in Health and Safety in the Workplace | 653 | 4.1 |
| Certificate in Health and Safety Management | 1 | 0 |
| Certificate in Holistic Therapies | 2 | 0 |
| Certificate in Housing | 2 | 0 |
| Certificate in Infection Control | 442 | 2.8 |
| Certificate in Introduction to Counselling Skills | 152 | 1 |
| Certificate in Medical Terminology | 12 | 0.1 |
| Certificate in Moving and Handling Clients | 10 | 0.1 |
| Certificate in Nutrition and Health | 36 | 0.2 |
| Certificate in Occupational Health and Safety | 9 | 0.1 |
| Certificate in Occupational Safety - Managing Health & Safety | 2 | 0 |
| Certificate in Occupational Safety - Manual Handling | 1 | 0 |
| Certificate in Occupational Safety - Risk Assessment | 16 | 0.1 |
| Certificate in Occupational Safety - Safety Essentials | 8 | 0.1 |

| | | |
|---|-----|-----|
| Certificate in Paediatric First Aid | 3 | 0 |
| Certificate in Personal Safety Awareness | 23 | 0.1 |
| Certificate in Positive Dementia Care | 76 | 0.5 |
| Certificate in Reflexology Techniques | 47 | 0.3 |
| Certificate in Risk Assessment Principles and Practice | 36 | 0.2 |
| Certificate in Safe Handling of Medicines | 520 | 3.3 |
| Certificate in Safety Compliance | 145 | 0.9 |
| Certificate in Salon Hygiene | 26 | 0.2 |
| Certificate in Supervising Health and Safety | 4 | 0 |
| Certificate in Swedish Massage | 62 | 0.4 |
| Certificate in Welfare Studies | 20 | 0.1 |
| Certificate in Working and Operating Safely | 33 | 0.2 |
| Certificate in Working Safely | 9 | 0.1 |
| Certificate in Working with People who have Learning Disabilities | 12 | 0.1 |
| Certificate in Working with Voluntary Organisations and Community Groups | 661 | 4.2 |
| Certificate in Youth Work | 29 | 0.2 |
| CG 2078 Handling of Refrigerants | 2 | 0 |
| CG 7410-01 Radiation Safety Practice Stage I | 2 | 0 |
| Changeover Domestic - ESP Safety | 3 | 0 |
| Changeover Domestic Natural Gas safety to Commercial Natural Gas Safety | 7 | 0 |
| Changeover Domestic to Commercial Catering (Appliances) Gas Safety Assessment | 1 | 0 |
| Commercial Catering Safety (Natural Gas) | 4 | 0 |
| Commercial Natural Gas Safety | 16 | 0.1 |
| Conversion from Advanced Subsidiary VCE to Advanced VCE in Health and Social Care | 2 | 0 |
| Core Domestic Gas Safety | 6 | 0 |
| Counselling Diploma | 1 | 0 |
| Counselling Skills in the Development of Learning Certificate | 44 | 0.3 |
| Diploma in Aromatherapy | 9 | 0.1 |
| Diploma in Body Massage | 32 | 0.2 |
| Diploma in Case Work Supervision | 2 | 0 |
| Diploma in Counselling | 7 | 0 |
| Diploma in Diet and Nutrition for Complementary Therapists | 9 | 0.1 |
| Diploma in Holistic Massage | 178 | 1.1 |
| Diploma in Holistic Therapies | 9 | 0.1 |

| | | |
|--|-------|------|
| Diploma in Housing | 2 | 0 |
| Diploma in Lymphatic Drainage Massage | 6 | 0 |
| Diploma in On Site Massage | 2 | 0 |
| Diploma in Reflexology | 113 | 0.7 |
| Diploma in Therapeutic Counselling | 131 | 0.8 |
| Diploma in Welfare Studies | 18 | 0.1 |
| Diploma in Youth Work | 26 | 0.2 |
| Domestic Natural Gas Core Safety | 64 | 0.4 |
| Early Years First Aid | 1 | 0 |
| Emergency Aid | 33 | 0.2 |
| Emergency Aid at Work (Appointed Person) | 50 | 0.3 |
| Emergency Aid in the Workplace for Appointed Persons | 325 | 2 |
| Emergency First Aid (Appointed Person) | 30 | 0.2 |
| Emergency First Aid for Appointed Persons | 5 | 0 |
| Emergency First Aid for Children | 11 | 0.1 |
| Equality 18 glh | 1 | 0 |
| Equality 6 glh | 14 | 0.1 |
| First Aid Appointed Persons | 15 | 0.1 |
| First Aid at Work Certificate (certificate awarded by HSE approved organisations) | 1,723 | 10.8 |
| First Aid at Work Certificate (HSE approved) | 997 | 6.3 |
| First Aid for Beginners | 12 | 0.1 |
| First Aid for Child Carers | 27 | 0.2 |
| First Aid for Child Carers Certificate | 11 | 0.1 |
| First Aid for Childcarers | 83 | 0.5 |
| First Aid Refresher Course and Examination (certificate awarded by HSE approved organisations) | 717 | 4.5 |
| Foundation Certificate in Health and Safety in the Workplace | 189 | 1.2 |
| Foundation Course in Welfare Studies | 16 | 0.1 |
| GNVQ in Intermediate Health and Social Care | 4 | 0 |
| Health and Safety 12 glh | 10 | 0.1 |
| Health and Safety 18 glh | 14 | 0.1 |
| Health and Safety 30 glh | 25 | 0.2 |
| Health and Safety 6 glh | 22 | 0.1 |
| Health and Safety 60 glh | 72 | 0.5 |
| Health and Safety Environmental Awareness (Fencing) | 3 | 0 |
| Health and Safety Passport | 31 | 0.2 |
| Infection Control | 185 | 1.2 |
| Intermediate Certificate in Counselling Skills | 26 | 0.2 |

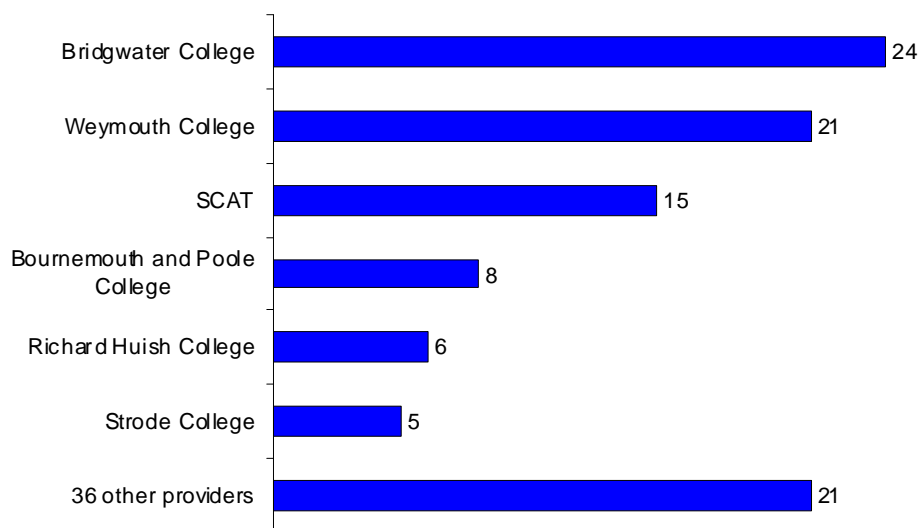
| | | |
|--|-------|-----|
| Intermediate Certificate in First Aid | 1 | 0 |
| Intermediate Certificate in Food Safety | 95 | 0.6 |
| Intermediate Certificate in Introduction to Counselling Concepts | 8 | 0.1 |
| Intermediate Certificate in Occupational Health and Safety | 36 | 0.2 |
| Intermediate Certificate in Safe Handling of Medicines | 161 | 1 |
| Introduction to Counselling | 64 | 0.4 |
| Introduction to Health & Safety | 7 | 0 |
| Introduction to Health and Safety in the Workplace | 3 | 0 |
| IOSH-SPA Safety Passport Scheme (Core + Sector Specific) | 4 | 0 |
| Level 2 Certificate in Manual Handling | 17 | 0.1 |
| Level 3 Diploma in Counselling | 5 | 0 |
| Lifesaver First Aid Course | 53 | 0.3 |
| Lifesaver Plus First Aid Course | 9 | 0.1 |
| LPG Safety Permanent Dwellings | 1 | 0 |
| Managing Safely Certificate | 97 | 0.6 |
| Medic First Aid - Care Initiator Course | 96 | 0.6 |
| Medic First Aid - Sports Medicine | 9 | 0.1 |
| Modules in Specified Aspects of Occupational Hygiene | 1 | 0 |
| Morley College - Programme Area 7; Health & Community Care (CWF B) | 1 | 0 |
| Moving and Handling | 1 | 0 |
| Moving On - Moving and Handling Training | 14 | 0.1 |
| National Certificate in Construction Safety and Health | 2 | 0 |
| National Certificate in Housing | 8 | 0.1 |
| National Diploma in Occupational Safety & Health Part 2 | 3 | 0 |
| National Diploma in Occupational Safety and Health Part 1 | 1 | 0 |
| National General Certificate | 119 | 0.7 |
| National Skills Profile - Care | 1 | 0 |
| Non-schedule 2 Health/Community Care CWF A (WEA) | 27 | 0.2 |
| Non-schedule 2 Health/Community Care CWF B (WEA) | 1 | 0 |
| NVQ in Advice and Guidance | 47 | 0.3 |
| NVQ in Care | 1,459 | 9.2 |
| NVQ in Health and Social Care | 380 | 2.4 |
| NVQ in Learning, Development and Support Services for Children, Young People and Those who Care for Them | 38 | 0.2 |
| NVQ in Occupational Health and Safety Practice | 1 | 0 |
| NVQ in Registered Manager (Adults) | 225 | 1.4 |
| NVQ in Registered Managers (Adults) | 1 | 0 |

| | | |
|--|---------------|------------|
| NVQ in Youth Work | 2 | 0 |
| Offshore First Aid Certificate (certificate awarded by HSE approved organisations) | 7 | 0 |
| Principles of COSHH | 44 | 0.3 |
| Principles of Manual Handling | 80 | 0.5 |
| Resuscitation Support Module | 13 | 0.1 |
| Risk Assessment Principles and Practice | 2 | 0 |
| RYA First Aid Certificate | 155 | 1 |
| Standard First Aid Certificate | 75 | 0.5 |
| STCW 95 Basic Training - Elementary First Aid | 1 | 0 |
| STCW 95 First Aid at Sea/Proficiency in Medical First Aid | 1 | 0 |
| Supervising Health and Safety | 1 | 0 |
| Working Safely | 70 | 0.4 |
| Total | 15,902 | 100 |

Source: ILR 2004/05

102. In the 'adult' case, learning aims were even more frequently directed to specialist aspects of care, to first aid and health and safety. The number of people working for an NVQ in Care (1,459), an NVQ in Health and Social Care (380), and the NVQ for Registered Managers (226) accounts for 2,065 learning aims, 13% of the total.
103. Of 16-18 year old FE students, 75% either completed their learning aim or were continuing working towards it; 25% failed to complete. Of 19+ year old students, 90% either completed their learning aim or were continuing working towards it; 10% failed to complete.
104. Key FE providers for 16-18 year old students are:

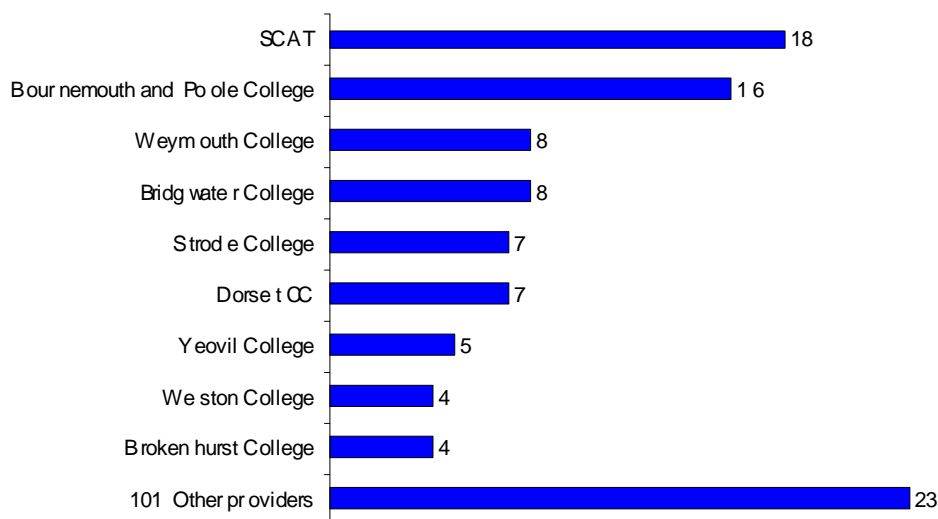
Figure 7: Percentage of all health and social care learning aims in FE pursued by 16-18 year olds in each location; 2004/05



Source: ILR 2004/05

105. Key providers for students aged 19 and over are:

Figure 8: Percentage of health and social care learning aims in FE pursued by 19+ year olds in each location; 2004/05



Source: ILR 2004/05

WBL and FE in the care sector: summary

106. It can be seen that there is a high volume of participation in FE courses leading towards qualifications related in a fairly general way towards skills in health and social care. Participation is spread across the BDPS area reflecting the fact that the care industry is not locally concentrated within the sub-region.

107. Provision is widely distributed with over 40 providers offering training to 16-18 year olds and over 100 offering training to those aged 19 and over. *Main* providers, however, include Bournemouth and Poole, Weymouth, and Bridgwater Colleges, the Somerset College of Arts and Technology and the two County Councils.
108. Completion rates are moderate to good with 25% of 16-18 year olds failing to complete and only 10% of 19+ year olds failing to complete.
109. However, though, as above, the number of 'learning aims' pursued in FE by BDPS area residents is very high, it may be noted that only a minority of learning aims concern basic preparation for employment in the sector – many other courses, particularly for those aged 19 and over, lead to specialised skills and certification for those *already employed* in the sector or are not specific to the care sector at all.
110. Participation in Work Based Learning is much more constrained in numerical terms and is further constrained by low completion rates, particularly at younger ages and of the full Apprenticeship framework (though with revision to care NVQs in the direction of greater workplace training and assessment these rates are expected to increase).
111. And, of course, it is important that the teaching available in the institutions offering care-related courses is of high quality. This latter issue can, to a degree, be assessed via Ofsted inspection reports of relevant departments in local Colleges. Where these reports are available, we set out relevant extracts below whilst noting that, in some cases, the inspections took place some time ago:

Bournemouth and Poole College: inspection date March 2003

Health and social care

Overall provision in this area is **good (grade 2)**

Strengths

high pass rates on many courses
good teaching
good support for students
strong management of the programme area
wide range of courses with good provision.

Weaknesses

some unsatisfactory pass rates in 2002
insufficient checks on students' learning in some lessons
internal verification system for NVQ courses not fully implemented.

Scope of provision

The college provides a good range of full-time courses at foundation, intermediate and advanced levels in early years' education, care and health and social care for some 300 full-time students mostly aged 16 to 18. There are internal progression opportunities to HE courses. Some 120 adults follow access to HE and pre-access courses. NVQ courses are offered to almost 600 part-time students who are mostly adults. Part-time courses cover early years, care, playwork, childminding practice, welfare studies, parenting, learner support and counselling. The college has franchise arrangements with two organisations, mainly offering first-aid courses to nearly 600 adults. Additional qualifications are offered to full-time students.

Achievement and standards

Pass rates are high on many courses. They are above national averages for welfare studies at diploma and certificate levels, advanced health and social care, access to HE and the national diploma in early years. Similarly, they are above national averages for the advanced diploma and certificate in childcare and education, the certificate in welfare studies, counselling courses at all levels and certificate courses for learning support and support assistants. The GNVQ intermediate and the diploma in childcare and education had good pass rates until 2002 when they fell below national averages. In 2002, NVQ assessments were delayed when the awarding body withdrew the college's approval for certification. The situation had been resolved at the time of the inspection.

Most students develop sound habits of independent study and effective research skills. They use computers, the Internet and the college intranet confidently in their learning. Adult students work well together in a supportive manner and show sensitivity towards each other's views. Students on the advanced diploma in childcare and education, for example, were able to re-evaluate their working practice on the basis of the new knowledge they had gained.

They presented their conclusions to other students in lively and imaginative ways using an appropriate range of early years teaching techniques. Students on counselling courses achieve a high standard of personal development and display good levels of skills. Full-time students achieve a good range of additional qualifications. These include an imaginative college-devised certificate in creative development for early years. Students produced a valuable resource pack for a range of creative activities involving music, art and drama.

Success in these qualifications helps to develop students' self-confidence. Students' written work is satisfactory and often better. Wall displays indicate they acquire good practical skills for application in early years' settings. Full-time students on the national diploma in early years achieve a high proportion of merits and distinctions for their work in placement units.

There is good internal progression, particularly from the first steps in care and child care courses and the foundation course in welfare studies.

A sample of retention and pass rates in Health and social care, 2000 to 2002

| Qualification | Level | Completion year: | 2000 | 2001 | 2002 |
|---|-------|------------------|------|------|------|
| First steps in childcare | 1 | No. of starts | *** | 14 | 26 |
| | | % retention | *** | 79 | 46 |
| | | % pass rate | *** | 57 | 50 |
| Intermediate GNVQ in health and social care | 2 | No. of starts | 17 | 18 | 17 |
| | | % retention | 53 | 78 | 65 |
| | | % pass rate | 78 | 69 | 45 |
| Certificate in childcare and education | 2 | No. of starts | 19 | 36 | 29 |
| | | % retention | 97 | ** | 66 |
| | | % pass rate | 88 | ** | 84 |
| Diploma in childcare and education | 3 | No. of starts | 35 | 33 | 32 |
| | | % retention | 71 | 82 | 91 |
| | | % pass rate | 86 | 100 | 54 |
| Advanced GNVQ/AVCE* in health and social care | 3 | No. of starts | 39 | 34 | 21 |
| | | % retention | 74 | 71 | 90 |
| | | % pass rate | 86 | 100 | 100 |
| Access to social care | 3 | No. of starts | 102 | 90 | 80 |
| | | % retention | 87 | ** | 88 |
| | | % pass rate | 82 | ** | 84 |
| Advanced certificate on therapeutic counselling | 3 | No. of starts | 49 | 38 | 40 |
| | | % retention | 80 | 84 | 88 |
| | | % pass rate | 84 | 100 | 89 |

*AVCE in 2002

**data unreliable

***course did not run

Source: ISR (2000 and 2001), college (2002)

Quality of education and training

There is much good, well planned teaching. Many teachers use group or practical work effectively. In a few lessons, group work is allowed to continue for too long and some students lose interest. Teachers are usually careful to check students' progress on tasks, but do not always check learning, understanding or application to the occupational setting. In some lessons, teachers do not question students directly and do not know the extent to which they are learning. Teachers provide effective role models and exemplify well the skill levels students are working towards in courses such as early years and counselling. Full-time early years' students, for example, benefited from a lively drama session where the teacher demonstrated a wide variety of techniques for use with children. In early years and playwork, attendance is good. However, on NVQ care courses attendance is poor. Many students choose not to attend workshops or are not able to be released from work. Telephone, postal contact and emails are used in these cases.

Teachers are appropriately qualified and have relevant experience. They have good opportunities for professional development. Accommodation is satisfactory or better. It is used to good effect to provide a range of classroom activities, including practical work. Rooms are well maintained and have vibrant, relevant wall displays. Computers are available in most classrooms. Counselling students gain good experience as practitioners through a community counselling service organised by the college.

Students are well supported and teachers have good understanding of the support needs of individual students. Learning support assistants are used effectively during lessons to support full-time and part-time students. Specialist support is provided for students with disabilities.

Full-time students have well-organised group tutorials and students' progress is monitored through regular individual tutorials. Realistic targets are set to help individual students improve their performance. Part-time students have individual tutorials and progress reviews, and some have group tutorials in addition. On welfare studies courses students support each other well and an 'SOS' card is used to provide immediate support from staff if it is needed outside the scheduled tutorials. Students also value the support in the IT centre. Careers education and preparation for HE are well established. In a national diploma health studies course, students assessed their own strengths and weaknesses as preparation for work on personal statements.

The revised internal verification system for NVQ courses had only been recently established at the time of the inspection and was not fully implemented. Assessment varies between the courses, and is more thorough on early years' courses than on care courses. Coursework is set regularly. It is marked and returned quickly, usually accompanied by feedback sheets which most students find helpful. However, feedback varies between teachers as to how much detail is provided to help students to improve their work. Most students' progress with assignments is very carefully monitored, and is linked to action planning. Some assignments are strongly linked to placements or the occupational setting. Monitoring of placements is sound. Most key skills assignments are linked to students' vocational work. Key skills in communication are developed through main vocational programmes.

The college provides a good range of courses, additional qualifications and enrichment opportunities for students. These enable good internal progression and boost students' self-esteem and confidence. Courses for part-time adults are arranged at times which suit domestic responsibilities. These courses enhance students' work practices, but also provide a springboard to further study. Full-time students value the out of college activities such as rag week, adventure of a lifetime and millennium volunteers. The college works with local partnerships including the European Social Fund initiative in early years. Many courses include a series of visits and arrangements for visiting speakers, which help to broaden students' knowledge of occupational specialisms.

Leadership and management

The area is well managed. Managers build effective teams and ensure that staff are well informed. The work of the teams is generally well monitored and there is an emphasis on the effectiveness of teaching and learning. Staff appreciate the support given by senior managers in the area. There are useful systems to evaluate the effectiveness of staff performance and appraisal takes place regularly. Lesson observations occur annually for teaching staff but observations for work-based assessors are not established. There is a responsive system for dealing with full-time students' immediate concerns through student representatives.

Somerset College of Arts and Technology: inspection date May 2003

Health, care and public services

Overall provision in this area is **satisfactory (grade 3)**

Strengths

high pass rates on the GNVQ health and social care and counselling courses
effective links between theory and practice
good achievement of additional qualifications by full-time students.

Weaknesses

poor retention rates on some courses
insufficient attention to the individual learning needs of students
low pass rates on the national diploma course in public services.

Scope of provision

The college provides a wide range of full-time courses in care and early years education from level 1 to degree level courses validated by the University of Plymouth. There are currently 81 full-time and 24 part-time students on care and early years programmes funded by the LSC.

There are 70 students following part-time courses in counselling and 11 students enrolled on the national diploma course in public services. The full-time students are predominantly aged 16 to 18 and the part-time students aged 19 and over.

Achievement and standards

There are some good pass rates on courses at all levels, but retention rates on a number of courses are below national averages. In 2003, the retention rate on the national certificate early years course has continued to decline and retention rates on the first diploma early years course and the national diploma course in health studies are below national averages.

There are good retention rates, but there is some slow progress in achieving NVQs at levels 2 and 3 in care, which are provided through a franchised partnership.

There is good progression from levels 1 and 2 to higher-level courses and from level 3 to related employment and HE. In 2002, 91% of students who achieved the national diploma in early years and 90% of students who achieved the national diploma in health studies progressed to HE or to vocationally related employment.

There are good pass rates on a wide range of additional courses taken by full-time students, including those leading to qualifications in first aid, food hygiene and counselling skills.

The standard of students' work in most lessons is good. The students' contributions to class discussion indicate a thorough understanding of vocational issues. National diploma students maturely discussed issues relating to the protection of young children from abuse. The students following a level 4 course for managers skilfully identified how a range of government initiatives would influence the services they provided. In counselling skills lessons, students worked with care applying good practice within a clear and explicit ethical framework.

Students at all levels are able to apply theoretical concepts to practical health and care issues. The foundation and intermediate GNVQ students and the national diploma students are able to discuss and make clear notes on how a range of socio-economic factors may affect the health and well being of individuals and communities. Students on the counselling skills course are able to apply introductory theory to their skills practice in lessons.

A sample of retention and pass rates in health, care and public services, 2000 to 2002

| Qualification | Level | Completion year: | 2000 | 2001 | 2002 |
|---|-------|------------------|------|------|------|
| GNVQ foundation health and social care | 1 | No. of starts | 17 | 10 | 7 |
| | | % retention | 65 | 80 | 43 |
| | | % pass rate | 82 | 71 | 100 |
| GNVQ intermediate health and social care | 2 | No. of starts | 19 | 17 | 18 |
| | | % retention | 84 | 88 | 89 |
| | | % pass rate | 94 | 73 | 81 |
| National diploma in early years | 3 | No. of starts | 15 | 14 | 15 |
| | | % retention | 73 | 86 | 73 |
| | | % pass rate | 100 | 75 | 67 |
| National diploma in public services | 3 | No. of starts | 17 | 16 | 13 |
| | | % retention | 47 | 69 | 46 |
| | | % pass rate | 88 | 91 | 50 |
| National certificate in early years | 3 | No. of starts | 10 | 15 | 7 |
| | | % retention | 70 | 53 | 57 |
| | | % pass rate | 80 | 100 | 100 |
| Advanced certificate in therapeutic counselling | 3 | No. of starts | 20 | 12 | 7 |
| | | % retention | 85 | 92 | 100 |
| | | % pass rate | 94 | 73 | 100 |

Source: ISR (2000 and 2001), college (2002)

Quality of education and training

Lessons are carefully planned and well matched to course requirements. Some schemes of work, however, lack detail, and are little more than lists of topics to be covered, with little reference to the range of teaching and assessment methods or resources to be used.

In some lessons, teachers rely too heavily on questions directed at the whole group to reinforce learning. In a minority of lessons, students spent too much time copying notes from overhead projector slides. In these lessons, individual students' understanding of the subject matter was not carefully checked.

In several effective lessons, students used ICT to find policy documents and other sources of information to support their research. First diploma students used the Internet to find out about childhood illnesses. Links between theory and practice are appropriately emphasised. Teachers draw on their professional experience in nursing, counselling and in the mental health services to illustrate theoretical issues. A student on work placement was able to describe how knowledge and understanding gained on college-based courses had been valuable at work. She referred specifically to college work on children's diet and health, creative studies and to the professional practice unit.

Staff are well qualified and have considerable vocational experience in the health and care services, but many are inexperienced teachers. There is a well-planned and systematic mentoring programme to support unqualified and inexperienced teachers, but this has not fully overcome the weaknesses in the teaching.

The library resources in health and care are good, but students do not have adequate access to ICT and make insufficient use of ICT in the preparation and presentation of assignments.

Students speak highly of the academic and personal support they receive from teachers. Tutorials take place regularly and are well structured. Individual learning plans are agreed, clear targets are set, and progress towards previously agreed targets is reviewed. Any additional learning needs of full-time and part-time students are carefully identified. Adapted computers are made available to students with epilepsy, students who are dyslexic or dyspraxic are supported during lessons and additional time in examinations is arranged when required.

Leadership and management

Management of the curriculum area is satisfactory. Team meetings are held regularly, but the records of some meetings are insufficiently detailed and fail to specify clear timescales for implementing decisions. Clear targets are set for all courses and progress towards them is monitored by teachers and managers. The self-assessment report lacks detail and pays insufficient attention to students' achievements and the quality of teaching, training and learning. There is no action plan to address the weaknesses identified. Internal verification is systematic and thorough. Internal verifiers give clear and focused feedback to assessors. The verification processes have been used constructively to provide support and assistance to new teachers.

Yeovil College: inspection date February 2005

Health and social care

Overall provision in this area is **satisfactory (grade 3)**

The contributory grade for work-based learning is **unsatisfactory (grade 4)**

Strengths

high pass rate on AVCE health and social care course
high retention rates on most courses
good work experiences that develop students' skills
highly effective support for students.

Weaknesses

low pass rates on diploma in childcare and education, GNVQ intermediate and key skills courses
poor framework completion for work-based learners
insufficient planning of lessons to meet the diverse needs of all students
inadequate resources.

Scope of provision

The college offers a good range of full-time and part-time courses in health and social care and early years education. Full-time access to HE courses are offered in social work and health. Full-time courses are also available in childcare from levels 1 to 3 and in AVCE single and double awards in health and social care. Some level 1 courses and a GCSE course have recently been introduced under the IF programme for school pupils aged 14 to 16. There are also a number of short courses including first aid.

There are approximately 100 students enrolled on full-time courses and 500 part-time enrolments within this area. There are 92 students on work-based learning programmes. Of these, there are 60 apprentices on childcare courses and 14 on care courses.

Achievement and standards

With the exception of the AVCE in health and social care, students aged 16 to 18 do not achieve well: pass rates are low, below the national average, and are declining. The pass rate for the diploma in childcare was very unsatisfactory at 18%. Adult students on access to HE courses achieve high standards and pass rates are high. Students on part-time NVQ courses take too long to achieve their qualifications. Work-based learning is unsatisfactory.

Completion rates are low for care apprenticeships and the early years advanced apprenticeships, with no learners having yet achieved the framework. Retention rates are satisfactory for work-based apprentices, but low on the advanced apprenticeship in care.

Retention rates for other courses have improved significantly to rates well above the national average. Students produce work of a satisfactory standard, but some students take too long to complete tasks. Full-time students work supportively and confidently in groups, and are keen to share personal experiences of childcare. They show good understanding of the links between theory and practice. They readily explore ideas and represent them in charts and diagrams that are shared with the whole class. Adult students use computers with confidence and demonstrate good research skills. Work-based learners undertake the review of books with enthusiasm and insight, but make little use of the Internet for research purposes.

Students grow in confidence and develop their knowledge of care. For example, they gain a good understanding of children's development, medical conditions and the use of specialist equipment for the care of disabled people.

A sample of retention and pass rates in health and social care, 2002 to 2004

| Qualification | Level | Completion year: | 2002 | 2003 | 2004 |
|---|-------|------------------|------|------|------|
| Basic health and safety | 1 | No. of starts | 90 | 62 | 42 |
| | | % retention | 99 | 100 | 100 |
| | | % pass rate | 100 | 100 | 100 |
| First aid at work | 1 | No. of starts | 90 | 62 | 53 |
| | | % retention | 99 | 100 | 100 |
| | | % pass rate | 63 | 84 | * |
| Access to HE | 3 | No. of starts | 46 | 44 | 39 |
| | | % retention | 61 | 70 | 69 |
| | | % pass rate | 82 | 84 | 85 |
| NVQ early years care and education (2 year) | 3 | No. of starts | 29 | 76 | 53 |
| | | % retention | 93 | 74 | 94 |
| | | % pass rate | 52 | 57 | * |

Source: ISR (2002 and 2003), college (2004)

* incomplete data

Quality of education and training

Teaching is satisfactory. In the better lessons, students are encouraged to draw on their own experience. Adults learn through exploration and discussion of new ideas and readily share knowledge with each other. For example, in one early years lesson, students produced a variety of collages that they then used to analyse the skills that children develop through creative play; they identified examples of fine motor skills, use of texture, language development and social skills through describing the work they had done on their collages. Teachers make good pedagogic use of students' direct experiences from their work placements to enable them to make confident analytical comments about children's development. Practice and theory are skilfully linked. For example, one teacher rewarded students with merit stickers as an introduction to a discussion on how to promote desirable

behaviour in children. Students then moved on to consider theories of infant behaviour modification and gave examples from their work placements. In another lesson, adult students considered child protection issues and discussed signs and symptoms of abuse in examples from their work. They gained a good understanding of how to identify signs of possible abuse and how to treat such situations with caution and sensitivity.

Poorer lessons lack planning and teachers often fail to provide a range of tasks to meet the wide ability spectrum of students in a lesson. The teaching of work-based learners is satisfactory, but does not often challenge or inspire them. Teachers make little use of paints, textiles, clay or artwork to provide a model of good practice for care workers, particularly those working with young children. Teachers often provide ideas and answers to questions rather than encouraging students to explore and express their own creative solutions to problems.

Staff are suitably qualified and have recent relevant vocational experience. Many classrooms, however, are under-resourced and restrict learning opportunities, and resources are not always well used. For example, in practical craft lessons in a classroom, the lack of space and materials inhibited students' capacity to explore creative play and practise skills for use in childcare settings. The college provides a toy library for students, staff and members of the public, but currently students do not use it. Noise from adjoining classrooms adversely affects students' concentration.

Assessment is thorough and regular, and guidelines to students are clear. Most students receive work back promptly with detailed comments on what to do to improve. There is a planned programme of assessment and progress reviews of work-based learners and students on NVQ courses, and employers are closely involved. Workplace supervisors observe practice and provide witness testimonies to support assessment.

Students are very well supported. High and improving retention rates for most courses bear testimony to the effectiveness of the personal and welfare support given to students. Students place a high value on the generosity and efficacy of the support they receive from tutors. Most tutors use group and individual tutorials well, maintain up-to-date records and set and review targets effectively. Work placements are well managed.

The college has good relationships with employers and works well to secure high-quality work placements for students. NVQ courses are very well organised and supervised. Clear explanations are given in taught sessions and assessors provide good support in the workplace. When required, assessors visit learners in the workplace outside normal working hours.

Leadership and management

Leadership and management are satisfactory. The newly-appointed manager has introduced measures to address previously identified weaknesses, such as the clarification of staff roles and responsibilities, temporal targets for the completion of NVQ qualifications, and new procedures for internal verification. It is too soon to evaluate the impact of these changes. Communication is effective. Course reviews inform the self-assessment process, but most actions for improvement are imprecise as to what needs to be done, by whom and when. Evidence from the few lesson observations that have been carried out has not yet been used systematically to begin to improve teaching and learning. The promotion of equal opportunities is satisfactory. Teachers are aware of issues that students need to understand when dealing with diverse client groups. There is no strategic plan to widen participation to under-represented groups.

Bridgwater College: inspection date February 2002

Health and social care and public services

Overall provision in this area is **outstanding (grade 1)**

Strengths

much excellent teaching
outstanding retention and pass rates
highly motivated students
a good range of additional qualifications and enrichment opportunities
strong links with employers and work placement providers
outstanding course management.

Weaknesses

insufficient integration of work on key skills within courses.

Scope of provision

At the time of the inspection, there were over 300 students studying health and social care and public services courses. Approximately two thirds of students were aged 16 to 18. Most adult students are enrolled on part-time courses. Full-time public services courses are offered from level 1 to level 3. There are foundation and intermediate GNVQ courses in health and social care and an AVCE course. Counselling, British sign language and deaf awareness are offered at the college and at community venues. There are a small number of work-based students taking NVQs in care, at levels 2 or 3. Students are offered excellent opportunities to gain additional qualifications. For example, public services students are offered awards in sports coaching, climbing, community sports leadership, outdoor pursuits as well as entry tests for the armed forces.

Achievement and standards

Students' achievements are outstanding. In 2001, pass rates on the foundation, intermediate and advanced GNVQ courses were all above the national averages. Pass rates on public services courses have been consistently very good. All the national diploma public services students were successful in 2001. The retention rate has also been consistently very good, although on the advanced GNVQ it fell slightly below the national average in 2001. Students' achievements on part-time courses are also very good. On the GNVQ courses and the national diploma in public services, the proportions of high grades are also well above the national averages. Progression rates are good. For example, 70% of full-time students from the access to nursing course progressed to HE and 30% found employment. Most full-time students achieved the three mandatory key skills in 2001. However, work on key skills is not always an integral part of their vocational studies. As a consequence many students do not see the relevance of key skills.

A sample of retention and pass rates in health and social care and public services, 1999 to 2001

| Qualification | Level | Completion year: | 1999 | 2000 | 2001 |
|--|-------|------------------|------|------|------|
| GNVQ foundation health and social care | 1 | No. of starts | 15 | 14 | 6 |
| | | % retention | 67 | 71 | 100 |
| | | % pass rate | 89 | 70 | 100 |
| GNVQ intermediate health and social care | 2 | No. of starts | 15 | 12 | 14 |
| | | % retention | 80 | 75 | 100 |
| | | % pass rate | 92 | 100 | 100 |
| NVQ care | 2 | No. of starts | 10 | 13 | 11 |
| | | % retention | 100 | 92 | 91 |
| | | % pass rate | *** | 100 | 100 |
| First diploma in public services | 2 | No. of starts | 20 | 28 | 23 |
| | | % retention | 80 | 68 | 86 |
| | | % pass rate | 93 | 94 | 89 |
| National diploma in public services | 3 | No. of starts | 23 | 28 | 30 |
| | | % retention | 91 | 71 | 67 |
| | | % pass rate | 95 | 80 | 100 |
| GNVQ advanced health and social care | 3 | No. of starts | 16 | 13 | 20 |
| | | % retention | 75 | 85 | 65 |
| | | % pass rate | 92 | 100 | 100 |
| Access to nursing | 3 | No. of starts | 18 | 16 | 24 |
| | | % retention | 83 | 91 | 92 |
| | | % pass rate | 73 | 100 | 82 |

Source: ISR (1999 and 2000), college (2001).

*** data unreliable

Quality of education and training

There is much excellent teaching. Lessons are well planned, imaginative and stimulating. They provide many opportunities for students to develop relevant skills, for example, skills related to presentations and analysis. Staff create friendly, purposeful learning situations. Teachers are very aware of the needs of individual students. They know students' preferred learning styles, their attendance records, their individual target minimum grades, and any additional support that has been, or is to be, given. Such information is used for lesson planning and in their teaching. Students are highly motivated and are keen to participate and to learn. They prepare their work thoroughly and collaborate well in small groups. Role-play is often used effectively. For example, in one public services lesson, students adopted authentic roles as members of emergency rescue teams to determine training and equipment priorities. In a few health and social care lessons, teachers did not provide sufficiently demanding activities for the more able students and occasionally the required outcomes were not attainable within in the time available. Assignments are suitably demanding. Students are given helpful feedback on their assignments and their progress is regularly reviewed during tutorials.

Students have good opportunities for visits and residential courses. Public services students are very well prepared for demanding residential courses in varied and difficult environments. Level 3 health and care students are offered the opportunity to travel to Prague and observe as well as participate in childcare and adult care provision. Public services students frequently attend training activities with the public service providers.

Support for students is good. They receive sound initial guidance and a helpful induction programme. Students who are identified as needing additional support obtain that support in lessons and workshops. The work-based NVQ care students are well supported through the close liaison between the college staff and the work place supervisors.

Leadership and management

Course management is outstanding. As a consequence, staff are very committed to their work and students are well motivated and successful. Staff co-operate closely to develop and improve the quality of the provision. Records of students' progress and of course and section management are impeccably maintained. Students have good access to managers and to teachers. Their views are taken into account. Managers and staff have forged strong links with public services employers and with health and social care work placement providers. Regular course reviews lead to prompt action when necessary, for example, if there is concern about a fall in the retention rate. Lesson observations lead to action that is reviewed after the next observation. Equality of opportunity is promoted. For example, students with learning difficulties or disabilities are provided with learning assistants in the classroom.

Weymouth College: inspection date April 2004

Health, social care and early years

Overall provision in this area is **satisfactory (grade 3)**

Strengths

good teaching
wide range of provision
good curriculum management.

Weaknesses

low pass rates on most courses
insufficient use of initial assessment to inform teaching and learning.

Scope of provision

The college offers a wide range of full-time and part-time courses in care and early years from level 1 to level 4. There are 79 full-time students on early years programmes. In health and social care, there are 102 full-time students on GNVQ and AVCE courses. Part-time courses in both early years and care are offered in NVQs at levels 2, 3 and 4. There are 57 students on the NVQ early years programmes and 37 on care programmes. Part-time courses in counselling are followed by over 50 students. Over 50 pupils aged 14 to 16 from local schools attend college to take either the foundation award in caring for children or a GCSE in health and social care. A wide range of short courses is available to full-time students, including British sign language, toy making and creative crafts, first aid, food hygiene and drug awareness.

Achievement and standards

Pass rates on most full-time courses are unsatisfactory. For example, in 2004, the pass rate on the intermediate GNVQ in health and social care was 33%, and on the certificate and the diploma in childcare and education it was 68% and 43% respectively. The pass rate on the foundation GNVQ was 100% in 2004, although of the 17 students who started the course, only 9 completed it. Pass rates on short courses are high. Retention rates are below national averages on the GNVQ foundation and AVCE health and social care courses. At the time of inspection, there was evidence of improvement in retention rates.

The standard of work of current students is satisfactory with appropriate activities completed in lessons. Level 2 childcare students, having chosen a suitable venue for an outing, were writing letters to inform parents of the arrangements. The necessary information was expressed clearly and all errors of punctuation, spelling and grammar corrected. Foundation students in a first aid lesson were correctly bandaging a simple hand wound and fitting an elevation sling. Advanced level students demonstrate a good grasp of the link between theory and practice. In an unsatisfactory numeracy key skills lesson, students struggled to understand basic mathematics. There is very good progression from the Increased Flexibility programmes for pupils aged 14 to 16 to full-time college courses.

A sample of retention and pass rates in health, social care and early years, 2002 to 2004

| Qualification | Level | Completion year: | 2002 | 2003 | 2004 |
|--|-------|------------------|------|------|------|
| GNVQ health and social care | 1 | No. of starts | 16 | 17 | 17 |
| | | % retention | 81 | 65 | 53 |
| | | % pass rate | 85 | 73 | 100 |
| Certificate in childcare and education | 2 | No. of starts | * | 18 | 30 |
| | | % retention | * | 78 | 83 |
| | | % pass rate | * | 71 | 68 |
| Diploma in childcare and education | 3 | No. of starts | * | 24 | 18 |
| | | % retention | * | 0 | 78 |
| | | % pass rate | * | 0 | 43 |
| AVCE in health and social care | 3 | No. of starts | 19 | 51 | 41 |
| | | % retention | 95 | 82 | 59 |
| | | % pass rate | 83 | 90 | 71 |
| Diploma in counselling | 3 | No. of starts | 51 | 15 | * |
| | | % retention | 82 | 73 | * |
| | | % pass rate | 60 | 91 | * |

Source: ISR (2002 and 2003), college (2004)

* fewer than 15 starters enrolled

Quality of education and training

Teaching and learning are good overall. Schemes of work and lesson plans are focused and detailed. They are clearly matched to the specification requirement and the level of award. Students make clear links between college-based work and their vocational practice. In many lessons, teachers make good use of small group work, pair work and question and answer techniques to involve students in learning. Student contributions to lessons are focused and thoughtful. For example, in a very good early years lesson, students were selecting and costing appropriate equipment for a nursery. They were able to discuss their choice of equipment in terms of its contribution to children's development. In a good AVCE lesson, skilful teaching enabled students to hold a productive discussion on the links between inequality and access to scarce resources. In several lessons, teachers used new technology effectively to present topics and to record students' contributions.

All students complete an initial assessment, and many complete a learning styles questionnaire, during their induction period. These are designed to inform both teachers and students of individual learning needs. However, the results of the assessments are not clearly used by teachers in planning their lessons, and students are unaware of the use made of the information gathered through initial assessment. Students' work is marked with care, strengths are identified and there is clear guidance for improvement. Students' progress is carefully recorded and monitored.

Overall, resources are satisfactory. Serious staffing difficulties over the last two years have been resolved and suitably qualified teachers are now in place. Classrooms are generally well suited for curriculum delivery including practical care and craft activities. Occasionally, students are taught in inappropriate accommodation. For example, a first aid lesson was in a room too small for all the necessary practical activities. Teaching and learning activities were limited by the size of the room for the few occasions when students from different courses were taught as one large group.

Support for students is satisfactory. All full-time students have a personal tutor and regular tutorials. Individual tutorials provide support on a wide range of personal and learning needs. However, there are no monitored individual learning plans in place. Targets are not set routinely to monitor and review academic and personal progress. NVQ candidates do not have a personal tutor.

The range of courses offered is wide and there are good progression routes between levels. Full-time students follow a range of short courses wider than is normally associated with care programmes, including British sign language, toy making and creative crafts as well as first aid, food hygiene and drug awareness. A new foundation degree in early years is offered in partnership with Bournemouth University. An increasing programme of full cost courses is being delivered for a range of local care and early years services throughout Dorset. The provision for school pupils has been very successful, with many students coming to the college after leaving school to take full-time courses.

Leadership and management

Curriculum management is good. Roles and responsibilities within the programme areas are clear to staff and students. The minutes of meetings clearly identify and record actions taken. Retention and pass rates and equality of opportunity are standing items on the agenda. Staff, through their course reviews, contribute directly to the area self-assessment process. However, the centrally held data on attendance, retention and pass rates do not match that held within the department. There is very good support for new staff. All new teachers have a mentor and are supported in writing schemes of work and lesson plans. There are productive links with a wide range of community organisations. Work placements in care and early years are managed very effectively.

Strode College: inspection date March 2003

Health and social care, and counselling

Overall provision in this area is **good (grade 2)**

Strengths

much good teaching, particularly on level 2 courses
high retention and pass rates on most courses
well-planned and organised work experience placements for students
very good teaching accommodation
well-motivated and confident students
good curriculum leadership.

Weaknesses

inappropriate enrolment of some students on the GNVQ foundation level course in health and social care
insufficient provision in childcare at level 1
lack of materials and teaching methods for students with differing abilities.

Scope of provision

There is a wide range of health and social care, childcare and counselling courses. The vast majority of the courses run during the day and there are some evening classes. Although there are a few courses leading to NVQs, these are not yet well established and they attract low numbers of students. There is a range of short courses in first aid. Approximately 500 students aged 16 to 18, and 800 aged 19 and over, are enrolled on the courses. Most full-time and level 3 counselling courses include some work experience for students in order to enable them to develop skills in the workplace and to make connections between theory and practice. The college has well-established and effective links with several local high schools and provides pre-vocational courses for students aged 14 to 16.

Achievement and standards

The pass rates on most courses at levels 2 and 3 are high. Retention rates are also high on most courses. Students on some counselling courses do not complete their qualifications within the target time because they are slow in completing their development portfolios. The college is improving this by insisting that all students have a work placement before starting the course. Similarly, the small number of NVQ students, at both levels 2 and 3, are not achieving their qualifications within the target period. The college has started to address this shortcoming. Standards of students' behaviour and attainment in most lessons are very good. Most students exhibit good independent learning and research skills. They also display good understanding and awareness of difference and diversity in society and are fully conversant with current practices in the health, social and childcare professions. Many students progress from level 2 to level 3 courses at the college. Most health and social care students on level 3 courses progress to HE or enter relevant employment. However, few childcare students go on either to HE or to relevant employment, and some remain at the college to study other level 3 courses or they enter employment that is unrelated to their studies.

A sample of retention and pass rates in health and social care, and counselling, 2000 to 2002

| Qualification | Level | Completion year: | 2000 | 2001 | 2002 |
|--|-------|------------------|------|------|------|
| Introduction to pre-school practice | 2 | No. of starts | 9 | 7 | 18 |
| | | % retention | 100 | 100 | 100 |
| | | % pass rate | 89 | 86 | 100 |
| National diploma in caring services | 3 | No. of starts | 16 | 13 | 12 |
| | | % retention | 100 | 92 | 92 |
| | | % pass rate | 93 | 82 | 91 |
| National diploma in childhood studies | 3 | No. of starts | 9 | 12 | * |
| | | % retention | 78 | 83 | * |
| | | % pass rate | 83 | 100 | * |
| Combined certificate in counselling skills | 2 | No. of starts | 28 | 28 | 27 |
| | | % retention | 79 | ** | 81 |
| | | % pass rate | 95 | 85 | 95 |
| Certificate in counselling | 2 | No. of starts | 28 | 28 | 27 |
| | | % retention | 100 | 100 | 90 |
| | | % pass rate | 100 | 75 | 100 |

Source: ISR (2000 and 2001), college (2002)

* course did not run

** data unreliable

Quality of education and training

Overall, teaching is good. Teachers are adept at developing students' confidence. Students engage in lively class discussions, are articulate and demonstrate good understanding of relevant terminology and concepts. Teachers enable students to make clear and meaningful links between theory and practice. There are good workshops, which allow students to learn at their own pace. During these sessions, many students build their investigative and research skills by, for example, compiling case studies on family and friends to promote health and well being. On level 2 childcare courses, teachers take care to develop the confidence of students to use correct terminology by devising tasks that enable them to practise these both in written work and class discussions. In the more effective lessons, teachers' mastery of their subjects successfully captivates students' enthusiasm for new ideas and information. On counselling courses, teachers treat students as co-tutors. This enables students to practise their developing skills as counsellors. Teachers ensure that students are aware of different cultures.

Teaching rooms are attractive and provide a good learning environment for students. Students have easy access to, and make good use of, IT for class work and independent research. The learning centre has a good range of textbooks, journals and videos to support the curriculum area. While all full-time students undergo an introduction to the learning centre during their induction, not all part-time students have this experience, which inhibits their full use of this valuable resource.

All childcare students and most health and social care students attend relevant work experience placements. These are well managed, reviewed and evaluated. There are good links with local childcare and education providers, including families with babies under one year of age. Childcare students also invite the college's nursery children into their practical room to engage them in play activities, and the activity forms part of their coursework.

Teachers monitor students' work and progress regularly. Their written and verbal comments are clear and help students to improve their performance. Written briefs for assignment are clear. Students on NVQ courses are guided well and their work is assessed regularly but, at the time of the inspection, seven months from the start of the academic year, few or none of most students' completed study units had been assessed.

Students receive good guidance and support when choosing courses at levels 2 and 3. However, there is only one course at foundation level, which is in health and social care. Students are not able to begin their studies in childcare at level 1. Some, therefore, study at level 1 on the health and social care course and then change to childcare at level 2. There are a few part-time courses which attract small numbers of students. Full-time and part-time students receive very good tutorial support. Attendance at group and individual tutorials is good. In tutorials, students receive effective guidance on academic, pastoral and personal issues. While tutors set short-term targets for students, they do not set longer-term targets, based on the use of relevant data on students' previous attainment, for the end of the course.

All full-time students undergo initial diagnostic assessment of their learning needs. The results of this assessment inform tutors of any need for additional support and identify students' level of achievement in key skills. The small number of students identified as needing specific support is assisted well in the classroom and in the college's Backup area. However, the results of the initial assessment are not shared or used by course teachers routinely when planning lessons or teaching. As a result, individual students' learning needs are frequently not met. For example, most teachers provide the same teaching materials for all students, irrespective of their differing abilities and/or learning needs.

Leadership and management

Curriculum leadership and management are effective. Teachers meet regularly to review and monitor existing course provision and to plan future courses. Communication within course teams and the department is very effective. Teachers are dedicated to their work and support each other. They undertake regular training and professional development. The self-assessment report is clear, but the grades awarded by college staff to the lessons they observed are unrealistically high.

Care provision in BDPS FE Colleges: summary

112. As we noted above, information on the quality of FE provision for care is somewhat tangential. The reports are mostly not very recent and they cover a wider spectrum of courses than just those concerned directly with care. We can, therefore, perhaps do no more than note that, at least at the latest date available, provision in the health and social care area was rated no better than Grade 3, 'satisfactory' in 3 out of 6 Colleges (with some WBL provision in one College being graded 4, 'unsatisfactory'), whilst provision in two Colleges (Strode and Bournemouth and Poole) was rated at Grade 3 ('good'). Only in one College, Bridgwater, was provision rated as Grade 1, 'outstanding'.

Employer training

113. Some participation in public provision for health and social care training (via FE and WBL) will be funded and arranged by employers in the sector. However, such participation cannot be distinguished from that which individuals undertake for their own purposes without employer direction or support. It is valuable, therefore, to consider employer training from another perspective – that offered by the 2005 National Employer Skills Survey (NESS 2005). Some key indicator data is set out below drawn from this survey (and its precursor in 2003). To avoid the 'small sample' problem, regional data is used as a proxy for the BDPS area:

Table 14: Employer training indicators: care sector in Bournemouth, Dorset, Poole and Somerset (SW Region data used as proxy), 2003 and 2005

| | Care sector in SW Region 2003 (%) | Care sector in SW Region 2005 (%) | All-sector average for SW Region 2005 (%) |
|---|-----------------------------------|-----------------------------------|---|
| Has a business plan | 69 | 81 | 55 |
| Has a training plan | 73 | 77 | 44 |
| Has a training budget | 77 | 68 | 32 |
| None of staff have a formal job description | 0 | 4 | 26 |
| Formally assess skill gaps | 72 | 84 | 46 |
| None of staff have an annual performance review | 12 | 12 | 42 |
| Have funded staff training in last 12 months | 87 | 85 | 65 |
| Trained staff towards an NVQ | NA | 58 | 26 |
| Average expenditure per training establishment | N/A | £2,930 | £2,661 |
| Training establishments used FE Colleges | 47 | 51 | 30 |
| % of those dissatisfied with FE provision | 9 | 7 | 8 |

Source: NESS03 and NESS05

114. Broadly, this data shows the care sector:

- One, as a 'high training' sector with virtually every indicator showing significant advantage over the all-economy average.
- Two, as a sector which is *increasing* its advantage with gains between 2003 and 2005 on several indicators.

Summary: supply of labour and skills

115. A review of labour and skills supply into the care sector reveals a number of key points:

- Statistics on national skills supply are poor and outdated. However, they tend to suggest that it is improbable that all care establishments have met National Minimum Standards in respect of the qualification levels of their staff.
- Local labour supply is constrained. Low levels of unemployment suggest that sectors and individual employers are likely to have to compete for staff. Low wages in the care sector make it almost inevitable that the sector will struggle to attract recruits other than those who are least qualified.

- Only modest numbers of people, mostly young women, are in Apprenticeships in the sector. Completion rates are not high and the majority train towards Foundation Apprentice level, Level 2.
- There are very high numbers of people pursuing health and social care learning aims in Further Education. However, the great majority are pursuing generic health and safety or first aid qualifications or a wide range of specialist certificates. Those studying towards general care qualifications (such as the NVQ in Care) are a relative minority.
- When set against the estimated average recruitment need (1,600 staff per year), the numbers pursuing these latter qualifications appear to be broadly in line with need. Thus, for example, Apprenticeship may deliver around 100 or so young people with at least a Level 2 qualification into the workforce whilst around 1,900 people are pursuing care NVQs in FE. However, whilst it is not known how many of the latter are already working in the sector (as opposed to being prospective recruits) it seems likely (given that most are aged 19 or over) that many or most are doing so; and whilst completion rates are high, the overall number of achievements is reduced by some early leaving.
- The quality of FE provision is hard to assess given that Ofsted inspections are not frequent and several relevant inspections are some years old. However, it might be noted that of 6 major providers, 3 were rated no better than 'satisfactory' by Ofsted inspectors.
- Undoubtedly influenced by National Minimum Standards, local data on training by employers reveals it to be a strong training sector. Over 8 out of 10 employers supply training to staff and many more employers than is average for the economy as a whole supply that training in a structured way (using individual training plans and having a formal budget for training).

6. The balance between demand and supply

116. The key question in respect of the demand and supply of skills is, basically, does skills supply currently meet the needs of the industry, and will it do so in future.
117. One method of assessing this would be to consider the demand for skills and set it against an account of supply. However, any attempt to match these two analyses against each other in a statistical sense is not possible. The problem has several angles:
- Firstly, data on demand is unreliable. Forecasting models cannot predict the future with any great precision; and the smaller the area to which they are applied, the less precise they become.
 - Secondly, data on supply is hard to interpret. It is not known, for example, which skills WBL trainees are training in, nor what level of employability they reach, particularly amongst the significant proportion of trainees who do not complete the full framework. FE data is also imprecise in that it deals with 'learning aims' rather than numbers of individuals (some of whom may pursue more than one aim) and again it is not clear how many trainees proceed to full qualification and are delivered into the workforce.
 - Thirdly, we have noted that a significant proportion of employers in the sector train their staff (around 85% in the most recent estimate). Around half of these use FE. What the remainder do is largely unknown. Some of the training may not be productivity-related at all. Health and Safety training, for example, and induction training, though essential, doesn't necessarily improve the overall level of skills employed in financial services activity as such. But amongst the remainder must be a significant amount of training which formally or informally improves worker performance. But the scale or nature of that improvement and its contribution to the overall skills equilibrium in the sector is not measurable.
 - Fourthly, whilst people train towards and achieve qualifications, the quality of that training and the worth of the qualification is variable. Simply, we do not know how much of the training which WBL/FE delivers is regarded as adequate by the industry but it seems unlikely that all of it is.
118. Generally, therefore, *inferences* can be drawn from an examination of demand and supply. Some of these have been set out in previous chapters and will be extended in the final chapter of this report. However, a formal statistical account of the skills equilibrium, one which says, for example, that the area will need x people with formal care skills per year and is generating y people with these skills per year, cannot reliably or meaningfully be computed.
119. In order to comment on the skills equilibrium, therefore, we need to rely on evidence of *disequilibrium* – that is, of skills shortage and skills gaps. The following table uses data from National Employer Skills Surveys to generate some broad indicators of such difficulties. South West regional data is used as a proxy for the BDP area (to avoid the problem of small sample bases):

Table 15: Indicators of labour and skills deficiencies, South West Region, 2005; percentages of care establishments

| | 2005 | | 2003 |
|---|-------------|------|------|
| | All sectors | Care | Care |
| Have at least one vacancy | 17 | 29 | 39 |
| Have at least one vacancy which is hard-to-fill | 7 | 11 | 23 |
| Have a skill shortage vacancy | 4 | 5 | * |
| Have a skills gap | 15 | 18 | 21 |

* Base too small for reliability
Source: NESS05

120. What this data shows is that the sector faces levels of recruitment difficulty and, consequently, has skills gaps in the workforce, which are more frequent than in the economy as a whole. However, the proportion of employers who are observed to have vacancies, hard-to-fill vacancies and skills gaps has reduced markedly between 2003 and 2005.
121. The occupational distributions of vacancies, skill shortage vacancies, and skills gaps are also clearly different from the average for the economy as a whole:

Table 16: Indicators of skills difficulties; percentages of all difficulties associated with different occupational groups, South West Region, 2005

| | % of vacancies | | % of skill shortage vacancies | | % of staff not fully proficient | |
|------------------------------|----------------|------------|-------------------------------|------------|---------------------------------|------------|
| | All sectors | Care | All sectors | Care | All sectors | Care |
| Managerial | 5 | 4 | 4 | 4 | 11 | 9 |
| Professional | 7 | 4 | 9 | 0 | 8 | 4 |
| Technical | 16 | 27 | 13 | 21 | 3 | 2 |
| Clerical | 12 | 6 | 8 | 3 | 11 | 13 |
| Skilled trades | 10 | 2 | 26 | 1 | 9 | 2 |
| Personal service staff | 9 | 50 | 11 | 68 | 6 | 56 |
| Sales/customer service staff | 16 | 2 | 9 | 9 | 25 | 4 |
| Operatives | 11 | 0 | 13 | 0 | 7 | 6 |
| Elementary staff | 15 | 4 | 7 | 3 | 21 | 0 |
| | 100 | 100 | 100 | 100 | 100 | 100 |

Source: NESS05

122. This data shows that most *vacancies* and *skill* shortages are for care assistant and technical grades of staff including nurses and other associate professional health care specialists.
123. *Skills gaps* are again most evident amongst care assistants but some clerical and managerial skills gaps are also apparent.

Summary: the balance of demand and supply

124. This data shows that the health and social care sector faces levels of vacancy, recruitment difficulty and of skills gaps in the workforce which are above average (compared with the rest of the economy). Most of these difficulties are concerned with care assistant and 'technical' health occupations including nurses. However, recruitment difficulties are at a markedly lower level than was the case two years previously and skills gaps have reduced somewhat. It may be inferred that some slowdown in the pace of economic growth together with the supply of in-migrant labour mainly from overseas has had the effects of stabilising the workforce (enabling skills gaps to reduce a little) and of making recruitment for lower skilled occupations less problematic for care managers.

7. Summary: issues for the sector

125. Thus, a review of data and information on the care sector suggests:

- Using the Standard Industrial Classification of social care (a fairly broad one) suggests that the sector employs around 22,500 people in 1,304 care sector workplaces.
- The care sector has a slightly greater significance to the economy of the BDPS area than to the national economy.
- The sector in the BDPS area is more strongly balanced in favour of *residential* care than is the case nationally, and has proportionately less employment in domiciliary care.
- Employment in the sector is mainly female and 6 out of 10 jobs are part-time.
- Employment in the sector increased locally between 1998 and 2004 but not to as great an extent as was the case nationally. Most local growth was in employment in residential care.
- Overall, the sector is forecast to grow by a further 10% between 2004 and 2014.
- A review of 'sector drivers' suggests that major factors are (1) *legislation* to raise physical and skills standards in the sector (the Care Standards Act of 2000) and to encourage joint working with the NHS and (2) the continuing work of the new *Skills for Care SSC* to establish National Occupational Standards, simplified qualification structures, simplified assessment procedures, Common Induction Standards and other measures to professionalise management in social care and to raise performance standards below the management level.
- An analysis of workforce structure shows that care assistants, senior or junior, form a major numerical component of the workforce with professional social workers, care managers and day care centre staff comprising other significant groups.
- Occupationally, the numbers of managers (but not care home *proprietors*), health professional and technical staff, and care assistants are forecast to increase but routine clerical staff are expected to decline in numbers.
- It is estimated that the sector needs to recruit around 2,600 workers per year to account for growth in employment and to replace staff who leave.
- National statistics, though a little outdated, suggest that many care homes have not met the minimum standard for 50% of non-nursing staff to have Level 2 qualifications. Anecdotal evidence also suggests that this is true in the BDPS area.
- The number of Apprenticeships in the sector is modest and completion rates are not high.
- Many people pursue 'learning aims' in Further Education related to health and social care but many of these are

somewhat peripheral to the care skill needs of the sector (mainly for Level 2 and Level 4 NVQs in care). The number of Level 2 and Level 4 outputs is insufficient to meet Care Standards. Some local sector representatives suggest that, in some ways, the Level 4 shortfall is more problematic than the Level 2 shortfall.

- It is difficult to set the *number* of outputs of WBL and FE against the notional demand for new recruits but it seems likely that they may not be sufficient to allow the sector to meet national minimum standards, particularly given the continuing problem of high labour turnover in the sector.
- Equally, it is difficult to assess the quality of FE provision given that Ofsted inspection reports are somewhat outdated. However, provision when it was inspected was most often seen as satisfactory or better and more recently, a Centre of Vocational Excellence in Care (partners are Somerset County Training, Dorset County Council, and Bournemouth Borough Council) has been developed in the BDPS area.
- Employer training is shown by survey results to be more frequent than is average for the economy as a whole.
- However, indicators of vacancies, recruitment difficulty, skills shortages and skills gaps show that, notwithstanding high employer training levels, to be above average levels of the local economy as a whole. However, these difficulties appear to have reduced somewhat in recent years, perhaps due to some slowing of economic growth and to the availability of in-migrant labour.

126. Overall, the analysis also suggests that the sector is not an easy one in which to induce change:

- The sector has a fundamental difficulty in that its *costs* are imposed by the Care Standards Act and other regulations whilst its *income* is frequently set by Local Authority placement funding rates or is otherwise constrained by limited personal wealth. Between the two, margins are frequently tight and wages are concomitantly low. The result is that labour turnover for care assistants is high and the quality of applicants is moderate or low (in terms of their qualifications and learning ability). Although the industry recognises that it needs to professionalise and qualify more of its staff, labour turnover presents a considerable challenge to its doing so. Even though training levels in the industry are high (compared with other sectors), they appear to be not high enough to allow the minimum standards set by the Care Standards Act to be met in many care situations.
- The problem of meeting standards is not assisted by the fact that the industry is increasingly dependent on the recruitment of migrant workers to maintain staffing levels. These workers not only frequently do not have the Level 2 in care which the standards require but may also not have the good English skills which allow them to achieve it.
- The LSC is constrained from supporting the many short courses which the sector needs to meet its Health and Safety and First Aid obligations because its funding rules do not permit it to fund such regulatory training.

- The industry also finds it difficult to employ 16-18 year olds because many care tasks are unsuitable for people of a young age. This constrains the ability of the sector to offer Apprenticeships to 16 year old school leavers or otherwise to offer them employment. Young people who leave school at 16 or 17 are, therefore, likely to be drawn into other sectors before they have a chance to enter the care sector.
- In addition, the care sector faces a more fundamental problem in that care sector employment and careers are not seen as particularly attractive by many or most young people – low wages, unattractive working hours and conditions and the fundamental nature of care tasks engendering that perspective.

127. What might be needed to improve the position in the longer term? The study suggests a number of possibilities....

- Better sector co-ordination through a strong lead body together with extended and better co-ordinated networking and partnership arrangements – to spread information, to reduce inter-organisation competition, and to promote joint working. The Learning Resource Network being developed by the Skills for Care SSC may make an important contribution in promoting cohesive sector engagement.
- Building stronger links between employers and providers so that course content and design is as closely matched to the actual practice of care as possible – the employer emphasis is on needs for specific training and on the flexibility and speed of delivery.
- Collective efforts to sell the sector to younger people who have the basic attributes for a valid career in care – better communication of career pathways and progression opportunities in the sector, and promoting care as a vocation. The developing Care Ambassador project may be valuable in this respect.
- Developing ways to bridge the gap between young people's early (and frequently low-level) training in care and their having the maturity and experience of life to work effectively as a carer.
- Promoting the availability of LSC funding to support training to develop the literacy, numeracy, IT and other 'skills for life' of care workers.
- More specifically, ensuring that there is sufficient and well-marketed provision for English-language training for migrant workers employed in the sector as the basis for their further qualification and progression.
- It has also been suggested that some overseas workers have been exploited in terms of pay rates and a local group has been set up to combat this. Clearly, exploitation is a second issue related to migrant workers which requires attention.
- Improving the performance of Apprenticeship such that its use by sector employers increases and retention and achievement rates rise. This may require better selection of

trainees and placement providers as well as better mentoring of trainees. The recent development of care NVQs with a stronger element of workplace delivery and assessment may assist success and completion rates.

- Developing a single central source of information able to deliver unbiased and up-to-the minute information on the availability of training - what, when, where - and able to give clear information on the costs of training and on the availability of external funding. As above, the Learning Resource Network may be critical in generating this resource and the 'Hot Courses' initiative is being developed in order to offer a single source of up-to-date and unbiased information available courses.
 - Attention to the NVQ assessor position to ensure that sufficient assessment capacity is developed and maintained
128. The need now is to consider and work with these and other ideas in order to develop a practical programme of local actions by which the long term flow of skills into the social care sector can be improved and secured.

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