

Preparation for Work Programmes

Analysis, Findings and Recommendations



Developing people
for health and
healthcare

www.hee.nhs.uk



THE NHS
CONSTITUTION
the NHS belongs to us all

Contents

Executive summary	2
Key findings	3
Recommendations	5
The analysis	
Introduction	8
Methodology	8
Respondents	10
Strategic fit	11
Work experience	14
Work related learning	16
Employability programmes	17
Target groups	19
Health ambassadors	21
Communications	21
Conclusions	22
Acknowledgements	24

This report has been prepared by Ceri Nursaw (Nursaw Associates) from a survey designed by Health Education England (HEE).

Executive Summary

This report provides an analysis and commentary of the responses to the 2015 preparation for work survey. It also proposes a series of recommendations and associated workstreams to drive forward a paradigm shift in preparation to work within the Health Service

Over 300 organisations responded to the survey providing the most comprehensive picture of preparation to work programmes within the Health Service.

The report examines the engagement by healthcare organisations in providing preparation to work opportunities. The term preparation to work describes work related learning, work experience and employment programmes¹.

Due to the high number of respondents from smaller medical practices and employers of less than 1000 staff we are able to consider this group separately. This is the first time we have been able to consider their specific issues. This report will, therefore, consider smaller and larger healthcare organisations separately (whilst also, where appropriate, comparing the findings).

In developing the report we have considered the strategic context within the Health Service in terms of:

- **Widening Participation**

The Government wishes to see the NHS workforce reflect the diversity of the community that it serves. Work experience offers for many a first glimpse of the opportunities available in the Health Service. Work experience is one of the key priorities within Health Education England's Widening Participation Strategy. Health Education England's emerging Schools and Community Engagement Strategy will also provide additional impetus in terms of developing work experience collaborations with schools, colleges and the wider community.

- **Talent for Care**

As the Health Service seeks to invest in its support workforce, preparation to work programmes can enhance the Get In theme, helping people to start their career in a support role.

- **Movement to Work**

Movement to Work is a voluntary collaboration of UK employers committed to tackling youth unemployment through providing high quality vocational training and work experience opportunities for young people. The NHS is a partner with Government and other major employers and has a responsibility to act as a trailblazer in terms of its work experience practice.

Preparation for work and access to it is the subject of much discussion across England, for example, the Medical Schools Council have released a work experience guide for applicants to medicine², and we are aware of other research in this area (including Mann et al (2016)³ regarding work tasters and job shadowing). We have taken into account other information, where appropriate when considering the recommendations.

¹ For definitions see page 8.

² www.medschools.ac.uk/Students/howtoapply/Pages/Work-experience.aspx

³ Mann, A., Kashefpakdel, E., McKeown, R., Roberts, A. and Jones, S. (2016). Work tasters, job shadowing and widening participation in the National Health Service. Education and Employers Research and the University of Manchester.

Key Findings

The main findings are:

1. Annually over 19,800 work experience opportunities and 6,500 work related learning events were reported to take place within the health sector. This is one of the largest programmes in England. There is still capacity for further growth.

Over 19,800 work experience opportunities were reported in one year, placing the Health Service as one of the largest providers in England. This has increased by 32% from the previous year.

Both large and small organisations report that the main barrier to growth in work experience is placement capacity. However, from the survey we identified several areas in which capacity could be increased:

- Reducing the length of some work experience programmes and providing more shadowing opportunities. There are a significant percentage of organisations that provide work experience placements lasting more than one week.
- Providing more work related learning opportunities to give other routes for individuals to learn about work within the Health Service.
- There are still a small number of large organisations that report offering no work experience. Further work should be undertaken with this group to understand whether there are informal opportunities, a lack of understanding or to build their offer.

Over 6,500 work related learning events were reported. The majority of these events were held for 1-10 individuals. Further work needs to be undertaken to understand what these events are as there may be an opportunity to scale up and run larger events.

Annually over 19,800 work experience opportunities and 6,500 work related learning events were reported to take place within the health sector.

This is one of the largest programmes in England.

2. Over 51% of larger organisations offer employability programmes, providing 1,250 places. We believe that this does not reflect the full scale of the provision within the health sector and there is scope for further expansion.

Employability programmes are provided by 51% of larger organisations. These programmes are, typically, run in conjunction with third party organisations (such as Job CentrePlus and the Prince's Trust).

There appears to be under-reporting within this area. For example, Health Education England contract with the Prince's Trust to deliver 500 places and the responses within the survey do not reflect this. Further work with a sample of the organisations could help to identify the reasons behind this.

There is scope for expanding the employability programmes. Small organisations report very limited engagement with third party organisations (such as Job CentrePlus), and therefore, do not access the critical mass and support that partnership with these bodies could provide. Approximately half of large organisations are not offering any provision.

3. There is some targeting of preparation for work programmes to particular groups. However, greater targeting and use of selection criteria could support a more focussed approach and provide a greater contribution to Health Service widening participation priorities. This would sit alongside supporting the development of greater coherence across all preparation for work programmes within organisations.

Selection criteria are not always applied, or applied consistently across programmes. Within work related learning we see that for small organisations 25% report no criteria and only 35% of large organisations apply criteria in all cases.

From the survey organisations predominantly target local people and BAME groups. These are well-defined groups that have been traditionally targeted by the health sector. Other target groups are less well understood or targeted. 51% of respondents, for example, do not know if they are offering an employability programme targeted at young people from a disadvantaged social or educational background.

The vast majority of work experience opportunities in both small and large organisations originate from direct contact with friends, family and staff. Within large organisations there are also opportunities that are offered to local schools, however, these do not constitute the greatest number of opportunities. If we are to widen diversity within the health sector we need to ensure that there is access to opportunities, particularly those from a widening participation background.

There is a correlation between those organisations that offer work related learning and work experience. However, there is no indication within the survey regarding how they support and respond to one

another. Work related learning prior to work experience can enhance the success of the work experience placement both for the organisation and those on placement, as it can help to identify appropriate placements and develop specific interests. We would encourage more work to ensure that the two programmes work together to support each other.

4. There is limited evaluation of the programmes and understanding of the outcomes.

Many organisations will evaluate work experience (61%), however, the evaluation of employment programmes is more limited and it appears little is known regarding onward employment outcomes. For employability programmes only 48% evaluate, which is low considering the intensity of these programmes.

The number of work experience opportunities reported has increased by **32%** from the previous year.

5. There have been positive changes in the provision of work experience since the last survey.

The number of work experience opportunities has grown by 32% since the last survey in 2014. Comparisons of the surveys also show that large organisations are now less concerned with risk assessment, confidentiality and legal issues. The reasons for this could be manifold. However, since the survey was completed in 2014 Health Education England have released their work experience toolkit and have explicitly encouraged work experience as a key priority. We anticipate that these have had a positive impact resulting in a larger number of opportunities and less barriers to engagement.

Recommendations

In order to address some of the key findings we make a series of recommendations to be taken forward by Health Education England, the wider health sector and its partners.

The recommendations are grouped around three themes that identify within them a series of strategic and practical intentions in order to drive forward further growth within the health sector.

1. Building a clear strategy for developing preparation for work programmes, including engaging with national partners

There are significant opportunities to build work programmes within the health sector through:

- Work with other partners to build national programmes, increasing the number of programmes offered by 25%. Partners the Health Service already engage with include Job CentrePlus, Princes' Trust and Inspiring the Future.
- Disseminating best practice and guidance on work programmes. Building on the success of the work experience toolkit we recommend that there is similar guidance for work related learning and employability programmes.
- Working with other partners who wish to develop work experience, such as the Royal College of GPs, British Dental Association, Medical Schools Council and the Dental Schools Council.
- Clear reference as to how preparation for work can support all areas of NHS activity including Widening Participation, Talent for Care, Volunteering and Movement to Work.

The data that the survey has generated has provided a rich insight into the programmes offered within the NHS and the type of individual supported. From the responses it is clear that the level of data held by organisations differs. Greater consistency in terms of data recording would support the NHS and Health Education England in understanding the national picture and would support individual organisations to compare their practice against others. We would suggest that there is, for example, a defined widening participation cohort including NEET, young people from disadvantaged social and educational backgrounds and those from care.

We recommend:

- Establishing common definitions for preparation for work, work experience, work related learning and employability programmes. This would need to encompass work tasters, job shadowing and other terms.
- Developing nationally recommended prioritisation criteria for work experience placements
- Establish a set of nationally recognised variables for organisations to capture work experience activity (including, for example, target groups, outcome measures). This could be the first step towards a national database.

Understanding the impact of programmes on the organisation and individual is important if preparation for work is to grow and meet its objectives. It appears that there is limited evaluation on the programmes offered, which includes insufficient tracking of the participants post programme. Currently, there is some understanding of outcomes (those moving into employment or further education) and this needs to be improved. However, there appears to be more limited understanding of the individual impact (and how this may vary with particular cohorts) and reflections (and understanding these across the different target groups).

There should be greater emphasis on evaluation and it is recommended that:

- Health Education England should consider supporting evaluation through the development of an evaluation handbook or running a national evaluation programme.

Alongside this it is proposed that the preparation for work survey is run on an annual basis in order to understand the scope and scale of current practice and whether there are any barriers to growth. This survey would be enhanced each year, but enable year on year comparison.

2. Supporting organisations to grow their capacity.

It is recommended we seek to support GP practices and other small healthcare organisations to grow their preparation for work programmes. The soon to be published GP Practice Work Experience Toolkit (produced by Health Education England and the Medical Schools Council) will provide advice and guidance. Alongside this it is recommended that Health Education England:

- Pilot/extend the National Skills Academy for Health's role supporting smaller healthcare practices to offer work experience
- Work with the British Dental Association and the Royal College of GPs to support their members and publicising the support available (such as the toolkits)
- Work with third party organisations, such as Job CentrePlus or Local Authorities to extend the support for employability programmes either at a local or national level.

There are opportunities for growth:

- There continues to be a small cadre of large organisations that do not yet support fully work related opportunities. Direct work with these organisations to build their capacity may help to engender their engagement. It is recommended that the number of large organisations reporting no opportunities increases by 50%, ideally by 100%.
- Extending the inter-relationship between work experience and work-related learning will help to ensure that those work experience placements that take place are predicated by an understanding of roles within the health sector. We recommend that there is guidance and support to organisations to develop this inter-play.
- We recommend that organisations be encouraged to provide larger work related programmes, including promoting opportunities within the non-clinical functions.
- We recommend that organisations consider the length of work experience opportunities and limit them, where appropriate to one week or less in order to provide a more meaningful opportunity for a shorter period of time to more individuals.

3. Supporting the development of programmes which support those most in need.

We recommend that support be given to organisations to develop their preparation to work programmes for those most in need. Consideration needs to be given to those individuals who do not have sufficient social capital to access a place or a programme directly. We would also recommend that organisations consider offering placements in those specialisms that recommend specific experience to study (for example, radiography and podiatry).

Specifically we recommend that we:

- Develop best practice in support of work experience programmes for NEETs, including employment outcomes
- Engage with Trusts to understand more fully the programmes organisations have in place to support NEETs.
- Engage with Trusts and other providers to increase by 20% the number of NEETs on work experience programmes by March 2017.
- Work with HEE areas to develop work experience programmes targeted at widening participation cohorts
- Build partnerships between schools, further education, higher education and healthcare providers to support work experience (cold spots identified and targeted).

The analysis

Introduction

This report presents the current work experience practice within the health sector. It presents the key findings and makes recommendations for the future of preparation for work programmes within the health sector.

Health Education England have work experience as one of their key priorities within the strategy for widening participation *Widening Participation: It Matters*, which was released in October 2014.

In November 2014 Health Education England ran a short work experience survey to understand current practice and scale of work experience opportunities within the health sector. This survey builds on that work and was designed by Katie Adams, Health Education England, in order to understand the extent of preparation to work programmes in the health sector and, in particular, how they support widening participation.

The report was commissioned by Health Education England and authored by Nursaw Associates (www.nursawassociates.com) who provide strategic advice and practical project implementation in social mobility, widening participation, and civic and community engagement.

Methodology

This report is based on a survey sent to healthcare providers in October 2015. The survey closed in December 2015. The survey was sent to all Health Education England widening participation regional leads. They were asked to disseminate to all healthcare providers within their region (including primary care).

The survey was circulated widely, and organisations were encouraged to send it to partners and other organisations within the health sector they thought would find it of use. This has resulted in a great many organisations, particularly small organisations responding. We have received responses from 62% of Trusts.

Establishing common definitions within work programmes is challenging – with many similar terms being used to describe different activities with different outcomes. For the survey and this report we have used the following definitions:

- **Preparation for work**

This is the over-arching term we have used to describe all activities that support an individual to gain more knowledge about the world of work, to understand a role or particular profession or take the first steps into employment or further training/ education.

- **Work experience**

Opportunities of any length or form for direct experience of healthcare work within an organisational setting, for example this could include role shadowing,

- **Work related learning**

Developing exposure and insight into roles that provide a deeper understanding of the skills and knowledge required of the workplace. This could include careers/skills events, open days and tours

- **Employability programmes**

Specific schemes that include an element of training for unskilled and semi skilled people to develop essential skills and options a of qualifications that leads to increased opportunities of employment or apprenticeships.

We have received responses from
62% of Trusts.

The analysis of the survey responses has considered the following areas:

- the nature of the respondents, who they are
- the strategic nature of the programmes within the organisations who have responded
- work related learning
- work experience
- employability programmes
- the target groups
- health ambassadors
- communications.

Within each section a short summary is included at the beginning, which highlights the findings.

The percentages given are in terms of the number of respondents to a particular question.

As with any survey we rely on the quality of information provided by those completing the survey. Organisations were encouraged to ensure that those completed the survey were in a position to respond for the organisation and had the relevant information available.

Where possible we have tried to relate the findings from this survey to the work experience survey that took place in October 2014. It should be noted that this is not an exact correlation as the distribution was not the same, nor are the questions often phrased in a similar way. However, with these caveats in place we have been able to indicate some changes and developments over the twelve months.



Respondents

We received a significant return with 317 responses. 39% of responses were from employers with less than 1000 staff. The North West had the highest response rate (for both small and large employers).

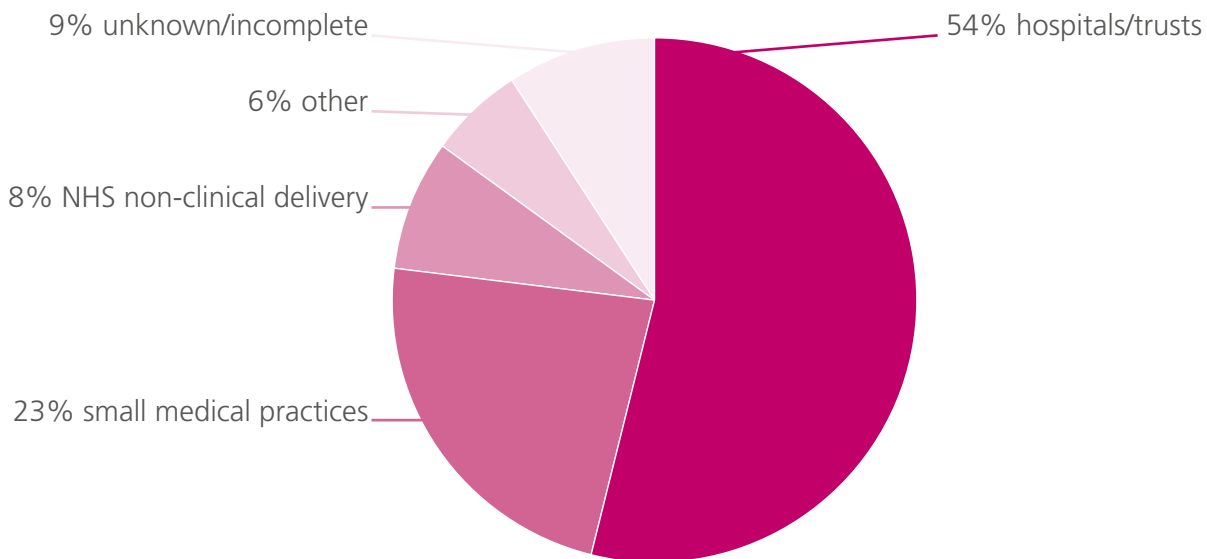
317 unique responses were received. 39% (124) of the responses were from employers with 1000 or less staff, 61% (193) from employers with 1000+ staff with the vast majority of these being from organisations with over 2000 employees. This compares to 116 responses in 2014.

54% (170) of responses were from hospitals and trusts and 23% (72) were from small medical practices. The remainder made up of NHS non-clinical delivery services (25), hospices (3), a local authority (1), universities (8), community healthcare providers (7) and some were unknown or substantially incomplete (31).

There was a significant difference in the area from which the returns were made. 24% (76) of the returns were from the North West, significantly higher than any other Health Education England area. The North West also saw the largest number of employers with less than 1000 staff responding (smaller employers) with 58 responses from smaller practices (18% of the overall total).

In terms of those named on the survey there is no common type of respondent – they range from HR professionals, volunteer managers, equality officers, learning advisers, through to talent for care managers.

Type of respondent



Strategic fit

Organisations were more likely to have a work experience policy than any other strategy.

The main drivers for offering preparation to work programmes in larger organisations are widening participation and developing a future workforce; in smaller organisations it is workforce development and reputation. There was greater awareness of the work experience guidance in larger organisations than smaller organisations. The main barrier for all organisations in offering opportunities is placement capacity.

This section considers the strategic drivers and policies within the organisations that support preparation to work opportunities.

It is clear that larger organisations are more likely than smaller organisations to have a CSR strategy, work experience policy and a workforce development plan that includes Talent for Care and Widening Participation.



Large organisations

Organisations are more likely to have a work experience policy (77%) than a workforce development strategy (which includes Talent for Care and Widening Participation (60%)), and a CSR strategy (40%).

Whilst only 40% report they had a CSR strategy, 75% report that they offered work experience due to social corporate responsibilities. This is reflected by an earlier qualitative studies conducted by Nursaw Associates which showed that organisations see engaging in this area of work as 'doing the right thing' rather than a formalised strategy.

The main reasons for large organisations to engage in preparation for work programmes are widening participation (78%) and developing a future workforce pipeline (79%). The 2014 survey consider work experience only and the reasons for offering work experience given this year were widening participation (89%) and workforce pipeline (87%). This is an increase from the 2014 survey that reported future workforce pipeline (83%) and widening participation (81%) as the main reasons for organisations in supporting work experience.

Large organisations are likely to be aware of the resources available to support them with 78% aware of the work experience guidance.

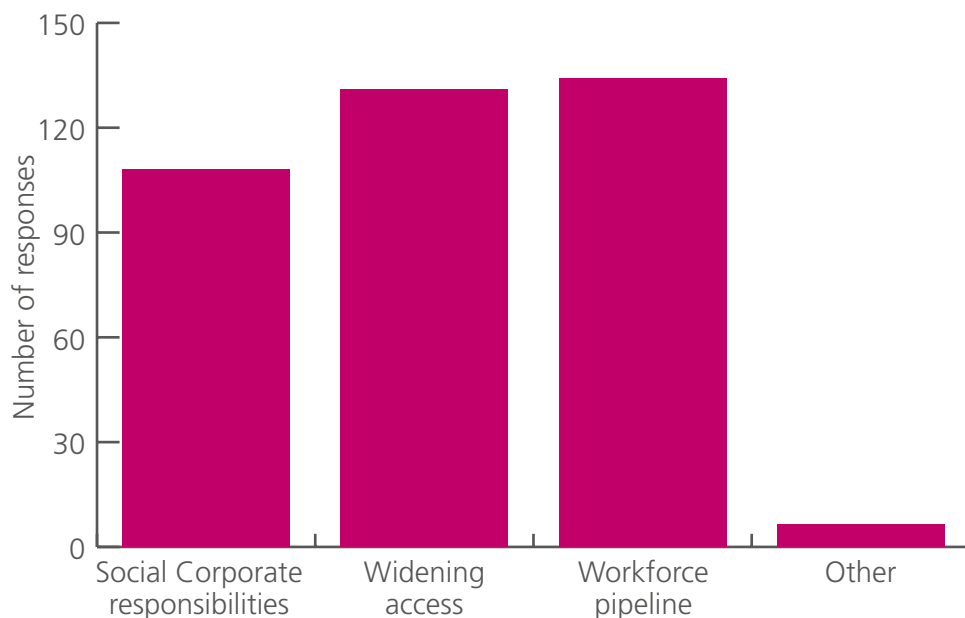
Within large organisations there is a significant relationship between those offering both work related learning and work experience.

There were only 5% of large organisations that did not offer both. This is important as work related learning prior to work experience can enhance the success of the work experience placement both for the organisation and those on placement, helping to identify appropriate placements and develop specific interests. It is not clear from the survey how much these two elements are inter-related and support one another and we would encourage more work to ensure that the two programmes work together.

The departments most likely to run work preparation programmes were workforce development, learning and development, human resources or education.

The most frequent barrier cited to offering work related opportunities is placement capacity (over 40%) and lack of coordination support (over 27%). This was consistent across all types of opportunities. The other barriers such as insurance, risk management and confidentiality were not as significant. Building placement capacity is, therefore, one of the key challenges to addressing the growth of opportunities. Consideration to the development of placement capacity is given within the three specific programmes detailed below.

Reasons for engaging in preparation for work programmes



Small organisations

The majority of small organisations do not have a CSR strategy (17% have one), work experience policy (28%) or workforce development strategy that incorporates Talent for Care and Widening Participation (17%).

It is positive that over one quarter of respondents report having a work experience policy. This percentage is reflected in the number that are aware of the work experience toolkit (25%). There is an opportunity here to grow work experience building on this best practice.

Small organisations cite the future workforce pipeline (53%) and organisational reputation (49%) as the key reasons for providing work related opportunities. This is likely to be due to the concerns regarding the number of GPs and their location in the heart of communities (and therefore, reputation is critical). These key reasons should be reinforced within the GP work experience toolkit, which is under development.

For smaller organisations (as larger organisations) they cite placement capacity as the most frequent barrier (42%) to offering work experience. However, the issues of patient confidentiality (36% cited as the most frequent barrier), risk management (29%) and insurance (27%) are also ranked highly highlighting the concern for smaller organisations of these issues. Greater exposure to the work experience guidance will assist this as will a dedicated GP work experience guidance.



Work experience

Work experience is the most popular method of providing preparation to work with over 19,800 opportunities reported.

This is a 32% growth on last year's survey. The main barrier to growth is placement capacity but there are also a significant number of employers who offer work experience of over one week. 91% of large organisations offer work experience but this still leaves a few large employers not offering any placements.

For all organisations 75% offer work experience with 20% reporting that they did not (from 247 respondents). The majority that do not are smaller organisations.

Respondents reported that the main barrier to offering work experience is the lack of placement capacity (this was across all organisation size). This is the most significant reason cited for all types of organisation with risk management, insurance liability and patient confidentiality causing some but more limited issues. This is an improvement on the 2014 survey that had risk management issues ranked highly as a barrier to offering work experience. This may reflect the impact of the work experience toolkit that was published in 2015.

Organisations report that they offer over 19,800 work experience opportunities. This compares to 15,000 reported in the previous year's survey. This shows a 32% increase in reported work experience opportunities.

Most organisations (73%) use contracts or agreements with those on work experience placement, however, we would have anticipated this figure to be higher, particularly within the health service environment. Many have eligibility criteria (69%) and run identity checks (44%). 37% interview all applicants.

Large organisations

We find that there are 19,598 work experience opportunities offered. However, of these 38% are in the 1-49 range. There is clearly scope for large organisations with over 1,000 employees

to offer more work experience opportunities. Only 17 organisations (16%) offer 300 plus opportunities.

98% of organisations offer work experience for widening participation.

Direct contact with a member of staff and via friends and family is the way in which the majority of work experience opportunities come about. Only 42% reported that opportunities were through a central contact, yet 86% say that applicants came through family and friends and 92% staff. It was reassuring to see that 91% came through the general public, 93% schools and colleges, 69% education business link organisations and 68% other educationally based organisations. With 98% of organisations saying they offer work experience for widening participation, whilst only 69% have eligibility criteria, it is clear that more needs to be done to build more equitable access to work experience for those that do not have friends or family within the NHS. Consideration needs to be given to those individuals who do not have sufficient social capital to either have friends or family in the NHS or are able to negotiate a placement directly.

The length of placement being offered was of interest. The recommendation within the work experience guidance is to offer up to one week. The majority of organisations offer up to one day (66%) or up to one week (81%), however, there is still a large number reporting up to two weeks (52%) and over two weeks (57%). It is possible that those offering over 2 weeks are working with FE colleges and supporting nursing students. However, there is no requirement (or benefit in many cases) to offer 2-week placements, particularly as lack of placement capacity is cited as one of the reasons not to grow work experience. Organisations could be encouraged to limit the length of work experience so as to offer more placements to more individuals.

We asked respondents to tell us the areas in which they do not offer work experience or they have difficulty in offering placements. As expected the main areas were theatres, maternity, mortuary, pharmacy and laboratories, emergency and children's wards.

Only 70% evaluate. More should be done to consider evaluation. An evaluation form is included in the guidance. However, there may be issues regarding how to collate or how to develop an effective (and resource light) evaluation.

Many report that those on work experience go onto further study (64%), volunteering (57%) and employment in the NHS (53%). A significant number do not know whether it is a route into traineeships (56%). From the comments and the responses it appears that this is based on anecdote rather than actual recorded figures, with many organisations saying they do not have the resources to follow this up. It is recognised that this is a significant undertaking for individual organisations – it is suggested, therefore, that we consider a national evaluation looking at a sample of organisations and individuals on work experience.

Small organisations

Just under half of the small organisations reported offering work experience (49%). This is disappointing but is not unexpected. There are significant opportunities to grow work experience within smaller healthcare practices.

Within the smaller organisations there were less opportunities originating directly from

friends and family (57%) and staff (64%) than larger organisations. 64% came directly from the public, 50% from education business link organisations, 58% from schools and colleges and a further 45% from education linked organisations.

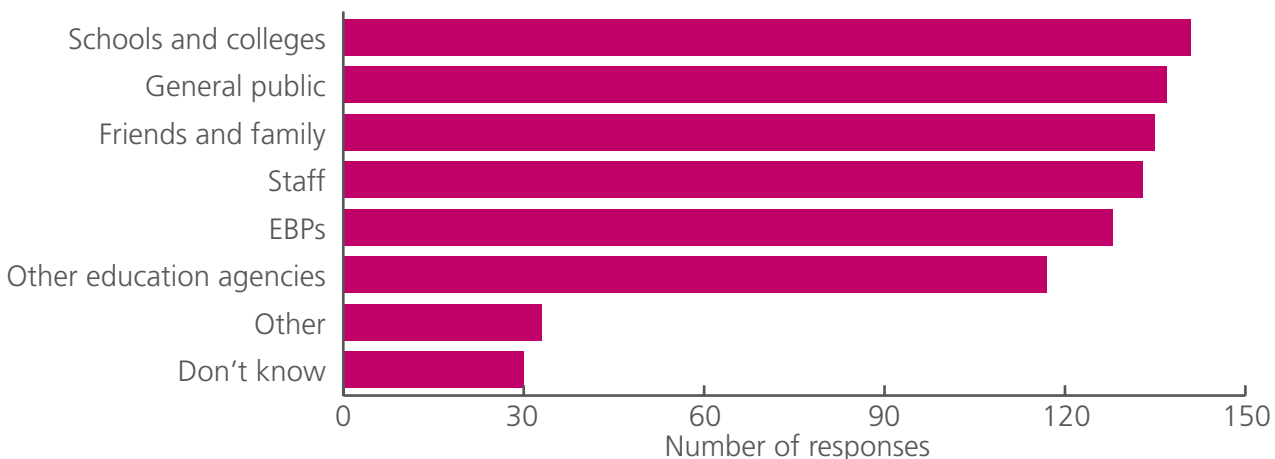
From the responses there are 273 work experience placements recorded. This is on average 7-8 placements per organisations. 63% report between one to 10 placements and 22% between 11 and 30. We would anticipate that this is the case for small organisations. The majority of placements were in business administration and clinical.

Interviews are seen as more important within the smaller organisations with 61% interviewing.

Organisations tend to offer a one-week work placement opportunity (54%). Some offer half to one day (32%), two weeks (21%) or greater than 2 weeks (32%). The greater than 2 weeks provision may be due to placements from FE colleges for nursing students. However, there is no need for smaller organisations to offer two-week work experience and limiting the time an individual placement requires may free up additional capacity.

Only 30% evaluate. There is also a much higher incidence of organisations reporting that they 'do not know' what individuals do following the placement. This is not surprising given the level of resources within smaller organisations – however due to the limited number of placements it should be simpler in many respects to run an evaluation.

Where work experience requests come from in small and large organisations.



Work related learning

Over 6,500 events have been provided. The majority of events were for between 1-10 individuals. There is scope for more events on a larger scale. Selection criteria are not always applied.

Work related learning is defined as an opportunity to develop exposure and insight into roles, providing a deeper understanding of the skills and knowledge required of the workplace. Work related learning could include careers events, open days and tours

From March 2015 to April 2016 the organisations that responded expect to offer approximately 6,567 events. From the information provided it is difficult to determine scale of the event as the definition of work related learning event can range from open day to career skills workshop. Future surveys could understand further what these activities are.

6,567

work related learning events.

Large organisations

90% of large organisations provide work related learning events (from 187 respondents). They provide 6,400 events. Typically, they offer between one and ten opportunities a year (69% of respondents). The survey does not provide any information about what these events are but there may be scope for growing the number of work related learning events within larger organisations.

Interestingly for larger organisations selection criteria are only applied in 35% of all cases and 32% of some cases. It may further support the development of work related events if selection criteria are applied.

Small organisations

From 38 smaller organisations we have 167 events reported. Excluding this organisation shows that we have 167 events across 38 organisations – an average of just over 4 events per organisation. The vast majority of these events are between 1-10 (65-75%). There is clearly scope for increasing the number of work-related learning opportunities that are offered by smaller organisations by supporting partnership approaches.

Interestingly selection criteria are not always applied with 25% reporting no criteria and 33% using criteria 'sometimes'. It may support the development of work related opportunities if selection criteria are applied.

Employability programmes

This provision is the smallest in terms of work experience with the majority of programmes engaging other third parties. 51% of larger organisations provide employability programmes. Smaller organisations typically do not participate.

Within the survey respondents were asked to provide information about employability programmes (separate to work-related learning and work experience). These are specific industry driven schemes that include an element of training for unskilled and semi-skilled people to develop essential skills and possibly qualifications that lead to increased opportunities of employment, apprenticeships, and maintaining employment to be able to move around the labour market.

Employability programmes due to their intensive nature tend to provide more focussed provision for a smaller number of people. There are 564 employability programmes reported with 1,319 people attending. An additional 276 programmes were to be run within the financial year – no figures were provided for number of attendees but if taking the other programmes as an average we could assume a further 646 places making a total of 1,965. There is very limited engagement by smaller organisations, which is possibly due to them not having programmes with other key third parties, such as Job CentrePlus or the Prince's Trust.

Large organisations

Only 51% say they offer employability programmes. Considering the size of the employers we would have expected a greater positive response.

Of those that offer the employability programmes the majority are with Job CentrePlus (56%), schools and colleges (35%), direct applicants (31%) and educational linked organisations (25%). Interestingly 25% refer to 'other' and typically reference the Prince's Trust or other charitable organisations.

For these programmes only 14% are internal – thus demonstrating the targeted nature of these programmes. The importance of partnerships with other organisations outside the NHS appears to be central to the development of these programmes. Further development of the partnerships should build capacity.

787 programmes are to be offered. Until December 2015 there were 1,219 participants. Whilst these are relatively small numbers 462 participants went onto employment or an apprenticeship, which is a conversion rate of 38%. We may expect a higher conversion rate, however, it should be recognised that these programmes are often targeted at a cohort who have challenging circumstances. Understanding what has the greatest impact and deliver a successful outcome to participants will help large organisations improve their programmes.

The opportunities are offered throughout the organisation and more broadly than any other programme. Opportunities were provided in business administration (79%), clinical (58%), support services (51%), catering (43%) and estates (40%). Interestingly for this group it was felt more difficult to offer employability programmes within clinical areas.

48% evaluate which is low considering the intensity of these programmes. It is likely that the third party organisations that are in partnership are evaluating. It would be interesting to know whether these findings are being communicated to the healthcare providers – as this would encourage greater uptake.

We believe that there is may be under-reporting within the survey of the employment programmes from organisations. We know, for example, that there are 500 places supported by the Prince's Trust. From our survey those reported via the Prince's Trust programmes amount to just 16 places. We suggest that future work is undertaken to understand the numbers who are participating in employment programmes, particularly for NEET.

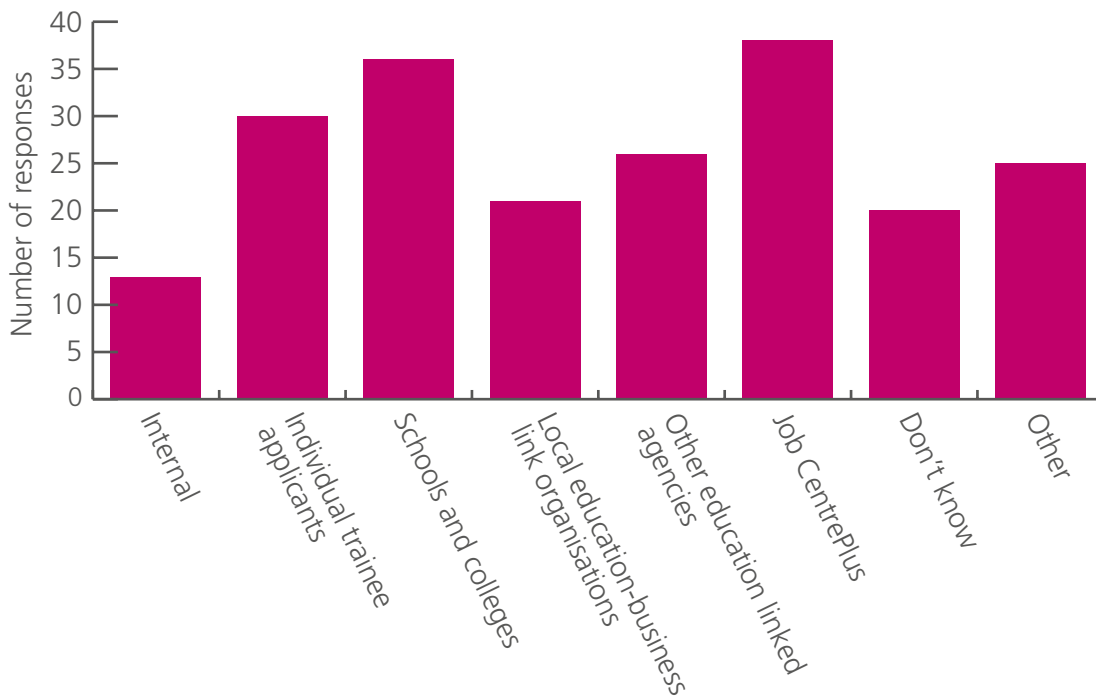
Small organisations

As expected only 19 (23%) smaller organisations reported offering employability programmes. It is difficult from this small number to infer too much detail. However, significantly, we find that the majority of programmes are via schools and colleges (40%) and from business linked or education linked organisations (30%). Only 10% report programmes via Job CentrePlus. The number of opportunities via Job Centre Plus is in contrast to the larger organisations – this may be due to Job CentrePlus focussing on larger employers. Consideration should be given to discussions with Job CentrePlus regarding working with a number of smaller healthcare providers on a wider scheme.

Approximately 39 people were involved in the programmes – a typical programme involved one to two people. The majority of programmes were in business administration (71%), with clinical areas (36%) the next most offered.

Of the 39 it is reported that 26 have gone onto employment or an apprenticeship. This is a conversion rate of 67%.

Where requests come from in small and large organisations.



Target Groups

The main target groups are local people and individuals from a BAME background. Emphasis was also placed on NEETs, with a high priority in the programmes offered.

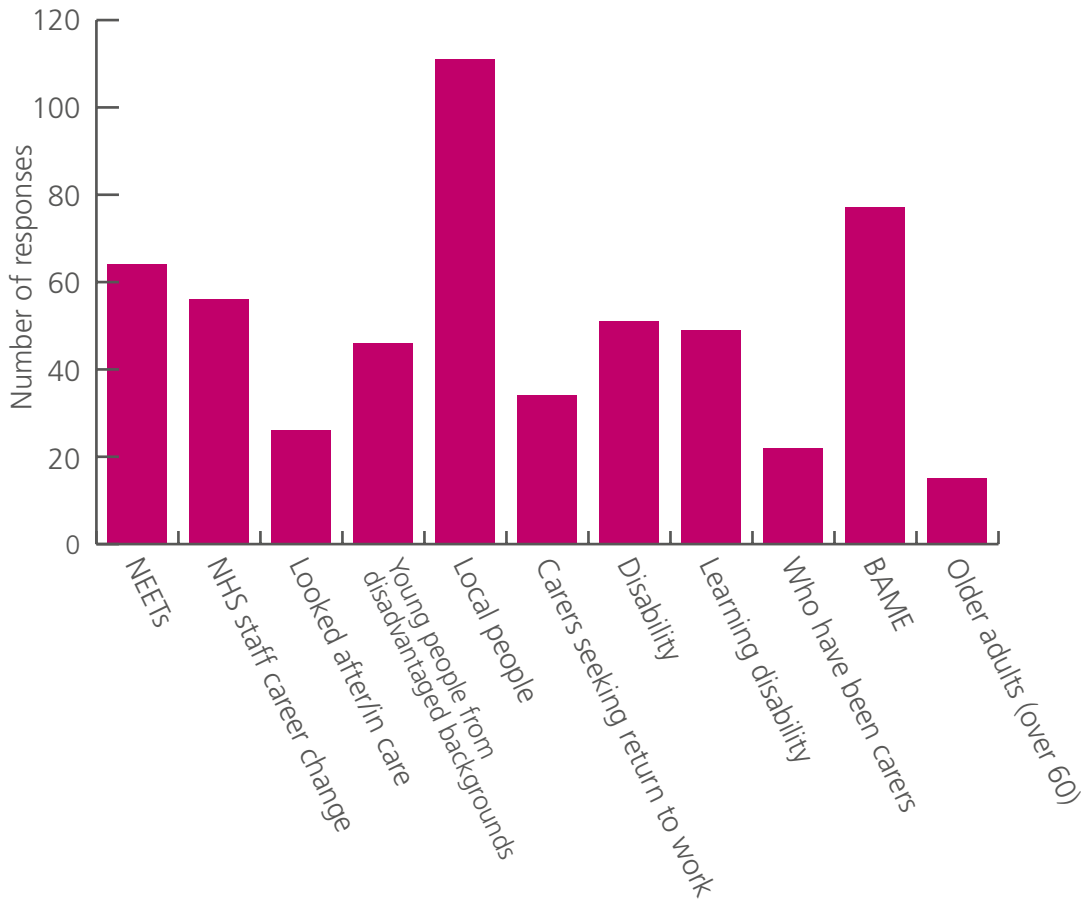
Particular target groups were considered within the employment programmes and work experience elements of the survey.

Whilst not directly selecting on widening participation criteria, over 80% said they offered work experience in order to support widening access and participation and/ or to provide a pipeline for sourcing future workforce supply.

When we look at particular priority groups, or those most at disadvantage within the labour market we find that for work experience:

- 64 respondents provide work experience for NEETs; of these 59 organisations were large employers (greater than 2000 staff).
- 26 for young people in public care (all, except one, large employers)
- 45 for young people from socio-economic and educational disadvantage (all, except one, large employers)
- 51 for those with a disability (all, except one, large employers)

Target groups for work experience.



Where these targeted work experience programmes are offered the vast majority are dealing with numbers ranging from one to 50. All smaller organisations offer programmes in the 1-50 range. Programmes with greater than 50 participants were for local people or individuals from BAME backgrounds.

In particular with NEETs we see that:

- There are three large employers (greater than 2,000 staff) who report offering work experience support for NEETs with numbers between 151 and 200.
- The total number of NEETs reported as offering work experience placements could range from 605 and 3,300.
- When considering access to work experience NEETs have high priority for number of placements offered (49%) coming only behind local people (81%) and those from a BAME background (60%). This is same pattern for all organisations irrespective of size.
- The employment programmes tend to be small within organisations with 1,583 places reported by 51 respondents. NEETs are reported as having 409 places across 42 organisations. This is 26% of the places offered, coming only second to local people with 530 places (33%).
- Where employment programmes are offered the focus is predominately on local people and NEETs.

For young people from a disadvantaged social or educational background we see that:

- The majority of the respondents (51%) do not know if they are offering a programme targeted at these individuals

- The total number of work experience placements could range from 236 to 2,000. The majority of placements were listed as between 1-50. It is expected that this number is higher, but organisations do not currently capture this information.
- 46 organisations said they are offering work experience to this group
- 130 attended employment programmes, an average of 5 per programme. Interestingly the average per programme is half that for NEETs. There should be scope for building the programme size as their challenges are likely to be the same (or less) than for NEETs.
- It is clear that for smaller healthcare organisations this is not a target group with only one organisation reporting offering work experience to this group. This is probably due to a lack of information and recording.

From the responses it is clear to see that there is an understanding of particular target groups within the NHS, local people, individuals from a BAME background and NEETs. However, there appears to be less understanding of young people from a care background or those from social or educationally disadvantaged backgrounds. More work needs to be done to define the widening participation cohort and how to identify them.

Health ambassadors

Health ambassadors are suitably qualified and/or experienced individuals willing to inspire and encourage people to consider a career and educational opportunities across healthcare.

40% of respondents (68 organisations) said they offered health ambassador programmes with 50% saying they did not.

For those that are providing health ambassadors, they are using STEMNET (20%), Inspiring the Future (34%) and ICare Ambassadors (11%).


Communications

The survey asked respondents to identify how they provided information to people regarding their preparation to work programmes.

Interestingly not all provided information on the internet (62% for work related learning, 68% for work experience and 53% for employability programmes). This was similar for printed materials (69% work related learning, 59% work experience and 51% employability programmes). Public access to information is therefore not available in over a third of organisations.

Only one organisation provided a podcast and no one reported the use of online films.

In terms of accessibility the most popular method was a dedicated phone line (20% for work related learning, and 27% for both work experience and employability programmes). Nearly 30% of all organisations that responded did not have any provision for blind people, partially sighted or deaf people.



40% of respondents offer health ambassador programmes.

Conclusions

There is significant engagement from all parts of the health sector in providing preparation to work opportunities. The data that the survey has generated has provided a rich insight into the programmes offered within the NHS and the type of individual supported. However, there is scope to grow the number and type of opportunities.

Work experience has grown since 2014. There has been a 32% increase in the number of reported opportunities. Alongside this there is a marked difference in issues for organisations such as risk management. This change in perception could be due to the publication of the work experience toolkit that sought to ally concerns regarding the risks in offering work experience. The impact of guidance and toolkits should not be under-estimated and should be considered further in any new programme.

There is significant work yet to be done in the smaller health centres and medical practices to support preparation to work programmes. The GP Work Experience Toolkit should be directly promoted to smaller healthcare practices, as currently there is limited awareness of what is available. From the response from smaller healthcare practices there are a number of areas that the GP Work Experience toolkit should include to grow their capacity:

- Reinforcing the reasons for offering these opportunities with future workforce pipeline and organisational reputation suggested as the key reasons for providing work related opportunities
- The best practice from the quarter of providers who have a work experience toolkit
- Recommendations on the length of a placement with 3-5 days being the optimum time.

In order to encourage smaller medical practices to increase the number of work experience or work related opportunities offered a series of pilot schemes have been running across the country. These pilot schemes typically provide a level of support for those on placement (either during the placement or in terms of pre and post preparation and support) and a matching service (enabling placements to move outside of their local area thus limiting any confidentiality issues). Interestingly in terms of smaller providers they did not feel that one of the barriers to offering placements was support for learners – this was significantly the least concerning out of the six areas listed.

Building capacity is one of the key challenges to addressing the growth of opportunities. There continues to be a cadre of large organisations who do not offer work programmes and we should work directly with them. Direct work with these organisations to build their capacity may help to engender their engagement. There are also a significant number of large organisations that offer a very small number of opportunities (between one and 49). Further support should be given to them to grow the opportunities – as many of the key elements for the process will have already been developed. Organisations should also be encouraged to limit the length of work experience so as to offer more placements to more individuals.

Further support is required to build up the opportunities, and in particular opportunities for those from disadvantaged groups. From the survey results it is clear that the majority of those accessing work experience and work related opportunities are identified via staff and friends and family. Greater support needs to be provided so that we can build more equitable access to opportunities for those that do not have friends or family within the NHS. In order to do this we identified that there is very limited use of selection criteria for work experience or work related learning – greater use of criteria could support a broadening of access. There is an opportunity for Health Education England to influence and support the identification of selection or prioritisation criteria to support organisations to target their widening participation engagement. This could also be supported by:

- There is scope for further engagement in work related opportunities from the non-clinical functions. This could be built upon and could be an opportunity to support the more disadvantaged groups into the Health Service.
- Employment programmes remain a small element of work within healthcare organisations.

From the responses it is clear that the level of data held by organisations differs. Greater consistency in terms of data recording would support the NHS and Health Education England in understanding the national picture and would support individual organisations to compare their practice against others. We would suggest that there is, for example, a defined widening participation cohort including NEET and young people from social or educationally disadvantaged backgrounds.

Employability programmes are limited in number especially for larger organisations. The importance of partnerships with other organisations outside the NHS appears to be central to the development of these programmes. Further development of the partnerships should build capacity. This would also support smaller healthcare organisations that do not seem to have any direct relationship with organisations such as the Local Authority, Job Centre Plus or the Prince's Trust. Similarly, work related learning opportunities in smaller organisations could be developed if they partnered with other organisations as part of a wider health programme offered at a regional or national level.

Evaluation and understanding what is successful is a central part to any programme. However, evaluation is often over-looked as is often perceived as resource intensive. There is limited evaluation taking place. Individual organisations find it difficult to track the outcomes of those that have been on their programmes and typically do not fully understand the impact of their programmes (for example, did it change perceptions?).

It recognised that this is a significant undertaking for individual organisations. It is suggested that Health Education consider:

- Providing guidance on how to evaluate in a non-resource intensive way.
- Developing a national evaluation programme – this could look at a sample of organisations and individuals on work experience.
- Ensuring that partners (such as Job CentrePlus and the Prince's Trust) are sharing their evaluation findings.

Our view is that there is already significant activity taking place within the NHS but there is also potential for growth.

Ceri Nursaw, Nursaw Associates
March 2016.

Acknowledgements

Our thanks must go to all those who completed the survey, by providing this information we are able to understand more about preparation to work programmes within the Health Service.

Thank you to those who took the time to feed in comments. Thanks also to Health Education England's wider Talent for Care Core Team, Widening Participation Steering Group and Talent for Care/Widening Participation Implementation Group for their contribution. Your comments helped to shape the report but any mistakes remain that of the author.

Particular thanks must go to Katie Adams (Health Education England) who supported and commissioned this work. Her commitment to ensuring everyone has an equitable access to opportunities is unwavering. Thanks also to Claire Churchill (Health Education England) for setting up the survey.

Nursaw Associates wrote this report from a survey designed by Health Education England. Design and layout is by Wax Designworks Limited.