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# **The quality of education and training in adult health and social care**

May 2016

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## **Introduction**

The purpose of this thematic survey is to provide the Welsh Government with advice on the current standards and quality of education and training in adult social care delivered by further education institutions (FEIs) and work-based learning (WBL) providers across Wales. The report also considers the quality of teaching, provision and leadership and management in adult social care training programmes. The report focuses primarily on training for care workers in residential care homes and other adult social care settings. Although the issues are similar, the report does not focus on domiciliary care. The report does not comment on the relevance or suitability of the qualifications as Qualifications Wales is currently investigating this matter.

This report is intended for the Welsh Government and leaders, managers and staff of FEIs and WBL providers. It may also be of interest to Skills for Care and Development who are the UK Sector Skills Council for this area, the Care Council for Wales who are a partner of the Skills for Care and Development and employers from across the adult social care sector. The report draws on the range of evidence noted at the end of this report, the data tables in Appendix 1 and self-evaluation questions to assessors in Appendix 2.

## **Background**

### **Qualifications**

The Care and Social Services Inspectorate for Wales (CSSIW) determines whether adequate care is being provided to meet the national minimum standards for care homes for older people. These standards, issued by the Welsh Government under section 23 of the Care Standards Act 2000, are the core requirements for all care homes providing personal or nursing care for older people. They require that at least half the care staff (excluding the registered manager or care manager) hold NVQ level 2 in care, or a similar qualification recognised by the Care Council for Wales, (Welsh Assembly Government, 2004).

The Diplomas in Health and Social Care (Adults) for Wales and Northern Ireland at levels 2, 3 and 5 (there is currently no level 4) are the recognised qualifications for care workers, senior care workers and managers in adult health and social care in Wales. The purpose of these qualifications is to equip learners with the skills and knowledge needed to care for others 'in a broad range of health or social care settings' and to support learners to demonstrate their occupational competence, (City and Guilds, 2015).

CSSIW promote these qualifications to ensure quality of provision that meets the national minimum standards. The qualifications are designed to give learners a strong professional identity, help to build confidence in their own ability, and to improve their motivation, self-esteem and confidence (particularly in understanding legislation).

Most staff in social care are employed at level 2 and level 3, where they provide operational support to service users and their families.

For the level 2 qualification, it is not necessary for a learner to have any previous experience of working in a social care environment. However, learners may be working in care already and want accredited recognition of their current skills. Level 3 learners sometimes work without supervision.

The level 5 qualification is for learners already working within management in health and social care who are usually assistant or deputy managers, or managers who have not yet achieved a recognised vocational qualification at this level.

At all levels, learners achieve the diplomas by gaining a combination of units from a bank of mandatory and optional units. The optional units allow learners to choose those that are specific to their particular sector within health and social care.

### **Qualifications in further education institutions**

Diplomas at all levels require observation and assessment in a working environment. FEIs offer the qualifications through part-time courses for those working within the sector. For learners who do not have employment within the sector, but wish to pursue a career in the nursing or care sector, colleges offer qualifications such as the BTEC Extended Diploma. FEIs also deliver qualifications aimed at improving the skills of the workforce through the use of European Social Fund projects.

### **Qualifications within work-based learning**

In WBL, the level 2 and level 3 frameworks for Health and Social Care (Wales) provide the apprenticeship route for learners working in social care for adults or in social care for children and their families. The apprenticeship framework currently requires learners to complete the diploma and Essential Skills Wales qualifications in communications, application of number, and information and communication technology.

Within WBL, the design of this apprenticeship framework provides a broad-based initial qualification to a wide variety of workers within the sector. The sector has an ageing workforce and the framework also seeks to attract younger workers into the sector, and to increase the number of Welsh-speaking staff in order to improve access to services for service users whose first or preferred language is Welsh.

### **Person centred approaches**

At each level within the diploma, there is a mandatory unit concerning person centred approaches. Although person centred approaches are not specifically related to dementia, they are important when dealing with the rising numbers of residents in care homes who have the condition. There are 45,000 people living in Wales today with dementia. By 2025 the number in the UK is expected to rise from the current 850,000 to over a million and by 2050 to exceed two million (Alzheimer's Society, 2015). Person centred approaches offer a strategy for engaging with and supporting someone with dementia in a way that works for them. This aspect of training helps

carers to avoid things that are liable to make the person fearful or anxious, and focus on things that make them happy. It is important to build up a profile of someone's preferences and needs in order to maximise the appropriateness of their care. This is particularly important for people who have difficulty in communicating what they actually want. This approach is a vital part of adult care that helps people to connect with their current and past identity.

## Main findings

- 1 There has been an increase in the numbers of learners undertaking training for working in the adult health and social care sector in WBL and FE providers. However, there is a variable picture of completion, attainment and success rates across the diploma levels in both types of provider.
- 2 Learners' progression through the levels of qualification is dependent on the nature of job roles and the willingness of an employer to provide opportunities for learners to gain experience, receive training and coaching, and be assessed for a higher qualification. As the role of a care worker is busy and demanding, circumstances at work are often not conducive to extra training and, as a result, progression is often difficult.
- 3 Most providers work well with employers to ensure that teaching takes place at times to suit both the employer and the learner. In the best instances, learners' needs are met by flexible approaches to delivery and assessment, such as evening and weekend visits by assessors that accommodate shift patterns.
- 4 The teaching of person centred approaches at all levels is ineffective in the majority of cases. The standard of learner work within their portfolios is too varied, and learners at all levels are only vaguely able to describe person centred approaches and their value within a care setting. About half of learners are unable to give a knowledgeable definition of person centred approaches, in their portfolios or when questioned, although assessors had still signed off the unit as acceptable.
- 5 Staff working in care settings need a good level of literacy and numeracy skills in order to understand and convey instructions, write reports and give medication. They also need to communicate effectively both orally and in writing with colleagues and people receiving care.
- 6 Providers carry out initial assessment of literacy and numeracy skills for all learners studying for more than five hours a week. Learners are occasionally given extra specialist support, but assessors' correction of grammatical errors in coursework is patchy and they often miss opportunities to use these written examples to help learners improve their literacy skills. In a few cases, assessors do not have good enough levels of literacy and numeracy skills themselves. Although many learners at level 5 have very good practical skills, initial assessments show that their levels of literacy and numeracy are too low for them to carry out management roles effectively.
- 7 Providers use a broad range of methods to assess technical skills, support each learner and meet their individual needs. In a few cases, the assessor's questioning is not rigorous enough to ensure that learners have a good grasp of underpinning knowledge. In a few cases, assessors encourage people receiving care to be involved in feedback to learners. They then use this feedback to support assessment and to plan further training for the learner.
- 8 Across all FEI and WBL providers visited, the standard of work observed in portfolios varied too much. Written feedback from assessors in learners' portfolios is too variable.

- 9 In WBL, many assessors visit learners regularly and keep in contact with their learners between visits via text, email and telephone. A few visits concentrate too much on completion of WBL paperwork, receiving written work and setting targets for the next visit. In these cases, there is not enough discussion or testing of knowledge.
- 10 The majority of providers promote Welsh language skills and the culture of Wales positively. Learners who speak Welsh are encouraged to use Welsh when speaking with service users whose first language is Welsh, but there is no consistency of approach. There is no data collected or analysed about the number of learners who train in Welsh or evidence of impact of this on the workforce. A majority of learners are offered the opportunity either to undertake their diploma entirely through the medium of Welsh or to complete their training and portfolios in English but be assessed through the medium of Welsh. In reality, these options are not always possible due to a lack of Welsh language materials and Welsh-speaking tutors and assessors.
- 11 Employers are generally happy with the knowledge and ability of trainers and assessors from FEI and WBL providers when they are delivering level 2 and level 3 qualifications. However, in a few of the care homes visited, managers complained that the poor level of knowledge of trainers and assessors was contributing to an acceptance of low standards when observing and assessing learners' work.
- 12 At level 5, there are some examples of poor training and assessor knowledge. In a few cases, assessors' qualifications are at a level below the qualification they are helping learners to achieve.
- 13 Many providers use staff development budgets and workforce development plans well to ensure that trainers and assessors for level 2 and level 3 are qualified to the appropriate level. Where providers' staff are also working in the sector, many providers use the knowledge and recent experience of these staff to good effect during in-house training events. However, a few assessors for level 5 courses do not have the relevant training or experience.
- 14 Caseloads for assessors vary greatly and this can result in infrequent visits to learners. Such infrequency of visits means that learners do not get the support they need to progress in their learning. A significant number of assessors believe that their caseloads are too large and that they are under pressure from providers to complete qualifications with their learners in as short a time as possible.
- 15 In many cases, service level agreements between the learner, assessor and employer are not effective and providers do not take advantage of the skills and experience of employers or involve employers closely enough with the on-the-job learning and assessment.



## Recommendations

### **Providers should:**

- R1 Improve learners' understanding of person centred approaches and the teaching and assessment of these approaches
- R2 Improve learners' literacy and numeracy and the support, assessment and action plans for these skills
- R3 Ensure that assessors have manageable workloads so that their visits to trainees are frequent and long enough
- R4 Make sure that assessors have knowledge and skills at suitable levels to support learners fully
- R5 Improve service level agreements with employers and involve employers more in the training and assessment of learners

### **The Welsh Government should:**

- R6 Support providers to improve assessment practices and the training and competency of assessors by working with employers, the Education Workforce Council, ColegauCymru and the National Training Federation for Wales to provide professional development events
- R7 Improve the collection of data on the destination of learners

## Standards achieved by learners

- 16 Data and brief commentary for enrolments and outcomes in FE and WBL can be found in Appendix 1.

## Progression

- 17 Most learners studying for qualifications in this sector already work in adult health and social care settings and continue in their employment after qualifying. All WBL learners have full-time employment.
- 18 Where learners have been unable to gain paid employment, they may work for charitable organisations such as Mind on a voluntary basis. In one college visited, level 5 learners use their voluntary work to work towards their Advanced Practitioner Award. They aim to gain full-time employment to study the extra credits needed to achieve the Registered Manager's award. Working in the voluntary sector may be suitable for working towards some units at a higher level, such as advocacy. However, generally, volunteers do not have the responsibilities they would have if they were working in an advanced practitioner role and thus are not acquiring the skills needed to work at this level.
- 19 Learners can progress through levels of qualifications when they wish. But in practice, qualifications are tied closely to the skills of everyday work practices. Therefore, learners' progression is dependent on the appropriateness of their job roles and the willingness of their employer to provide opportunities for them to gain experience, receive training and coaching, and be assessed for a higher qualification. Hence, due to the competing pressures of the workplace, progression for learners is often difficult.
- 20 Progress data can therefore be misleading, as progression is linked less to the availability of courses or training than to job and role function. There may be a considerable period before a learner will apply for a post that will enable the next level of qualification. Without moving to a higher-level job, a learner needs close employer support and involvement to enable an extension of their current job role before they can train to work to a higher professional level. There is a tension between personal education and skills advancement and the need for sound experience in an area of work before qualification progression takes place. There is also a mismatch between progressions in personal experience and skills and the way that data on course outcomes is collected. Data outcomes do not always truly reflect learner progress.
- 21 FE colleges and WBL providers are able to provide progression details for those learners who stay in college or move into WBL. Informal progression tracking by assessors may take place if the learner stays within the sector. However, this does not provide a clear picture of progression. No provider visited was able to provide details of the destinations of their learners other than those that they recorded for DfES returns at the end of a programme of study.
- 22 There is anecdotal evidence that learners at level 3 and above, particularly in FEI, continue to study nursing at degree level and may have left the care industry.

- 23 Funding restrictions in both FEIs and WBL mean that the number of additional qualifications offered to learners is minimal. However, there are opportunities for learners to study complementary subjects via providers' in-house resources, such as e-learning. Most learners within FEIs gain additional qualifications such as manual handling, food hygiene and first aid while studying their main qualification. These are useful additional skills but the data for these courses may heavily skew the overall attainment data and suggest that progression is better than it actually is.

### Teaching and training

- 24 The design of the diplomas requires learners to put their learning into practice. Learners are encouraged to reflect on their everyday practices, improve on these and gain accreditation for their skills. For all diplomas, assessment of the learners' skills and prior knowledge takes place at the beginning of their programme. The trainer and assessor will then draw up an individual learning plan for each learner. This overall learning plan, which includes a detailed action plan for literacy and numeracy development, will determine the training needed to enable the learner to achieve their chosen level of qualification.
- 25 There is some evidence that learners who have higher education or higher FE care qualifications but do not have the practical experience to work in the sector return to study at level 2, which includes the practical element.
- 26 All providers deliver the theoretical knowledge required in a variety of ways. These include:
- workshops
  - one-to-one sessions
  - drop-in sessions
  - in-house resource materials
  - signposting to other appropriate resources
- 27 Most providers work well with employers to ensure that teaching takes place at times to suit both the employer and the learner. In the best instances, there are flexible approaches to delivery and assessment, to meet the needs of learner and employer, such as arranging visits from an assessor in the evening and at the weekend to accommodate shift patterns.
- 28 The role of an assessor during the time a learner is with them, is to work with the learner and employer to identify what a learner knows and is able to do. The assessor will identify any gaps in knowledge and work with the learner on a learning plan to arrange for further training and support so that the learner can gain the knowledge and skills needed. In a few cases however, assessors work too closely to the basic qualification requirements rather than stretching the learner to broaden the skills and approaches they need to work with people receiving care.
- 29 The majority of level 2 and level 3 learners report that they receive a good level of support from their assessor. However, learners are not given enough information about courses and what is required of them before they enrol. The delivery of training for a competence-based qualification that is both on-the-job and off-the-job

and through a combination of directed and self-directed study is not often fully explained to and understood by learners and their employers. A minority of learners, particularly at level 5, are unhappy with the way knowledge elements of the diploma are taught. These learners would prefer to receive the knowledge from their assessors and trainers, rather than what they see as an over-reliance on their employer and their own research. One level 5 learner, when speaking about her assessor, said that she “didn’t really learn anything from her” and that she “had to find out a lot for myself”. Other level 5 learners claimed that the majority of their work was done through completion of assignments and recognition of prior learning from previous management qualifications. In a few cases, this results in learners receiving accreditation for what they already know, with opportunities missed to extend their knowledge and skills. A few learners reported that this is also the case at level 3.

- 30 The teaching of person centred approaches at all levels is ineffective in the majority of cases. The standard of learner work within their portfolios is too varied, and learners at all levels were only vaguely able to describe person centred approaches and its value within a care setting. In a few cases, learners’ explanations of how they applied PCA to the design of care packages for people receiving care showed a misunderstanding of this important principle. For example, many learners do not understand that they need to take the background and interests of people into account in order to tailor care to the individual.

### **Literacy and numeracy**

- 31 Learners in FEI are usually studying for under five hours per week and therefore currently do not require a formal diagnostic assessment of their literacy and numeracy skills. However, most FEI offer some form of assessment of learners’ literacy and numeracy skills. Trainers and assessors give learners general support with literacy and numeracy, which helps them to progress. In a few cases, learners are referred to a FEI’s specialist basic skills staff for more targeted support.
- 32 All WBL learners undertake an assessment of their literacy and numeracy skills at the start of their programme. With very few exceptions, WBL providers found that the level of literacy and numeracy of their learners at level 2 was lower than that required by their framework.
- 33 Learners need literacy and numeracy skills every day within their workplace. They communicate with colleagues and clients, write reports and complete other relevant correspondence such as observation logs. Drug administration, taking and recording medical observations and fluid balances may be part of a learners’ daily routine. Assessment of these skills takes place as part of the diploma. However, assessors’ correction of grammatical errors is patchy and they often miss opportunities to use these written examples to help learners improve their literacy skills.

### **Essential Skills Wales**

- 34 As part of their apprenticeship, all WBL learners undertake Essential Skills Wales qualifications in Application of Number, Communications and Information and Communication Technology at the level required for their particular framework.

- 35 Providers who offer the level 5 diploma expressed concern about the initial level of skills of their level 5 learners. The WBL framework dictates that learners must achieve Communications at level 3, Application of Number at level 2 and ICT at level 1. In one FEI, a high level of support is offered to their level 5 learners, where, although practical skills are good, initial assessment show results of level 1 or below for literacy and numeracy skills for around half of these learners. A WBL provider with 160 learners currently undertaking the level 5 programme explained that around half of these learners began their programme with literacy and numeracy skills of below level 1.
- 36 FEI funding requires learners to undertake Essential Skills Wales qualifications alongside their diploma or as part of the Welsh Baccalaureate. This means that there is a measure of learners' progress in essential skills. At the time of the research for this report, within the FEIs visited, no formal mechanism existed to test learners' improvement in these areas at the end of the programme. However, in WBL, successful completion of the framework indicates that learners have completed their essential skills qualifications to the required level.

**Case study: Additional support to enable a dyslexic student to complete qualification and progress to the next level**

**Context**

A level 2 learner with a severe form of dyslexia.

**Strategy and action**

The assessor referred the learner to the FEI's Learner Support, where an assessment of need was completed. This resulted in the learner receiving additional support from the team every two weeks. Meanwhile, the assessor supported the learner to complete her portfolio and, as time progressed, the learner's confidence in her ability improved.

The assessor adapted evidence required by scribing for her, providing oral questions, and using audio recordings of her answers. These were put on CD for her portfolio. Non-written evidence was used as much as possible.

**Outcome**

The learner successfully completed the level 2 diploma in the agreed time scale and has now progressed to a level 3.

**Assessment**

- 37 A broad range of assessment methods are used in order to support each learner and meet their individual needs, including: witness testimonies; workbooks; computer-based training; oral questioning; direct observations; and reflective and professional discussions. There is, however, an over-reliance on questions taken directly from the performance criteria, rather than a creative use of assignments to test learning. In a few cases, assessors' questions are not rigorous enough to ensure that learners have a good grasp of underpinning knowledge.

- 38 Assessment of every day competence can be challenging, especially where people using services are unable or unwilling to consent to learners being assessed carrying out personal tasks and interactions. This can lead to learners not being properly assessed in some of the most important areas of care that they provide.
- 39 Across all FEI and WBL providers visited, the standard of work observed in portfolios varied too much. Learners' work ranged from brief notes that did not provide enough detail to demonstrate competence to comprehensive essays. The portfolios of learners at one large WBL provider were detailed and showed a good focus on reflection and understanding of PCA. However, this was not the case for nearly all other providers visited.
- 40 Written feedback within learners' portfolios is too variable. In the best cases, it is constructive and gives learners a clear indication of what they need to do to improve. However, there are many cases where the assessor does not review the completed work with the learner, or where this discussion is minimal. This lack of review results in learning and reflection opportunities being lost for the learner.
- 41 People receiving care are not usually involved in feedback to learners following their assessment. Some providers believe that this type of involvement is unhelpful and can be demotivating to learners. This is contrary to awarding organisation and Care Council for Wales recommendations. In a few cases, assessors encourage residents to give feedback and use this well in planning further training and assessments.
- 42 In WBL, many assessors visit learners regularly and keep in contact with their learners in between visits by text, email and telephone. During visits, many assessors also share the good practice observed in other care homes with their learners. However, a few visits concentrate too much on completion of WBL paperwork, receiving written work and setting targets for the next visit. In these cases, there is not enough discussion or testing of knowledge. A few workbooks are undated or contain inaccurate information.

### **Welsh language and culture, and equality and diversity**

- 43 There is a lack of data about the number of Welsh speakers in the care workforce. It is imperative that staff are able to communicate effectively with vulnerable people whose first language is Welsh. The majority of providers promote Welsh language skills and the culture of Wales positively. One WBL provider offers all learners a Welsh-language e-learning course, developed in partnership with Cardiff University.
- 44 Since August 2013, the Welsh Government has collected data on every learner's prior attainment in Welsh first or second language qualifications. This gives a proxy for the Welsh language abilities of those undertaking training.
- 45 However, there are a lack of training programmes available through the medium of Welsh and a lack of Welsh language training materials. Many Welsh speaking learners opt to complete their diploma portfolios through the medium of English. A few choose to have practical assessments using the Welsh language, particularly

when they are working in Welsh speaking environments with people whose first language is Welsh. However, assessment in Welsh is often not possible due to a lack of Welsh-speaking assessment staff. The Welsh Government has published the strategy 'More than just words' and an information pack for staff, which have been developed to strengthen Welsh language services for those who need or choose to receive care using Welsh, (Welsh Government, 2012). The Welsh Government is currently consulting on a follow-up strategic framework to this.

- 46 Currently, learners who speak Welsh are encouraged to use Welsh when speaking with people receiving care whose first language is Welsh but this approach is not systematic and there is no measurement of its impact. A few FEI offer 'Welsh in the Workplace' as an additional qualification. In addition, learners are encouraged by their trainers and assessors to use Welsh greetings and phrases with residents. Bilingual resources are available to all learners, for example Welsh/English terminology. Only a few induction packs are bilingual.
- 47 During induction, all providers discuss equality and diversity in the workplace with learners. A few providers offer learners an additional qualification using Agored Cymru schemes of work and identify opportunities for further discussion of equality and diversity. Work-based learning progress reviews offer opportunities for discussion of equality and diversity, but the quality of these discussions varies too much and often misses opportunities to extend learners' understanding of how this topic relates to developing good standards of care. One WBL provider offers all its learners an equality and diversity e-learning course that has been developed by internal provider staff.

### **Leadership and management, and quality assurance**

- 48 The assessment principles agreed between Skills for Care and development and the awarding organisations for the health and social care qualifications state that, in addition to occupational competence and knowledge, assessors for Qualifications and Curriculum Framework units must hold a suitable qualification. All FEI teaching staff are now registered with the Education Workforce Council and WBL assessors will be registered from 1 April 2017.
- 49 Occupational competence and knowledge means that each assessor must be capable of carrying out the full requirements within the competence unit(s) they are assessing. This can lead to providers using more than one assessor for each qualification, to ensure that the assessor is competent in a particular unit. Maintenance of occupational competence is achieved through professional registration and/or continuing professional development. It is the responsibility of providers to ensure that their trainers and assessors hold the necessary qualifications.
- 50 Employers are generally happy with the knowledge and ability of trainers and assessors from FEI and WBL providers when they are delivering level 2 and level 3 qualifications. Assessors are all suitably qualified with direct care or nursing experience and continue to undertake continuing professional development. One

employer has moved the training contract three times over a period of 15 years to retain the same trainer and assessor, who they consider well qualified and thorough in her teaching and assessing of their learners. However, in a few of the care homes visited, managers complained that the poor level of knowledge of trainers and assessors was contributing to an acceptance of low standards when observing and assessing learners' work.

- 51 At level 5, there are some examples of poor training and assessor knowledge and ability to mark learners work effectively. One assessor told her level 5 candidate "you know more than me" and asked permission to use the learners' portfolio from a previous management qualification with other learners in her caseload. This particular assessor does not have a background in care, but has gained her knowledge while working as a trainer/assessor. In a few cases, assessors' qualifications are at a level below the qualification that they are helping learners to achieve.
- 52 In a few cases, particularly at level 5, providers do not ensure that they provide suitable supervision for an assessor that does not have full knowledge and competence in areas they are assessing. If the provider is unable to do this, awarding organisations stipulate that as part of their quality assurance process, providers should ensure the use of another trainer or assessor for this particular unit. In the best instances, providers do this by the use of visiting speakers.
- 53 Caseloads for assessors vary greatly. In a few cases, visits are very infrequent due to large numbers of learners assigned to the assessor. In the worst case observed, a learner had met with their assessor only four times in 18 months. Such infrequency of visits means that these learners do not get the support they need to progress in their learning. Their learning is fragmented and not easily retained.
- 54 Many learners attend workshops at providers' premises and receive one to one training from their assessors to develop their theoretical knowledge. Assessment of the learners' application of this theoretical knowledge takes place in their working environment. In the best examples, checks on learners' understanding take place during professional discussion.
- 55 A minority of assessors believe that their caseloads are too large and that they are under pressure from providers to complete qualifications with their learners in as short a time as possible. At all levels, around half of the portfolios sampled and learners questioned during this survey were unable to give inspectors a sufficiently knowledgeable definition of person centred approaches, but assessors had signed off this unit as acceptable.
- 56 At level 5, where learners will be taking responsibility for managing others, a few portfolios focus too much on assignments, and testing of knowledge and competence was inadequate.
- 57 Providers' relationship with employers is crucial to the delivery and achievement of diplomas, as employers need to be closely involved with the on-the-job learning and assessment to reinforce practical learning. Where the relationship between providers and employers is working well, providers hold regular meetings with employers to



review the management of the provision. In the best instances, the tutor/assessor and learners are involved in these meetings. A few WBL providers also make regular telephone calls to their employers, to check on the quality of provision and any identified issues are resolved promptly. In one WBL provider, a high number of learners are from one care group. Directors and training managers for the region meet regularly to review training delivery and needs and this has helped the provider to ensure that they are meeting the employers' training needs.

- 58 Service level agreements between the learner, assessor and employer are often not effective. Agreements rarely set out clear agreed expectations about the number of assessor visits, or required involvement of the care home manager and other staff in training delivery.
- 59 Service level agreements are not helpful in setting out procedures in circumstances where it is inappropriate for assessors to observe learners delivering personal care where an individual using services is unwilling to participate. In a few cases, employers are not involved in reviews of progress or the planning of optional units, observations and assessments. In the worst cases, assessors arrange visits without notifying the employer.
- 60 A few providers report reluctance on the part of the employer to become an active partner in learning. However, a few employers believe that the assessor is not utilising employer skills and knowledge effectively or enabling them to play an active part in training and assessment.
- 61 All providers have their own quality assurance systems, which they generally use effectively to measure the quality of the management of their programmes, including those of partners and sub-contractors. However, not all assessors are occupationally competent to deliver all units of the diploma and the use of other assessors is necessary, although this does not always take place.
- 62 WBL providers use benchmarking data well to monitor the performance of their partners and sub-contractors. Senior managers monitor the quality and outcomes of programmes and deal with any underperformance in an appropriate manner.
- 63 In both FEI and WBL providers, team meetings take place regularly. These meetings allow the team to share good practice and to identify areas in need of improvement.
- 64 Providers gain the views of learners and employers in a wide variety of ways, including questionnaires and during progress reviews. These views are used well by providers to ensure that learners' needs are met. In one FEI, this has led to changing the times of workshops so that they are now more convenient to learners and their employers. Another provider has changed the times of induction programmes to suit employer needs.

**Case study: FEI and employer devise a recognition of prior learning strategy to avoid duplication of training**

**Context and strategy**

Learners who were enrolled on the care qualification with the FEI and were attending in-house training with the employer on administering medication were duplicating work. When completing the medication handbook it became evident that there were no comparisons to map the training to the Qualifications and Curriculum Framework. This was resulting in the learners having to undertake the medication unit knowledge and observations again.

One FEI team member worked with the employer to analyse and develop a strategy that could be used for both the qualification and the employer's training booklet.

They used practical methods to accommodate the learner that were useful and easy to use for all involved. This also ensured that the standards were being met and that the learner was properly assessed as having the appropriate skills for the role. The FEI implemented an e-learning training and awareness package and with an online test.

**Outcomes**

Learners now complete the e-learning package and need to achieve 100% to pass the unit. The employer's training officer is then notified via email so that they can issue the learner with a certificate and a witness statement. The FEI's assessor can then use this certificate and witness statement as recognition of prior learning towards learners' attainment of the full qualification.

- 65 Most providers use staff development budgets and workforce development plans well to ensure that trainers and assessors are qualified to the appropriate level. Awarding organisations also check on the levels of qualifications and experience during the quality assurance visits. Assessors and trainers attend regular supervisions in line with sector skills council requirements. However, there is at present no formal professional monitoring or regulation of assessors.
- 66 Providers ensure that their assessors undertake continuing professional development, including attendance at refresher training and sector specific workshops. There is evidence of good use of training available via Social Care Workforce Development Partnerships. In the best cases, providers are members of Care Network Wales. Attendance at CCSIW updates is actively encouraged. Staff at one WBL provider, who are involved in delivering the level 5 programme, receive support from a coach who is also an inspector with the Care Quality Commission.
- 67 Team meetings take place on a regular basis to disseminate the information from external conferences and training sessions, and to share good practice. Where providers' staff are also working in the sector, then providers ensure that the knowledge and recent experience of these staff are used to good effect during in-house training events.

**Case study: An FEI provider arranges specialist training to improve assessor competence**

**Context and strategy**

A learner was undertaking a 'Prepare for and carry out Extended Feeding Techniques' unit and it was identified by the FEI's internal verifier that the assessor was not competent to deliver the unit.

The FEI's qualification co-ordinator liaised with the awarding organisation, who said that it was not stipulated as a specialist unit, therefore did not require being delivered by a specialist assessor. During the external quality assurance visit, the FEI co-ordinator and external verifier discussed the content of this knowledge-based unit and the depth of knowledge required to achieve the unit. It was agreed that the learner's work for the unit was limited and the assessor should have more of a knowledge background to deliver the unit. The external verifier suggested that the assessor and internal verifier undertake relevant training to enable them be competent to deliver the qualification. The external verifier also said that the unit should be marked at this stage by a qualified practitioner in this field of work.

**Action and outcome**

The assessor attended internal and external training sessions for the unit and successfully gained a qualification. The assessor is now able to carry out competent knowledge based assessment of the particular unit 'Prepare for and carry out Extended Feeding Techniques'. This action has improved the ability of the assessor to carry out the role and broadened the training opportunities that the FEI offers.

## Evidence base

The findings and recommendations in this report draw on:

- visits to FEIs
- visits to WBL providers
- visits to residential care homes
- interviews with learners and care home managers
- scrutiny of learners' work
- questionnaires to learners, assessors and care home managers

FEIs visited/surveyed as part of this study were:

- Grwp Llandrillo Menai
- Neath Port Talbot Group
- Gower College Swansea
- Cardiff and Vale College
- Coleg Cambria

WBL providers (WG contract holders and subcontractors) visited/surveyed as part of this study were:

- Cambrian Training
- Mid Wales WBL Consortium (Hyfforddiant Ceredigion Training)
- Mid and North Wales Skills Consortium
- Vocational Skills Partnership
- Sirius
- Cardiff and the Vale College: Quality Skills Alliance
- ITEC Skills and Employment
- A4E Wales
- T2 Group
- Acorn Training
- ACT
- ESG Cymru
- Torfaen Training
- Skills Academy Wales (SW) Pembroke

Inspectors also visited 12 care providers and interviewed learners, other staff and managers. They also spoke with a range of other care provider managers and owners in small groups.

The initial visits for this report took place in 2013, but the evidence was reviewed and where necessary updated in 2015.

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## Appendix 1

Data for adult health and social care is included in the health, public services and care sector subject area. This structuring of the data means that, although the data is publicly available, it does not provide information on the rates of attainment across the diplomas in care. The sector subject area also includes data on courses relating to careers in, for example, the police service, and many other supplementary qualifications relating to particular specialisms, which although important to learners skew this view of the data and make it appear higher than it actually is. Data for diplomas at levels 2, 3 and 5 shows that success rates, although improving slightly, are still not high compared with those in other learning areas.

In WBL, there has been a very large increase in the number of learners who finish their programmes (expressed as terminated learning activities) at all levels over the last three years. For example, at level 5, there has been an increase from 64 terminated learning activities in 2011-2012, to 453 terminated learning activities in 2013-2014. However, the increases in success rates at all levels are modest and do not reflect the large increase in the number of learning activities.

In FEIs, there has been a substantial increase in the number of enrolments for levels 3 and 5 in the last three years. Level 5 enrolments have risen from 19 in 2011-2012, to 171 in 2013-2014. In the same time period, there were large decreases in completion rates at levels 2 and 3 in FEIs. It is unclear what happens to the learners who do not complete the qualification. At level 5, completion and attainment rates showed a considerable rise, although attainment in 2013-2014 dropped. (Welsh Government, 2015b.)

**WBL learning activities and success rates, by level**

	2011-2012			2012-2013			2013-2014		
	Attained Learning Activities	Terminated Learning Activities	Success rate <sup>3</sup> (%)	Attained Learning Activities	Terminated Learning Activities	Success rate (%)	Attained Learning Activities	Terminated Learning Activities	Success rate (%)
Total L2	1,043	1,362	77	1,818	2,304	79	2,351	2,800	84
Total L3	391	492	79	838	1,021	82	1,477	1,711	86
Total L5	47	64	73	93	114	82	351	453	77
Total Unknown	75	118	64	312	375	83	338	409	83

**FEI enrolments and completion, attainment and success rates, by level**

	2011/12				2012/13				2013/14			
	Number of Enrolments	Completion rate <sup>1</sup> (%)	Attainment rate <sup>2</sup> (%)	Success rate <sup>3</sup> (%)	Number of Enrolments	Completion Rate (%)	Attainment rate (%)	Success rate (%)	Number of Enrolments	Completion rate (%)	Attainment rate (%)	Success rate (%)
Total L2	446	85	81	68	761	71	90	63	532	79	91	71
Total L3	151	87	87	76	526	77	90	69	420	80	88	70
Total L5	19	53	80	42	55	84	96	80	171	84	91	78
Total Unknown	750	83	89	74	1,823	80	90	72	1,891	82	90	74

<sup>1</sup> Completion rates are calculated as the number of learning activities completed divided by the number of learning activities terminated (completed or withdrawn).

<sup>2</sup> Attainment rates are calculated as the number of learning activities attained divided by the number of learning activities completed.

<sup>3</sup> Success rates are calculated as the number of learning activities attained divided by the number of learning activities terminated.

The quality of education and training in adult health and social care

The figures for WBL and FEIs above are based on the number of enrolments and outcomes in the following qualifications:

<b>Qualification level</b>	<b>Qualification number</b>	<b>Qualification title</b>
Level 2	50112600	QCF Diploma in Health and Social Care (Level 2)
Level 2	50118092	QCF Diploma in Health and Social Care (Adults) for Wales and Northern Ireland (Level 2)
Level 3	50112004	QCF Diploma in Health and Social Care (Level 3)
Level 3	50118353	QCF Diploma in Health and Social Care (Adults) for Wales and Northern Ireland (Level 3)
Level 5	50119060	QCF Diploma in Health and Social Care (Level 5)
Level 5	50119941	QCF Diploma in Health and Social Care (Level 5)
Level 5	50119989	QCF Diploma in Leadership for Health and Social Care Services (Adults Management) Wales & NI (Level 5)
Level 5	6000051X	QCF Diploma in Leadership for Health and Social Care Services (Adults Management) Wales and Northern Ireland (Level 5)
Level 5	6000292X	QCF Diploma in Leadership for Health and Social Care Services (Adults Residential Management) Wales and Northern Ireland (Level 5)

Source: Welsh Government, 2015b



## Appendix 2

### Estyn questionnaire to assessors for Care Diplomas

Estyn is the education and training inspectorate for Wales. We inspect education and training providers (such as schools, FEI and training organisations). We also carry out reviews of specific areas of education and training.

We are currently undertaking a review of the standard of training within the Health and Social Care Diplomas Levels 2, 3 and 5. Your employer has given us permission to contact you and ask you to respond to the following questions.

If you provide your name it will not be used within the review, we only ask for this in order for us to follow up anything you might share with us. However, we do not normally contact you again.

Please be as honest as you can, this will help us to identify what is working well and what needs to be improved in relation to education and training across health and social care in Wales.

1. Name (optional)

2. Employer (who you are working for)

3. Please list your main qualifications

4. Please list your past or current experience of working in within Health and Social Care

5. CPD and any other related training you have undertaken in the last 2 years

6. Current total caseload of students within Health and Social Care

7. Average caseload over the last year

8. Any other duties you undertake within the organisation

9. In your view, what works particularly well in relation to your role as an Assessor?

10. What is the main area of impact you think you have in your role as an Assessor?

11. Briefly, how would you explain to a learner what 'person centred thinking' and 'person centred planning' is and how this can be put into practice?

12. In your view, what would enable you to provide an improved service in your role as an Assessor

**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE – PLEASE RETURN IT TO YOUR MANAGER WITHIN A SEALED ENVELOPE.**

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