

Preparation for Work 2017-18

University of Essen

Developing people for health and healthcare

www.hee.nhs.uk



Contents

Executive summary 3
1. Introduction
2. Methodology 8
3. The analysis
Respondents' information
Areas reporting
Type of organisation
Respondents' role 11
Extent of engagement 12
Reasons for running programmes 14
Target groups 17
Host areas 21
Barriers to engagement 23
Employability programmes
Work experience
Work-related learning
4. Conclusion
Acknowledgements

Health Education England commissioned Nursaw Associates to survey and report on preparation for work programmes within the NHS in England.

Foreword

At Health Education England we are committed to ensuring the NHS has a workforce, both now and in the future, that can meet the needs of patients.

During 2017-18, we worked with over 55,000 people, either supporting them directly into jobs, helping their career decisions or opening their eyes to the opportunities in the health sector.

The NHS programmes running under Preparation for Work are collectively the biggest set of employer led pre-employment activities in England, helping to develop employees of the future for years to come. These interventions show a long-term approach to building our workforce, with organisations expanding their talent pool by working with people that may make up their labour force in the next few months or the next few years.

This report considers how the NHS delivers employability programmes, work experience, and workrelated learning. Based on a survey sent out to health organisations across England, we can see how the NHS continues to respond to workforce challenges.

Building on our workforce strategy, this report shows how we can use Preparation for Work programmes to face the future with confidence. I would encourage all NHS employers to consider this report and how their programmes can be extended and tied in to their workforce strategy.



Laura Roberts Director of the North Health Education England

Executive Summary

In May 2018 we conducted a survey of healthcare organisations in England to understand the work they are doing to support people into work and future health careers. The survey asked about their practice, motivations and barriers in delivering employability programmes, work experience or work-related learning – we call this 'Preparation for Work'. This is our third survey and from it we can see how Preparation for Work has changed.

- The NHS offers the largest Preparation for Work programme in England. Our survey shows that during 2017-18:
 - 2,669 individuals were engaged on employability programmes
 - 15,246 participated in work experience
 - 37,951 attended work-related learning events.
- Since the last survey there is a greater recognition by healthcare organisations to support the future of the NHS workforce. The effects of changes to overseas recruitment, immigration rules and Brexit have probably affected the motivations and reasons for engaging in preparation for work programmes.
- Widening participation has increased in importance for organisations with over 90% describing it as a very important or important reason for offering preparation for work programmes. This is an increase from 2015-16 in which it stood at 78%. This may be due to increased understanding and recognition of the role of widening participation to diversify the profession.
- The numbers participating in employability programmes has risen by over 100%. However, only 68% of organisations report offering employability programmes. More work needs to be done with large employers to encourage their engagement.
- Limited funding is listed as a barrier by over a quarter of the organisations for employability programmes. Around a third of respondents felt that additional funding was most important or important for this area of work. Employability programmes are often seen as requiring more resource, this may be due to the more intensive and bespoke nature of the programmes. Any additional funding should be channelled into employability programmes. More work should also be done with organisations to communicate the cost-benefit of offering employability programmes using Health Education England's 'Business Case for Employability Programmes in the NHS'.
- Organisations use work-related learning as a route to apprenticeships and to support recruitment shortage areas. Work-related learning typically involves careers events, open days and taster sessions and organisations appear to be using these to recruit and promote apprenticeships.
- Just under two thirds of organisations use employability programmes to support recruitment shortage areas. Given the intensive nature, resource intensity and bespoke training within employability programmes the expectation is that the proportion would have been greater. It is suggested that further work is undertaken to improve the use of employability programmes in recruitment shortage areas.
- A large proportion of work experience and work-related programmes have no target group. In particular, where work-related learning is being used as a route to apprenticeships there should be greater targeting of events.

- Where targeting occurs the main target groups across all preparation to work programmes are NEET (Not in Employment, Education or Training) and socially/educationally disadvantaged young people.
- There has been a shift since the last survey away from targeting individuals from a minority ethnic heritage to other groups. Social and educational definitions are being used more extensively than gender or ethnicity.
- We have seen an improvement in the range of occupational areas involved in hosting participants in preparation for work programmes. We anticipate that this has been partly due to the work that has been undertaken by Health Education England to encourage greater engagement from across healthcare organisations, including the publication of work experience toolkits.
- Business administration and clinical areas are the main occupational areas engaged across all
 preparation to work activities. Approximately 50% of respondents describe catering, estates and
 support services as engaged. More work could be undertaken to increase the proportion engaged.
 The main reason given for these areas not engaged is either that they are smaller units or outsourced. Several organisations have engaged at the contracting stage to include preparation for
 work programmes as part of the out-sourcing contract.
- There appears to be a lack of information on onward progression or numbers available in programmes engaging with external bodies, including Jobcentre Plus and the Prince's Trust. Healthcare organisations along with Jobcentre Plus and the Prince's Trust should ensure they collect feedback and receive impact reports on the programmes that have taken place.
- Capacity remains the main barrier to growth of preparation for work programmes. Greater collaboration and recognition of the benefits (particularly of employability programmes) could help to address this.
- There has been an increase in the evaluation of programmes. Significantly the proportion evaluating their employability programmes has increased from 48% to over 76%.

Employability programmes

2,669 attended employability programmes, a rise of over 100%.

68% offer programmes

Main partners are further education colleges and Jobcentre Plus

20% of participants move into apprenticeships

A quarter move into healthcare employment (excluding apprenticeships)

The destination of nearly 50% of participants is unknown to healthcare organisations including programmes run with Jobcentre Plus and the Prince's Trust

42.7% offer traineeships. Numbers of traineeship per organisation averages 11.

30.9% offer supported internships

Nearly 50% offered career change support

There was uncertainty over supported internships and how they should be offered.

Work experience

Work experience continues to flourish

Work experience is the most common preparation to work programme offered. 91% offer work experience

15,246 work experience placements reported

The average number of placements is 3.39 per 100 employees. The maximum recorded was 15.2 per 100 employees.

Majority offer a one-week placement

Increasing proportion of organisations have a work experience policy (over 10% increase to 88.1%)

Nearly 50% have no target group

Main partners are further education colleges

The destination of participants is often unknown

Nearly 60% aware of Fair Train quality standard

Work-related learning

37,951 attended a workrelated event

Main activities are careers fairs, recruitment fairs and open days

38% report no target group

Main partners are schools and further education colleges

Recommendations

There is significant work being undertaken across England to support Preparation for Work. Since the last survey the work has extended and is prevalent across healthcare organisations. In terms of further development and recommendations for future practice we have recommendations for Health Education England, healthcare organisations and support agencies.

It is recommended that Health Education England:

- Work with large employers to encourage their engagement in employability programmes.
- Promote employability programmes as a key tool to support recruitment shortage areas
- Further communicate the cost-benefit to the organisation of employability programmes

We recommended that healthcare organisations:

- Develop their employability programmes to support recruitment shortage areas
- Capture the onward progression of participants on their Preparation for Work programmes.
- Improve their targeting, particularly in work experience and work-related learning.
- Work with their contractors to build preparation for work programmes into the contract.

We recommended that Jobcentre Plus and the Prince's Trust:

• To report back to their healthcare partners on the impact of their programmes, including onward progression of participants.



1. Introduction

This is the third Preparation for Work Survey undertaken by Health Education England. These surveys have provided us with an insight into the work undertaken by healthcare organisations across England, from Trusts through to GP surgeries.

Previous surveys have allowed us to capture the volume of the activity. From these surveys we know that the NHS in England has the largest number of work experience placements in the country. We also know that employability programmes and work-related learning events are extensive and between them support nearly 50,000 people.

Yet the NHS has not stood still and over the last three years, Health Education England has introduced three new toolkits to support work experience in Trusts, GP surgeries and dental practices. It has developed a ground-breaking partnership with the Prince's Trust to deliver employability programmes to those hardest to reach and its partnership with Jobcentre Plus is one of the most extensive in the country. Local partnerships have also been developed to create significant and impactful Preparation for Work programmes that are helping people into work and determine their future career. This year, Trusts are reporting the numbers of individuals engaged in Preparation for Work programmes quarterly to Health Education England. This has enabled Health Education England to more accurately capture the levels of engagement. This survey seeks to understand the motivations, challenges and current thinking in healthcare organisations.

This year Health Education England commissioned Accenture to develop the business case for employability programmes and their return on investment. They found that for every £1 spent by employers they get a return of £2.50¹.

This year's survey has enabled us to capture current practice, and understand how Preparation for Work programmes are evolving within the NHS.



¹ For more information contact talentforcare@hee.nhs.uk.

2. Methodology

The online survey was open from the 11 April to 14 May 2018. As previous surveys we went out to organisations via Health Education England's contacts. The survey was sent to regional Health Education England contacts, NHS Employers' networks and apprenticeship leads for onward circulation.

We asked organisations about:

- Employability programmes
- Work experience
- Work related learning.

We used the following definitions:

- Employability programmes are typically aimed at people with qualifications at level 2 or below, and provide them with training to develop their skills and increased opportunities for employment, further/higher education opportunities in health-related subjects or moving into apprenticeships. This could include internships
- Work experience describes opportunities for direct experience of healthcare work within an organisational setting, for example this could include role shadowing.
- Work-related learning gives exposure and insight into future careers, including an understanding of the skills and knowledge required in the workplace. Work-related learning could include careers/skills events, open days and tours.

We used a mixture of questions, qualitative including attitudinal (using the Likert scale), and quantitative. Where appropriate we have used questions that were in the previous surveys in order to ascertain change over the period.

The previous surveys covered the period 2015-16, and 2013-14. The 2013-14 survey covered work experience only.

There were three organisations that submitted more than one response. However, on closer analysis of these responses it appears that the respondents are dealing with different activities, in different parts of the organisation. We have, therefore aggregated their responses, whilst reducing the organisational numbers.



3. The analysis

Respondent information

In total we received 119 responses, representing 116 organisations. This is a 40% reduction in respondents from the 2015-16 survey, which had 317 respondents.

We received

119 responsesrepresenting**116 organisations.**

There has been a 40% reduction in survey response. The reduction in survey response is likely to be due to changing structures and responsibilities within local Health Education England teams. Areas who have been able to maintain close links with their healthcare providers or who have very actively promoted the survey have been able to generate good responses.

Areas reporting

Figure 1: Respondents to the survey by area



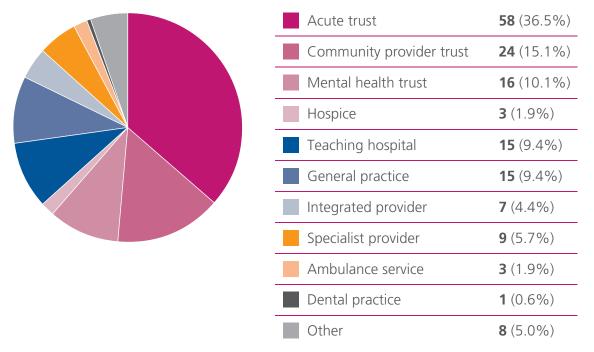
Type of organisation

The majority of respondents were from acute trusts (58, 48%), however, they also described themselves as other types of healthcare providers (for example, community providers, teaching hospitals and integrated providers).

In addition (excluding those listed as acute trusts) we had 15 general practice, 14 community provider trusts and 11 mental health trusts.

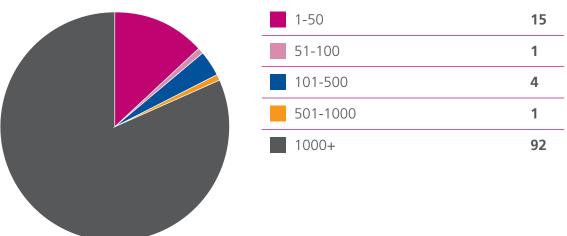
All the hospice respondents were located within acute or community provider trusts. The dental practice was located within an acute trust.

Figure 2: Type of organisation



The organisation size was over-whelmingly large; employing over 1000 staff (75%), see Figure 3. For each of the respondents we have been able to ascertain the headcount and so are able to understand the level of activity proportionate to size.

Figure 3: Size of organisation



15% of the responses came from employers with 1000 or less staff. Due to the numbers of respondents from organisations with less than 1000 staff we have not been able to do a separate analysis on the work by smaller organisations as the previous survey. Last year's figures enabled us to look at practice in small employers (typically general practice surgeries) and make recommendations (39% (124) respondents were from employers with 1000 or less staff).

The organisation size was overwhelmingly large, employing **over 1000 staff (75%).**

Respondents' role

The majority of the respondents were located within Human Resources – over 70%. The rest were in administration and clinical, with only a few from strategic planning and policy or the executive team.

Figure 4: Respondents' department



The data should be robust and viable for the organisation with over 60% in leadership or management positions.

Figure 5: Respondents' occupation

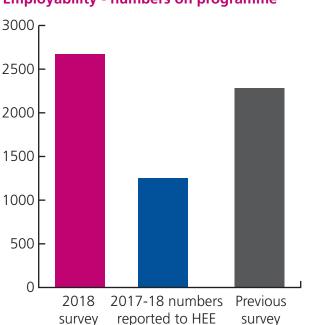


Extent of engagement

There is significant engagement across the healthcare sector in preparation for work programmes.

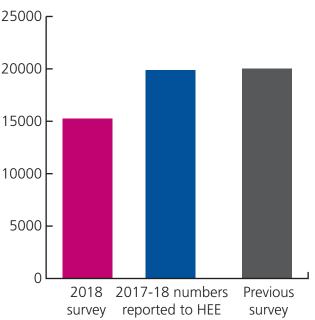
Figure 6 shows the numbers reported in this survey, the previous survey and the figures reported directly to Health Education England as part of their quarterly data gathering exercise.

Figure 6: Numbers involved in Preparation for Work programmes



Employability - numbers on programme

Work experience - numbers on programme



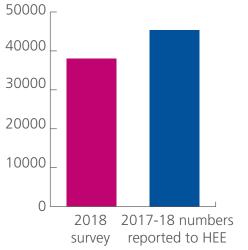
Work-related learning continues to have the largest volume of individuals engaged with nearly 38,000 reported who are taking part in careers events, open days, talks and workshops.

Nearly **38,000 individuals** are

engaged in work-related learning across England.

Employability programmes continue to grow. The results from this survey show a 102% increase from the 2015-16 survey with numbers rising from 1,319 to 2,669.

Work related learning - numbers on programme



The proportion of organisations offering employability programmes has grown. 51% of larger organisations were reported to offer employability programmes in the 2015-16 survey. This has grown to over 68%.

There has been a **102% increase** in numbers attending employability programmes.

Work experience continues to flourish. We have seen a reduced number this year reported in the survey, which is likely to be due to the smaller number of respondents. If we were to extrapolate to a similar number of respondents as the previous survey we would see the 15,246 work experience placements increase to over 21,000. Due to the responses in the survey to work experience we believe that this is a growing area and the reduced numbers is a direct correlation with the number of responses and not a cause for concern.

Extrapolating the work experience figures we see an increase in number of placements available.

Work experience continues to be the most common programme offered. 90.8% (108) offer work experience. Of those not offering work experience 73% are general practice or third sector.

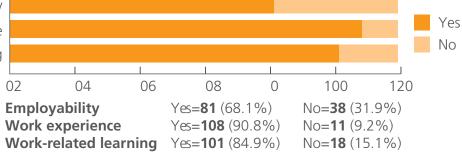
For those that do not offer employability programmes (38), 66.8% are from large employers (more than 1000 staff). The large employers not offering employability programmes are located across the UK (with exceptions of North West, North Midlands, Wessex and Kent, Surrey and Sussex). The largest number reporting no employability programmes are located in the South West (4) and the West Midlands (5). Of those that do not offer employability programmes the majority offer work experience (76.3%) and workrelated learning (68.4%).

84.9% (101) offer work-related learning. Of those that do not offer work-related learning the majority is in general practice 57.9%. However, four acute trusts say they do not offer it either.

More work needs to be done with large employers to encourage their engagement in employability programmes.

Figure 7: Percentage offering Preparation for Work programmes

Employability Work experience Work-related learning



Reasons for running programmes

We wanted to understand the motivations of organisations for running Preparation for Work programmes. Figure 8 shows the responses where they have been listed as most important or important.



To support recruitment shortage areas To build community relations Received additional funding To build diversity within the organisation To help the future NHS workforce To support widening participation To provide a route to apprenticeships



Employability programmes

Helping the future NHS workforce was given as the most important/important reason for offering work experience (95.3%), and work related learning (97.9%) and the second most important/important reason for employability programmes (90.1%).

There is greater recognition to support the future of the NHS workforce.

Since the last survey (2015-16) there is a greater recognition by healthcare organisations to support the future of the NHS workforce. The effects of changes to overseas recruitment, immigration rules and Brexit have probably affected the motivations and reasons for engaging in preparation for work programmes.

Widening participation is the most important/ important reason for employability programmes (92.6%) and second most important/important reason for offering work experience (91.2%) and work-related learning (91.7%). This is an increase from the 2015-16 survey in which widening participation was listed at 78% for all preparation for work programmes and in the 2014 survey it was 81% for work experience (only area asked).

Widening participation has increased in importance for organisations with over 90% of them describing it as a very important or important reason for offering preparation for work programmes. This may be due to increased understanding and recognition of the role of widening participation to diversify the profession.

Widening participation has increased in importance.

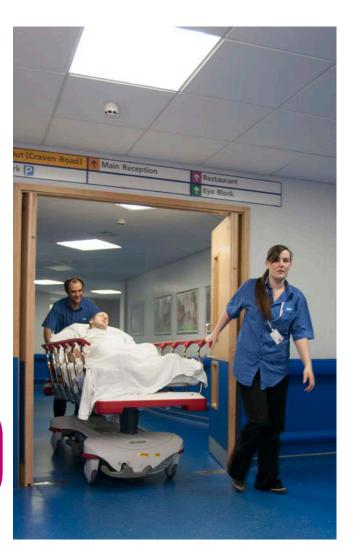
Work-related learning programmes are most important/important (89.4%) for the routes to apprenticeships and to build diversity in the organisation (80.4%), with employability programmes (78.8%) and work experience (72.1%) still most important/important for routes to apprenticeships. Similarly employability programmes (78.2%) and work experience (69.0%) are still most important/important for building diversity in the organisation.

The receipt of additional funding is not an important reason for offering any preparation for work programmes. However, for employability programmes it was listed by over a third of the respondents as most important/ important (32.9%). For the other programmes it was around 16%. This shows how important funding is for employability programmes.

Any additional funding should be channelled into employability programmes.

Employability programmes are often seen as requiring more resource, this may be due to the more intensive and bespoke nature of the programmes. More work should be done with organisations to communicate the cost-benefit of offering employability programmes using Health Education England's 'Business Case for Employability Programmes in the NHS'

Any additional funding should be channelled into employability programmes.





Building community relations is seen as most important/important by a large number of respondents. Work-related learning was the most important/important at 90.6%. Employability programmes (83.5%) and work experience (83.5%) were also most important/ important in this area.

To support recruitment shortage areas workrelated learning was listed as the most important/important at 81.7%, with work experience at 53.9% and employability programmes at 63.8%.

Just under two-thirds of organisations use employability programmes to support recruitment shortage areas.



Just under two-thirds of organisations use employability programmes to support recruitment shortage areas. Given the intensive nature, resource intensity and bespoke training within employability programmes the expectation is that this would have been higher. It is suggested that further work is undertaken to improve the use of employability programmes in shortage areas.

Work-related learning involves careers events, open days and taster sessions. Organisations report that they offer work-related learning to provide a route to apprenticeships.



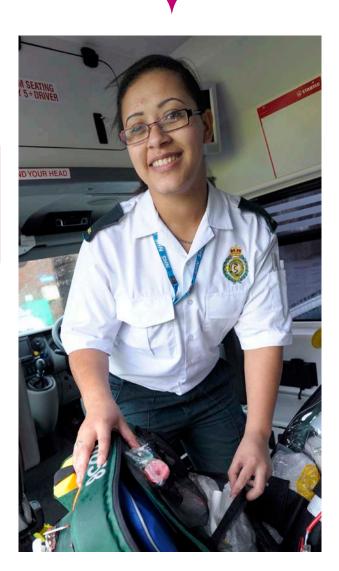
Target groups

A large proportion of work experience and work-related learning programmes have no target group (45.5% and 38% of respondents respectively). In particular, where workrelated learning is being used as a route to apprenticeships, building diversity in the organisation, supporting widening participation, building community relations and supporting recruitment shortage areas there should be greater targeting of events.

The main target group listed for all preparation to work programmes are young people not in education or training (NEET) followed by young people from socially or educationally disadvantaged backgrounds.

The main target groups across all preparation to work programmes are NEET (Not in Employment, Education or Training) and socially/ educationally disadvantaged young people.

People who have a mental health disability, physical disability, who are from a black, Asian or minority ethnic (BAME) heritage, older adults (50 years plus) and young people who have been looked after by the local authority are target groups for less than 10% of the respondents. The previous survey showed that the main target group was individuals from a BAME background and local people. This is an interesting shift in the focus on individuals from a BAME background. There has been a shift since the last survey away from targeting individuals from a minority ethnic heritage to other groups. Social and educational definitions are being used more extensively than gender or ethnicity.



Where groups were targeted it was predominately (as expected) in employability programmes. 13.2% (34 respondents) of employability programmes had no target group. This is surprising given the nature of employability programmes. However, from the response it appears that those that say they have no target groups have more targeted programmes and are working with other organisations (such as further education colleges). The main groups targeted are NEET (14%, 36), socially/educationally disadvantaged young people (13.6%, 35), long-term unemployed (13.2%, 34) and those with a learning disability (12.1%, 31) (see Figure 9). For others this included veterans and ex-military personnel.

Figure 9: Target groups for employability programmes

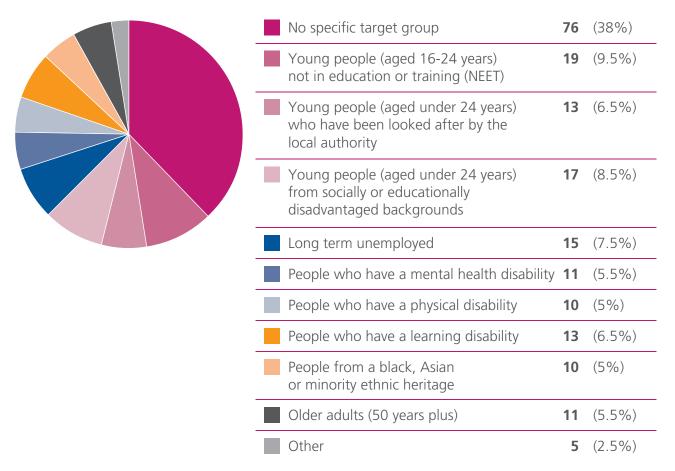
No specific target group	34	(13.2%)
Young people (aged 16-24 years) not in education or training (NEET)	36	(14%)
Young people (aged under 24 years) who have been looked after by the local authority	21	(8.2%)
Young people (aged under 24 years) from socially or educationally disadvantaged backgrounds	35	(13.6%)
Long term unemployed	34	(13.2%)
People who have a mental health disability	17	(6.6%)
People who have a physical disability	20	(7.8%)
People who have a learning disability	31	(12.1%)
People from a black, Asian or minority ethnic heritage	15	(5.8%)
Older adults (50 years plus)	9	(3.5%)
Other	5	(1.9%)

For work experience the main target group listed was NEET (10.8%, 19) and young people from socially or educationally disadvantaged backgrounds (8%, 14) (see Figure 10). Others listed included pre-16 year olds, veterans and ex-military personnel and a programme for people with autism.



	No specific target group	80	(45.5%)
	Young people (aged 16-24 years) not in education or training (NEET)	19	(10.8%)
	Young people (aged under 24 years) who have been looked after by the local authority	9	(5.1%)
	Young people (aged under 24 years) from socially or educationally disadvantaged backgrounds	14	(8%)
	Long term unemployed	11	(6.3%)
-	People who have a mental health disability	6	(3.4%)
-	People who have a physical disability	6	(3.4%)
-	People who have a learning disability	9	(5.1%)
-	People from a black, Asian or minority ethnic heritage	9	(5.1%)
-	Older adults (50 years plus)	4	(2.3%)
-	Other	9	(5.1%)

For work-related learning the main target group (as work experience) listed was NEET (9.5%, 19) and young people from socially or educationally disadvantaged backgrounds (8.5%, 17) (see Figure 11). Other target groups reported were young people aged under 16 years of age and military or veterans.





We would encourage greater targeting, particularly if work-related learning is being used as a route to apprenticeships. We would encourage organisations to target groups in response to gaps or under-representation in their workforce – aligning with their own organisational composition and need.

Host areas

Across all Trusts and the healthcare organisations there is representation from all clinical and administrative areas hosting individuals on Preparation for Work programmes. This is an improvement in the breadth of organisational involvement since the last survey. In previous surveys there was a pattern to the areas not hosting, for example, midwifery or paediatrics. This has changed and in this survey only a few organisations reported areas that are not involved and these areas are only listed in ones or twos. The improvement in the extent of areas hosting participants has been the focus of a number of initiatives by Health Education England for the last few years. This has included the publication of toolkits directly addressing concerns. We anticipate that this improvement could be due to the work done.

More areas host participants than before.

Business administration and clinical areas are the main placement/engaged areas for all preparation for work activities. However, only 50% of catering, estates and support services are engaged. Across Preparation for Work the reasons given for this area not engaged is that they are out-sourced. These are areas that typically employ local people, and can often be a good first step into the health service. Healthcare organisations are encouraged to increase the engagement in this area. Several organisations have engaged at the contracting stage to include preparation for work programmes as part of the out-sourcing contract.





For employability the main reasons for these areas not engaging are:

- safeguarding/health and safety (6)
- that the area is contracted out (5)
- it will be involved in future expansion (4)
- only areas involved that are linked to a job or apprenticeship (4).

For work experience the main reasons for these areas not engaging are:

- contracted out services (9)
- capacity (8)
- safeguarding and health/safety (8).

Some specific clinical areas were listed including maternity, paediatrics and the mortuary.

For work related learning the main reasons for these areas not engaging are:

- capacity (8)
- contracted out services (5).

For work-related learning many of the events are handled by HR or training teams and may not need fully the engagement of all areas in the organisation or hosting.





Barriers to engagement

We wanted to understand the barriers to organisations in running Preparation for Work programmes.

Figure 12: Barriers to running employability programmes

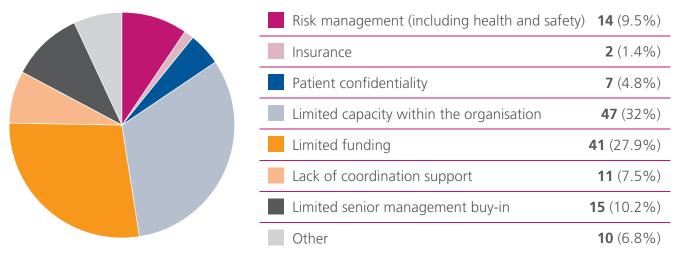
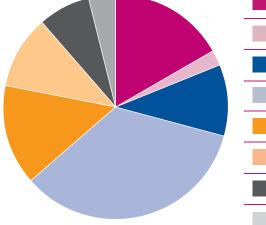


Figure 13: Barriers to running work experience programmes



Risk management (including health and safety) 37 (16.7%)		
Insurance	5 (2.3%)	
Patient confidentiality	23 (10.4%)	
Limited capacity within the organisation	76 (34.4%)	
Limited funding	32 (14.5%)	
Lack of coordination support	23 (10.4%)	
Limited senior management buy-in	17 (7.7%)	
Other	8 (3.6%)	

Figure 14: Barriers to running work-related programmes

Risk management (including health and safe	ty) 14 (8.6%)
Insurance	4 (2.5%)
Patient confidentiality	12 (7.4%)
Limited capacity within the organisation	61 (37.4%)
Limited funding	32 (19.6%)
Lack of coordination support	26 (16%)
Limited senior management buy-in	9 (5.5%)
Other	5 (3.1%)

Around a third of organisations reported limited capacity as the main barrier to engagement for all preparation for work programmes.

Capacity has always been cited as a barrier to growth. Both in this and the previous survey approximately 40% of respondents list it as a barrier. Improving capacity is key if there is to be growth in the number of individuals involved in preparation for work programmes. Administration and management capacity has the potential to grow with greater collaboration between healthcare organisations. Organisations can work together to build their capacity to grow preparation for work programmes. Internal placement capacity may be able to grow, particularly with employability programmes if the benefits to the organisation are perceived more directly.

Capacity remains the main barrier to growth. Administration and management capacity has the potential to grow with greater collaboration between healthcare organisations.

Limited funding is listed as a barrier by over a quarter of the organisations for employability programmes (27.9%). This relates to the 'reasons for engagement' with a third of organisations citing additional funding as a reason for engaging with employability programmes. More work should be done with organisations to show the cost-benefit of offering employability programmes. Limited funding is listed as a barrier by over a quarter of the organisations for employability programmes.

Risk management (including health and safety) is cited as a barrier for engagement in work experience by 16.7% of respondents.

Insurance has very little impact on the barriers to organisation participating in these activities.



Employability programmes

Employability programmes continue to grow. The results from this survey show a 102% increase in numbers rising from 1,250 to 2,669.

There has been a **102% increase** in numbers attending employability programmes.

2,669 attended employability programmes a rise of over 100%.

68% offer programmes

Main partners are further education colleges and Jobcentre Plus

20% of participants move into apprenticeships

A quarter move into healthcare employment (excluding apprenticeships)

The destination of nearly 50% of participants is unknown to healthcare organisations including programmes run with Jobcentre Plus and the Prince's Trust

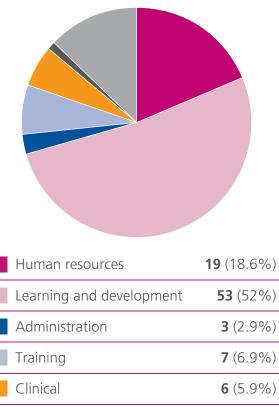
42.7% offer traineeships. Numbers of traineeship per organisation averages 11

30.9% offer supported internships

Nearly 50% offered career change support

There was uncertainty over supported internships and how they should be offered. Employability programmes are, in the main coordinated by the learning and development department.

Figure 15: Department coordinating employability programmes



Human resources	19 (18.6%)
Learning and development	53 (52%)
Administration	3 (2.9%)
Training	7 (6.9%)
Clinical	6 (5.9%)
Strategic planning and policy	0
Executive team	1 (1%)
Other	13 (12.7%)

The progression from employability programmes is, in the main not known with 46% of participants' onward progression unknown.

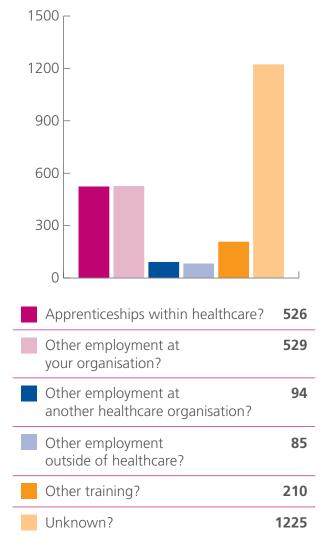
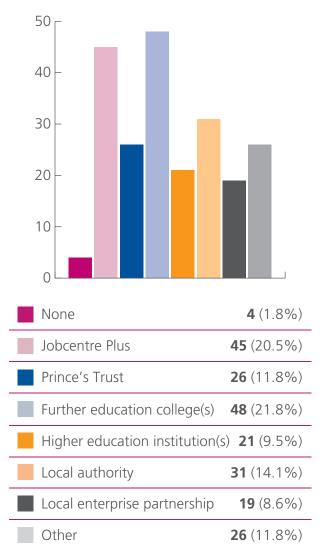


Figure 16: Progression from employability programmes

When healthcare organisations are working with external bodies there appears to be a lack of information on onward progression or numbers available. Those reporting over 100 unknowns (four organisations) are all working with Jobcentre Plus and three of them are working with the Prince's Trust. Healthcare organisations should work with Jobcentre Plus and the Prince's Trust to gain feedback and receive impact reports on the programmes run.

Figure 17: Partners in employability programmes



18.8% (15) have established a sector-based work academy.

42.7% (35) offer traineeships. The number of traineeships on offer at each organisation is small, on average 11. However, three reported insufficient take up.

48.8% (39) said they offered formal support to those looking for a career change.

30.9% (25) said they offered supported internships. The numbers reported were 129 internships, with an average of seven per organisation.

There was a lot of uncertainty regarding how supported apprenticeships will be used as a progression option for those completed supporting internships (30% of the respondents do not know). This is an area of development for healthcare organisations.

76.3% (61) report that the employability programmes are evaluated. This is a significant increase from the previous survey at 48%.





Work Experience

Work experience continues to flourish. We have seen a reduced number this year reported in the survey, which is likely to be due to the smaller number of respondents. If we were to extrapolate to a similar number of respondents as the previous survey we would see the 15,246 work experience placements increase to over 21,000. Due to the responses in the survey to work experience we believe that this is a growing area and the reduced numbers is a direct correlation with the number of responses and not a cause for concern.

Work experience continues to flourish.

Work experience continues to flourish

15,246 work experience placements reported

Work experience is the most common preparation for work programme offered. 91% offer work experience

Majority offer a one-week placement

The average number of placements is 3.39 per 100 employees. The maximum recorded was 15.2 per 100 employees.

Increasing proportion of organisations have a work experience policy (over 10% increase to 88.1%)

Nearly 50% have no target group

Main partners are further education colleges

The destination of participants is often unknown

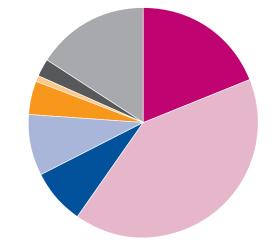
Nearly 60% aware of Fair Train quality standard

Work experience continues to be the most common programme offered. 90.8% (108) offer work experience. Of those not offering work experience 73% are general practice or the third sector. The number of large organisations offering work experience is at a similar percentage to the previous survey (91% of large organisations).

There was a large variance when we calculated the number of work experience placements compared to the organisation's headcount. The mean average was 3.39 placements per 100 employees. The maximum was 15.2 placements per 100 employees.

The programme is coordinated by learning and development (40.9%, 52) or human resources (18.9%, 24).

Figure 18: Department coordinating work experience



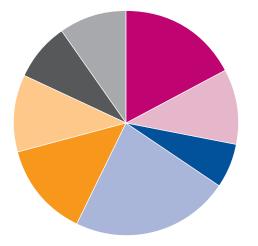
Human resources	24 (18.9%)
Learning and development	52 (40.9%)
Administration	10 (7.9%)
Training	11 (8.7%)
Clinical	6 (4.7%)
Strategic planning and policy	1 (0.8%)
Executive team	3 (2.4%)
Other	20 (15.7%)

The majority offer one-week work experience 56.5% (61). This is a significant decrease from 81% in the 2015-16 survey. This may be due to different types of work experience now on offer.

88.1% (96) have a work experience policy. This is an increase from the 2015-16 survey that stood at 77%.

For work experience it appears that working with partners is less important than for employability programmes. It is a comparable percentage engaging with further education colleges and local enterprise partnerships. More organisations engage with higher education as part of their work experience programme.

Figure 19: Partners in work experience programmes



None	36 (17.5%)
Jobcentre Plus	22 (10.7%)
Prince's Trust	13 (6.3%)
Further education college(s)	47 (22.8%)
Higher education institution(s) 28 (13.6%)
Local authority	23 (11.2%)
Local enterprise partnership	17 (8.3%)
Other	20 (9.7%)

Barriers to work experience are limited capacity within the organisation (34.4%, 76), risk management (including health and safety) (16.7%, 37) and limited funding (14.5%, 32).

Figure 20: Progression from employability programmes

Apprenticeships within healthcare?	129
Other employment at your organisation?	104
Other employment at another healthcare organisation?	2
Other employment outside of healthcare?	9
Other training?	713
Unknown?	6222

There is very limited understanding of what happens to individuals after work experience.

59.6% (62) are aware of Fair Train's work experience quality standard. 36.3% (29) have no plans to work towards the Quality Standard. 32.5% (26) have been awarded the Fair Train Quality Standard. A further 31.3% (25) are working towards or have plans to gain the standard.

78.1% evaluate their work experience. This is an increase from 70% in the previous survey.

Work-related learning

37,951 attended a work-related event

Main activities are careers fairs, recruitment fairs and open days

38% report no target group

Main partners are schools and further education colleges

The type of work-related learning offered is:

Careers fair at a school	25.3% (95)
Recruitment fairs	22.1% (83)
Open days	20.2% (76)
Events run by Jobcentre Plus	13.6% (51)
Tours of the organisation	13.3% (50)
Other	5.6% (21)

Figure 21: Department coordinating workrelated learning

Human resources	37 (25%)
Learning and development	59 (39.9%)
Administration	7 (4.7%)
Training	
Training	13 (8.8%)
	13 (8.8%) 12 (8.1%)
Clinical	12 (8.1%)

Work-related learning is mainly coordinated by Learning and Development 39.9% (59) and Human Resources 25% (37).

38% (76) of respondents say they have no specific target group. No target group is over 10%. The largest targeted group is NEET (9.5%, 19).

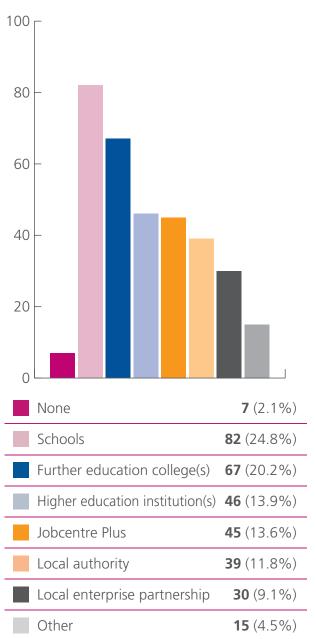


Figure 22: Partners in work-related learning programmes



4. Conclusion

We received responses 119 responses representing 116 organisations. This is a reduction from the 2015-16 survey and is likely to be due to changing structures and responsibilities within local Health Education England teams. Areas who have been able to maintain close links with their healthcare providers or who have very actively promoted the survey have been able to generate good responses.

The respondents were from organisations that were over-whelmingly large, employing over 1000 staff (75%). Nearly 50% of respondents were from acute trusts. We anticipate that the data will be robust with over 60% of respondents in leadership or management positions.

Work related learning is seen as the most important in a route to apprenticeships, to build diversity within the organisation, to build community relations and to support recruitment shortage areas. Main activities are careers fairs, recruitment fairs and open days.

Employability programmes are seen as the most important route to support widening participation and it is most in need of additional funding. Although it is noted that helping the future NHS workforce and to build community relations is supported highly. Work experience is seen as important to support widening participation and to help the future NHS workforce.

A large proportion of work experience and work-related learning programmes have no target group. Greater targeting should be encouraged, particularly if work-related learning is being used as a route to apprenticeships. Organisations should set their target groups in response to gaps or under-representation in their workforce – aligning with their own organisational composition and need.

The main target groups across all preparation to work programmes are NEET (Not in Employment, Education or Training) and socially/educationally disadvantaged young people. There has been a shift since the last survey away from targeting individuals from a minority ethnic heritage to other groups. Social and educational definitions are being used more extensively than gender or ethnicity.

Across all Trusts and the healthcare organisations there is representation from all clinical and administrative areas hosting individuals on Preparation for Work programmes. This is an improvement in the breadth of organisational involvement since the last survey. We anticipate that this has been due to the work that has been undertaken by Health Education England to encourage greater engagement from across healthcare organisations, including the publication of work experience toolkits. Only 50% of catering, estates and support services are engaged. Across Preparation for Work the reasons given for this area not engaged is that they are out-sourced. These are areas that typically employ local people, and can often be a good first step into the health service. Healthcare organisations are encouraged to increase the engagement in this area. Several organisations have engaged at the contracting stage to include preparation for work programmes as part of the out-sourcing contract.

Around a third of organisations reported limited capacity as the main barrier to engagement for all preparation for work programmes. Capacity has always been cited as a barrier to growth. Both in this and the previous survey approximately 40% of respondents list it as a barrier. Improving capacity is key if there is to be growth in the number of individuals involved in preparation for work programmes. Administration and management capacity has the potential to grow with greater collaboration between healthcare organisations. Internal placement capacity may be able to grow, particularly with employability programmes if the benefits to the organisation are perceived more directly.

Employability programmes continue to grow. The results from this survey show a 102% increase in numbers rising from 1250 to 2,669, a 102% increase. However, only 68% of organisations reported offering these programmes, this could increase.

From employability programmes 45% move into apprenticeships or other healthcare employment. The destination of nearly 50% of participants is unknown to healthcare organisations including programmes run with Jobcentre Plus and the Prince's Trust.

Work experience continues to flourish with 15,246 placements recorded in this survey. It continues to be the most common preparation for work programme offered (91% of respondents).

The average number of placements is 3.39 per 100 employees. The maximum recorded was 15.2 per 100 employees.

There is an increasing formalisation of work experience with 88.1% reporting having a work experience policy (an increase of over 10% from the 2015-16 survey) and an awareness of the Fair Train Quality Standard (60%).

Acknowledgements

Thank you to all those that promoted and circulated the survey. Your efforts have helped us to produce a meaningful survey that shows the work in the health service in England.

Thank you to all those on the Talent for Care and Widening Participation Implementation Group – your insights and comments helped shape the survey and report.

Thank you to Katie Adams and Catriona Curry for their support and advice during the survey and report development.

Report written and produced by:



Designed by: WAX DESIGNWORKS