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# *Evaluation of the Effectiveness of Residential Training for Disabled People*

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*Kevin Maton and Kate Smyth*

*with Steve Broome and Paul Field*

*UK Research Partnership Ltd*

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# 1. INTRODUCTION

In January 1999, the Department for Education and Employment (DfEE) commissioned UK Research Partnership Ltd to undertake a research project entitled 'Evaluation of the effectiveness of residential training for disabled people'.

The brief prepared by the DfEE for this research contained a number of aims and issues to be addressed:

- Assess the effectiveness of the overall provision of residential training for disabled people, in terms of meeting trainees' needs and securing and sustaining employment, and other outcomes.
- Develop a profile of residential training trainees, in terms of background characteristics and their needs before entering the programme, and experiences/position after leaving the programme.
- Assess whether the training needs of disabled people could be met in other, perhaps non-residential, ways.
- Make recommendations for improving the effectiveness of residential training for disabled people and highlight examples of good practice.

From these main aims, five key questions were identified to focus the research:

- **What training is being offered by the residential providers?**
- **To whom is this training being provided?**
- **What outcomes are being achieved from residential training provision?**
- **How satisfied are the trainees with the training overall?**
- **How can the effectiveness of residential training overall be improved?**

This Final Report is based on an analysis of survey findings, perceptions gained during interviews with a wide range of individuals and from a number of previous reports and background data. It was always envisaged that this would be a relatively smallscale review and not intended to be a comprehensive evaluation. Although this review addresses clearly identified aims, it is also exploratory and highlights some of the main issues



surrounding the provision of residential training for disabled people that need to be investigated further. Very importantly, the limitations of the research have meant that comparisons of outcomes for disabled people who attend residential training providers with those who, after a visit to a Disability Employment Adviser, go straight into employment or who train with a mainstream provider such as an F.E. College, have been excluded.

The structure of the report is as follows:

Section 2 outlines the methodology of the research, describing the work that has been undertaken in detail.

Section 3 describes the context of residential training provision for disabled people, Government policy, and national statistics regarding disabled people in the workforce.

The process that a disabled individual can go through to access residential training is described in Section 4. Emerging issues relating to this process are also discussed in this section.

Section 5 analyses Residential Training Unit (RTU) data and provides a profile of characteristics of those accessing residential training. Information from surveys undertaken with trainees who were on residential training at the time of the survey and those former trainees who left during January-July 1998 is also analysed.

Section 6 analyses information relating to the satisfaction of trainees regarding training through the Residential Training Providers.

Section 7 analyses information about outcomes in relation to employment and qualifications from RTU funded training.

Section 8 completes the report with our main conclusions and recommendations.

Throughout this report we have highlighted in boxes the key issues and findings, good practice and concerns that we wish to draw to the attention of the reader. These all relate closely to the recommendations made at the end of the report.

## **2. METHODOLOGY**

### **2.1 Work programme**

In order to answer the questions identified in Section 1, we established a work programme which incorporated the following stages:

- background research and the collection of baseline information;
- reviewing information from the RTU and the training providers;
- visiting all the training providers and interviewing the staff and 10% of current trainees;
- undertaking a survey of ex-trainees;
- producing an Interim and a Final Report.

The research commenced in February 1999 and was completed in February 2000.

During May and June, all 14 training providers were visited. In the case of the larger training providers, these visits spanned two days. Intensive interviews were held with a cross-section of staff members, including the Principals.

We interviewed 88 trainees who were currently attending a residential training programme. All of these were selected by the training providers. The sample provided a fair cross-section in terms of training programmes, age, ethnicity, nature of impairment, home location, etc. The resulting information has been analysed in detail and the results built into the relevant sections of this report.

A further element of the study involved interviews with a sample of 150 from the total of 475 ex-trainees who had left the Residential Training Providers between January and July 1998

Finally, secondary data sources were used to establish the profile of employed and unemployed disabled people in the labour force.

### **2.2 Basis of the research**

The approach to this assignment is based on equal opportunity principles. It looks at the barriers to employment and training faced by disabled people. It recognises that many of the issues trainees face are external and not due to the individual.

It is important to note that this is the first evaluation of residential training for disabled people commissioned by the DfEE since the early 1990s. It is a

small scale evaluation and is not intended to be comprehensive. Although the evaluation addresses clearly identified aims, it is also exploratory and highlights some of the main issues surrounding the provision that need to be investigated further. It thus raises a large number of unanswered questions.

Very importantly, the limitations of the research have excluded comparisons between, for example, outcomes for disabled people who visit Disability Employment Advisers and then go into employment, or who go into mainstream provision. Nor has it been possible to assess the outcomes for those disabled people who are funded by FEFC or TEC programmes and trained by other providers.

The evaluation is based on interviewing training providers and their trainees about their experiences to obtain their views on the provision. The aim is to evaluate residential provision in terms of:

- how well it meets trainee needs;
- how it achieves the Department's objective of helping trainees into sustainable employment.

An assessment of effectiveness relative to non-residential training is beyond the scope of this work.

## 3. THE CONTEXT

### 3.1 Disabled people in the workforce

In the following section we present information about the characteristics of both disabled people in the workforce and disabled people who are unemployed. These statistics will be referred to when discussing the training provision available at the Residential Training Providers.

### 3.2 Introduction

The Disability Rights Commission has compiled a list of headline statistics<sup>1</sup> about disability and work based on the Winter 1999/2000 Labour Force Survey for Great Britain. This and previous quarterly LFS data sets have been recently regressed to provide the population estimates. These are set out below and highlight:

- the complexity of issues surrounding disability;
- that most people are not born disabled and proportions increase with age;
- that only a small minority of all disabled people (less than 5%) use wheelchairs.

These figures should be borne in mind during the discussion surrounding the provision of residential based training programmes for unemployed disabled people.

- **Disabled people (over 6.4 million) account for nearly a fifth of the working-age population in Great Britain, but for only about one in nine of all in employment.**
- **The level of disability increases with age: only 9% of those aged 16-17 years have a current long-term disability or health problem compared with 33% of those aged 50 years to state pension age.**
- **There are regional variations in the incidence of disability which may to some extent be due to differences in the age profile of the local population.** Higher than average proportions of disabled people are found in the North East and in Wales and lower ones in the East and South East of England.

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<sup>1</sup> Disability Rights Commission Disability Briefing May 2000

- **Disabled people are around seven times as likely as non-disabled people to be out of work and claiming benefits. There are over 2.6 million disabled people out of work and on benefits: over a million of them want to work.** However, many would not be able to start work straightaway, mainly due to health reasons.
- **Disabled people are more likely to receive in-work benefits.**
- **Disabled people are twice as likely as non-disabled people to have no qualifications.**
- **Disabled people are only half as likely as non-disabled people to be in employment.** There are currently around 3 million disabled people in employment - they make up 11% of all people in employment.
- **Employment rates vary greatly between types of disability.** Some types of disability are associated with relatively high employment rates (such as diabetes, skin conditions and hearing problems) while other groups (such as those with mental illness and learning disabilities) have much lower employment rates. (see
- Table 3-4)
- **ILO unemployment rates for long-term disabled people are nearly twice as high as those for non-disabled people, 10.7% compared with 5.2%.** Their likelihood to be long-term unemployed is also higher. Over a third (36%) of unemployed disabled people have been unemployed for a year or more compared with 26% of non-disabled unemployed.

Source: Disability Rights Commission – Disability Briefing May 2000

### 3.3 National Labour Force Survey – details

Information from the Labour Force Survey (LFS), conducted during the winter of 1999/2000, showed that nearly one in five (18%) people of working age in the United Kingdom private household population had a current long-term disability. The definition of *disability* used in the collation of this information is:

*“respondents having a current long-term disability covered by the Disability Discrimination Act (DDA) or a work-limiting disability, or both.”*

The rate of disability varies across the regions of the UK. These variations are illustrated in the table below:

**Table 3-1 Disability rates 1998/99**

Government Office Region	Total no. long-term disabled (,000s)	% of total working age population
North East	363	23
Wales	394	23
North West and Merseyside	821	20
West Midlands	661	20
Yorkshire and Humberside	594	19
Scotland	616	20
East Midlands	430	17
South West	523	18
Greater London	749	16
South East	751	18
East	546	17
Great Britain	6,449	18

*Source: Labour Force Survey (Winter 1999/2000 – Great Britain)*

### 3.3.1 Age and disability

The LFS also confirms findings from other similar surveys that the likelihood of having a long-term disability or health problem is clearly related to age.

- One in ten men and women had a disability in the 16-24 age group.
- One in six (17%) for those aged 35-49 had a disability.
- For most age groups, women have a slightly higher disability rate than men.
- The differential tends to increase with age.

The differential between regional disability rates is particularly high among older people.

- In the North East, the rate in the 50-64 group was 42%.
- In Wales for this age group it was also 42%.
- But, in the South East it was only 26%.

Although the regional disability rates may be explained in part by demographic differences such as a higher proportion of older people living in

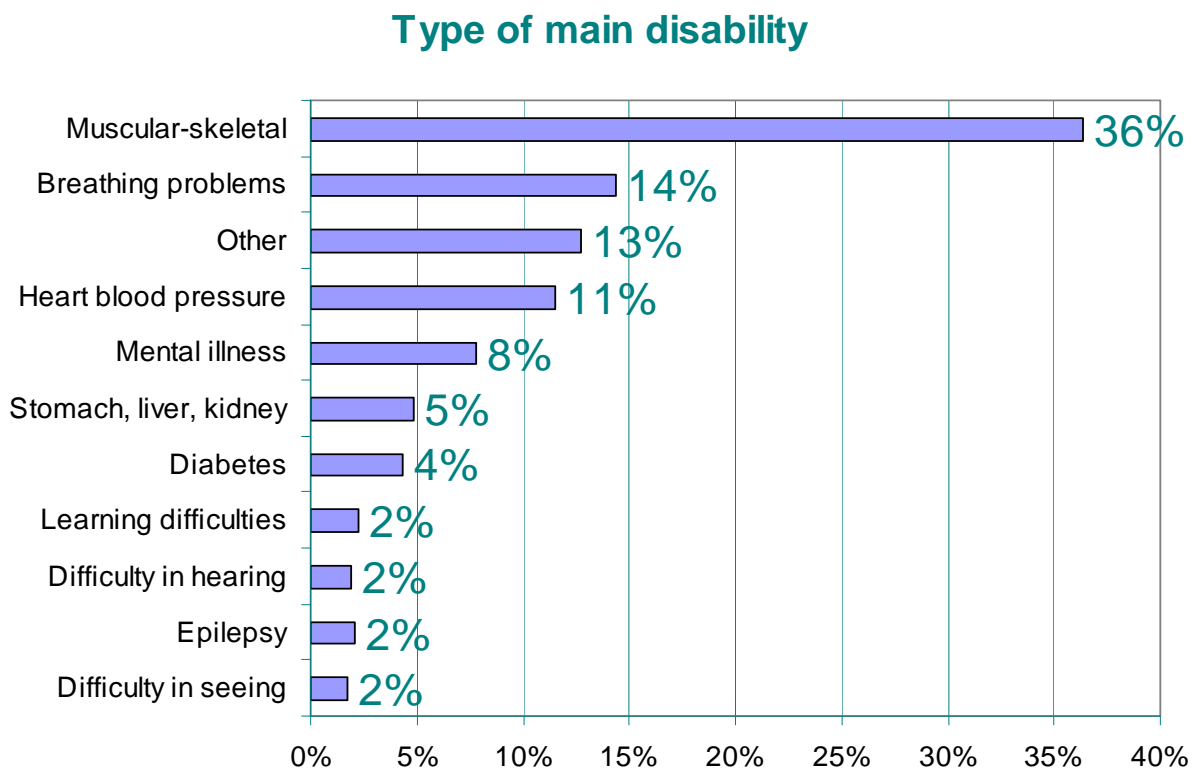
the North, nonetheless, more older people in the North have a disability than in the South East.

### 3.3.2 Type of health problem

The most common forms of health problem reported in the LFS survey, for example problems with the back, legs or feet, affects 36% of disabled people. A further 14% experienced chest or breathing problems and 11% said that heart, blood pressure and circulatory conditions were their main problems.

The figures from the LFS show that 113,000 people (2%) have difficulty in seeing and 123,000 (2%) have a problem with their hearing. The main types of disability are summarised in the diagram below.

**Table 3-2 Main type of disability of disabled people covered by the DDA**



Source: Labour Force Survey (Winter 1998/99)

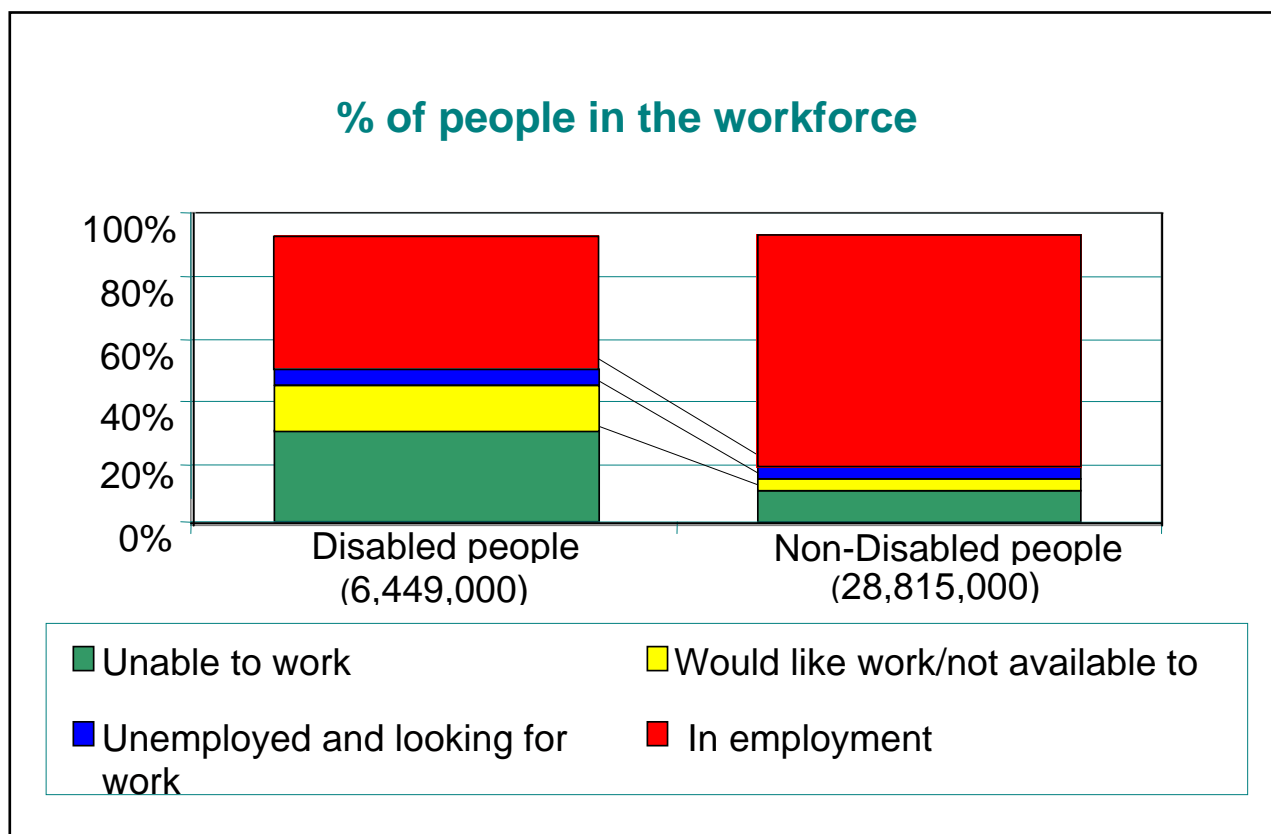
### 3.3.3 Unemployment

Disabled people are around seven times as likely as non-disabled people to be out of work and claiming benefits. Of those categorised as disabled according to the Disability Discrimination Act (DDA), 41% are not in work and are claiming state benefits, compared to a proportion of 6% for those who are

not disabled. There are 2.626 million disabled people out of work and on benefits and over a million of these want to work.

For those satisfying the ILO<sup>2</sup> unemployment criteria, current estimates for the rate for disabled people based on the most recent Labour Force Survey<sup>3</sup> (Winter 1999/2000) was 10.7%, twice that for other people of working age (5.2%).

**Table 3-3 Disabled people in the labour market**



Source: LFS Winter 1999/00 / Disability Briefing May 2000

### 3.3.4 Qualifications

Disabled people were found to have significantly lower overall levels of qualification than their non-disabled counterparts. It was shown that 30% of long-term disabled people had no qualifications, compared with 13% of non-disabled people of working age (Winter 1999/2000 LFS).

<sup>2</sup> The International Labour Organisation (ILO) define an unemployed person as: "someone who is available for work in the next 2 weeks and who has actively sought paid work during the last 4 weeks".

<sup>3</sup> The figures are based on the regrossing of the quarterly LFS data sets (May 2000) to provide improved population estimates.



### 3.3.5 Employment rates by type of main disability

The table below identifies the varying rates at which disabled people are in employment dependent upon the type of long-term health problem.

**Table 3-4 Employment rates by selected type of health problem**

Type of impairment	Nos. in employment (,000s)	% employment rate
All able-bodied	23,187	80%
Difficulty in hearing	80	65%
Skin conditions, allergies	76	62%
Chest, breathing problems	554	60%
Difficulty in seeing	57	51%
Problems with arms, hands	192	47%
Problems with back, neck	572	47%
Heart, blood pressure	335	45%
Problems with legs, feet	295	42%
Learning difficulties	41	29%
Mental illness	81	16%

Source: Labour Force Survey (Winter 1999/00)

### 3.3.6 Occupations of disabled people in employment

Despite these differences between disabled and non-disabled people in employment, there are only minor differences in the types of jobs they are involved with. Disabled people are only slightly more concentrated in the lower three occupational classes (i.e. skilled manual occupations, partly skilled occupations and unskilled occupations), than those who were not disabled (45% compared with 39%). Similarly, 5% of disabled people are in professional occupations compared with 7% of non-disabled and the figures for intermediate occupations are 29% (disabled) and 31% (not disabled).

So the breakdown of occupations of disabled people follows a similar pattern to that of non-disabled people.

## 3.4 DfEE baseline disability survey<sup>4</sup>

In 1996 the DfEE undertook a large national survey of disabled people and their position in the labour market and some of the findings are particularly

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<sup>4</sup> Disability and the Labour Market; findings from the DfEE Baseline Disability Study; in Labour Market Trends; September 1999.

relevant to this study. Respondents were questioned in detail about their labour market histories. Some of the key findings to emerge were as follows:

- Most economically inactive disabled people who were able to work (86%), had been in work before. However, of these, two-fifths had not worked for five years or more.
- Nearly all unemployed disabled people (93%) had worked before, although a quarter had not worked for five years or more.
- Among disabled people who had worked in the past, the most common reason for leaving their last job was redundancy (17%), followed by voluntary resignation (15%).
- Around a quarter of disabled people who left their last job because of their disability said that adaptations to the job, to the workplace or to working arrangements would have enabled them to stay in work, but less than 1 in 5 of this group said they were offered such changes.

### **3.4.1 Summary**

This contextual information has been provided to paint a national picture of disability and employment. From the point of view of this evaluation, there are points that are particularly relevant:

1. The **location** of disabled people and how this relates to the location of residential training provision (which is concentrated in the southern half of the country).
2. The relatively small proportion of unemployed disabled people who have a **sensory impairment** but for whom 21% of RTU funded places are provided.
3. The high unemployment rates amongst those disabled people with a learning difficulty or mental health problem.

## **3.5 Government strategy for employment and training provision for disabled people**

In evaluating residential training provision for disabled people funded through the DfEE and the RTU, it is important to be aware of the Government's priorities and policies.

The main programme for assisting unemployed people into work through training has been 'Work based learning for adults'. In 1995-96, when the programme was called 'Training for Work', 224,400 adults started on the

programme in England and Wales but this had fallen to just over 100,000 by 1998/99. Based on their own assessment of their condition, 15% of the 1995/96 starts were people with disabilities, a figure that rose to 21% for the 1998/99 intake<sup>5</sup>.

The Government is aiming to provide more support for disabled people in order to make the most of their talents and abilities at work and in society more generally. It is working to create a new and positive climate with extra support for disabled people looking for work. It has also indicated that it wishes to develop a more sympathetic and responsive tax and benefits system.

In terms of departmental responsibilities, the DfEE is focusing on employment and training policies which:

- Give people with disabilities the opportunities and skills to compete effectively for jobs.
- Encourage and support people with long-term disabilities or health problems into work and away from dependency on benefit
- Provide equal opportunities for disabled people in employment and training programmes by building flexibility into mainstream provision together with additional help to overcome impairment related barriers.

However, the Government's view is that there must be additional specialist services for people who need more than mainstream training provision can offer.

An example of this emphasis is the development of work based training for disabled adults through **New Deal for Disabled People**. This will pilot a range of initiatives to help those with long-term disability into work and training through the Government's Welfare to Work approach. A budget of £195 million has been set aside to improve opportunities for disabled people to move into and remain in work.

On June 30<sup>th</sup> 1999, the Government launched its 'Learning to Succeed' White Paper<sup>6</sup> – a new framework for post 16 learning – which will have important implications for *all* adult learning opportunities. The document stresses that it will aim *"to support equality of opportunity and meet the needs of those who face particular disadvantages in the labour market"*.

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<sup>5</sup> Comparative figures for the outcomes from this programme are included in Section 7 of this report.

<sup>6</sup> Learning to Succeed – a new framework for post-16 learning, DfEE June 1999.

The White Paper establishes a National Learning and Skills Council. This body will have a particular duty to address the needs of disabled learners and those with impairments or learning difficulties:

*“It will have the power to fund specialist provision, including residential provision, outside the adult and further education sectors for trainees over compulsory school age with learning difficulties or disabilities.”*

The White Paper also specifies the need to examine the case for allowing more people to undertake full-time study while unemployed where the training is likely to substantially improve their job prospects. At this stage, there is nothing explicitly stated about provision for unemployed *disabled* people except through the existing arrangements for New Deal for Disabled People.

### **3.6 The residential training programme and training providers**

Alongside the mainstream provision for support to unemployed people, specialist residential work based learning has long been available for disabled people. This is provided to assist those with physical/sensory or learning disabilities for whom appropriate and high quality provision is not available locally. Disabled adults are eligible for this specialist work based learning once they are 18 years old.

The programme comes under the Government’s main training programme for unemployed people, ‘Work based learning for adults’ (WBLA). Allocations for such provision is currently agreed on a national basis and is delivered by a small number of training providers. The aim of this residential training is:

*“To help long-term unemployed adults with disabilities, particularly those at risk from exclusion from the jobs market, to secure and sustain employment or self employment, through an individually tailored combination of guidance, structured work experience, training and approved qualifications.”*

**DfEE residential training website<sup>7</sup>**

Residential training is intended to help individuals who are unable to access suitable local training to gain skills in a supported and specialist environment. It is not intended to replace local training and individuals are encouraged to integrate within local provision before considering the residential option. On completion it is anticipated that the majority of trainees will enter mainstream employment.

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<sup>7</sup> [www.disability.gov.uk/resident/index.html](http://www.disability.gov.uk/resident/index.html)

Residential training is not an option for everyone, since some potential trainees are unwilling or unable to leave home to train. In such cases, people may be funded to undertake specialised training arranged locally by their Training and Enterprise Council (TEC) or Chambers of Commerce, Training & Enterprise (CCTE) with additional funds from the residential training budget. This is known as Special Local Training (SLT). It provides TECs with up to half the cost of training, to a maximum of £7,500, and is delivered through contracts between the TECs/CCTEs and the RTU. This evaluation does not cover SLT.

The next section outlines the nature of the specialist training for disabled unemployed people provided under WBLA through specialist Residential Training Providers (RTPs).

## 4. TRAINING PROVIDERS AND PROVISION

This section outlines the nature of the residential training programme (Section 0), the process that unemployed people who are disabled go through to take part in an RTU funded training programme (Section 0), and some of the issues that have emerged as a result of interviews with RTP staff (Section 0 and 0).

### 4.1 The Residential Training Providers

During 1998/99, the RTU contracted with 14 training providers to make over 1,000 training places available at an annual cost of £14 million. Of these 14 providers:

**seven** provide for **blind and visually impaired people**, namely:

- RNIB Redhill College, Reigate
- RNIB Manor House, Torquay
- Royal National College for the Blind, Hereford
- Guide Dogs for the Blind Association, Surrey
- RNIB Vocational College, Loughborough
- Royal London Society for the Blind, Dorton College
- Queen Alexandra College, Birmingham

**two** provide for **deaf and hearing impaired people**, namely:

- College for the Deaf, Doncaster
- RNID Court Grange, Devon<sup>8</sup>

and **five** provide education and training for people with **a whole range of impairments**, namely:

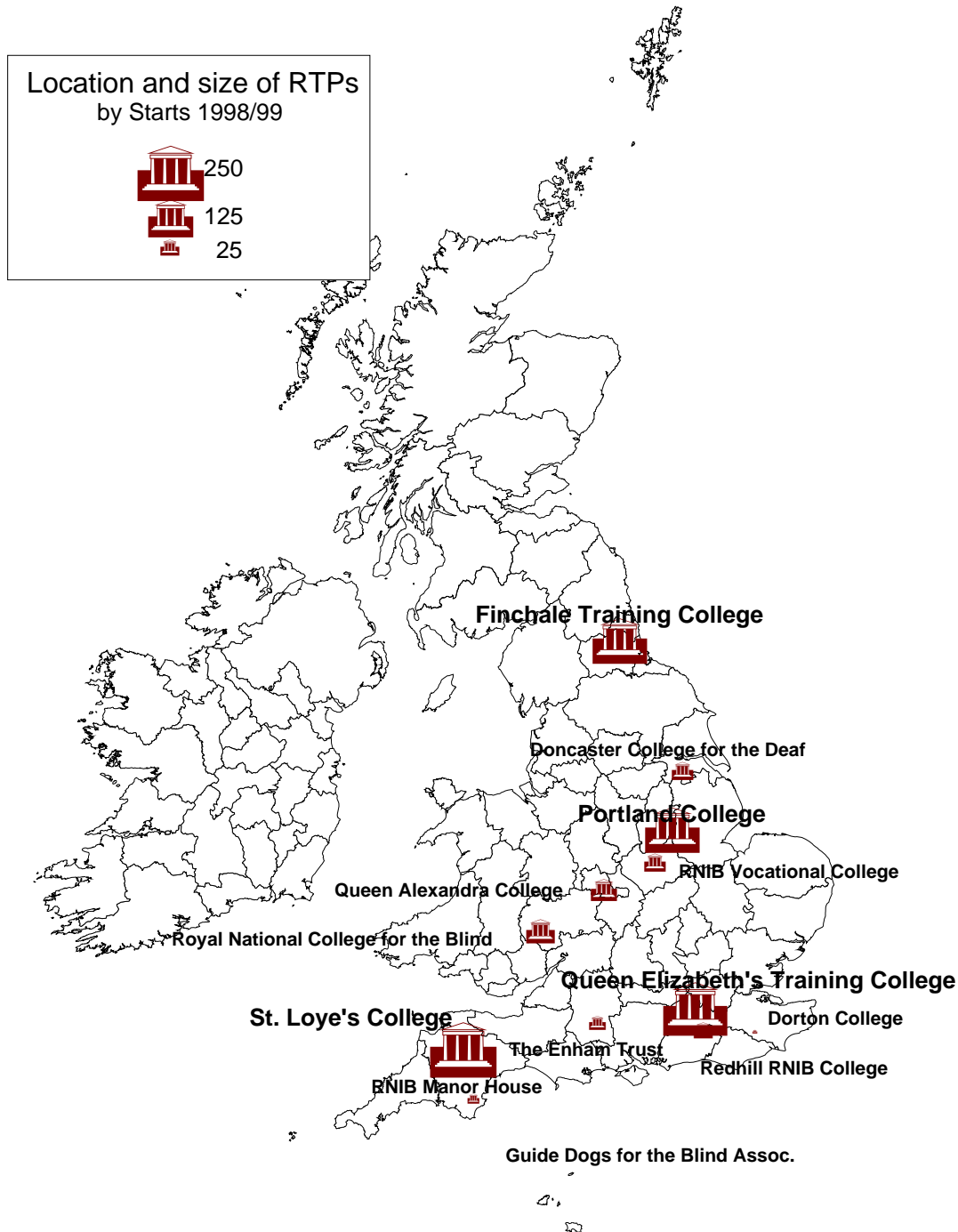
- St. Loye's Foundation, Exeter
- Portland College, Mansfield
- Finchale Training College, Durham
- Queen Elizabeth's Training College, Leatherhead
- The Enham Trust, Enham Alamein, Hampshire

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<sup>8</sup> Court Grange was closed by the RNID in July 1999 and, therefore, RTU was not able to continue to contract with this RTP.

The diagram below shows the location of each of the training providers against the size of their contract with the RTU based on the number of trainee starts in 1998/99.

**Table 4-1 Location of RTPs**



Source: based on RTU monitoring statistics

The location map (see Table 4-1) highlights the fact that the training providers with RTU contracts are not distributed evenly across the UK. For example, there are no providers in the North West, Northern Ireland, Wales or Scotland – the vast majority are in the southern half of the country.

We have not identified any reasons why residential training provision for disabled people could not be spread much more evenly across the country with providers located in every region. **It results in a bias towards both residential and non-residential trainees from the south.**

**Table 4-2 Location of training providers**

Location of Training Providers		Starts 1998/99
Queen Elizabeth's Training College	Leatherhead, Surrey	244
Finchale Training College	Durham	183
St. Loye's College	Exeter, Devon	258
Portland College	Mansfield, Notts.	185
Doncaster College for the Deaf	Doncaster, South Yorks.	36
RNIB Vocational College	Loughborough	39
Redhill RNIB College	Redhill, Surrey	27
RNIB Manor House	Torquay, Devon	11
Royal National College for the Blind	Hereford	59
Queen Alexandra College	Birmingham	47
Dorton College	Near Sevenoaks, Kent	2
The Enham Trust	Andover, Hampshire	22
Guide Dogs for the Blind Assoc.	Hindhead, Surrey	7

*Source: based on RTU monitoring statistics*

#### **4.1.1 Nature of impairment**

From our interviews with RTP staff there was no evidence that providers categorised trainees according to the nature or severity of their impairment. Several emphasised that they wished to focus on a person's ability, not their impairment.

The listing of training programmes offered by the RTPs are detailed in the RTU Directory, and this is divided into three sections:

- hearing related training
- vision related training
- training for all conditions that are not hearing or vision related.



Doncaster and Court Grange provide training for those who are hearing impaired.<sup>9</sup> Training for people with visionary impairments is provided by: RNIB Redhill, RNIB Manor House, RNCB Hereford, Guide Dogs for the Blind Association, RNIB Vocational College, Loughborough, Dorton and Queen Alexandra College, Birmingham. Training for all conditions that are not hearing or vision related is provided by St. Loyes Foundation, Portland College, Finchale Training College, Queen Elizabeth's Training College, and The Enham Trust.

The RTU maintain records of the nature of each individual applicant's impairment on their database, but these are not categorised and so **it is very difficult to identify trends amongst applicants to RTPs in terms of type or severity of impairment.**

#### **4.1.2 Contracting and monitoring**

The RTU negotiates and monitors annual contracts for the provision of residential specialist training for disabled people. Monitoring visits involve six monthly review meetings, contract meetings and quality assurance.

For training provision in 1999/2000, the RTU has contracted with 13 RTPs - reduced by one from those it contracted with in 1998/1999 - with a total budget of £14 million. The total number of starts contracted is 1,151. In terms of fees, the RTU is funding 824 residential and 154 day places. The training providers are allowed to include non-resident trainees up to a limit of 20% of their total placements. Non-residents tend to be those living relatively close to the training providers and whose impairment and circumstances allow them to travel daily.

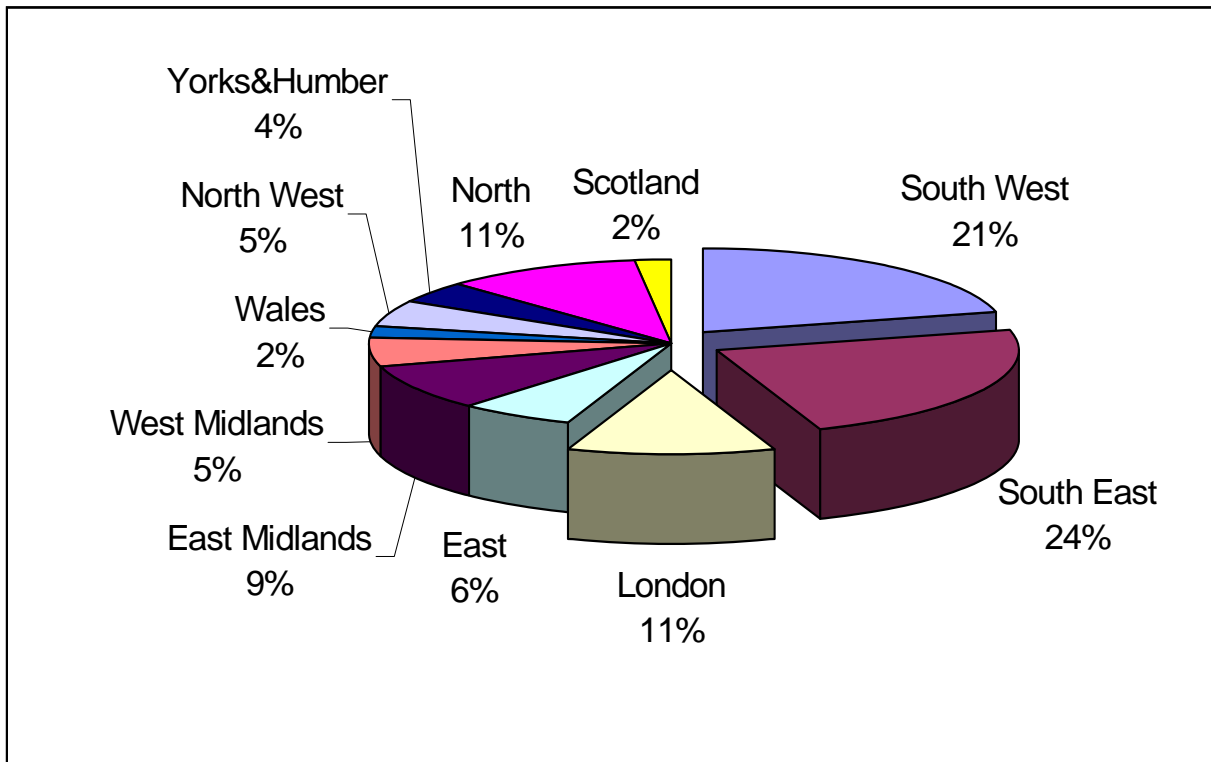
#### **4.2 Home location of trainees**

All training providers say that they have a national catchment area. By examining RTU data, the home locations of RTU funded trainees over the last 3 years have been broken down on a regional basis (see Figure 4-3).

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<sup>9</sup> Court Grange ceased operating from July 1999.

**Table 4-3 Home location of RTU funded trainees 1996-1999**



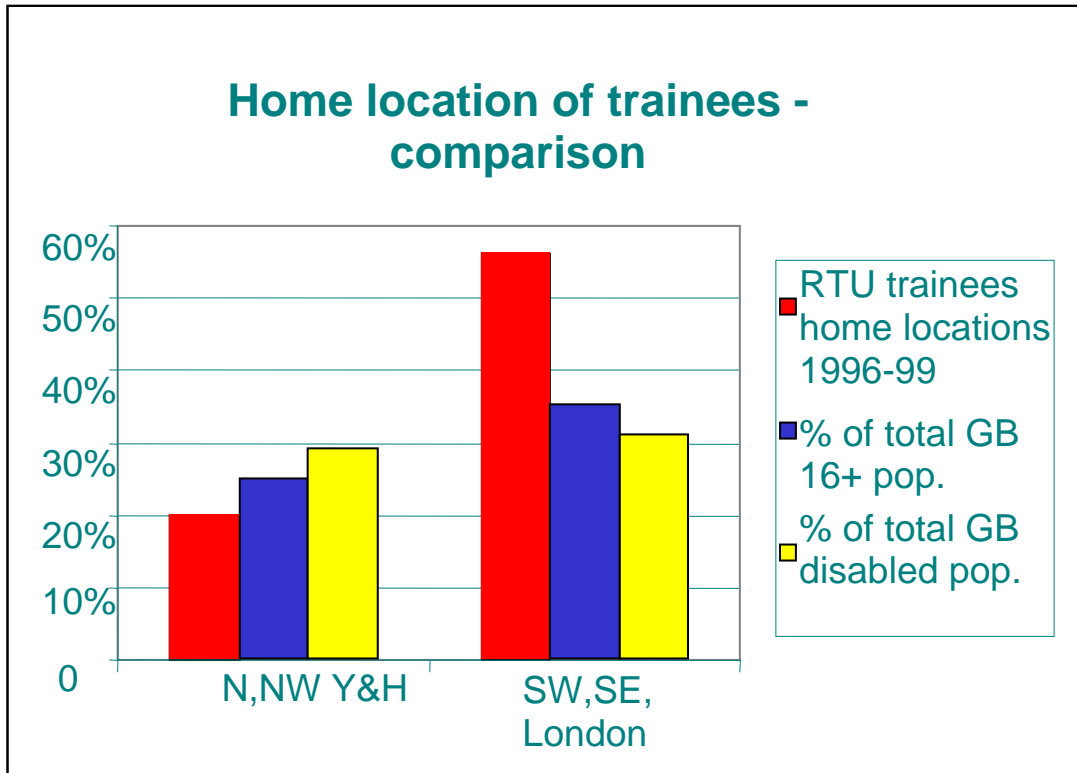
Source

Source: RTU Monitoring Information

Over the last 3 years, 56% of all trainees have come from the South West or South East (including London), and only 20% from the North, North West or Yorkshire & Humberside. These figures are compared with the respective figures for the 16+ population in these regions (as a proportion of the Great Britain total) and figures from the Winter 1998/99 LFS showing the proportion of the disabled population in these regions.

These figures (illustrated in Table 4-3) show that there is a significant imbalance in the geographical spread of trainees in relation to their home locations. The proportion of trainees from the South West, South East and London is much higher than would be expected when compared with these regions' share of the 16+ population or numbers of disabled people.

**Table 4-4 Home location of RTU funded trainees 1996-99 Northern and Southern regions compared**



Source: RTU Monitoring information and LFS

A further example from the 1998/99 LFS<sup>10</sup> shows that the North West region has 833,000 disabled people of working age, 89% more than the number in the South West (457,000). Yet, only 5% of RTU funded trainees come from the North West compared to 21% from the South West. It is not clear whether this is due to the lack of provision nearby or other factors.

In terms of the 1998/1999 intake, the location of trainees (based on their home postcode) is illustrated in the table below. It shows the 14 most frequent postcode locations for trainees attending RTPs during 1998/99.

<sup>10</sup> The LFS for this year (1998/99) is used because it is comparable with the year for which RTU data is available. The figures based on the 1999/2000 LFS would be *North West region has 821,000 disabled people of working age, 57% more than the number in the South West (523,000)*

**Table 4-5 Location of 1998/1999 RTU funded trainees**

Location of trainees based on postcode	No.	% of total intake
Devon	108	14
Greater London	76	10
County Durham	46	6
Kent	46	6
Nottinghamshire	32	4
Surrey	27	4
Lancashire	26	3
Hampshire	22	3
Cornwall	21	3
Essex	20	3
Somerset	20	3
West Midlands	18	2
Tyne & Wear	16	2
West Sussex	16	2

Source: National TFW Database, DfEE

This shows that about one in every seven trainees being funded by the RTU (14%) lives in Devon, compared with a figure of 1.9% for the proportion of Great Britain (GB) 16+ adults living in the county area.

### **4.3 The process – accessing residential training providers**

To accurately assess the impact of the training undertaken, this section briefly reviews the process that a disabled individual can go through from becoming unemployed to entering residential training. This is based on discussions with two Disability Employment Advisers (DEAs), a Special Needs Careers Officer, two TECs, FEFC and two mainstream training providers, and interviews with RTP staff and trainees. Table 4.6 illustrates the main stages of the process, although for any particular individual, the route they take and the elements they benefit from may be different. For instance, not every trainee attending an RTP will require foundation training or receive aftercare.

The process illustrated does not take account of changes being proposed and piloted through the New Deal for Disabled People.

#### **4.3.1 First point of contact – the Jobcentre**

An initial assessment takes place as part of the regular Jobcentre interview. This may result in claimants being sent for a job interview, with a possible job

outcome. Alternatively, they may be referred to a Disability Employment Adviser who is from another part of the Employment Service.

Some unemployed people will meet other agencies, such as health professionals, or friends/relatives, etc. who may suggest a direct approach to their local DEA.

#### **4.3.2 Referral and criteria – the role of Disability Employment Advisers**

Disability Employment Advisers (DEAs), who are based in local Jobcentres, refer individuals to the training providers. There are around 630 DEAs in the country as part of the Disability Service Teams, which were formerly the Placing, Assessment and Counselling Teams (PACTs). They identify impairment according to the definition contained within the Disability Discrimination Act 1995<sup>11</sup>.

Potential trainees must satisfy the following eligibility conditions for RTU funded residential training:

- the applicant must be eligible for ‘Work based learning for adults’;
- the applicant should be unemployed before training starts, although applications can be accepted from people in employment;
- the applicant should have reasonable employment prospects in the chosen training occupation and have the capability of reaching an employable level on completion of training;
- the training programme can be up to 12 months in duration. There is the possibility of an extension beyond 12 months, but this is only in appropriate cases;
- applicants who have undertaken a previous period of residential training need to wait 12 months before they are eligible to apply for a further residential programme. There are two exceptions to this rule:
  - those who, for reasons of ill-health, have left a programme prematurely;
  - where a person’s impairment has deteriorated since completing a programme.

In such cases, a 12-month waiting period does not apply.

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<sup>11</sup> That is, someone who has, or has had, a long-term physical or mental impairment which has a substantial adverse effect on their ability to carry out normal day-to-day activities.

Referral to a DEA will result in further interviews taking place to talk through the options open to trainees, including:

- employment
- local training provision
- residential training.

Individuals may also have access to advice and support from their local Careers Service. After this interview process has been completed a number of options are possible. Trainees may be:

- Sent for job interview(s) with the aim of a job outcome.
- Sent for a more detailed assessment, which may take place at one of the RTPs or a specialist adviser – e.g. RNID or RNIB.
- Put forward for training at a mainstream college or other training provider.
- Recommended to the RTU for a training programme at one of the RTPs if they match the criteria (4.3.2).



In recommending trainees to the RTU for a training programme, DEAs have to consider the potential trainee's suitability, as well as their eligibility. Staying away from home plus the demands of the training programme may not suit everyone.

So although RTP trainees may have different types and levels of disability, they will all have been assessed by their DEA as being considered likely to be employable, either in open or supported employment, when they have completed their training.

Disabled people who are assessed as being capable of training alongside non-disabled people in local training provision, and whose circumstances do not prevent them from taking advantage of such training, are not eligible for RTU funding.

If considered suitable by the DEA, a consultation then takes place with the local TEC or, in Scotland, the Local Enterprise Company (LEC) to confirm that there is no suitable local provision. If the TEC/LEC agree with the DEA's recommendation, the completed application forms are sent to the RTU. If the RTU is satisfied with the application, the forms are forwarded to the relevant Residential Training Provider.

In some cases, but not necessarily, unemployed disabled individuals have been made aware of the training programmes on offer at RTPs and have attended Open Days or approached the training provider directly. Training providers have then worked with individuals to put them in contact with their DEA and the process starts from this point. Others have attended an assessment training programme where the outcome is a report recommending a further period of vocational training which may, but not necessarily, take place at an RTP.

#### **4.3.3 Assessment and training at Residential Training Providers (RTPs)**

Trainees arriving at an RTP will, in most cases, have a further period of assessment in order to check their skills and abilities and match these to the chosen training programme. In some instances, trainees may have 'taster' sessions on other training programmes if it is felt these may be more appropriate.

Trainees will then enter a training programme, which generally lasts about 40 weeks in total. As part of this, there are usually opportunities for **work experience** and a **work placement**. During this period, help with job search skills, mock interviews and developing personal CVs should take place.



Work experience is used to give trainees more of an understanding of the world of work and to assess how they adapt, given their own condition and needs. Work experience places are usually arranged with an employer close to the RTP and sometimes with the RTPs own commercial operations.

Work placements are arranged towards the end of the training period, often in the home area of the trainee. In many cases, these have the aim of providing an opportunity to find permanent positions for individuals.

**Aftercare** is the support that the RTP is able to offer their trainees once they leave and enter a job or further training. The training providers do not receive funding to support their aftercare work. Once they have finished their training programme, trainees, in general, will look to DEAs to provide ongoing support.

#### **4.4 Process of accessing training provision – the impact on individuals**

The following section is based on information gained from visits to training providers, interviews with RTP staff and the background material provided by them. It also incorporates findings from the face-to-face interviews conducted with 88 current trainees based at the RTPs. It identifies issues related to the experiences of trainees as they move through the process described above – from unemployment to the completion of their training programme and, hopefully, employment.

##### **4.4.1 Role of DEAs**

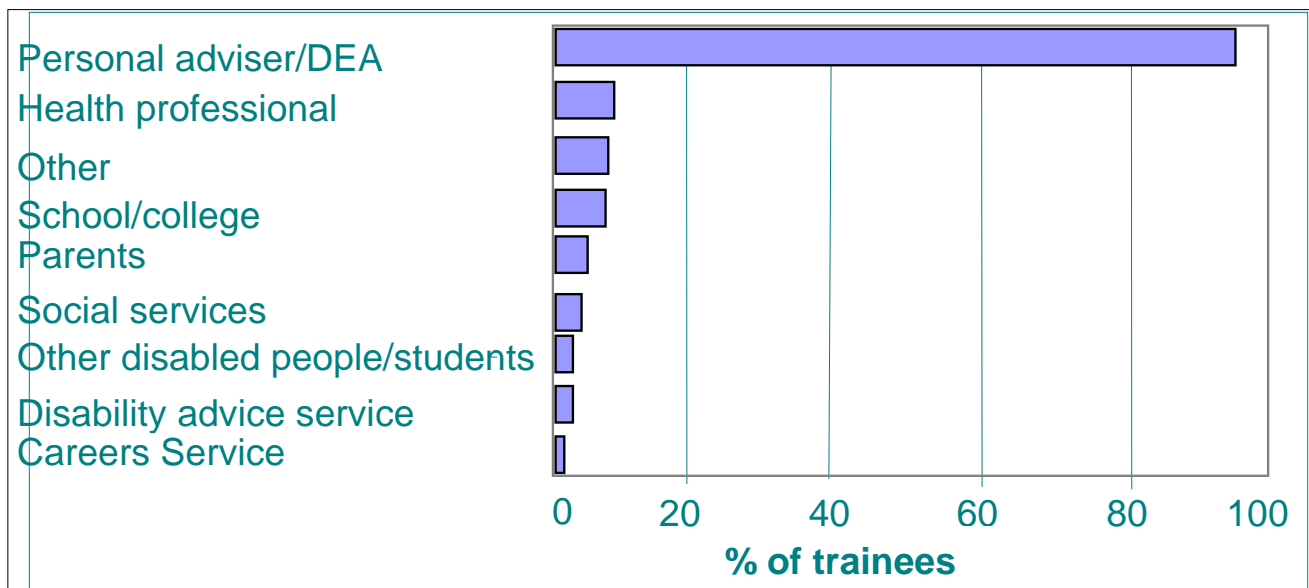
Although research did not include a review of the role of DEAs it is clear that they play an important part in determining the numbers and nature of those referred to RTPs.

##### **4.4.2 Getting on to a training programme – the views of current trainees**

As part of the survey of current trainees, they were asked who the main sources of help were in getting them onto a particular training programme. Table 4-7 shows that the vast majority (91%) received help from a personal advisor or DEA. Help was available from a wide range of other agencies but the DEA was central to the means of getting on a training programme.

When asked about the response of the DEA to their own needs, 70% of current trainees described the support from their DEA as well-informed and helpful. 15% found that their DEA did not understand their personal circumstances or was not supportive. In 8% of cases, trainees had a number of DEAs and reported a variable quality of service.

**Table 4-7 Source of help in getting on training programme**



Source: Survey of current trainees, UK Research Partnership

During the process of deciding which training programme and provider trainees would attend, the majority of respondents (77%) felt that their views and opinions were *totally* taken into account. Only one respondent reported that their views were not listened to or taken into account at all.

#### 4.4.3 Awareness of mainstream provision

Current trainees were also asked if they had been made aware of local mainstream provision to suit their training needs. Just under a quarter (23%) had been made aware of alternative training provision at mainstream providers whereas the majority (77%) had not been made aware. **It is not clear why over three-quarters of trainees did not appear to have been offered a local alternative to residential training.**

For the 23% that had been made aware of a training programme through a mainstream provider, the perceived lack of specialist support and equipment to meet their needs was crucial:

*“There was no additional support. I was at a college for about 6 weeks but realised then they had no specialist facilities.”*

*“I found that when I went to the mainstream college I was chucked in at the deep end with everyone else.”*

#### **Current trainees’ comments**

Other comments indicated that the perception of trainees was that they would incur more personal expense if they went to a mainstream college through, for example, the payment of fees and travel costs.

Some of those interviewed who were not offered a mainstream course did, however, have experience of training in the mainstream FE sector. Their experiences tended to be negative as illustrated by one trainee who said:

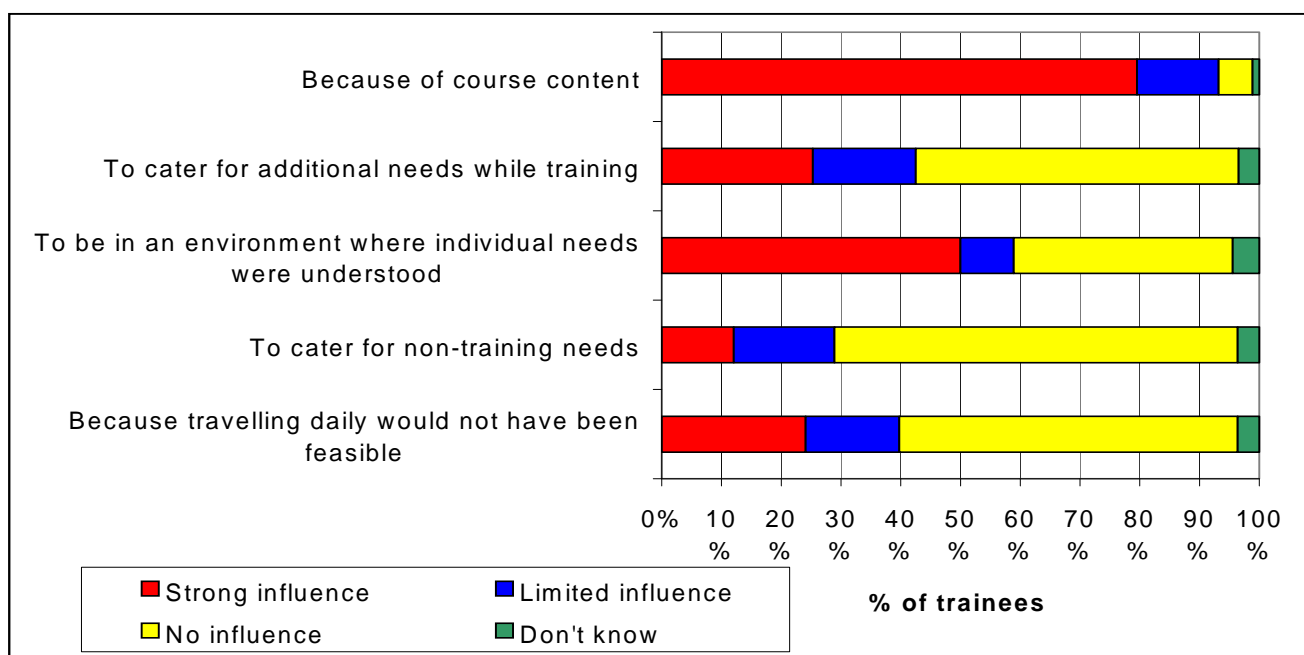
*“My time at a mainstream FE College was terrible. I found it difficult to concentrate. The staff ratio was 1:20 and I did not get much personal attention.”*

**Current trainee’s comment**

#### 4.4.4 Factors affecting choice of training programme

Respondents were asked whether their choice to come to a particular provider was influenced by certain factors and, if so, how strongly. Among all groups of trainees, the content of their training programme proved to be the most influential factor affecting their decisions. To be in an environment where individual needs were understood, however, was also seen as highly desirable. This was particularly true for trainees at providers specialising in sensory disabilities, among whom 65% identified this as a strong influence, compared with 44% of trainees at mixed disability or other providers.

**Table 4-8 Influences over decision**



Source: Survey of current trainees, UK Research Partnership

#### 4.4.5 A single gateway

Under the current system of application, potential trainees are recommended a course and RTP by their DEA. Applications are then made to those

providers via the RTU, who act in a purely administrative capacity by processing the application to the RTP.

From our limited discussions with DEAs and listening to the views of RTPs, it appears that an individual DEA is likely to deal with very few potential RTU-funded trainees in a year, maybe just one or two. Given that this type of referral makes up a small part of their total work-load it is understandable that DEAs rarely visit residential training establishments and, therefore, have a limited knowledge of what the providers are *currently* able to offer their trainees. In addition, RTPs reported significant levels of staff turnover amongst DEA staff which is perceived to exacerbate this problem. The consequence of this was that RTP staff were required to spend more time ensuring that relatively inexperienced DEAs were aware of their services.

In these circumstances, the researchers suggest that the development of a **single access point to residential training** is considered as a possible option for the future. Such an access point would have access to experts who could:

- support and advise potential trainees and provide up to date information about the range of provision available;
- supply additional elements of adult guidance and support, including the latest labour market information to help guide individuals in their choice of training programme;
- give a clear progression route for trainees;
- act as a central point of advice for *all* players – potential trainees, DEAs, Jobcentre staff, Personal Advisers, RTPs, DfEE, etc.

This 'gateway' could be an enhancement of the RTU's role as they already have an overview of training provision for unemployed disabled people.

Alternatively, this could be a role that is taken on by the new local Learning and Skills Councils. The Government has set out in the Learning and Skills Council Prospectus the need for each local LSC to draw up an equal opportunities policy and action plan. The prospectus expects each LSC to "*ensure that learners who need additional support get the help they need*". With amendments to the Learning and Skills Bill expected to further strengthen the requirements of the national Learning and Skills Council to meet the needs of disabled people, it may be appropriate that support and guidance for potential RTP trainees is co-ordinated through local LSCs.

#### 4.4.6 Training provider marketing and promotion

The two main issues to be brought out in this section are that:

- The message is not reaching all the relevant support professionals who advise potential RTP trainees.
- There is duplication of effort with all RTPs aiming to provide the same information about their services to a relatively narrow range of people – mainly DEAs.

Virtually all the training providers visited spend a considerable amount of time and financial resources marketing themselves and their training programmes. Many of them target Disability Service Teams (DSTs). However, it is not clear whether the information actually gets beyond the Jobcentres and DEAs to those having face-to-face contact with trainees.

Certainly, based on a very limited number of contacts made by the research team, it appeared that:

- Charitable organisations working with disabled people and other individuals working with this client group were unlikely to be aware of RTU funded residential training provision.
- Many health professionals and social services officers do not know of the existence of the residential training programme, the RTU or the work of the specialist providers.

In these circumstances, training providers said they wanted to find ways of getting their promotional material through to health and social service workers.

Each RTP is trying to get their own marketing material in front of a national network of DEAs and others in a position to advise disabled unemployed people. The larger providers felt they had the capacity to support a marketing campaign aimed at DEAs taking place three or four times a year. But even they would find it difficult to reach other organisations on a national basis. Smaller providers said they had difficulty funding a national marketing campaign.

**We suggest that consideration should be given to a body (such as the RTU) to undertake marketing in partnership with training providers. This could lead to resource saving and a better service to potential trainees.**

The nature of the wider environment for training is also changing. Driven by government policy, the aim is for greater co-operation between training providers. This reinforces the view that getting RTPs to jointly develop a marketing strategy for residential training is the way forward.

#### **4.4.6.1 RT News**

One method of highlighting the work of RTPs is a regular newsletter produced by the RTU called RT News. It describes the provision at the RTPs and highlights good news stories. But it is not clear that this content is appropriate for use as a marketing tool to raise awareness of the provision. It is understood that the circulation list tends to focus on people who are already aware of the RTU and the role of the RTPs.

Consideration needs to be given to developing the newsletter so that it can be used to raise awareness amongst those who have little or no knowledge of the work of the Residential Training Providers and the RTU.

This will involve reviewing its content and ensuring that the layout is adjusted to reflect the needs of the trainees of RTU services. This would mean making it easy to read for those with sight impairments (for example articles are printed in a very small font size and can be difficult to read) and producing it in other formats – such as on audio tape.

### **4.5 Residential Training Providers – issues affecting trainees**

#### **4.5.1 Demand for residential training**

At the time of visits by the research team to RTPs in the first half of 1999, a number of training providers had recently experienced a decline in the number of applications. On the one hand, this was said to be because of the increasing trend among mainstream providers towards inclusivity<sup>12</sup> policies. As a result, a few training providers had restructured and in some cases reduced their staffing levels. However, an alternative view of this situation, based on interviews with a number of providers, was that demand was *not* declining, but that interest in residential training was being restricted through the application process.

The current situation based on figures reported by the RTU for the first 9 months of the 1999/2000 contract with RTPs show that demand for residential training appears to be increasing.

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<sup>12</sup> Policies to ensure the full inclusion of disabled students studying at a mainstream provider by ensuring that the physical access and learning support is available and fully meets the needs of these students.

However, the more general issue of demand is one that cannot be addressed by this research. The Further Education Funding Council (FEFC) is only now compiling information about the numbers of disabled people attending FEFC funded courses, and analysing the courses they take, qualifications gained and drop out rates, etc. Until this information is available, it is impossible to say the extent to which unemployed disabled people are being directed to other provision and the outcomes they are achieving.

The important point to stress is that estimates based on the Winter 1999/2000 Labour Force Survey indicate that there were 358,000 people who have a long-term health problem and who are ILO unemployed looking for work. In addition, there are 404,000 disabled people who are inactive, but say they would like to work and would be available to start in a fortnight.

In terms of provision:

- The RTPs are training, in any one year, less than 0.5% of those disabled people who are ILO unemployed.
- Approximately 1,100 trainees will attend RTP programmes during 1999/00.
- This figure compares with the 21,600 unemployed disabled people<sup>13</sup> who started on 'Work based learning for adults' training in England and Wales during 1998/99.

**This shows that RTU provision is a relatively small aspect of training provision for disabled people.**

#### **4.5.2 Induction and assessment**

All Residential Training Providers encourage potential trainees to visit them and assess the facilities available before applying for a training programme. Some concentrate on meeting potential trainees during 'Open Days', while others have an open door policy and provide substantial information to potential trainees and their families.

The training providers do not assume that the information supplied by DEAs about an individual trainee is accurate and therefore see assessment and induction as important. Several expressed concern that the **medical information available is often not comprehensive**. In addition, they do not know whether, for example, a person has a criminal record.

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<sup>13</sup> Based on trainee's self-assessment.

Many training providers take several days with the trainee once they have been accepted to assess their skills and abilities, and develop a Training Plan or Action Plan to guide each trainee's progression. They also check whether the trainee has any literacy/numeracy requirements and if extra independent living support is needed.

#### 4.5.3 Benefits advice

An important issue identified during the research was the quality of welfare benefits advice which the providers are able to offer to potential (and existing) trainees. During our interviews, staff at RTPs, especially at those dealing with sensory impairments, expressed their perception that many potential trainees will be deterred from committing themselves to a training programme because of a concern that moving into employment will result in drastically changed benefits. With uncertainty about the long term status of jobs initially available to this client group, there is an inevitable concern that they may need to go back onto benefits after a short period. **They are concerned that they may be unable to regain their previous level of personal income through benefits if they do not get into work straight away.**

The survey of former trainees provides evidence for this concern (see Section 0) where the employment outcomes for those with a sensory impairment are less than for other types of disability.

One response to this issue could be an initiative being found to work successfully under the New Deal 25+ pilot projects. Some<sup>14</sup> are including the availability of 'Better off' money advice as part of the service available to the unemployed. This allows the individual to calculate the different levels of benefit and earned income they can expect given different employment scenarios. It includes an analysis of current benefit entitlement, alternative benefits applicable in a range of personal situations, the availability of in work benefits and help with other money advice and debt counselling.

This is a skilled area of work, especially given the regular changes being made that can affect the type, availability and levels of different benefits. We would suggest that RTPs ensure that they have links with providers of these services to enable all trainees and potential recruits to have access to accurate information in this area. Although this might be seen as a role for the Employment Service or DEAs, evidence from New Deal 25+ pilots indicates that 'Better off' money advice needs to be distanced from ES functions if it is to be effective and valued by trainees.

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<sup>14</sup> This suggestion comes as a result of an evaluation project undertaken by UK Research Partnership of the Coventry New Deal 25+ pilot.



#### 4.5.4 Training programmes

There are a wide range of training programmes available through the Residential Training Unit listed in Annex 3. It is clear that, in a number of areas, a training provider has tended to specialise<sup>15</sup>.

During interviews with providers, there was an awareness of the need to respond to market conditions in terms of the training programmes being provided. However, this process was unevenly applied with some providers constantly reviewing and evaluating training programmes and others doing this less regularly. The sources of information used by RTPs included local DEAs, local TECs and a panel of local employers who could advise on local skills needs, but not all RTPs used such sources or appeared to apply local labour market information in a systematic way.

**With RTPs having a national catchment area, they would need to be aware of labour market trends across Britain in order to properly plan their training provision. There was no evidence that this was being done.**

The development of the national Learning and Skills Council (LSC) along with local LSCs may well provide a source of information to assist RTPs with these decisions. It may also provide more external pressure to provide training programmes in particular skill areas to meet identified needs of employers.

The majority of the training programmes on offer lead to an NVQ qualification or a diploma in a particular specialist field, such as remedial therapy and piano tuning and repair.

The majority of training providers operate a roll-on roll-off entry (although there are still some that use academic years), with individual programmes funded for up to 52 weeks. Extensions to these programmes may be requested by the training provider on an individual trainee basis, up to a further 52 week maximum. This is particularly useful for trainees who may need one-to-one tuition/support requiring more time. Those trainees with hearing impairments have used this on a regular basis.

However, roll-on roll-off entry was one of the criticisms levelled by some trainees at the training programmes. Some felt that they were held back as

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<sup>15</sup> For example, Remedial therapy and piano tuning and repair are only available at Hereford, leatherwork is only offered at Manor House, Queen Elizabeth's Training College offers a business/self employment programme, Finchale trains estimators, St. Loye's trains in warehousing. In other subject areas, a number of training providers may offer the same programme – business administration training for example.

tutors dealt with new trainees coming onto a programme. This problem was compounded by the range of skill levels and qualifications held by those attending RTPs (see 0). **Many of those interviewed who held a degree or professional qualifications felt either that they were not pushed or that the training on offer was not at a high enough level.**

These are problems that are clearly related to relatively small numbers of trainees on most training programmes and their diverse range of educational backgrounds.

#### **4.5.5 New flexible approaches to training**

During our interviews with RTPs, there were a number of innovative approaches being developed to meet the needs of disabled people. One of these was at St. Loyal's. The 'Transformations' programme described overleaf illustrates the potential of RTPs to act in a proactive way. This early intervention approach means that people do not have to become unemployed before retraining. **Early evidence from the programme appears to show that it reduces the length of time individuals spend gaining new qualifications and skills.**

#### **4.5.6 Using the specialist expertise of Residential Training Providers**

The medical support facilities at RTPs could be developed further to provide support to their trainees, both whilst they are at the training provider and by telephone or other ICT methods after they have left.

The example below from St. Loyal's demonstrates how expertise built up at RTPs can be more widely applied.

## **Transformations** – an alternative to ill-health redundancy

St. Loyes College runs a pilot European Social Fund supported project called 'Transformations'. The college has calculated that it can take up to two years for a person to be diagnosed with a health issue leading to unemployment, assessment, retraining and, eventually, back into a job. 'Transformations' is about retaining people with disabilities in a job and avoiding this long period of uncertainty and, almost certainly, dependency on benefits.

At present, employees experiencing mental, physical or sensory health problems may need to come to terms with an overwhelming number of issues in order to remain in work. For example, they might not have the mobility or physical strength they had before, transport to and from work may be more difficult or they may find they cannot communicate in the ways they used to do. Many employers find themselves unable to deal with these issues and end up losing the experience of their staff through medical retirement.

As part of the project, staff from the college work with employers whose staff are becoming less effective because of their disability. They make an assessment and identify opportunities for retraining or adaptation within the workplace to avoid ill-health redundancy or retirement.

As a result of the pilot, the college believes it can halve the time taken to achieve qualifications in new skill areas. It allows continuity of employment for the employee. The employer benefits from the retention of an experienced employee.

The knowledge and expertise within RTPs could be used to train trainees to be more medically self-aware as part of the life skills and independent living elements of programmes. This could also be applied to others in the community who are at risk of becoming unemployed as a result of a medical condition or who want to return to work or training but who are not eligible or do not wish to attend a Residential Training Provider.

### **4.5.7 Working with other training providers**

Several providers work closely with their local FE colleges – for example, Loughborough – to provide **Associate Programmes**. This occurs when the Residential Training Provider has contracted out the training to another organisation, e.g. a local college, but offers specialist support and tutorials back at the training establishment to complement the programme. This

support would include learning assistants, an adaptation and transcription service, communication support, reader service, access technology, low vision support and a dedicated resource base. Each training provider arranges their

Associate Programme in a different way, and the portfolio of programmes changes constantly. This system is said to operate to great effect and widens the choice of programmes available to trainees, integrating them more into mainstream provision at the same time.

It is also an opportunity for all providers operating in this way to learn from each other and share examples of good practice.

#### **4.5.8 Customised training**

Some RTPs expressed the view that, in order to increase a trainee's employability, training programmes should be 'customised' so that they consist of a number of different elements of various NVQs.

Other providers feel very strongly that this is not the appropriate route and that entire NVQs should be taken as these are the qualifications that potential employers recognise. They argue that it is better to add other shorter training programmes to the NVQ so that a trainee achieves a complete NVQ, together with a number of other added modules.

In the view of the research team, the findings from interviews with former trainees support both approaches. It is *flexibility* in provision to meet the needs of the individual and/or the labour market that is essential. In some circumstances, it may be better to provide modules of specific training to maximise individual employability and to couple this with an extended period of work experience. This would meet the needs of one former trainee who found that "*an NVQ 2 is not significant in this job, it is experience that counts*". In other areas, and for other individuals, the qualification is very important. Again, a former trainee comments that "*the piece of paper was very important in getting my job*".

#### **4.5.9 Facilities on site**

All training providers produce 'glossy' brochures as part of their marketing campaigns.

- Some trainees expressed concern that providers did not always deliver everything in the brochures.
- In one case, the leisure facilities were not maintained to a very high standard.

- In another case the level of medical support available on campus was less than trainees had been led to expect.

Several training providers are based in very pleasant locations in the countryside or on the edge of towns. This means that:

- It can be very difficult for trainees who do not drive (which includes all those with visual impairments) to access local facilities or get home.
- Out of town locations can lead to a feeling of isolation.
- Many training providers had recognised this as an issue and were developing ways of improving access to leisure and social activities.

Some providers have halls of residence and a number of houses/flats off campus that are rented out. Older trainees tend to prefer living off site. Some trainees feel that they are not treated as adults and complain that the atmosphere can be like a school. This was especially the case – though not always – where trainees were living in a hall of residence or where there were large numbers of FEFC trainees on campus.

The quality of some of the accommodation was poor, according to both trainees and training provider staff. Trainee and funder expectations about the standard of accommodation was rising, with en-suite facilities now being expected rather than being merely desirable. However, capital funding from the RTU to assist in such improvements was not forthcoming.

The quality of food, ability to provide accommodation for visiting families, maintaining an active social programme are all important considerations for trainees especially those in the older age groups.

Such concerns need to be addressed if barriers to accessing residential training are to be reduced.

#### **4.5.10 Work experience/placements/employment/self employment**

The RTU Directory states that all programmes will include job search and interview techniques as well as a period of placement with an employer, preferably in the trainee's home area. It is hoped that this placement will be converted into a permanent job. Training providers offer trainees a period of work placement<sup>16</sup> of up to 13 weeks. The time at which this takes place

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<sup>16</sup> In this report, **work experience** describes the engagement with an employer to understand and re-engage with the work environment. **Job placement** is the activity associated with aiming to move the trainee into a permanent job.

varies. Most trainees undertake work experience periods locally. For some, their placement takes place at the end of their training programme.

Most RTPs employ Employment Liaison Officers (ELOs) whose job it is to arrange work experience and job placements and assist trainees in their job search.

At the suggestion of RTU, most placements are arranged in a trainee's home area. It is almost always assumed by the training provider that the trainee will want a job in their home area where they have access to a support framework. If this assumption is correct, it means that the ELO is often starting from scratch with each trainee in terms of their area of search and contacts. The ELO will not be trying to identify placements/employment within the area close to the training provider, where there may be more opportunities to network and develop personal contacts, but will be attempting to break into a new area with each new client.

There are exceptions. Where the RTP has a relatively local trainee base, such as St. Loye's in the South West, many trainees will live in an area where the training provider already has good contacts with employers.

There is also some degree of co-operation between the larger RTPs so that there is a responsibility for generating local employer information and this is shared between the four RTPs. In addition, there is an informal network of ELOs to exchange information. However, the smaller providers who do not network in this way and those that have trainees from a national catchment area, will be disadvantaged.

There is evidence from the survey of former trainees that job outcomes for those living in the same region as the RTP they attend are better than for those living further away (see section 0). In terms of additional support available to trainees once they leave the training provider and return home, the links between RTPs and DEAs outside their local area appear more limited.

To overcome these weaknesses, networking between Job Placement staff at the four large RTPs has been developed. This allows, for example, a risk assessment of an employer placement near the home of a trainee from the East Midlands but attending St. Loye's to be undertaken by staff from Portland College. However, this system seems much less developed between the other residential training providers. Developing such networks is likely to be to the benefit of trainees. Being able to involve the DEA in the trainee's home area to assist in job search and being part of the support to the trainee once they are in a job is also likely to bring added value.

In addition, some training providers appear to be very adept at using their own campuses as a source of work experience, such as in finance, ground maintenance, stationery and supplies, administration, etc.

The facilities provided through the staff involved in employment liaison and job placement may include some or all of the following:

- help with CVs
- mock interviews
- a Job Club
- specialist databases
- trade papers
- local newspapers, etc.

Providers tend to expect a significant input from trainees and their supporters in terms of obtaining information about potential local employers. A number suggested that trainees automatically target major employers and organisations like local authorities in their home area as part of their search for job placements.

A significant number of the trainees interviewed were extremely worried about obtaining employment after all their efforts to re-train and the level of support they felt the provider had given them. As the trainees are likely to feel very vulnerable due to previous spells of unemployment, there is a need to ensure that an appropriate package of job search support is offered to the trainees.

With the increasing emphasis on outcomes, especially employment outcomes, training providers over recent years have made this an area with a higher priority and have provided (and attracted) increased resources. This has been more difficult for the smaller RTPs. Attention needs to be given to identifying opportunities to share resources between the larger establishments (St. Loye's, Finchale, Portland and QETC) and those with fewer trainees who may struggle to fund additional dedicated job placement staff.

When questioned, none of the training providers appeared able to offer their trainees mentoring, the help of a job coach or support into employment, although they expressed an interest in the potential benefits. The main question appeared to be how such an approach could be resourced.

Those who provide training, in particular for the visually impaired, are very concerned at the increasing problems trainees have in searching for work, as many traditional areas of employment, such as audio typing, have disappeared. Few firms have large typing pools and fewer firms have central

switchboards – most now have direct lines. While call centres might seem a potential source of employment, there are concerns as to whether the software involved can or has been adapted for use by a blind person, and whether they would be able to work at the pace required. Some training provider staff are worried about ‘ghettoising’ certain job areas, for the visually impaired, such as call centres, especially in jobs which can be socially isolating.

Another issue raised was that some trainees who use specialist equipment provided at the RTP while they are training, experience problems once they leave and no longer have access. They are frequently unable to buy their own specialist equipment – such as computers – especially if they are having to live on benefits. This may be an area **where better advice to trainees is needed of the funding programmes available, such as Access to Work (ATW).**

#### **4.5.10.1 Self employment**

In general, trainees undertaking craft-based training when interviewed expressed an interest in setting up their own businesses. The assistance available to trainees in relation to this potential source of employment is rather patchy and usually involves visits/seminars being held on the training provider’s premises, attended by representatives of the local Enterprise Agency, Bank and Prince’s Youth Business Trust. However, more attention needs to be given to supporting and training those for whom self employment is an option by the RTPs and ensuring the support of appropriate agencies is in place when the training is completed.

#### **4.5.11 Aftercare**

Support to trainees once they leave the RTP (aftercare) is very important to help ex-trainees to maintain their progress in employment or training, or assist in further job search etc. However, there appeared to be very poor systems in place to track ex-trainees. Only one provider mentioned that they had an ex-trainees’ association. Another admitted frankly that this was a weakness they were attempting to address. More needed to be done to link these support networks back to providers and keep them under review. The providers were concerned to point out that they are not funded to carry out aftercare work. This has implications for training providers’ ability to check on the sustainability<sup>17</sup> of employment outcomes. There is an opportunity for more ‘joined up government’ here as trainees move into employment and

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<sup>17</sup> Sustainability refers to the length of time a person remains employed or in education after they have left the RTP. At present job outcomes are measured at 3 months, 3-6 months and at 30 weeks.



further training. At this point, the responsibility for ongoing support lies with the DEA or (under changes proposed through New Deal for Disabled People) the Personal Adviser Service.

Involving the RTP as part of the aftercare network may also assist those former trainees who do not immediately move into employment or further training. There are opportunities to share information between DEAs and their training provider about the individual. This may lead to the provision of additional counselling or training, appropriate to their needs and informed by their experiences on the RTU funded training programme.

One example of an innovative approach to aftercare has been developed at Dorton College (see below).

### **Aftercare in action**

Dorton College works with a partner organisation, **Workbridge**, to provide aftercare to trainees. Workbridge is a joint venture employment initiative of Action for Blind People and The Royal London Society for the Blind (who support Dorton College).

Workbridge staff advise on appropriate work for individuals, on further training, health and safety issues and the use of specialist adaptive equipment. The organisation is able to loan such equipment from their equipment pool while waiting for the Employment Service to process an Access to Work application to provide equipment.

Regular visits are made to the placement to review performance and resolve any problems.

Each placement is assessed by Workbridge and a contract agreed between the organisation and the employer. As part of the contract with the Employment Service, a grant can be paid to the employer to offset any initial lower work output from the disabled person.

A lower grant may be negotiated where a package of “on the job” coaching is felt to be of more value. This can be flexible to suit the needs of both employee and employer and tapered, with more support during the induction phase, gradually declining as the employee gains confidence and expertise.

#### **4.5.12 Funding**

The funding for residential training is provided from the ‘Work based learning for adults’ budget and is managed centrally by the Residential Training Unit (RTU), which is based at the Government Office for the North East. This Unit, which was formerly known as the Residential Training Colleges Unit, was established in 1985. It was set up to bring a national contracting and policy dimension to funding provided by the DfEE to train disabled people. The RTU contracts with each training provider individually for a number of places and associated weekly cost.

The unit cost paid to providers includes:

- Start Payment; which the RTU pays the training providers up-front
- Weekly Fee
- Output Related Funding - these outcomes include qualifications, additional training (including FE), jobs, self employment and placement in sheltered workshops
- Travel Costs
- Provision of Information Costs
- Lodging Payment
- Childcare
- Personal Reader for the Blind
- Communication Service for the Deaf
- Protective Clothing
- Tools

Each training provider is a registered charity and within their charters are clauses to provide vocational training for disabled people. Most providers have separate operations which attract funding, for example, FEFC, Employment Service Rehabilitation Contracts, TECs/LECs and Local Educational Authorities. Training providers' RTU contracts, however, are financially fundamental to all of them.

Concern has been expressed that the funding available from the RTU has not been increased for several years, does not take into account the severity of a trainee's impairment, and only covers the cost of the vocational training element. Several providers report using their charitable funds to provide support and facilities that trainees need but that are not covered by the RTU funding – for example, leisure facilities and independent living support. It has been suggested by some of those interviewed that this is actually a good use of charitable funds.

In a number of cases, RTU supported trainees share a campus with trainees funded under other regimes, and they may share facilities which are paid for through a different funding stream. This allows RTU funded trainees to access facilities that would not be available otherwise.

The capital cost of specialist equipment has already been mentioned, but the revenue cost of keeping equipment up to date, such as IT or CNC engineering machines, can also be extremely high. Several providers have recently made substantial investments using non-RTU resources. Even so, some trainees expressed concerns that the software available is not as advanced as it could be. If this is true, then trainees could be at a disadvantage when they enter the job market.

The FEFC recently proposed a funding mechanism for disabled students based on the severity of a person's impairment. Whilst concerns have been expressed that such a mechanism tends to categorise and pigeon-hole the individual, it does attempt to link payments for training provision to the cost of meeting individual need. One suggestion is that the RTPs should assess the living accommodation and training programme needs of the individual, along with an assessment of the learning support required. Social Services and the Health Authority would then be responsible for providing independent living support.

However, the whole question of funding post 16 education and training is now subject to further review following plans to establish a Learning and Skills Council. They will have responsibility for planning the funding of all post 16 education and training, although it is understood that the position of RTU funded training has yet to be decided.

#### **4.5.13 Relationship between training providers and the RTU**

The relationship between training providers and the RTU is seen as a very positive one by both those working in the Residential Training Unit and staff in the RTPs. However the financial relationship is one that remains based on yearly contracting rather than ongoing review and negotiation. Training providers would prefer longer contracts, such as over a 3-5 year period, where a core level of funding could be agreed and then cost variations negotiated. The current annual contracting cycle makes long-term planning difficult. One of the advantages of more secure funding is the ability to justify capital investment where a 3-5 year revenue stream is required to fund the capital costs. There were examples given where such capital investment was “on hold” awaiting decisions on funding from other sources, such as charitable trusts.

However, we recognise that if proposals for a single gateway (see section 0) were adopted, additional reassurances would need to be given to RTPs about the level of referrals to each provider from the Gateway and the implications of any shortfall for their overall funding.

#### **4.5.14 “Why residential training?” - the view of training providers**

The RTU states that residential provision is suitable for trainees who may have a sensory or physical impairment or experience a mental health problem or learning difficulty, where a more supportive training environment is required.

In the main, during our interviews many staff at residential training providers expressed the view that, ideally, everyone should receive training and education in a mainstream setting but they felt that the support currently available in mainstream is often inadequate for their trainees. Providers quoted cases of trainees, often with sensory impairments or learning difficulties, who had been educated in the mainstream and had ‘lost out’. Providers also said that some trainees not only have a physical disability but also experienced emotional difficulties which may require additional support available round the clock. None saw their role as segregating people on a long-term basis.

The opportunity to work and learn alongside people in similar circumstances was seen as a positive benefit of residential training by both providers and trainees:

*“Empathy with those with similar problems is a benefit.”*

*“Trainees are very helpful to each other. They provide a support network.”*

### **Quotes from two trainees**

In a small number of cases, trainees had conditions that required medical support on hand 24 hours a day. Other than nurses being on call at all times, few of the providers appeared to have fully developed medical services on-site. Few mentioned having specialists to deal with mental health issues on-site, although a number had access to such facilities in the local area.

The role of residential training was variously described by training providers as:

*“Allowing a person to access a supported work placement which would not be possible living in their local area, where there are high levels of unemployment and little opportunities for work placements.”*

*“A transition period between unemployment and work to provide training and a boost for people when they leave here.”*

*“Being about life away from the social pressures – it is an important advantage of residential training. It allows individual clients to identify their own limitations on independent living but access training that helps them to develop the skills necessary for a move back into employment and independence.”*

*“An opportunity to get away from home to study – having the time and “peace” to study is important. Peer group support is also important in a residential situation – in a family or work situation where they are the only person who is disabled, individuals can feel quite isolated and the opportunity to be part of a group of people in a similar circumstance is important.”*

### **Quotes from four training providers**

However, several trainees interviewed felt that being away from their home environment for a whole year was far too long. For these trainees, an alternative structure to the training provision such as a more intensive, shorter training programme of perhaps two or three months would be more beneficial. Short training programmes could help a wider range of people adjust to their disability, making them aware of the special aids and assistance available to enable them to continue using their existing skills in new ways or to develop new skills. This would be a way of preparing them for a training course in the mainstream sector.

There are training providers (for example Enham Trust) who have adopted the philosophy that it is important for their trainees to understand and be helped to work in the mainstream as soon as possible but in a supportive residential environment. They have developed provision that aims to recreate a mainstream work environment to address these concerns. At Enham, training is primarily done on the job within one of a number of workshops (which function as commercial operations) or in an office situation but again working on a commercial basis as part of the Trust's administrative systems. Not all RTPs have developed to this extent, but most are now aiming to operate their training facilities in line with commercial practices, as far as is practical.

#### **4.5.15 Partnerships**

There appears to be very little liaison between the RTU and FEFC although policy meetings have been held between the two organisations twice a year. Section 4.3.5 raised the possibility of duplication in terms of the training programmes on offer, and identified people who could qualify for assistance from both services.

The RTU needs to work with the FEFC and its successor bodies<sup>18</sup> to put pressure on mainstream FE providers to improve the support available to disabled people. As a starting point, FE colleges should develop closer links with the RTPs and their staff operating in their area. It would be interesting to know, for instance, the extent to which RTPs have been invited to become involved in local Lifelong Learning Partnerships.

### **4.6 Key findings and recommendations**

#### **1. Key finding – location**

We have not identified any reasons why residential training provision for disabled people could not be spread much more evenly across the country with providers located in every region. The southern bias in provision can be seen to have a two fold effect:

- It results in a bias towards residential trainees from the south.
- It results in a bias towards non-residential trainees from the south.

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<sup>18</sup> For example, the National Learning and Skills Council.

## **Recommendation - single gateway**

**Providing a central point for information, adult advice and guidance services to disabled people in need of additional support should be considered and its possible advantages evaluated relative to the current system. This central access point or ‘gateway’ could be located at the RTU or provided through the local LSCs. These options are suggested because both the RTU and LSCs are likely to have the infrastructure needed to provide this service to individuals.**

## **2. Key findings – marketing and promotion**

- It is not clear whether the RTPs are marketing to the right people.
- Training providers spend considerable resources, time and effort in marketing themselves and their training programmes.
- There appears to be duplication of effort and an impression given that they undertake this level of individual marketing because they are, to a certain extent, in competition with each other for a limited number of trainees.
- There is little collaborative effort in terms of marketing and promotion.

## **Recommendation – marketing and promotion**

**National marketing of residential provision is a potential role for the RTU working with RTPs. This would make the marketing and promotion of RTP both more effective and more efficient. It should aim to reach a wider range of individuals who work with and advise disabled people, such as health professionals.**

## **3. Key findings – residential training providers**

- Training providers see the induction process as a priority, which must include an assessment of each individual’s skills and needs.
- The availability of good quality welfare benefits advice to potential and existing trainees, accessed through but not necessarily provided by Residential Training Providers, is essential if disabled people are going to be helped out of the benefits trap and encouraged to commit themselves to training for employment.
- The quality and standard of maintenance of some of the on-site facilities (especially accommodation) is poor at a number of locations.

- Capital investment is required at a number of locations to bring the living accommodation in particular up to modern standards by, for example, providing en-suite facilities.

### **Recommendations – capital investment**

**The RTU needs to review the capital requirements of RTPs in terms of both accommodation and associated social/leisure provision, the cost of specialist equipment (CAD machine tools or plastic injection moulding equipment, for example) and Information and Communications Technology (ICT) equipment, such as computers. It is recognised that to fund such improvements would require a substantial increase in RTU funding.**

**RTPs are dealing with more trainees with complex impairments than previously, yet some would find it difficult to accommodate trainees with severe mobility problems or those who require personal assistants. This issue must be taken on board when any changes are being considered to facilities/accommodation, etc., provided on-site at the RTPs**

### **4. Key findings – training programmes**

- Some training programmes are only available at a small number of providers – e.g. welding at QETC or signwriting at QAC, whilst other training programmes appear to be offered almost everywhere - such as horticulture and administration. It remains unclear as to whether specialisation results in a reduction of options for potential trainees and whether there is overprovision or duplication in other areas.
- There appears to be little opportunity or encouragement for RTPs to provide different forms of training programme delivery, or to be more flexible in the mix of residential and non-residential time spent by each trainee at a provider.

### **Recommendations – training provision**

**The RTU should, in consultation with RTPs, undertake a comprehensive review of all the training programmes on offer in order to identify gaps and any areas of over-provision. This review should be conducted in the light of information about current labour market trends and needs. The use of this labour market information, in so far as it casts light on employment trends in the areas surrounding each RTP and the home locations of trainees, will help with the planning of training programme**



provision, work experience and work placement opportunities. Such information, we believe, would be welcomed by the RTPs.

The current RTU funding regime needs to be made more flexible in that trainees can undertake more intensive periods of residential-based training, for two or three months, for example, rather than having to commit themselves to a stay that may last up to 52 weeks.

New approaches to re-training and disability, such as the '*Transformations*' programme, should be evaluated and, where appropriate, encouraged for adoption by other RTPs.

On-site medical facilities could be used more proactively to train trainees to be more medically self-aware, as part of the life skills and independent living elements of training programmes. This concept of training in medical self-awareness could be applied to others in the surrounding communities, such as those at risk of becoming unemployed because of a medical condition (e.g. via New Deal).

Work with mainstream training providers should be developed and extended so that the expertise located within RTPs can be more widely disseminated and utilised by these other providers.

In many areas, specialist residential-based training provision should be viewed as part of the support available to other disabled people who are in mainstream provision. In these circumstances, RTPs and their staff would be operating an 'outreach facility' within this wider community of disabled trainees.

A detailed review of the benefits and disadvantages of customised training needs to be undertaken.

## **5. Key findings - aftercare**

- The resources put into helping trainees find work experience, work placements and employment opportunities were varied.
- RTPs are not funded to provide mentoring services, support into employment or job coaching services for trainees once they have left their training programme, although many were considering providing such services.
- The support available to trainees when they had finished their training and work experience was poorer for those returning to their home base

well away from the RTP. They were expected to rely solely on their DEA for help.

- There appeared to be few systems in place to track ex-trainees, but it is important these are developed to properly evaluate the benefits of improvements in RTP provided services and check the sustainability of employment outcomes.

### **Recommendations - aftercare**

**Where resources make it impractical to employ specialist job placement staff, opportunities for networking with larger providers should be encouraged by the RTU. In general, networking between job placement staff across all providers should be further promoted and encouraged. If necessary, additional financial resources should be made available to fund these activities.**

**There is a need to develop the aftercare services provided to former trainees. The ‘*Workbridge*’ model<sup>19</sup> is one example of how this can work. Aftercare should not be the responsibility of RTPs or DEAs alone - greater liaison and partnership working is needed to support former trainees during their first year back in the labour market. This service could, for example, include mentoring or job coaching.**

### **6. Key findings – self employment**

- Guidance and support in connection with self employment was not as high a priority as had been expected.

### **Recommendations – self employment**

**National guidelines should be prepared on the content of training for self employment so that all trainees have access to relevant, high quality information at the end of their training programme.**

### **Key findings - funding**

- All the providers are registered charities and obtain funding from a variety of sources but RTU funding is critical to them all.
- Funding from the RTU has not increased for some time and only covers vocational training costs, not other support. Additional support to

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<sup>19</sup> See page 43 ‘Aftercare in action’.

trainees and some facilities on site are subsidised from other sources of funding, for example, charitable sources.

- The relationship between providers and the RTU is a very positive one.
- Training providers would prefer longer term contracts to assist planning.

### **Recommendation – funding**

**In line with other Government funding, contracts with RTPs should ideally cover a three year period, with an annual review where cost adjustments can be agreed on the basis of performance over the previous year.**

### **7. Key findings - benefits of residential training**

- Most of those providers interviewed recognised that in an ideal setting nearly everyone should receive the majority of their education and training in mainstream provision but that the support available from mainstream for their trainees is often inadequate or inappropriate.
- Residential based training provides the time and supportive environment for those trainees adjusting to major changes in their lives.

### **Recommendation – the role of RTPs**

**There needs to be greater flexibility in the RTU regime to allow providers to also supply shorter, more intensive training programmes for those people for whom being away from their home surroundings for a year is not suitable.**

### **Recommendation - closer partnerships**

**There must be better liaison between the RTU and the FEFC(LSC) to prevent duplication and put pressure on FE Colleges to:**

- (i) improve the support available to disabled people in the mainstream;  
and**
- ii) work more closely with specialist providers of training to disabled people, including the Residential Training Providers.**

## **5. CLIENT GROUP**

### **5.1 Introduction**

This section examines the characteristics of the client group attending residential training. This is followed, in Section 6, by an examination of the levels of satisfaction with the training provided and then, in Section 7, an analysis of the outcomes from residential training.

The information in this and the following two sections is based on three sources of data. The first is the statistical data sent to RTU by applicants and by training providers. We have analysed information the RTU have from years 1995/96 – 1997/98. Trainee information was not available for 1998/99 at the time of this report, although information regarding training programme attendance and outcomes is included and is summarised in Annex 4.

The second source of information is based on interviews completed with 88 trainees who were training at RTU funded training providers in May and June 1999. These interviews took place on a face to face basis during visits by the research team to the RTPs.

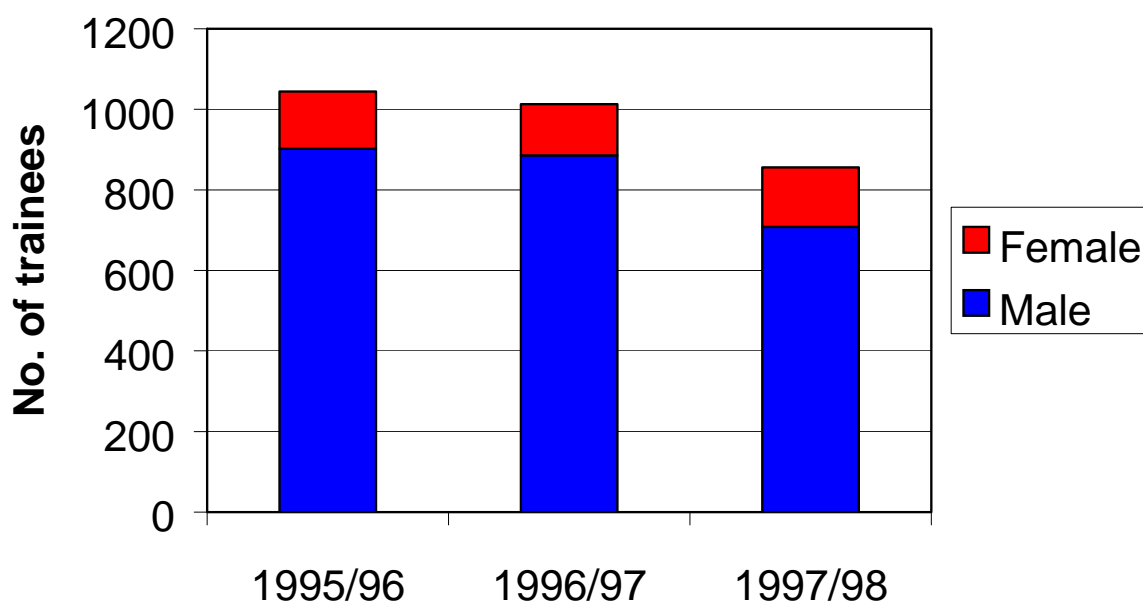
Finally, information is included from interviews/questionnaires completed with 150 former trainees of the training providers. Information was collected through a variety of methods – from a telephone interview, via a postal questionnaire or email. Most (110) were completed over the telephone.

### **5.2 Characteristics of the client group**

#### **5.2.1 Gender**

The numbers of female trainees on training programmes has varied little over the three years 1995/1996 – 1997/1998. However, in the final year for which information is available, women form a slightly higher proportion (17%) of all trainees than in the two years previously (13-14%).

**Table 5-1 Gender of RTU-funded trainees**



*Source: RTU Monitoring Information (base: 2913 records)*

Some training providers have expressed concern about this imbalance. The reasons suggested include:

- the nature of the training programmes on offer
- the perceived culture of some of the training providers
- women's commitments –most women, for example, with school age children would find it unacceptable to be away from home for a year and there are very few childcare facilities for those with younger children.

One provider has suggested that tele-tutoring could address this by enabling women to train from home. For example, at Hereford, vision impaired trainees can undertake an NVQ 2 in Administration or Using Information Technology on this basis. One-to-one support from a tutor is provided and trainees can work at their own pace, but it can be a very isolating experience. Other training providers are looking at developing distance learning elements in their training programmes, specifically to address the needs of women who may find long-term attendance at a RTP difficult. However, such initiatives are still at a very early stage in their development.

In terms of specific training providers, analysis of RTU data from January 1996 to January 1999 shows that the issue of gender imbalance is much

more pronounced at RNIB Manor House in Torquay, Finchale and Court Grange, as shown in Table 5-2.

**Table 5-2 Gender ratios at RTPs (1/1996 – 1/1999)**

Training provider	% Male	% Female
< RNIB Torquay	97	3
Finchale	94	6
< Court Grange	93	7
Queen Elizabeth	90	11
Portland	89	11
St Loye's*	86	14
Queen Alexandra	83	17
< Dorton College	73	27
< Enham	73	27
Doncaster	72	28
< Loughborough	71	29
< RNCB Hereford	71	29
< RNIB Redhill*	54	46

Source: RTU Monitoring Information

\* Estimates.

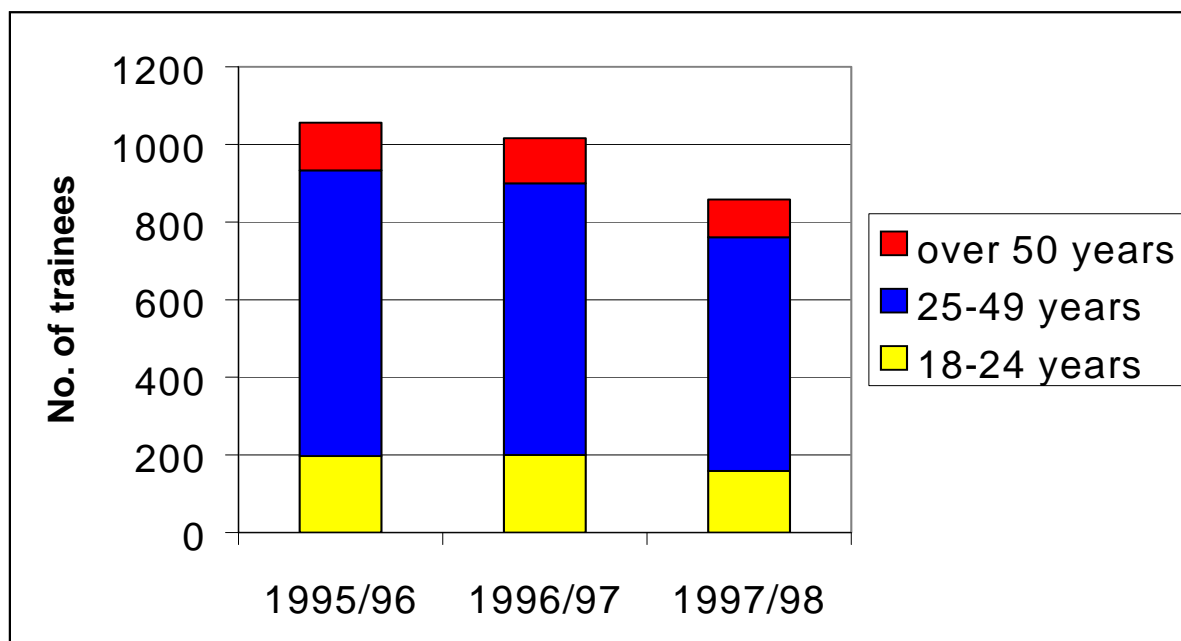
<It should be noted that these RTPs have received less than 200 trainees between Sept. 1996 and Sept. 1999 and these small numbers may affect the gender ratios.

### **5.2.2. Age**

In terms of age, trainees at RTPs are only classified into three age bands, and the proportion of those in each band has not changed over the three years.

Table 5.3 overleaf illustrates that 70% in each of the three years were aged 25-49 years.

**Table 5-3 Age**



Source: RTU Monitoring Information (2913 records)

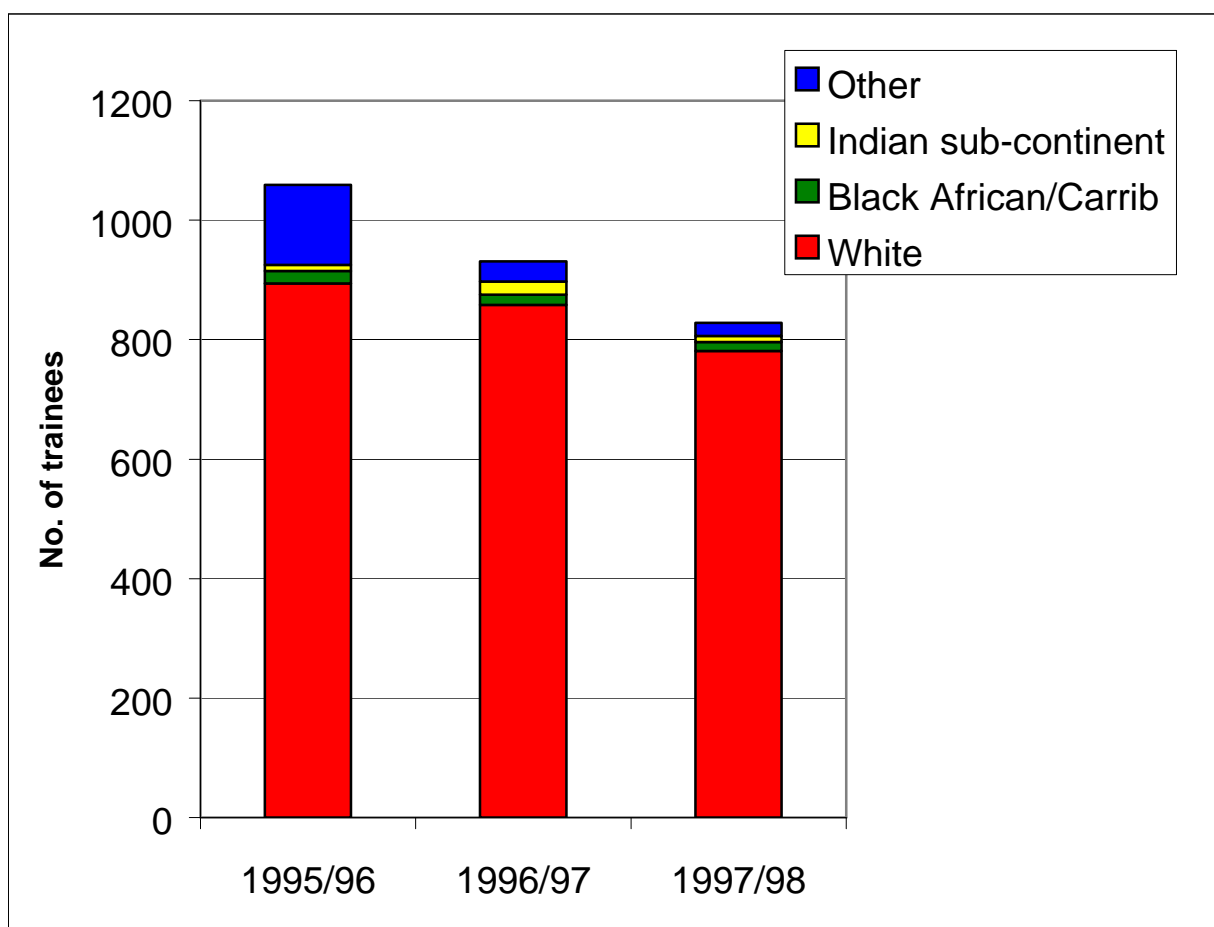
On the basis that many trainees have chosen to undertake residential training because their health has deteriorated – whether due to a congenital condition which has worsened or the commencement of a new chronic condition – this age range is probably not surprising. People in this position and seeking work are much more likely to be in the middle age band. Also, young people aged 16-25 will, in many cases, be undertaking education – usually funded by the FEFC.

### **5.2.3 Ethnicity**

The ethnic origin of trainees is coded by RTU, and the proportion of 'White' trainees rose from 84% in 1995/1996 to 94% in 1997/1998.

Several RTPs mentioned that they are aware that they attract very few trainees from minority ethnic communities, but no specific initiatives to address this were highlighted. Clearly, this is an issue.

**Table 5-4 Ethnicity**



Source: RTU Monitoring Information

Several providers are examining their image to ensure they are perceived as welcoming to people from different ethnic backgrounds, age groups, family circumstances and genders.

Part of the image will be to do with peers and the numbers of disabled women or ethnic minorities that are employed as trainers, for instance. Indeed, the researchers thought that more needed to be done by RTPs to **show the extent to which they employed disabled people as trainers or other members of staff**. We did not find examples of written publicity produced by the providers being available in different languages (or indeed in different formats e.g., Braille, large type, tape, etc.) and this is something else RTPs will be examining.

As part of this research, attempts were made to contact several organisations for disabled people from different ethnic minority groups. The feedback received suggested that in certain cultures, disability may be seen as a stigma and therefore a disabled person would be kept in the background and the assumption made that they would not work.



Some disabled people from ethnic minority backgrounds may have language difficulties with English, often caused because they have not received an appropriate education when young, due to their disability.

There is almost a 'catch 22' situation in that as there are so few people from different ethnic backgrounds currently at the RTPs, potential new trainees are not encouraged to 'take the plunge'. Many people from different ethnic backgrounds would not wish to be the only such person at a training provider.

For women from certain ethnic backgrounds, attendance at a residential establishment would be unacceptable, as would being in mixed classes. Concerns relating to diet and religion are also relevant to both men and women from different ethnic backgrounds.

All the above tends to mitigate against an easy solution to attracting a more diverse range of individuals to RTPs. In this respect, work undertaken through the various Widening Participation programmes from around the country is likely to be relevant. **RTPs need to review how other organisations have tackled the need to encourage disabled people from those groups and communities that have not traditionally been involved in training**, to get involved in the opportunities available through the RTPs.

#### **5.2.4 Survey of trainees: type of disability**

Both the surveys of current and former trainees asked for all types of disability. The most common main disability among former trainees was a physical disability or illness (47%) and 37% had a sensory impairment. A total of 19% of former trainees had some form of secondary disability, as shown in Table 5-5.

In comparison, 44% of current trainees had some kind of sensory impairment. It is not clear, however, whether this change in the type of disabilities of trainees is due to sampling variance or whether it reflects changes in the overall trainee population<sup>20</sup>. If the latter is true, then further investigation may be needed as to why there are proportionally more trainees with sensory impairments in the more recent trainee cohort.

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<sup>20</sup> The RTU do not categorise the nature of trainee disabilities or their severity, so there is no available baseline to use to assess the significance of these changes.

**Table 5-5 Type of disability**

	Current trainees			Former trainees		
	Main disability	Secondary disability	Base	Main disability	Secondary disability	Base
Sensory impairment	44	0.0	39	37	0.0	55
Mental/learning disability	16	8.0	14	17	7.3	36
Physical disability/illness	40	6.8	35	47	11.3	87
All	100			100		

Source: Survey of current trainees, Survey of former trainees, UK Research Partnership

All trainees were asked to say which day-to-day activities were affected by their impairment or condition. Obviously, all those with sensory impairments had speech, hearing or eyesight problems, but trainees' ability to lift carry or otherwise move everyday objects, mobility and memory or ability to concentrate, learn or understand were also significantly affected on a daily basis among both trainee groups.

A high proportion of current trainees (40%) had always been disabled or had their present impairment. For the remainder, half began to have their condition in the last five or six years, while others reported having their condition for a considerable length of time. When current trainees were not at a provider, the majority (66%) normally lived in their own or partner's home, while 30% lived with their parents. In addition, the vast majority (85%) were dependent on benefits before starting their training programme.

### **5.2.5 Survey of trainees: type of RTP attended**

The surveys also recorded whether or not trainees attended a RTP that specifically catered for their type of disability. Of the former trainees with a sensory impairment, 56% attended a residential training provider specialising in this kind of disability. Among the group of current trainees, however, three quarters of such trainees studied at a residential training provider that catered solely for sensory impairments. The figures might therefore suggest that those trainees with a sensory impairment have become more likely to train at RTPs specifically prepared for their needs.

**Table 5-6 Type of provider attended**

Main disability	Type of provider (% of current trainees)			Type of provider (% of former trainees)		
	Sensory	Other/mixed	Base	Sensory	Other/mixed	Base
Sensory impairment	77	23	39	56	44	55
Mental/learning disability	7	93	14	0	100	25
Physical disability/illness	0.0	100	35	0	100	70
All	35	65	88	21	79	150

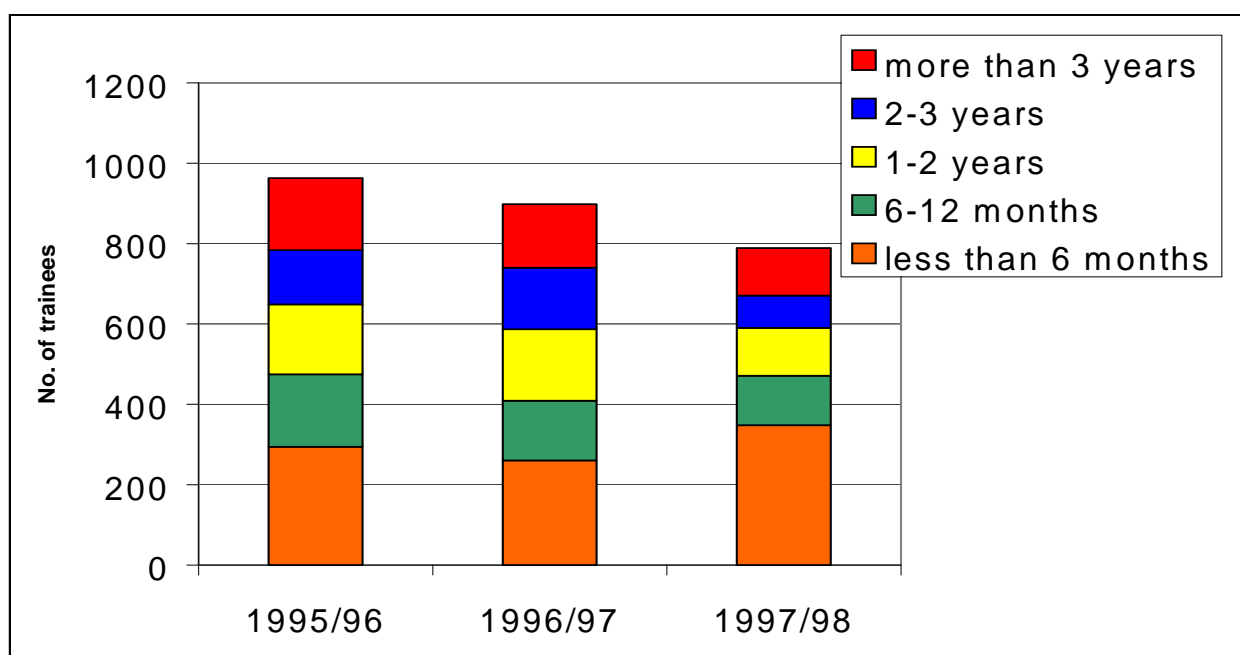
Source: Survey of current trainees, Survey of former trainees, UK Research Partnership

## 5.2.6 Employment history

### 5.2.6.1 RTU information

In 1995/96 and 1996/97 less than a third (31% and 29%) of all trainees recorded on the RTU database had been unemployed for less than six months prior to starting their training programme. By 1997/98, this had risen to 44%. In other categories, the changes were much less significant (see Table 5-7). This suggests that referral to an RTP has been happening more quickly in recent years.

**Table 5-7 Unemployment before applying to RTU**



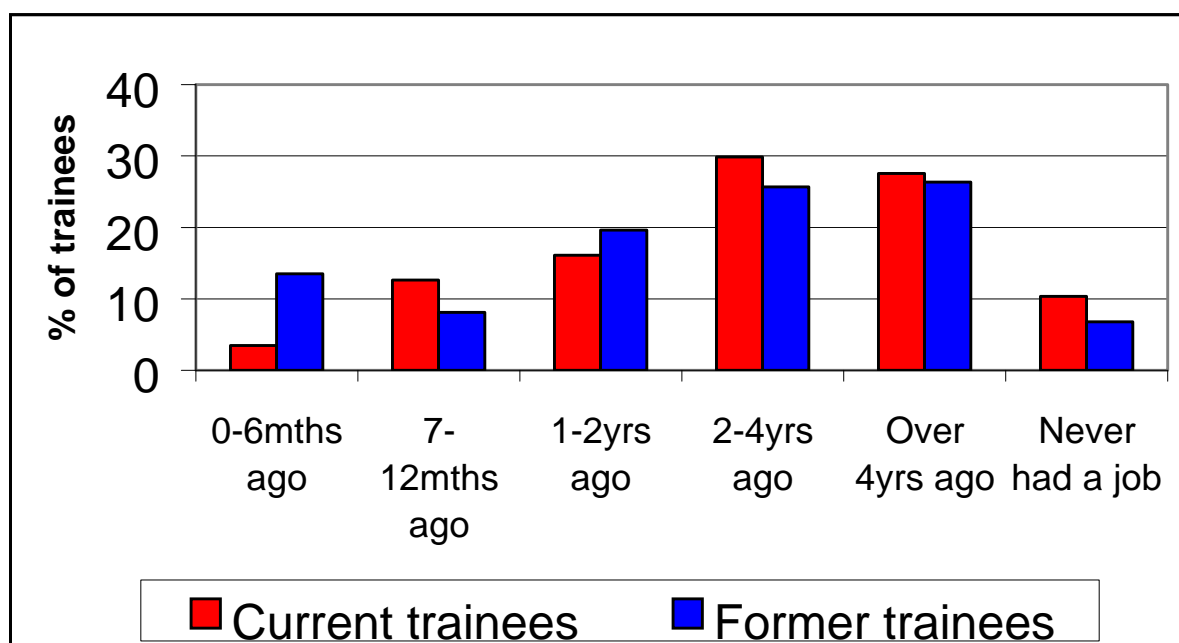
Source: RTU Monitoring Information

As well as being unemployed, some trainees were identified as having a **literacy or numeracy need**. In 1995/96, this amounted to half of all trainees, falling slightly to 46% in 1997/98<sup>21</sup>.

### 5.2.6.2 Survey of trainees

A high proportion of trainees responding to both surveys had been out of work for a considerable period of time before attending residential training provider. A total of 59% of former trainees and 68% of current trainees had been out of work for over two years or had never had a job.

**Table 5-8 Last period of work before attending an RTP**



Source: Survey of current trainees, Survey of former trainees, UK Research Partnership

On first inspection it appears that the survey data does not agree with the monitoring data concerning the time out of paid work before attending an RTP. However, the RTU monitoring data records the time registered unemployed whereas the survey asked for the time out of paid work. This variance is significant and helps to explain the differences. The data does suggest that trainees have spent longer out of paid work than previous records would suggest and has implications for how job ready trainees are when first starting their training programme.

<sup>21</sup> The comparable figures for all Work based learning for adults clients was 1995/98 (8%) and 1997/98 (9%). This had risen to 12% by September 1999.

Among those current trainees who had been in employment, most (86%) had been employed in a full-time job, with the remainder working part-time. The majority of former employees (69%) felt that their job used their abilities fully. Others, however, were less satisfied reporting that their job was either all they could get (11%), all they could manage (11%) or less than they were capable of (9%).

The majority of those trainees that had been working before attending the RTP had been in full-time work that had made use of their full capabilities. This reinforces the view that part of the role of the residential training provider is to provide time and support for people to adjust to the limitations on their working (and earning) potential brought about by their disability.

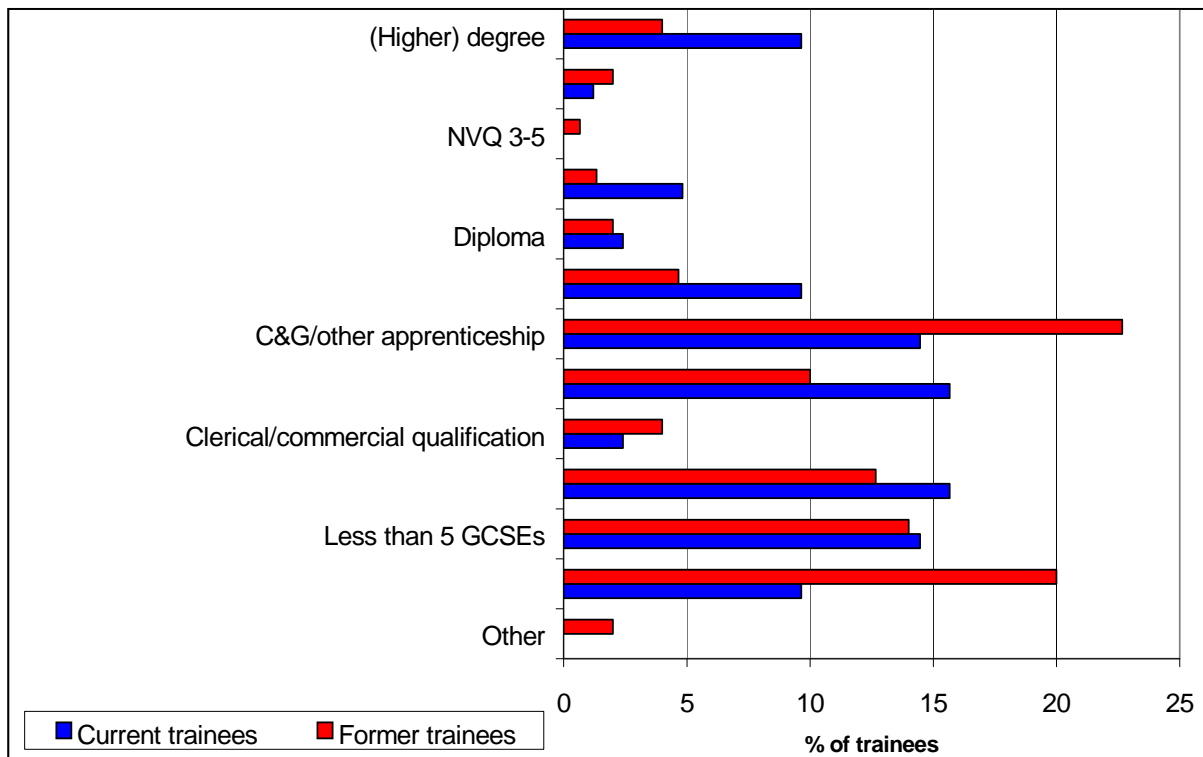
### **5.2.7 Qualifications**

The RTU do not have coded information available on the highest qualification of trainees going to RTPs. Through the surveys of current and former trainees, their qualifications prior to starting a training programme were identified.

#### **5.2.7.1 Survey of trainees: highest qualification**

Table 5.9 shows the highest qualification held by trainees before they started their training programme. Both surveys found a wide range of qualifications held among trainees. The chart does appear to show that current trainees had higher level qualifications than those described by former trainees. In addition, 10% of current trainees held no qualifications at all, compared with 20% of former trainees.

**Table 5-9 Highest qualification**



Source: Survey of current trainees, Survey of former trainees, UK Research Partnership

Those current trainees who had become disabled later in life had all been through mainstream education. In some cases, they had held senior posts which they could no longer undertake and therefore needed to retrain. Others had not achieved any qualifications and saw their time with the training provider as a chance to make up for lost educational years.

Before individual training programmes began, and during the current period out of work, 41% of trainees had been involved in some kind of training, further education or other experience to improve skills or gain new ones.

### 5.3 Key findings

- There is a gender imbalance at the RTPs - far more men undertake programmes than women.
- In 1997/98, 70% of those undertaking training at the RTPs were aged 25-49.
- In 1997/98 94% of trainees were 'White'.
- Problems with sight and mobility in general were the main limitations on individuals – a factor which can be linked to 'problems with transport' being a major reason for choosing a residential training programme.

- Based on information from the two surveys of trainees, RTPs are catering for a wide-range of abilities as measured by the qualifications held by entrants to their training programmes.
- It appears that trainees coming in to RTPs more recently are likely to have higher qualifications.

## 6. TRAINEE SATISFACTION

The previous section has given a demographic profile of trainees and described their backgrounds before commencing their training programmes. This section now analyses the type of programmes and qualifications studied and looks at how trainees felt about their time at the RTP.

### 6.1 Views of current trainees of their training programme

#### 6.1.1 Survey of trainees: Programmes studied

The type of training being followed by current and former trainees interviewed is set out below in Table 6-1. Current trainees interviewed were more often undertaking skilled manual programmes and were less involved in ITC based programmes.

**Table 6-1 Training programme studied**

	% of former trainees (Base = 150)	% of current trainees (Base = 88)
Craft	17	9
Distribution/warehousing	8	3
Business admin/estimating	33	34
Skilled manual	16	27
Caring/health	4	6
ITC based	21	16
Other	1	5
Total	100	100

*Source: Survey of current trainees, Survey of former trainees, UK Research Partnership*

Table 6-2 shows the length of stay at the training provider for former trainees and the expected stay for current trainees. The vast majority of former trainees (87%) had received at least six months training and almost a quarter had studied for over a year.

**Table 6-2 Length of time on training programme to date**



	% of former trainees (Base = 150)	% of current trainees (Base = 88)
Up to 13 wks	7	21
>13 wks – 26 wks	5	24
>26 wks – 39 wks	20	30
>39 wks – 52 wks	43	14
>52 wks	24	13
Total	100	100

Source: Survey of current trainees, Survey of former trainees, UK Research Partnership

Table 6-3 describes the level of qualification studied by both former and current trainees at the residential training provider. It appears that former trainees were more likely to have taken practical or commercial qualifications, whereas current trainees were more likely to focus on higher level NVQs. **A high proportion of former trainees (21%) did not leave the training provider with a qualification, a figure that was expected to be much reduced among current trainees.**

**Table 6-3 Qualification studied at RTP**

	% of former trainees (Base = 150)	% of current trainees (Base = 88)
NVQ1	4	8
NVQ2	43	55
NVQ3	6	18
City & Guilds	17	2
Commercial (RSA etc)	7	5
BTEC	1	5
GNVQ	1	1
Other	0	6
No qualification	21	1
Total	100	100

Source: Survey of current trainees, Survey of former trainees, UK Research Partnership

### 6.1.2 Choosing residential training

The majority of former trainees interviewed (68%) had felt it necessary to attend a residential based training provider in order to do the training programme. The most common reason given was that the location of the RTP made it impossible to travel on a daily basis – it solved potential travelling problems. Becoming more independent and/or training away from their home was the second most frequent reason given:

*“Travelling would have been too much – a 2½ hour round trip each day. I’ve got a car adapted for me and only a limited mileage*

*allowance. The distance was too far. It was the first chance I had to live away from home and I had no other commitments. It was great.”*

*“I was attracted by the support they provided for mental health. I needed some space and to get away.”*

Quotes from former trainees

**Table 6-4 Reasons why residential based training necessary**

Reason (More than one could be given)	Nos.	%
Too far to travel/could not afford to travel	52	53
To get away from home/gain experience of independent living	17	17
Attracted by training facilities/supportive environment	15	15
Allowed time to work without distractions	11	11
Nothing available locally	7	7
No support at local college	2	2
Medical support needed	2	2
Financial reasons	2	2

Source: Survey of former trainees, UK Research Partnership

Base: 98 trainees who thought their training needed to be residential

Trainees (some of whom were non-residents) who had not wanted to study at a residential provider generally gave one of two reasons. Either they had family commitments and did not want to spend long periods of the week away from home, or they lived nearby to their provider anyway and had little to gain by studying residentially.

*“I went to the college for a year concentrating specifically on studying. Would have liked to have continued but my wife put her foot down – it was training or divorce. It is hard on a family being away.”*

**Former trainee**

9% of those former trainees interviewed were non-residents.

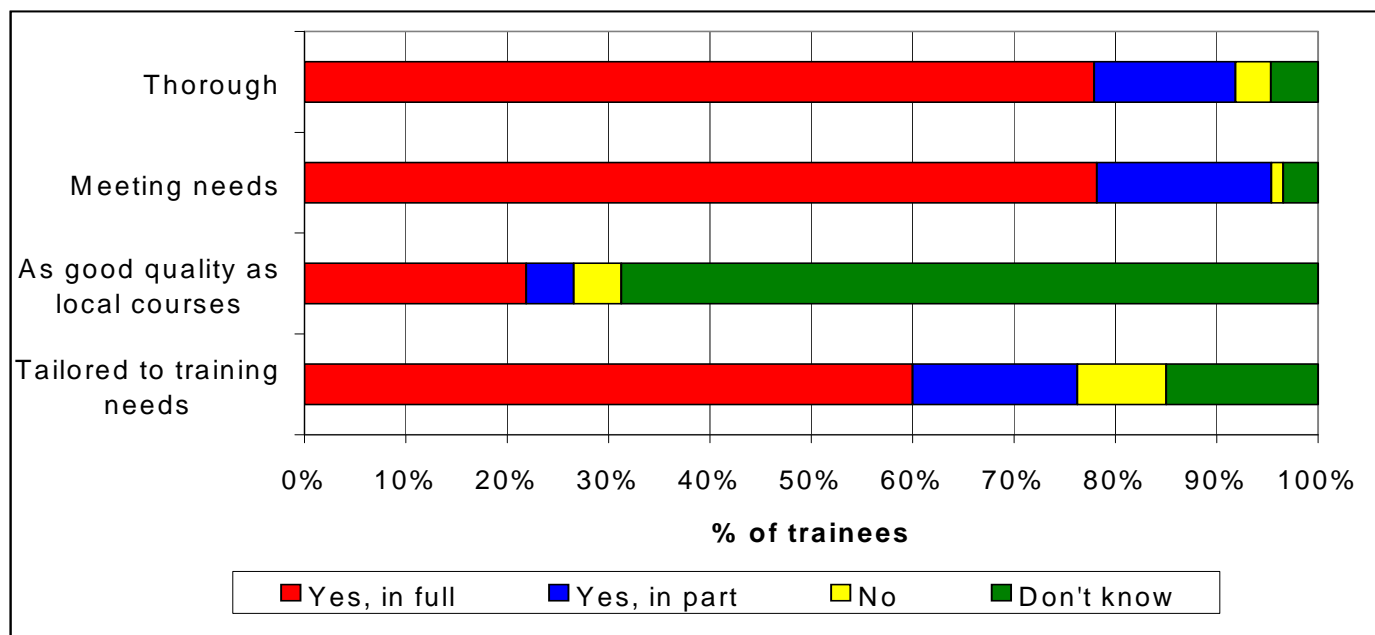
## **6.2 View of training programmes**

Current trainees and former trainees were asked slightly different questions concerning their opinions of their training programme and what they had got out of it because of the large differences in time actually spent training at the time of the survey between the two groups. This section has therefore been divided into two sections, one for each group.

## 6.2.1 Survey of current trainees: satisfaction with training programme

The majority of trainees found that their training programme was thorough, met their needs and tailored to them as individuals. **Very few, however were in a position to comment on the training programme as measured against mainstream provision in their home area.**

**Table 6-5 Current trainees – views on RTPs**



Source: Survey of current trainees, UK Research Partnership

Satisfaction with the delivery of the training programme was generally higher than for comments on the RTP as a place to live or concerning the social and leisure opportunities outside of the training programme.

*“I was reasonably surprised by the course – I got more out of it than I expected.”*

*“The course has been quite fast but not too fast to leave me behind. It has given me skills to teach others – that is how good it is.”*

*“The course is flexible and the tutor is picking and mixing elements of courses relevant to the parts that will help me establish a business”.*

### **Trainee comments**

Where there were negative comments, these related to the food available and the quality of the social opportunities.

*“The training could not be bettered, but socially it leaves a little to be desired.”*

*“Need to improve canteen and TV rooms.”*

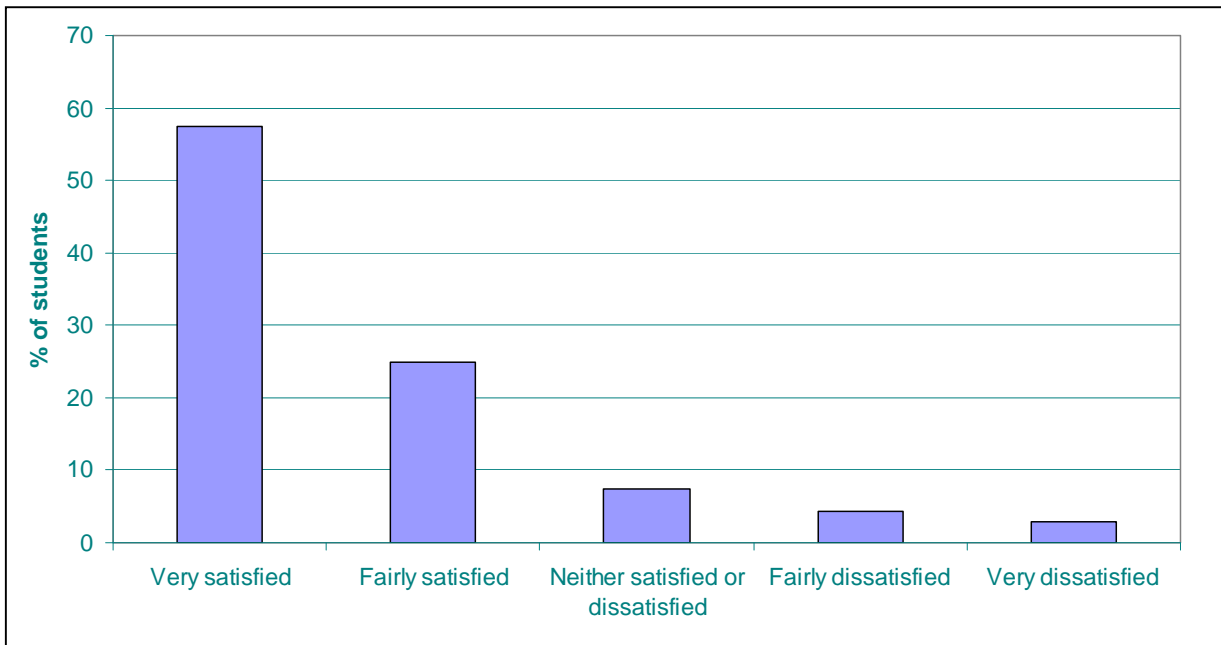
**Trainee comments**

**6.2.2 Survey of former trainees: satisfaction with training programme**

All former trainees were asked to assess their training experiences across different aspect of their training programme, facilities, RTP staff, environment and aftercare. Current trainees did not answer this section of questions as a high proportion of the group were too short a distance through their training programme to give any accurate assessments.

The figure below shows very high levels of overall satisfaction with training programmes. 56% were very satisfied whilst only 13% of former trainees expressed dissatisfaction with the programme they had attended.

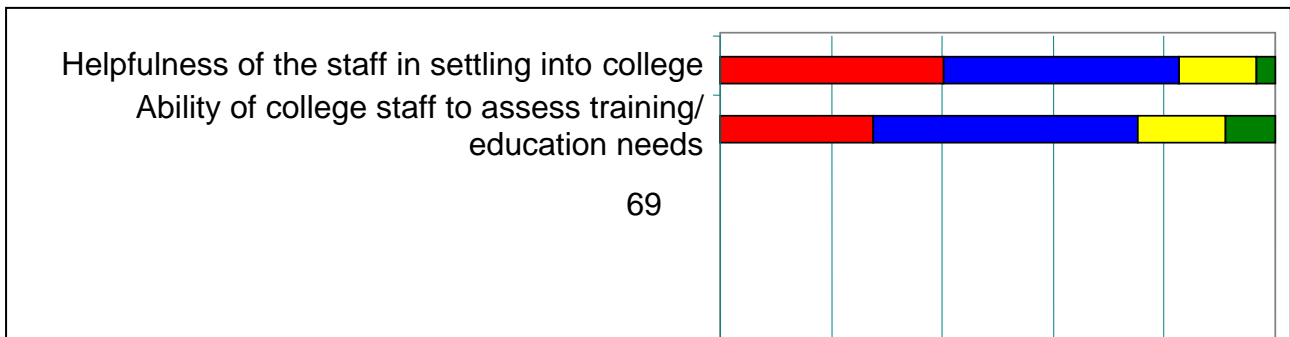
**Table 6-6 Overall satisfaction with training programme**

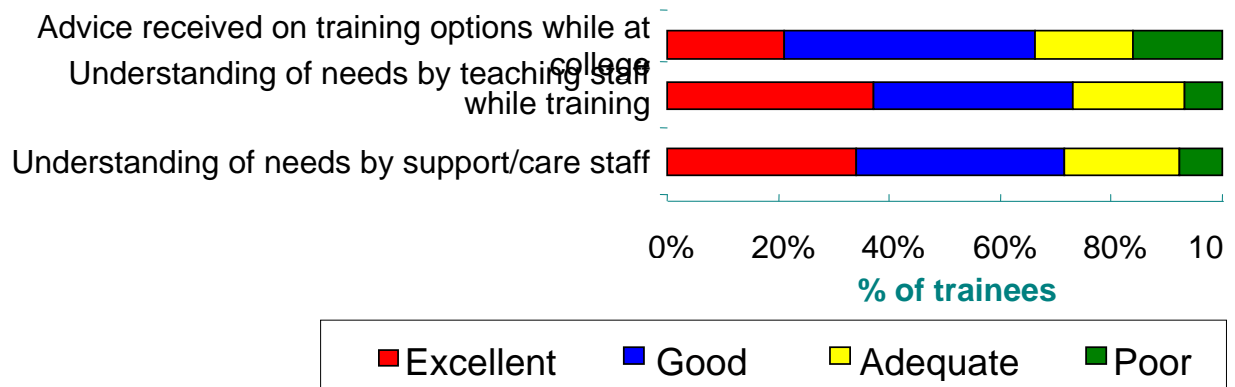


Source: Survey of former trainees, UK Research Partnership

These positive opinions were confirmed across a wide range of measures. Respondents found that staff were particularly helpful in settling into the RTP and that all staff were generally very understanding of their needs. There may be, however, some room for improving the advice given to trainees on training options while at the RTP.

**Table 6-7 Support from the RTP**



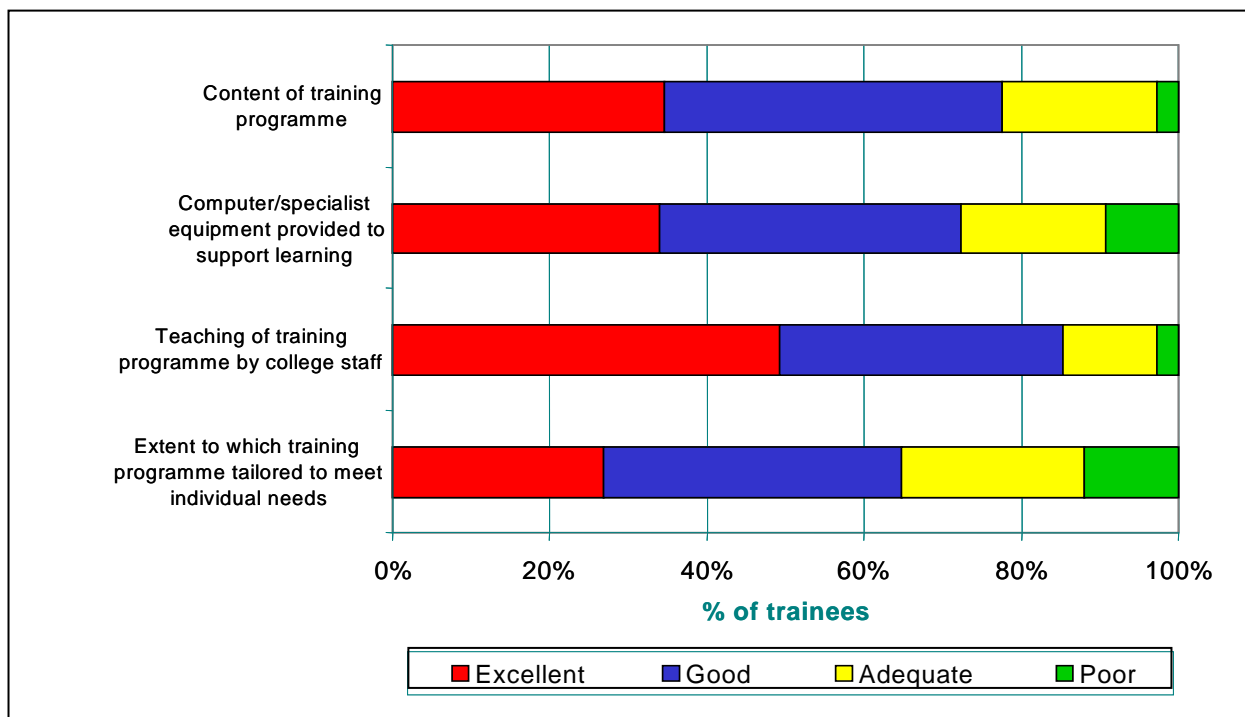


Source: Survey of former trainees, UK Research Partnership

Ratings of support for RTP staff tended to be higher from those with a physical disability or illness compared with those with a sensory impairment or mental/learning disability. This difference was strongest when assessing the helpfulness of staff in settling in to the provider, the ability of RTP staff to assess training needs and the understanding of the support and care staff.

**In terms of the content of the training programmes, 77% of trainees found this to be either excellent or good.** An even higher proportion of trainees (84%) found the teaching by the residential training providers to be excellent or good.

**Table 6-8 Quality of training**



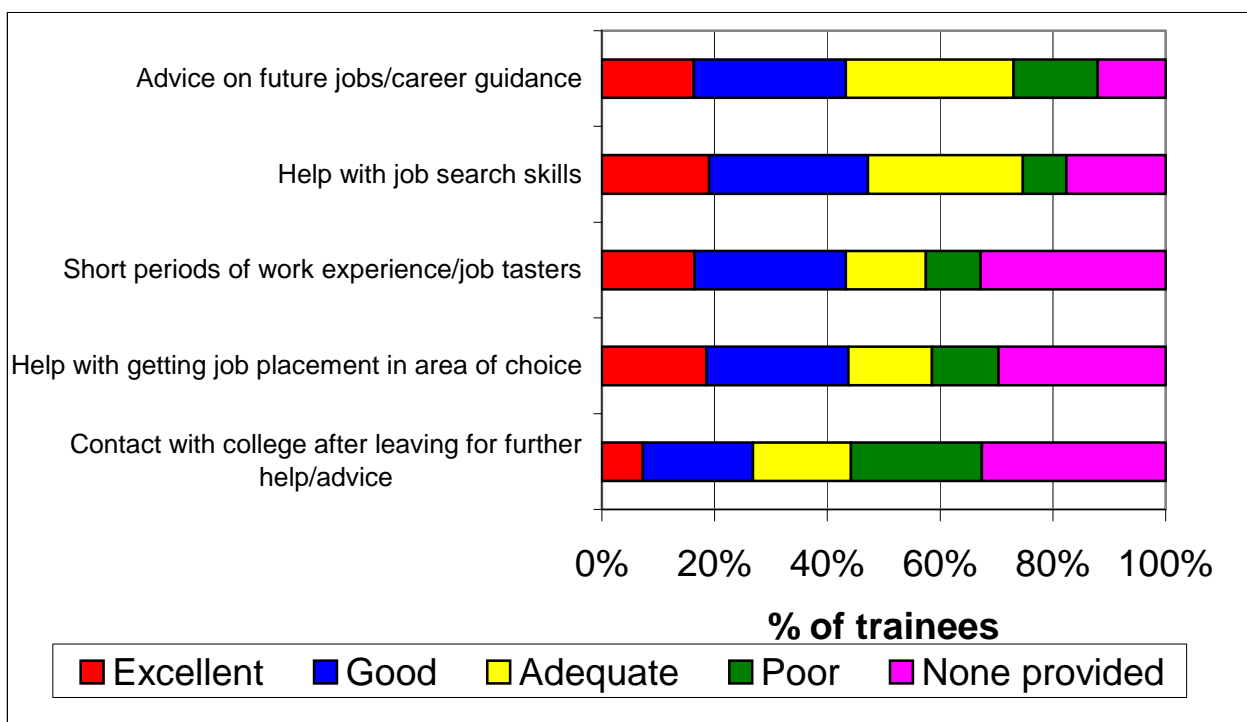
Source: Survey of former trainees, UK Research Partnership

The training areas where the programme content was rated highest was ‘skilled technical’ (for example, engineering) where 46% of trainees rated it as excellent. The area where the ratings were lowest was in ITC based training where 42% of trainees rated the programme content as only adequate or poor. This poor rating was also reflected in the view of trainees of the computer and specialist equipment available with 45% of trainees on these programmes rating equipment as poor or adequate. On business administration programmes, 82% of trainees found the equipment excellent or good.

There were high ratings for the quality of teaching across all areas but it was particularly strong for craft-based training programmes with 69% of trainees rating the quality of teaching as excellent.

**Trainees’ ratings of job placement assistance and advice were not as high as for other aspects of their RTP experience.** A substantial number of respondents did not receive some of the services listed in Table 6-9 and there was significant dissatisfaction with the level of contact trainees had with their RTP once they had completed their training programme.

**Table 6-9 Job placement and advice**

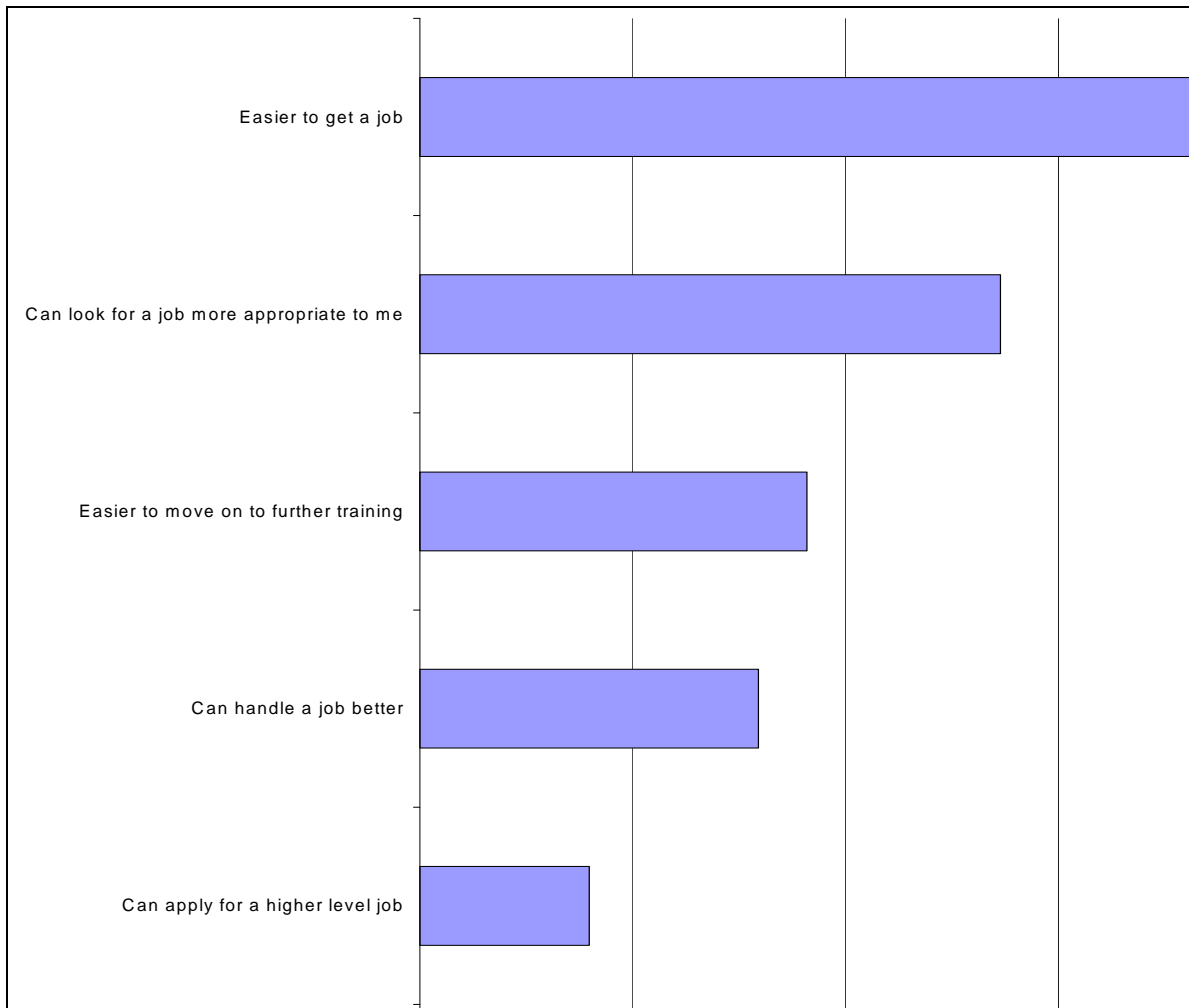


Source: Survey of former trainees, UK Research Partnership

### 6.3 Improving employment opportunities – outcomes from current trainees

Current trainees were very positive about the perceived impacts of the training programme on their career prospects. Over 70% of trainees felt the training programme would enhance their career prospects by making it easier to get a job and, in some cases, a job that would be particularly appropriate to individual circumstances, needs and skills. Many also felt that they would be better placed to move into further training.

**Table 6-10 Career prospects**



Source: Survey of current trainees, UK Research Partnership

Overall, two thirds of respondents had changed their view of what they would be able to do once they had finished their training programme.

Trainees interviewed at RTPs were at different points in their training programmes, and for some, advice on futures jobs was not appropriate. This was the case for 28% of those interviewed. For the remainder, the services received to date were viewed very positively. 15% had been involved in discussions about their future employment and job placement options and 14% mentioned job club services such as mock interviews and help with CVs:

*“The job placement team is excellent, very knowledgeable. The level of expertise is very good and the college should be commended for this.”*

**Current trainee**

For some trainees from the smaller RTPs (4% of survey total), specialist job placement staff were not available and this element was handled by the



training programme tutor. Overall there were only two negative comments about this aspect of RTPs work from current trainees.

## 6.4 Benefits of residential training

When asked to describe the main benefits of being a resident at the RTPs as opposed to living at home, almost a third of interviewees replied that travelling to and from the training provider from home would have been too difficult and expensive due to their disability. But people were also keen to have the chance to meet new people and socialise in the evenings and weekends, and to be able to concentrate more on their training programme without distractions.

Trainees were then asked to identify what they perceived to be the best and poorest aspects of their training programme. The support they got from tutors and staff was mentioned by over a quarter of respondents when asked for the best characteristics of their training programme. In addition, 17 respondents mentioned the quality of the teaching. Just over one in ten trainees found that for them, the teaching was one of the poorest aspects of the training programme.

**Table 6-11 Best aspects of the training and areas for improvement (top 7 reasons given)**

Best aspects	Nos. of trainees	Areas for improvement	Nos. of trainees
Personal Tutors and support from other RTP staff	39	Training programme itself (too long/short/ easy/intense/ new)	19
Computers and workshop equipment	17	Tutors and teaching of the training programme	16
Level and quality of teaching	17	Staff attitudes	15
Training programme itself	14	Equipment out of date or in need of repair	14
Medical support available	11	Some of the other trainees	7
Workload right/flexible/relaxed	11	Distance from home	6
Working in groups with supportive trainees (with similar needs)	8	Isolated location	5

Source: Survey of former trainees, UK Research Partnership

The survey was then keen to explore whether trainees had been given help or advice once they had left their training programme and, if they had, the form the assistance had taken.

A third of former trainees had received help from the RTP after they had left.

Most often trainees were contacted at some point and asked how they were getting on (9%) and 7% received help and advice about finding a job. Nearly all of those who had received some contact (84%) found it very or fairly useful.

A third of the former trainees said that they would have liked additional help from the training provider after they had left. So what kind of assistance did people want? Just under half of those who would have liked additional support suggested more help in finding work such as through the provision of employer contact details and other practical assistance in getting a job. Just under a fifth would have liked a 'helpline', especially dealing with issues arising from being in work.

## **6.5 Key findings**

- As with current trainees, the feelings from former trainees were very positive about most aspects of the training programmes in which they had participated. However, there was a recognition that the level of support for work experience and job placement had not been to the same standard. In some cases, this support had not been available at all. Former trainees wanted more support from RTPs in the period immediately after leaving the provider, especially when they were moving into a job.

## **7. OUTCOMES**

### **7.1 Introduction**

The brief for this evaluation emphasised that performance should be analysed in relation to:

- the length of time between initial application and start date
- average length of stay on the programme
- level of qualification outcomes
- percentage attainment of qualifications
- premature termination of training rate
- completion rate
- employment outcome rate
- self employment outcome rate
- employment outcome relevance to training undertaken
- sustained length of employment
- further education outcome rate
- any suggested measures as appropriate.

A number of these performance measures are examined in Annex 4 of the report using statistics provided by the RTU. This section concentrates on the results from the survey of 150 former trainees.

### **7.2 Key points to note**

Two important points are relevant to the results from the survey of former trainees. Firstly, that the sample contained far more people who had been unemployed for 2 years or more prior to attending a training provider than for the total sample of 476 that had left RTPs in the relevant period. The achievement of 50% of former trainees currently in employment should be viewed on that basis.

Secondly, our interviews with RTPs have shown that many have made additional resources available for job placement activities over the last two years, including labour market research and regular contacts with employers. It will be important to repeat the follow-up exercise to measure the impact that this investment has had on job outcomes and their sustainability.

### 7.3 Former trainees - employment and other outcomes

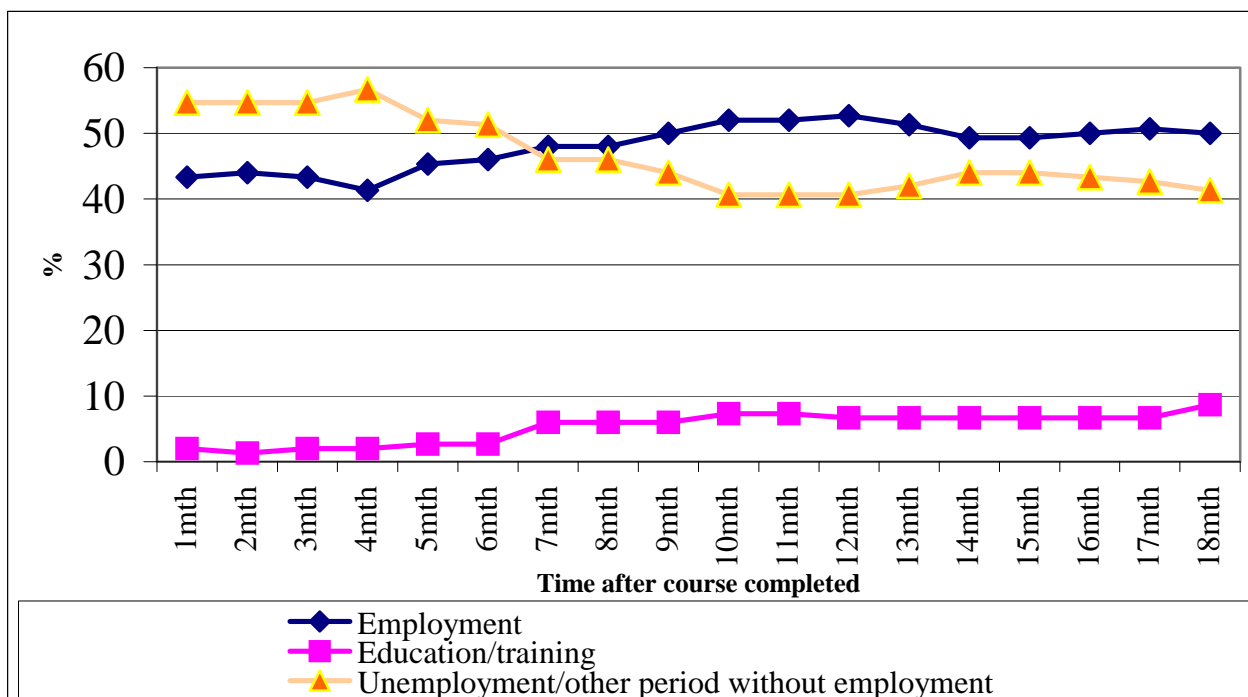
This section analyses the period of time after which trainees finished their training programme and moved on to either employment, additional education or training, or unemployment or other period without paid work (such as voluntary work).

To allow comparisons between all trainees, the outcomes during the first 18 months after training programme completion have been analysed. All 150 trainees finished their training programme between January 1998 and June 1998, so although each trainee has been analysed for the same period of time (18 months), it is not always for the same period within the calendar year. Trainees have therefore entered the labour market at different times in the year and there may be small seasonal effects on the chances of some trainees finding employment. However, these effects are felt to be minimal over the 18 month period considered.

Table 7.1 shows that the proportion in employment after completing their training programme has increased, while those in unemployment has fallen over the 18 months. During the first month after completing their training programme, 55% of trainees were without paid work, with only 43% in employment.

**After 18 months the proportion of those in employment had risen to 50% while the proportion out of work had fallen to 41%.** A minority of trainees (2%) went straight in to further training or education after completing their training programme. This proportion of such trainees jumped to 9% after 18 months, with a sharp increase six months after completing their training programme. This was because some trainees had to wait for a six month period before being allowed on the next training programme they wanted to do.

**Table 7-1 Employment status during 18 month period following**



Source: Survey of former trainees, UK Research Partnership

In terms of the number of trainees who have experienced a period of employment, education/training, or unemployment or other period without paid work, the majority of trainees (61%) have experienced a period of employment in the 18 months since completing their training programme. However, two thirds (67%) reported a spell of unemployment or time without paid work during the same period.

Table 7-2 breaks down the figures for the employment status of ex- trainees as at September 1999. Relatively few are in part-time employment and only three are self-employed.

**Table 7-2 Employment status at September 99**

	Number	Percent
In work FT	64	43
In work PT	8	5
Self employed	3	2
In employment	75	50
Registered unemployed	34	23
In education or training	12	8
Other non-work activity	7	5
On incapacity or other benefit	22	15
Total	150	100

Source: Survey of former trainees, UK Research Partnership

**In general the period of employment for those who *have* found work has been substantial.**

Table 7-3 shows that 37% had paid work lasting for at least one year (equivalent to 62% of those who found paid employment). However, 39% of trainees did not have any period of employment. Of the 56 trainees who had been in employment lasting at least one year, 47 (31% of all trainees) were in paid work for the entire 18 months. The vast majority of those who found work tended to have one period of sustained employment. Of the 91 trainees who found work, 81 had one single period of paid work.

**Table 7-3 Duration of employment**

	No.	%
No period of employment	59	39
Up to 3 months	5	3
3-6 months	6	4
6-12 months	24	16
12-18 months	56	37
Total	150	100

*Source: Survey of former trainees, UK Research Partnership*

In general, these jobs were mainly full-time and permanent positions. Of the 91 trainees who gained employment, 69 (76%) found work in full-time positions and 66 (73%) were employed on a permanent basis.

However, there was a similar picture for those who had periods of unemployment. **Of the 100 people who were out of paid work during the 18 month period, over half (54 people or 36% of all trainees) were out of paid employment for a period of between 12 and 18 months.**

**Table 7-4 Duration of unemployment/other period out of work**

	No.	%
No unemployment or other period out of work	50	33
Up to 3 months unemployment	6	4
3-6 months unemployment	22	15
6-12 months unemployment	18	12
12-18 months unemployment	54	36
Total	150	100

*Source: Survey of former trainees, UK Research Partnership*

Table 7-5 shows the outcomes of trainees by type of disability. The figures illustrate for each group of trainees their employment status (in employment;

education or training; or unemployment/otherwise out of work) at September 1999.

While trainees who had physical or mental disabilities had similar sets of outcomes, trainees with a sensory disability were less likely to have found paid employment. Those with a sensory disability were also more likely to spend a long time without a period of employment and, among those who had found work, were less likely to have a sustained period of employment compared to those with either a physical or mental disability. Almost two thirds (63%) of those with a sensory disability who had experienced a period out of paid work had done so for at least one year, compared with 54% of those with a physical disability and 36% of those with a mental disability. Conversely, 50% of those with a sensory disability who had been in employment had held their job for at least one year, compared with 66% of those with a physical disability and 64% of those with a mental disability.

**Table 7-5 Employment status by type of disability (more than one type possible)**

Employment status at September 1999	Has sensory disability	Has physical disability	Has mental disability
In work FT	13	41	18
In work PT	3	4	2
Self employed	1	3	1
Registered unemployed	20	18	5
In education or training	5	7	3
Other non-work activity	3	4	1
On incapacity or other benefit	10	10	6
Total	55	87	36

Source: Survey of former trainees, UK Research Partnership

The table shows that former trainees are much more likely to be unemployed if they have a sensory disability, and only half as likely to be in full-time employment.

### 7.3.1 Unemployment before training

Table 7.6 shows that the longer the period without paid work before starting the training programme, the less likely trainees were to be in employment 18 months after completing their programme. **Those unemployed for shorter periods prior to attending the RTP were more likely to have longer periods of employment.** Those who had been unemployed for a considerable time before coming to the training provider were also more likely

to spend a longer time unemployed after their training programme had finished. This may indicate that if training and support can be given to those with a disability before they have been unemployed for a considerable length of time, then the better their chances of re-entering the labour market after a training programme.

**Table 7-6 Employment status by duration of previous employment prior to attending RTP**

Time without job before college	Never had a job	0-6 months	7-11 months	1-<3 years	3-4 years	Over 4 years	Total
Employment status at Sept 99							
In work FT	2	13	6	17	13	11	63
In work PT		1	1	2		4	8
Self employed			1	1	1		3
Registered unemployed	5	1	1	12	3	12	34
In education or training	2	2	1	2		5	12
Other non-work activity		2		3	2		7
On incapacity or other benefit	1	1	2	6	5	7	22
Base	10	20	12	43	24	39	149

Source: Survey of former trainees, UK Research Partnership

### 7.3.1.1 Comparisons with 'Work based learning for adults' – national statistics

In order to compare these RTP outcomes with those from mainstream 'Work based learning for adults', tables which show the latest reported statistics<sup>22</sup> from WBLA are incorporated. These should be compared with the proportion of RTU funded trainees in a job 12-18 months after completing their training programme (50%) or in further education or training (9%). The proportion gaining a qualification was 79%.

**Mirroring the results from this research (see 0), higher levels of positive outcomes are achieved through WBLA, the shorter the length of unemployment prior to training (see Table 7-7).**

<sup>22</sup> Information taken from the WBLA trainee database and published as DfEE Statistical First Release 39/1999, 23 Dec 1999.



The WBLA outcomes have varied little over recent years with 39% of trainees in a job (measured at 6 months after leaving training) in 1995/96, rising to 40% in 1998/99.

**Table 7-7 Outcomes and duration of unemployment**

1998/99	In a job	Gained any full qualification
Less than 6 months	57%	42%
6-12 months	44%	42%
13-23 months	34%	40%
24-35 months	31%	39%
36 months +	26%	37%

Source: WBLA trainee database

### 7.3.2 Outcome by qualification gained at RTP

shows the outcomes for trainees by the level of programme studied. While it might be expected that those who studied at a higher NVQ level would be more likely to find employment, the proportion of those finding employment who studied NVQ level 2 two is significantly higher than those who studied NVQ level one. This might suggest that those who study at an elementary level would benefit greatly from further training to help their chances of gaining employment.

**Table 7-8 Outcome (e.g. a period of employment or further training) by qualification studied<sup>23</sup>**

Nos. of former	Employment	Education/	Unemployment/	Base
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<sup>23</sup> The totals add up to more than the base number of ex-trainees (150) because they may have achieved more than one type of outcome , in further training and employed during an 18 month spell.

trainees		training	other period without employment	
NVQ1	3	0	5	6
NVQ2	47	8	37	64
NVQ3	7	1	6	9
City & Guilds	15	13	16	26
Commercial (RSA etc.)	10	1	5	10
BTEC	0	1	1	1
GNVQ	1	1	2	2
No qualification	8	9	27	31
All	91	25	100	150

Source: Survey of former trainees, UK Research Partnership

### 7.3.3 Employment related to training programme

From an analysis of the programme studied and type of work each trainee has been doing, we are able to calculate the percentage of trainees who have spent any time in employment that was related to the training programme they undertook.

Three quarters of those who had been in employment at some time since they had left the RTP, had worked in a job related to their training.

### 7.3.4 Outcome by age

Table 7.9 shows outcomes for trainees by age. Interestingly, trainees aged 26-35 were most successful in having periods of employment, but also experienced the highest proportion of unemployment as jobs found among this age group were more likely to be shorter term positions.

**Table 7-9 Outcome (eg a period of employment of further training) by age**

	Employment	Education /training	Unemployment/ other period without employment	Base
18-25 yrs	58	21	68	19
26-35 yrs	70	22	73	37

36-45 yrs	61	15	59	54
46+ yrs	51	13	72	39
All	61	17	67	150

Source: Survey of former trainees, UK Research Partnership

### 7.3.5 Outcome by location of trainees

Amongst those attending non specialist residential training providers<sup>24</sup> attended by trainees with a variety of disabilities, 58% of those living outside the RTP region had experienced some period of employment, compared with 67% for those living in the same region. Similarly with periods not in work, at mixed RTPs, 73% of those living outside the RTP region had experienced a period without work, whilst the figure for those living in the same region was 54%.

The numbers attending a sensory specialist RTP were relatively small. We would expect the distance between home and RTP to have less impact here because of the constraints on travelling, whatever the distance, imposed by, for example, a visual impairment.

Similar patterns can be seen from information about the employment status of trainees at September 1999. Those living in regions outside of where the RTP is located, were less likely to be in employment if they attended a mixed RTP. Differences at the sensory RTPs were less marked.

**Table 7-10 Job status – September 1999 by type of RTP and trainee location**

Employment status August 99	Attended sensory RTP		Attended mixed RTP	
	Nos. Lived out of region	Nos. Lived in region	Nos. Lived out of region	Nos. Lived in region
In work FT	4	3	15	42
In work PT	0	3	0	5

<sup>24</sup> Referred to in this section as mixed RTPs

Self employed	1	0	1	1
In education or training	1	1	5	5
Registered unemployed	5	4	9	16
Incapacity or other benefit	4	3	6	9
Other non-work activity	2	0	2	3
Base	17	14	38	81

Source: Survey of former trainees, UK Research Partnership

**By September 1999, 59% of those trainees attending a mixed RTP and living in the same region as the provider were in employment, compared with 42% of those former trainees living outside the region.**

Distance between RTP and home appears to have an impact on employment outcomes for trainees at mixed RTPs. This can be explained in part by the greater difficulty in providing post-training support, the further the trainee is from the RTP.

## 7.4 Barriers to employment

Former trainees who were interviewed were asked if they had faced any barriers in getting a job since leaving a provider. Although almost a quarter of respondents did not feel they met obstacles to gaining employment, there were a wide range of problems for others. Most significantly, over one in five were limited in their working options due to their disability or ill health and the same number reported that they faced discrimination because of their disability.

**Table 7-11 Barriers to employment**

	Nos of trainees
Poor health / disability	43
Disability discrimination	23
Haven't got the right qualifications or skills	19
Not enough experience of working	17
Age discrimination	15

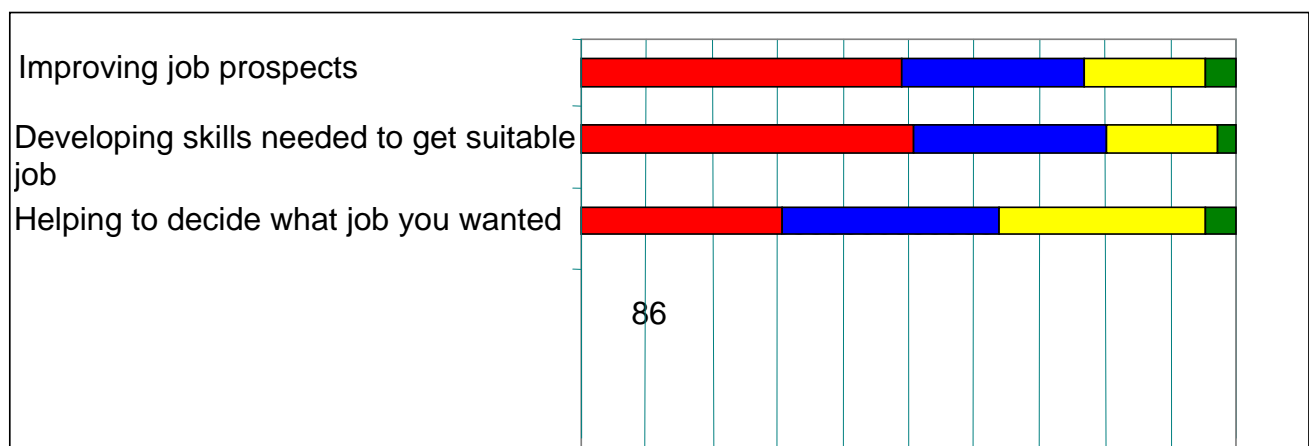
Travel problems	7
No driving licence	5
Risks of coming off benefits	3
No jobs	3
Poor communication skills	3
Need specialist equipment	2
Cost of tools to get started	2
Need careers advice	2
Lack of funding/advice to become self-employed	2
Family responsibilities	2
No jobs to suit skills	1
Lack of confidence	1
Not really looking for a job	1
Only low paid jobs available	1
Need more guidance and advice	1
Prison record	1
Lack of contacts	1

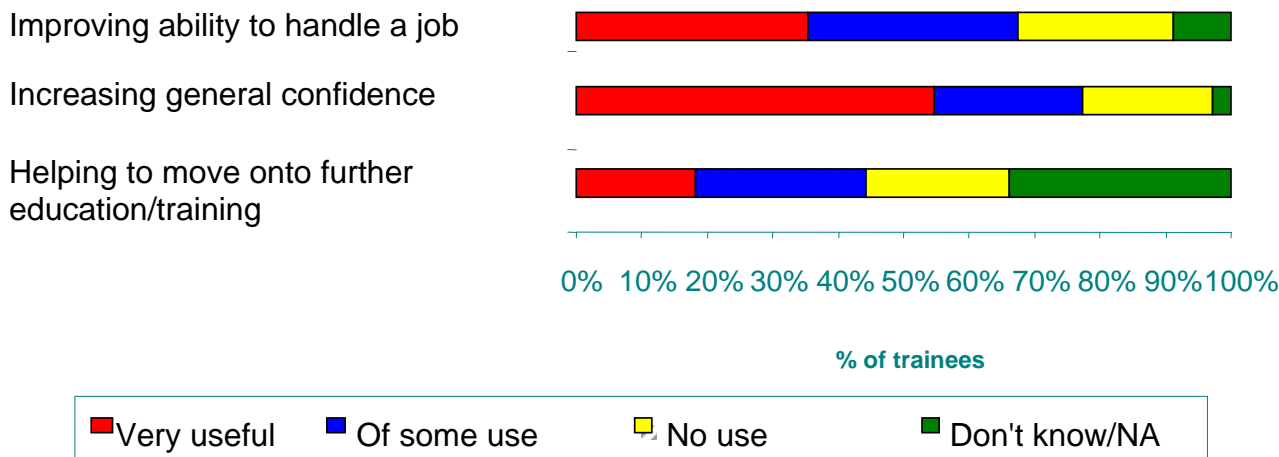
Source: Survey of former trainees, UK Research Partnership

## 7.5 Effects of training

When asked about the effects of the training, the majority of respondents reported a positive impact across a wide range of measures. In particular, the training had significantly helped to improve job prospects, to develop the skills needed to get the type of job sought, and to increase general confidence.

**Table 7-12 Effects of training**





Source: Survey of former trainees, UK Research Partnership

An analysis of the ratings by type of disability showed that trainees with a physical disability or illness were more likely to have reported a greater positive effect in every aspect compared with sensory impaired or mentally/learning disabled. This was particularly true in terms of the improvement in job prospects, in helping to decide what job respondents wanted and in improving the ability to handle a job.

The former trainees were then asked if anything else could have been provided, either while at a provider or available locally after leaving, to help with education, getting a job or staying in work. Although half of the respondents could not suggest areas to improve, the remainder raised two main issues. Firstly, a large number of former trainees wanted **more or longer work experience and, particularly, job placements**. Respondents also bemoaned the **lack of support after their training programme had finished, especially in terms of careers advice**. For some, the lack of after care had made them question the value of doing the programme in the first place.

*“I am very disillusioned. Not being able to find a job after training has destroyed my confidence that I built up at college. I’m now left to wait for a year before the Employment Service can offer me more training.”*

*“Once you’ve left the college that’s it. I needed more careers advice. If you don’t get a job straight away, you start to lose your skills and the course is then pointless.”*

But many trainees had taken away far more than just their qualification.

*“Although the facilities were primitive and needed improving and the food could have been more imaginative, I cannot praise [the college]*

*highly enough. The difference the college has made to my life cannot be overstated. There is still somewhere in the world where people really care. It's sounds corny, but it's true."*

*"I found the people at the college very approachable and have nothing but praise for the staff. The way they help people is very underrated and I found their manner excellent. The whole training experience was a pleasure and I would recommend anyone to go."*

**Quotes from former trainees**

## **8. MAIN CONCLUSIONS AND RECOMMENDATIONS**

### **8.1 The key questions for this research**

The answers to the questions at the beginning of this report can be summarised as follows:

#### **What training is being offered by residential providers?**

- A range of vocational training is available both in terms of subject area and qualification levels (See Annex 1). Feedback from trainees suggests that they believe this has met and continues to meet their training and future employment needs (See sections 6 and 7.2).

#### **To whom is training being provided?**

- Residential training is currently provided to a minority of unemployed disabled people seeking work. This group are predominantly white and male with a bias towards home locations in the southern part of England. (See section 5)

#### **What outcomes are being achieved from residential training provision?**

- The survey of those trainees leaving RTPs between January and June 1998 shows that half were in employment at the beginning of September 1999, with an additional 9% in further education or training. These outcomes from residential training provision appear to be better than those achieved for all 'Work based training for adults' trainees. (See section 7).

#### **How satisfied are the trainees with the training overall?**

- Trainees are very satisfied with the training programmes and with the quality of teaching, but less satisfied with some of the facilities at RTPs. In some areas there was dissatisfaction with computer facilities and with the standard of accommodation. In particular, former trainees would like to see improvements in the support they received in searching for a job, and once they had left the RTP. These are issues which, over the last two years, many residential training providers have taken action to address. (See section 6).



## **How can the effectiveness of residential training provision overall be improved?**

- Effectiveness of provision can be improved by adopting a more holistic approach to the needs of trainees. This will involve developing more proactive links with other support agencies and mechanisms, such as local Learning and Skills Councils, DEAs and Adult Guidance Services. There is also a need for increased flexibility in the way training is structured and provided. This could include, for instance, shorter periods of residential based training so that more women and those for whom a long residential stay is not possible are attracted to the programme. Improved effectiveness can also be achieved by further co-operation between RTPs and more integration of their facilities and staff expertise with other mainstream training providers. (see 8.3 Recommendations).

## **8.2 Main conclusions**

The process of identifying effective solutions to the skills development and employment needs of disabled people who are unemployed is at an early stage. The issues identified by this research highlight a range of views about the best way forward to meet these needs. Our recommendations are based on the evidence gathered during the course of this study. We make it clear, however, where the evidence for a given view or option is weak and/or where further research is needed to help make decisions about new policy or resource commitments.

What is without doubt is that the 241,000 disabled people who are unemployed and looking for work, along with the larger number who would like to work at some point in the future, require additional assistance and support in order to compete on a more equal footing for employment opportunities.

Funded through the RTU, Residential Training Providers are able to offer a small minority of this group tailored vocational training. The trainees who have benefited from this provision are, generally, very positive about the services they have received. However, very few of these trainees are in a position to make a comparison with other types of training, such as that offered through mainstream colleges and other training providers.

The training being offered is, on our evidence, meeting the needs of those who are able to access the provision. However, access to RTPs is not evenly spread across all groups. For example, women find making a commitment to residential-based training more difficult than men, something that applies to

all disabled people with dependants. Disabled people from ethnic minorities are also under-represented.

The location of RTU funded provision is skewed towards the southern half of the country, making attendance by people from the north more problematic – not least because residential provision for this group would be the only realistic option, and the distances required for, say, home visits would be that much longer.

The levels of satisfaction expressed by both former and current trainees were generally high. This was especially the case when trainees talked about the quality of the training programme and teaching staff. Satisfaction levels were lower in relation to the quality of accommodation and some of the social and leisure services available at RTPs.

RTPs have invested substantially in the last year or so in capital equipment to support their training programmes. These investments are reflected in the higher levels of satisfaction reported by current students (compared with ex-trainees) when commenting on the equipment available. These differences are not apparent in other areas, such as the relatively poor assessment given of the quality of accommodation. This probably reflects the generally lower levels of investment made in this area over the same period.

Trainees' achievements include the range of qualification and employment outcomes detailed in this report. But it is important to recognise that there are impacts attributable to RTP programmes and experiences that are much more difficult to measure, but no less valuable from the trainees' point of view – such as improved self confidence.

Local access barriers clearly emerge from the research, such as the difficulty of travelling to RTPs and the lack of suitable provision closer to home. But if the issue is about getting people into mainstream employment close to where they live (and our evidence suggests that most trainees return to their home areas to seek work), then these local access issues will have to be addressed at some point. Taking the person out of their local environment for a prolonged period, it could be argued, is unlikely to address this longer-term (structural) problem.

In addition, a number of social/personal support issues have emerged from our interviews with both former and current trainees. Many wanted to move on from difficult or restrictive home or personal circumstances and/or to establish their independence. The benefits of residential provision quoted by trainees include the sort of 'peer support' that the RTP environment undoubtedly helps to foster. Notwithstanding these benefits, it is not clear - from a cost effectiveness point of view - whether the use of such intensive

employment focused resources to achieve such aims can be justified without being able to demonstrate the relative costs and benefits of other, less expensive, alternatives.

There are also a number of training programme issues which come out of our study. The view of trainees is that training programme content is an important attraction, along with the *perception* that this could not be achieved through mainstream provision because of the lack of appropriate support. It is not possible for us to comment on the accuracy or otherwise of this perception because we have not been able to study any comparable mainstream provision.

Our recommendations nevertheless stress the advantages of adopting a more *holistic* approach to both assessing and meeting the needs of disabled trainees, making better use of the links now being forged by Government between different support agencies and mechanisms.

The current RTU funding regime needs to be made much more flexible so that people can, for instance, undertake residential-based training for shorter periods of time as part of an *overall* training package. A more focused residential 'sandwich', for example, might allow some, if necessary, to start coming to terms with their disability or gain an understanding of the specialist equipment available to support them, and yet help them remain integrated in mainstream learning and/or employment.

The training and employment options available to disabled people are already too narrow. Therefore, before any changes to current provision are suggested, an assessment of the impact of those changes must be made to ensure that overall choices are actually increased, not decreased.

### **8.3 Recommendations**

We have a number of recommendations arising from the research that we believe can improve the effectiveness of provision.

#### **Recommendation 1 – location of residential training providers**

- The location of RTPs is not evenly spread across the country – there are far more in the south. A review is needed of current provision with a view to ensuring a more even spread of access to specialist provision across the country. The aim must be to ensure that appropriate provision (however that term comes to be defined) is made closer to where disabled people live across the country.

#### **Recommendation 2 – single gateway**

- Providing a central point for up to date information, adult advice and guidance services to disabled people in need of additional support who are considering residential-based training should be considered. Then its possible advantages evaluated relative to the current system. This central access point or 'gateway' could be located either at the RTU, provided through the local LSCs or through some other mechanism. These options are suggested because both the RTU and LSCs are likely to have the infrastructure needed to provide this service to individuals.

### **Recommendation 3 – marketing and promotion**

- National marketing of residential provision is a potential role for the RTU working with RTPs. This would make the marketing and promotion of RTP both more effective and more efficient. It should aim to reach a wider range of individuals who work with and advise disabled people, such as health professionals.

### **Recommendation 4 – capital investment**

- The RTU needs to review the capital requirements of RTPs in terms of both accommodation and associated social/leisure provision, the cost of specialist equipment (CAD machine tools or plastic injection moulding equipment, for example) and Information and Communications Technology (ICT) equipment, such as computers. It is recognised that if the RTU was to be responsible for funding these improvements, the budget available to the Unit would need to be substantially increased.
- RTPs are dealing with more trainees with complex impairments than previously, yet some would find it difficult to accommodate trainees with severe mobility problems or those who require personal assistants. This issue must be taken on board when any changes are being considered to facilities/accommodation, etc., provided on-site at the RTPs.

### **Recommendation 5 – training provision**

- The RTU should, in consultation with RTPs, undertake a comprehensive review of all the training programmes on offer in order to identify gaps and any areas of over-provision. This review should be conducted in the light of information about current labour market trends and needs. The use of this labour market information, in so far as it casts light on employment trends in the areas surrounding each RTP and the home locations of trainees, will help with the planning of training programme provision, work experience and work placement opportunities. Such information, we believe, would be welcomed by the RTPs.

- The current RTU funding regime needs to be made more flexible in that trainees can undertake more intensive periods of residential-based training, for two or three months, for example, rather than having to commit themselves to a stay that may last up to 52 weeks.
- New approaches to re-training and disability, such as the '*Transformations*' programme, should be evaluated and, where appropriate, encouraged for adoption by other RTPs.
- On-site medical facilities could be used more proactively to train trainees to be more medically self-aware, as part of the life skills and independent living elements of training programmes. This concept of training in medical self-awareness could be applied to others in the surrounding communities, such as those at risk of becoming unemployed because of a medical condition (e.g. via New Deal).
- Work with mainstream training providers should be developed and extended so that the expertise located within RTPs can be more widely disseminated and utilised by these other providers. It is also a potential opportunity to exchange examples of 'good practice'.
- In many areas, specialist residential-based training provision should be viewed as part of the support available to other disabled people who are in mainstream provision. In these circumstances, RTPs and their staff would be operating an 'outreach facility' within this wider community of disabled trainees.
- A detailed review of the benefits and disadvantages of customised training needs to be undertaken.

### **Recommendation 6 – aftercare**

- Where resources make it impractical to employ specialist job placement staff, opportunities for networking with larger providers should be encouraged by the RTU. In general, networking between job placement staff across all providers should be further promoted and encouraged. If necessary, additional financial resources should be made available to fund these activities.
- There is a need to develop the aftercare services provided to former trainees. The '*Workbridge*' model is one example of how this can work. Aftercare should not be the responsibility of RTPs or DEAs alone - greater liaison and partnership working is needed to support former trainees during their first year back in the labour market. This service could, for example, include mentoring or job coaching.

### **Recommendation 7 – self employment**

- National guidelines should be prepared on the content of training for self employment so that all trainees have access to relevant, high quality information at the end of their training programme.

### **Recommendation 8 – funding**

- In line with other Government funding, contracts with RTPs should ideally cover a three year period, with an annual review where cost adjustments can be agreed on the basis of performance over the previous year.

### **Recommendation 9 – closer partnerships**

- There must be better liaison between the RTU and the FEFC (LSC) to prevent duplication and put pressure on FE Colleges to:
  - (i) improve the support available to disabled people in the mainstream; and
  - ii) work more closely with specialist providers of training to disabled people, including the Residential Training Providers.

## **ANNEXES**

### **Annex 1 – Detailed methodology**

In order to answer the questions identified in Section 1, we established a work programme which incorporated the following stages:

- background research and the collection of baseline information;
- reviewing information from the RTU and the training providers;
- visiting all the training providers and interviewing the staff and 10% of current trainees;
- undertaking a survey of ex-trainees;
- producing an Interim and a Final Report.

The research commenced in February 1999 and was completed in February 2000. In the first instance, the RTU and the 14 current providers were contacted and asked for basic information about their establishment, programmes on offer and details of trainees over the last three years. In order to have a clearer understanding of the whole process and key issues, it was felt that it would be helpful to talk to a limited number of individuals and organisations that had not been mentioned in the original proposal. This included a number of meetings and telephone interviews with:

- two Disability Employment Advisers (DEAs) in East Lancashire and the West Midlands;
- a Special Needs Careers Officer;
- representatives of two Further Education (FE) Colleges;
- two staff from Training and Enterprise Councils (TECs);
- The Association of Disabled Professionals (ADP);
- a representative of the Further Education Funding Council (FEFC).

During May and June, all 14 training providers were visited. In the case of the larger training providers, these visits spanned two days. Intensive interviews were held with a cross-section of staff members, including the Principals.

We interviewed 88 trainees who were currently attending a residential training programme. All of these were selected by the training providers. The sample provided a fair cross-section in terms of training programmes, age, ethnicity,

nature of impairment, home location, etc. The resulting information has been analysed in detail and the results built into the relevant sections of this report.

A further element of the study involved interviews with a sample of 150 from the total of 475 ex-trainees who had left the Residential Training Providers between January and July 1998. All were contacted to seek their participation in our survey. The database for this sample of former trainees was provided by DfEE. The relevant client details were checked with each of the training providers so that the information used to contact each former trainee was as accurate as possible.

This was backed up by a letter from their previous training provider informing them of the study and encouraging participation. In the case of ex-trainees from Loughborough, the RNIB Vocational College translated material into Braille and distributed it. Because the sample contained people with different types of disabilities, no single method of approach was appropriate for everyone. Ex-trainees were asked what form of communication they would prefer - telephone, written questionnaire, email etc., and when it would be convenient for them to be surveyed.

The aim was to achieve 150 completed responses from former trainees and that number was achieved. The results have been built into the relevant sections of this report.

A meeting was held with the RTU and in-depth data relating to the outputs achieved by the providers was collected and analysed.

Finally, secondary data sources were used to establish the profile of employed and unemployed disabled people in the labour force.



## Annex 2 – Survey data - profile of trainees

Both the survey of current trainees and the survey of former trainees collected data on age, gender and ethnicity. This is presented below and groups of the trainee population who are over- or under-represented in each sample are highlighted.

### **Age, gender and ethnicity**

Exactly three quarters of respondents in the survey of current trainees and 82% of former trainees were male and, as Table 8-1 shows, there was a fairly even distribution of ages.

**Table 8-1 Age of trainees**

	% of current trainees	% of former trainees
18-25 years	23	13
26-35 years	21	25
36-45 years	14	36
46+ years	22	26
Other over 25*	22	1
<b>Total (88)</b>	<b>100</b>	<b>100</b>

*Source: Surveys of current and trainees, UK Research Partnership*

\*Some respondents did not want to give their age and simply identified themselves as over 25 years old.

Only 4% of current trainees were from non-White ethnic origins, a similar proportion to that in the RTU data covering the whole population of trainees. 6.6% of former trainees were from non-white ethnic groups.

The survey of current trainees broadly reflects the age, gender and ethnicity breakdown of the total population of RTU funded trainees. Amongst the former trainees, however, our sample contains fewer younger trainees<sup>25</sup> (those aged under 25) than would be expected given the structure of all RTU trainees.

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<sup>25</sup> This may be as a result of more younger trainees having moved since they were at college, changes in circumstances that have not been tracked and therefore updated on the databases held by the RTPs or DfEE.

## **Annex 3 – RTP details**

**NAME OF PROVIDER: RNIB Redhill College**

**Philanthropic Road  
Redhill  
Surrey  
RH1 4DZ  
Tel: 01737 768935  
Fax: 01737 765907**

[www.nib.org.uk](http://www.nib.org.uk)

**PRINCIPAL:** post vacant. Contact is Gillian Wills

**DISABILITY SPECIALISM:** Visually Impaired

**NUMBER OF RTPU FUNDED PLACES 1999/2000**

Starts 35

**TRAINING PROGRAMMES ON OFFER (RTU Directory)**

Foundation Training Wordpower and Numberpower Level I

Administration NVQ III

Accounts NVQ II & III

Administration Level II (16) 10 units for braille users

Administration NVQ I (9)

Customer Care NVQ II & III

Information Technology NVQ III

Amenity Horticulture NVQ I

Commercial Horticulture NVQ I & II

Care (Development Care), (Direct Care), (Special Needs Care), (Promoting Independence), (Supportive Long-Term Care).NVQ II & III

Associate Training programmes:

Advice and Guidance Small Animal Centre, Aromatherapy, Social Care Retail

NAME OF PROVIDER: **RNIB Manor House**

**Middle Lincombe Road**

**Torquay**

**Devon**

**TQ1 2NG**

**Tel: 01803 214523**

**Fax: 01803 214143**

[www.rnib.org.uk](http://www.rnib.org.uk)

PRINCIPAL: Jill Read

DISABILITY SPECIALISM: Visually Impaired

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts: 8

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Leatherwork: Leathersgoods manufacture NVQ II

Wood Occupations: Bench Joinery NVQ I & II

Plastic Injection Moulding NVQ I

NAME OF PROVIDER: **Royal National College for the Blind**

**College Road**

**Hereford**

**HR1 1EB**

**Tel. 01432 265725**

**Fax. 01432 353478**

<http://www.rncb.ac.uk>

PRINCIPAL: **Roisin Burge**

DISABILITY SPECIALISM: **Visually Impaired**

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts: 60

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Foundation Training Wordpower and Numberpower Level I

Administration NVQ III

GNVQ Advanced Business GNVQ III

GNVQ Intermediate Business GNVQ II

Remedial Therapy / Diploma in Anatomy, Physiology & Massage

BTEC Intermediate in Art and Design GNVQ Intermediate

BTEC Nat. Diploma in Performing Arts

BTEC 1ST Diploma in Performing Arts Level II

BTEC Sport and Recreation NVQ I & II

Administration Level II NVQ II 10 units for braille users

Administration NVQ I (9)

Information Technology NVQ I & II

Support Users of Information Technology NVQ III

Piano Tuning and Repairs Diploma

BTEC Advanced GNVQ in Health and Social Care NVQ III

NAME OF PROVIDER:

**Guide Dogs for the Blind Association**

**Highcombe Edge**

**Chirt Road**

**Hindhead**

**Surrey**

**GU26 6SJ**

**Tel: 01428 606022**

**Fax: 01428 602727**

ADMINISTRATION MANAGER: David Hush

DISABILITY SPECIALISM: The Training programme is open to all whether disabled or not and the 6 RTU funded places cater for all disabilities.

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts 6

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Diploma of Higher Education in Rehabilitation Studies (2 years and equivalent to NVQ level 4)

NAME OF PROVIDER:

**RNIB Vocational College**

**Radmoor Road**

**Loughborough**

**Leicestershire**

**LE11 3BS**

**Tel: 01509 611077**

**Fax: 01509 232013**

<http://www.rnib.org.uk>

PRINCIPAL:

Kevin Connell

DISABILITY SPECIALISM: Visually Impaired

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts: 44

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Foundation Training Wordpower and Numberpower Level I

Administration NVQ III

Administration Level II NVQ II (16) 10 units for braille users

Administration NVQ I (9)

Administration (Telephony ) NVQ I & II

Information Technology NVQ I & II

Information Technology NVQ III

Information Technology - Teleworking NVQ I & II

Short course in the Use of Current Technology and Window Packages to Enhance Employment Prospects

**Associate Programmes:**

BTEC GNVQ Leisure and Tourism Intermediate Level

BTEC GNVQ Leisure and Tourism Advanced Level

BTEC GNVQ Hospitality and Catering Intermediate Level

BTEC GNVQ Business Intermediate Level

BTEC GNVQ Business Advanced Level

BTEC GNVQ Information Technology Intermediate Level

BTEC GNVQ Information Technology Advanced Level

BTEC GNVQ Health and Social Care Intermediate Level  
BTEC GNVQ Health and Social Care Advanced Level  
BTEC GNVQ Science Intermediate Level  
BTEC GNVQ Manufacturing Intermediate Level  
BTEC GNVQ Manufacturing Advanced Level  
BTEC GNVQ Engineering Intermediate Level  
BTEC GNVQ Engineering Advanced Level  
Practical Engineering (NVQ II Engineering)  
Association of Accounting Technicians NVQ II III IV  
City and Guilds Media Communication and Production Level 3  
(Advanced)  
Administration NVQ II  
Electrical Installation NVQ II  
Vehicle Mechanical & Electronic Systems NVQ I  
Vehicle Mechanical & Electronic Systems NVQ II  
Customer Service NVQ III  
City and Guilds Travel Services NVQ II  
Beauty NVQ II

NAME OF PROVIDER: **Royal London Society for the Blind,  
Dorton College**

**Dorton College of FE  
Seal  
Nr Sevenoaks  
Kent  
TN15 0ED  
Tel: 01732 592626  
Fax: 01731 592601**

<http://www.rlsb.org.uk>

PRINCIPAL: Mike Morris

DISABILITY SPECIALISM: Visually impaired

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts 8

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Foundation Training Wordpower and Numberpower Level I

Administration Level II NVQ II (16) 10 units for braille users

Administration NVQ I (9)

Using Information Technology NVQ II



NAME OF PROVIDER: **Queen Alexandra College**

**Court Oak Road  
Harborne  
Birmingham  
B17 9TG  
Tel: 0121 428 5050  
Fax: 0121 428 2282**

<http://www.qac.ac.uk>

PRINCIPAL: Sue Wright

DISABILITY SPECIALISM: Visually impaired

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts: 40

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Foundation Training Wordpower & Numberpower Level I

Administration NVQ III

Administration NVQ I (9)

Administration NVQ II

Administration (Telephony) NVQ I & II

Information Technology Applications NVQ I & II

Sign Manufacture NVQ II

Engineering Manufacturing NVQ II

Craft & Design Vocational Programme

Glass Processing NVQ II

Distributive Operations NVQ

Retail Operations NVQ II

Telephone Selling NVQ II

Cycle Maintenance and Repair (City and Guilds)

Engineering Production NVQ II

Engineering Production NVQ III

Engineering Technical Services Computer Aided Design (CAD) NVQ II

**Associate Programmes:**

Health and Social Care, Catering and Hospitality  
Horticulture. Art and Design

NAME OF PROVIDER: **St Loyes Foundation**

**Fairfield House**

**Topsham Road**

**Exeter**

**Devon**

**EX2 6EP**

**Tel: 01392 255428**

**Fax: 01392 420889**

[www.ex.ac.uk/stloyes](http://www.ex.ac.uk/stloyes)

PRINCIPAL: Margaret Peat

DISABILITY SPECIALISM: Conditions that are not hearing or vision related.

NUMBER OF RTU FUNDED PLACES

Starts196

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Commercial Access Training Units towards NVQ I

Access to Engineering NVQ I

Access to Electronics NVQ I

Access to Woodskills NVQ I

Accounting NVQ II

Combined Business Skills NVQ I & II

Administration NVQ I

Administration NVQ II

Reception NVQ I & II

Warehousing Wholesaling and Stores NVQ I & II

Access to Warehousing and Stock Control NVQ I

Using Information Technology NVQ I

Using Information Technology NVQ II

Integrated Engineering Technology Mechanical Maintenance Option NVQ II

Horology NVQ I  
Integrated Engineering Technology NVQ II & part of III  
Integrated Engineering Technology CNC Option NVQ II  
Integrated Engineering Technology Mechanical Skills NVQ II & part of III  
Electronics NVQ II  
Integrated Engineering Technology Pneumatics Operation NVQ II  
Integrated Engineering Technology Electronic/Electrical Option NVQ II & part of III  
Integrated Engineering Technology Welding Option NVQ II  
Joinery NVQ I & II  
Hand Crafted Furniture Production NVQ I & II  
Amenity Horticulture NVQ I  
Amenity Horticulture NVQ II  
Food Preparation: Butchery & Cookery NVQ I & II  
Integrated Engineering Technology Engineering Inspection NVQ II & part of III

NAME OF PROVIDER:

**Portland College**

**Nottingham Road**

**Mansfield**

**Nottingham**

**NG18 4TJ**

**Tel: 01623 499111**

**Fax: 01623 499134**

[www.portland.org.uk](http://www.portland.org.uk)

PRINCIPAL:

Mike Syms

DISABILITY SPECIALISM: Conditions that are not hearing or vision related.

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts 175

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Key Skills NVQ I, II, III

Implement Information Technology Solution NVQ III

Use and Support Information Technology Solution NVQ III

Accounting NVQ III

Administration NVQ III

Computer Aided Draughting and Design NVQ III

Administration NVQ I

Administration NVQ II

Procurement NVQ II

Customer Service NVQ II

Operate Information Technology NVQ I

Operate Information Technology NVQ II

Using Information Technology NVQ I

Using Information Technology NVQ II

Support Users of Information Technology NVQ II

Support Users of Information Technology NVQ III

Mechanical Engineering NVQ II

Fine Precision Engineering NVQ II

Electronic and Electrical Engineering NVQ II  
Install Information Technology Products NVQ II  
Machine Printing NVQ II  
Print Finishing NVQ II  
Amenity Horticulture NVQ I  
Amenity Horticulture NVQ II  
Amenity Horticulture Sports Turf NVQ II  
Amenity Horticulture Decorative NVQ II  
Amenity Horticulture Interior Landscaping NVQ II  
Commercial Horticulture NVQ I & II  
Selling NVQ II  
Telephone Selling NVQ II

NAME OF PROVIDER:

**Finchale Training College**

**Finchale Training College**

**Durham**

**DH1 5RX**

**Tel: 0191 3862634**

**Fax: 0191 3864962**

PRINCIPAL:

David Etheridge

DISABILITY SPECIALISM:  
related.

Conditions that are not hearing or vision

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts: 185

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Key Skills as part of NVQ Programme

Association of Accounting Technicians NVQ III

Administration NVQ III

Estimating NVQ III

Association of Accounting Technicians NVQ II

Building Society Services NVQ II

Marketing Communications NVQ II

Administration NVQ I

Administration NVQ II

Procurement NVQ II

Stores NVQ II

Distribution NVQ I

Catering and Hospitality: Reception NVQ I&II

Customer Service NVQ II

General Construction NVQ I

Servicing Electrical Appliances NVQ II

Computer Servicing NVQ II

Computer Servicing NVQ III

Joinery NVQ I&II

Bench Joinery Supervisory NVQ III  
Amenity Horticulture NVQ I  
Amenity Horticulture NVQ II  
Amenity Horticulture Sports Turf NVQ II  
Amenity Horticulture Decorative NVQ II  
Amenity Horticulture Interior Landscaping NVQ II  
Amenity Horticulture NVQ I, II & III  
Horticulture NVQ I, II & III  
Catering and Hospitality Food Preparation and Cooking NVQ I & II  
Catering and Hospitality Housekeeping NVQ I & II  
Retail NVQ II  
Production Assembly NVQ II  
Fork Lift Truck Operating NVQ II

NAME OF PROVIDER:

**Queen Elizabeth's Training College**

**Leatherhead Court**

**Leatherhead**

**Surrey**

**KT22 0BN**

**Tel: 01372 842204**

**Fax: 01372 844156**

<http://www.qefd.org/Services/trainingcollege.htm>

PRINCIPAL:

Robert Beckinsale

DISABILITY SPECIALISM: Conditions that are not hearing or vision related.

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts 230

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Small Business Programme NVQ III

Computer Aided Design Level II

Audio Visual Technicians Level II

Accounting NVQ II

Marketing Communications NVQ II

Administration NVQ I

Administration NVQ II

Information Technology NVQ I & II

Information Technology NVQ III

Electronic Manufacture NVQ I & II

Wood Occupations (Construction) NVQ I & II

Amenity Horticulture NVQ I

Spray Painting I & II NVQ III



NAME OF PROVIDER:

**The Enham Trust**

**Enham Resource Centre  
Enham Alamein  
Andover  
Hampshire  
SP11 6JS  
Tel: 01264 345800  
Fax: 01264 351551**

<http://www.enham.org.uk>

TRAINING/PLACEMENTS MANAGER: Ray Martyn

DISABILITY SPECIALISM: Conditions that are not hearing or vision related.

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts: 20

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Administration NVQ III

Administration NVQ I

Administration NVQ II

Distributive Operations Level I NVQ I or II

Distributive & Warehousing Operations Level II NVQ I or II

Using Information Technology NVQ I

Using Information Technology NVQ II

Amenity Horticulture - Hard Landscaping Level I & II, Decorative Horticulture Level II, Interior Soft Landscape Maintenance Level II NVQ I or II

Commercial Horticulture Intensive Crop Production NVQ I or II

Catering and Hospitality Food Preparation and Cooking NVQ I & II

Catering and Hospitality Preparing and Serving Food NVQ I or II

Care - Development Care Level II, 11 units, Direct Care - Level II, 12 units, Special Care Needs - Level II, 12 units, Promoting Independence - Level III, 12 units, Supportive Long-term Care - Level III, 14 units

Catering and Hospitality Housekeeping NVQ I & II

Engineering Assembly Product Assemble - Level I, Electrical Assembly Level II NVQ I or II

Catering and Hospitality Kitchen Portering NVQ I

NAME OF PROVIDER:

**Doncaster College for the Deaf**

**Leger Way  
Doncaster  
South Yorkshire  
DN2 6AY  
Tel: 01302 342166  
Fax: 01302 326994**

<http://www.yrsd-dcd.org.uk>

PRINCIPAL:

Hartley Heard

DISABILITY SPECIALISM:

Hearing Impaired

NUMBER OF RTU FUNDED PLACES 1999/2000

Starts 35

TRAINING PROGRAMMES ON OFFER (RTU Directory)

Computer Aided Design using Autocad

Advanced Computer Aided Design using Autocad

Sport and Recreation NVQ I

Sport and Recreation Coaching, Teaching and Instructing NVQ II

Sport and Recreation Operational Services NVQ II

Sport and Recreation Activity Delivery NVQ II

Accounting NVQ II & III

Business Administration (RSA) NVQ I II III

Using Information Technology NVQ I

Using Information Technology NVQ II

Information Technology (RSA) NVQ II (5)

Brickwork Bricklaying NVQ II

Brickwork Level 3 Bricklaying NVQ

Trowel Occupations - Plastering NVQ I

Painting and Decorating NVQ I

Painting and Decorating NVQ II

Multi-skills Construction NVQ I

Mechanical Engineering Services (Plumbing) NVQ II

Vehicle Body Repair (City and Guilds) NVQ I & II

Carpentry and Joinery NVQ I

Carpentry and Joinery NVQ II

Wood Machining NVQ II

Horticulture NVQ I

Horticulture NVQ II

Catering (HCTC) NVQ I & II (7 & 5)

Care - Early Years Care and Education - Level II 10 units, Care (formerly

Direct Care - Level II 9 units NVQ II

Childcare and Education 0-7 years NVQ II

Direct Care NVQ II

Sport and Recreation Playwork NVQ II

Hairdressing NVQ I

Hairdressing NVQ II

Industrial Electronics (Intermediate Level)

Associate Programmes

Range of programme areas include: Graphic Design, Fashion, Design, and Floristry

NAME OF PROVIDER:

**RNID Court Grange**

**Abbotskerswell  
Nr. Newton Abbott  
South Devon  
TQ 12 5NH  
Tel: 01626 353401  
Fax: 01626 360895**

DISABILITY SPECIALISM:

Hearing impairment

No longer contracted by RTU

## **Annex 4 – RTU output information**

In reviewing the outputs obtained by trainees, it is important to be aware of the guidance given to training providers in the 'Residential Training Handbook' issued by DfEE/RTU:

*Providers must offer vocational training programmes that provide for NVQs. GNVQ programmes are limited to 5% of total provision available at any provider.*

*Training programmes must be offered for people with moderate to severe disabilities who, on completion of training, must be suitable for employment.*

*The provider must offer an opportunity for an individual to undertake work experience and/or work placement during their training programme and must provide a placement service. Outcomes (i.e., qualifications and jobs achieved) at the end of training are a fundamental part of programme delivery. Providers are measured on their achievements and contracts may not be renewed should outcomes be consistently low.*

*The primary aim of Residential Training is to help people obtain or keep a job or self employment at the end of their training programme. The aim for a quality outcome for each individual is central to the main thrust of the programme.*

*A Provider's success in helping trainees secure a quality outcome will be a key indicator of performance.*

*Training Providers should therefore make every effort to ensure that all leavers are equipped to take one or more of the following exit options:*

*Full-time employment of more than 16 hours per week.*

*Full-time self employment of more than 16 hours per week.*

*Sheltered placement or sheltered workshop.*

*Full-time Further or Higher Education.*

*Further training (not WBLA).*

*Trainees must follow relevant appropriate qualifications as agreed with the RTU. These qualifications are mainly NVQs.*

### **Data concerns**

In looking at the RTU data it is very important to bear a number of caveats in mind:

The RTU data is based on a financial year i.e., 1st April to 31 March. The Providers either operate on the basis of an academic year i.e., starting in September/October, or allow trainees to start at any time during the year and finish twelve months later (or less in some cases). This means that where statistics are provided for starts, premature terminations, employment outcomes etc., in any particular 12 month period, the totals will not necessarily add up. In addition, the statistics provided will not necessarily relate to the same individuals. For example, in the case of 1998/99, a person who has terminated prematurely during that year could have joined a programme the previous Autumn and therefore been logged as a start in 1997/98.

The research has not incorporated any comparisons with outcomes achieved by disabled people funded through the FEFC or disabled people in mainstream provision.

The statistics do not measure an individual's progress.

## Contracts and funding

### 1998/99

The RTU allocated a total of nearly £14.5 million. This was broken down as follows:

**Table 8-2 Funding 1998/99**

Activity	Value	% of total
Starts	£1,545,200	11
Fees	£10,582,447	73
Output related payments	£1,526,500	11
Travel	£545,000	4
DEAs	£15,000	0
SLT	£250,000	2
RT News	£13,600	0
Total	£14,477,747	100

*Source: RTU budget data*

The total value of the contracts awarded to the five 'general' providers was £8.2 million. The level of the contracts awarded varied from £175,000 to £2.4 million. Of the £8.2 million, £1.1 million (14%) related to starts, £5.8 million (71%) related to fees and £1.3 million (14%) was for output related payments.

In relation to the sensory impairment providers, the total value of the contracts awarded was £5.5 million. The level of the contracts awarded varied from £56,000 to £1.4 million. Of the £5.5 million, £424,000 (8%)

related to starts, £4.8 million (87%) related to fees and £261,000 (5%) was for output related payments.

These figures show that the 'general' providers receive a much greater proportion of their income from output related payments than the sensory impairment providers who, in turn, receive a greater proportion of their income from fees.

The figures above are built into the contracts of the Providers. The actual figures paid out for output related payments were higher than the contracted figures. Overall, the RTU paid out £1.7m in output related payments, with 'general' providers receiving £1.4m and sensory impairment providers £265,000.

### 1999/2000

During the current financial year, the RTU has allocated a total of just over £15 million. This can be broken down as follows:

**Table 8-3 Funding 1999/2000**

Activity	Value	% of total
Starts	£1,413,000	9
Fees	£11,320,004	75
Output related payments	£1,662,000	11
Lodgings	£7,271	1
Childcare	£3,110	0
Clothing and tools	£60,439	0
PRSB	£1,541	0
CSD	£3,538	0
Travel	£545,000	4
DEAs	£15,000	0
SLT	£50,000	0
RT News	£14,000	0
Total	£15,094,903	100

Source: RTU budget data

The total value of the contracts that have been awarded to the 5 'general' providers is £8.7 million. The level of the contracts awarded varies from £210,000 to £2.5 million. Of the £8.7 million, £1.1 million (13%) relates to starts, £6.2 million (71%) relates to fees and £1.4 million (16%) is for output related payments. From this it is clear that, compared to the previous years, there is an increased emphasis on outputs.

The total value of contracts to sensory impairment providers is £5.7 million. The level of the contracts awarded varies from £23,900 to £1.5 million. Of



the £5.7 million, £310,000 (5.5%) relates to starts, £5.1 million (90%) relates to fees and £261,000 (4.5%) is for output related funding.

As with 1998/99 the 'general' providers receive a greater proportion of their funding in the form of output related payments than the sensory impairment providers.

The above figures are built into the contracts of the Providers. In the first three months of 1999/2000, the RTU paid out a total of £342,750 in output related payments – £317,250 to the 'general' providers and £25,500 to the sensory impairment providers.

## **Starts**

In 1998/99 a total of 1,123 trainees commenced training programmes at Residential Training Providers. Of these, 892 (79%) were based at 'general' providers and 231 (21%) were based at the sensory impairment providers. The largest number of starts at any one provider was 258 and the smallest was two (excluding MSDP).

In 1999/2000, the RTU has contracted for a total of 1,151 starts. These are broken down with 915 (79%) at the 'general' providers and 236 (21%) at the sensory impairment providers. The largest number of starts at any one provider is 305 and the smallest is 0.

Statistics prepared by the RTU show that in the first three months of 1999/2000, 252 people started on training programmes at Residential Training Providers. This figure can be broken down with 217 (86%) at 'general' providers and 35 (14%) at sensory impairment providers.

Whilst some providers use academic years, others have a roll-on roll-off system where trainees can start their training programme throughout the year. This will affect the 'starts' data for a particular provider vis a vis the RTU's financial year.

## **Premature terminations**

In 1998/99, there were a total of 329 premature terminations. Most of these, 267 (81%), were at 'general' providers and 62 (19%) were at sensory impairment providers. During the same time period, as described above, there were 1,123 starts, so it could be suggested that about 29% of those starting programmes at Providers 'drop out'. However, as mentioned earlier, these two figures do not necessarily relate to the same individuals.

In the first three months of 1999/2000, there were a total of 98 premature terminations – 85 at the ‘general’ providers and 13 at the sensory impairment providers.

## **Completions**

In 1998/99, 824 people completed training programmes at the Residential Training Providers. ‘General’ training providers accounted for 617 (75%) and 207 (25%) were based with sensory impairment providers. During the same time period, as described above, there were 1,123 starts, so it could be suggested that in the region of 73% of those starting programmes at Providers complete their training. However, as we have already mentioned, these two figures do not necessarily relate to the same individuals.

## **NVQs and GNVQs**

As described in Section 4, the Training Providers receive:

- a start fee for each trainee who commences a training programme;
- a weekly training fee for each trainee who is on the programme;
- output related payments which are as follows:
- £250 for the successful achievement of Wordpower or Numberpower;
- £500 for a full NVQ I or II;
- £750 for a full NVQ III or IV.

A certificate in Communication Skills is considered as a successful outcome for the purposes of output related payments.

The contracts between the RTU and the Providers agree a target number of full NVQs achieved by trainees completing their Training Plans within the contract agreement period. When this target has been achieved, payment for NVQ units attained by trainees completing their Training Plans will be made.

In 1998/99, trainees at the Residential Training Providers achieved a total of 480 NVQs. Three quarters, 358 (75%), were achieved at the ‘general’ providers and 122 (25%) were achieved by trainees attending the sensory impairment providers. No GNVQs were obtained. The largest number of NVQs obtained at a single provider was 131 and the smallest number was 0.

Based on the 1,123 starts in 1998/99, it can be estimated that 43% of trainees starting programmes gained NVQ qualifications. Further, given the

programme completion rate of 73% it is estimated that 59% of trainees finishing their programme gained an NVQ qualification.

## Employment and training

In 1998/99 the employment outcomes achieved by the Residential Training Providers were as follows:

**Table 8-4 Employment outcomes**

	Total	'General' RTP	'Sensory' RTP
Job up to 3 months	324	288	36
Job 3-6 months	41	35	6
Job within 30 weeks	39	33	6
Self employment	23	13	10
<b>Total</b>	<b>427</b>	<b>369 (86% of total)</b>	<b>58 (14% of total)</b>

*Source: RTU budget data*

During 1998/99, there were 1,123 starts. It could therefore be estimated that around 38% of those starting a programme end up in some form of employment (as shown in Table 8-4 above). Based on the estimated programme completion rate it is estimated 52% of those completing a programme move into a form of employment.

In addition, to the employment outcomes described above, 21 trainees were successful in securing Further Education placements in 1998/99 (nine from the 'general' providers and 12 from the sensory impairment providers).

It is important to stress that this research has not incorporated any method of comparing such figures with the employment/training/education outcomes achieved by FEFC students or disabled people who are trained in mainstream provision.

Also, as Training Providers have yet to develop effective systems of tracking ex-trainees, it is not clear how many of these employment outcomes have been sustained beyond the initial 'tick box' stage.