

**REPORT
FROM THE
INSPECTORATE**

**Curriculum Area
Survey Report**

April 1998

***Health and
Community Care***


**THE
FURTHER
EDUCATION
FUNDING
COUNCIL**

***THE FURTHER EDUCATION
FUNDING COUNCIL***

The Further Education Funding Council has a legal duty to make sure further education in England is properly assessed. The FEFC's inspectorate inspects and reports on each college of further education every four years. It also assesses and reports nationally on the curriculum, disseminates good practice and gives advice to the FEFC's quality assessment committee.

*Cheylesmore House
Quinton Road
Coventry CV1 2WT
Telephone 01203 863000
Fax 01203 863100*

© FEFC 1998 You may photocopy this report.



SUMMARY

The health and community care programme area includes two major areas of provision: health and care courses, and hairdressing and beauty therapy. It is the third largest programme area, accounting for 13 per cent of full-time, and 15 per cent of part-time students in the sector. Some 35 per cent of its students study full time. The 90 per cent growth in part-time enrolments is mainly explained by a rapid rise in first-aid training, much of it offered under franchise to large national organisations. Some 75 per cent of students are female, and very few are from ethnic minorities.

There is a wide range of courses at all levels from foundation to higher professional training, and many colleges have improved the arrangements for flexible study. Provision which allows progression into higher education is expanding, although numbers remain low. The introduction of the general national vocational qualification (GNVQ) has encouraged recruitment to the area, particularly at levels 1 and 2, but it has placed demands on teachers to change their methods of teaching and assessment. There is a much higher proportion of national vocational qualification (NVQ) provision in hair and beauty than in other care courses, where employers have relatively little involvement, except for the provision of work experience.

Work experience is a notable strength on many courses. In many colleges, it is well integrated with other aspects of coursework. It is increasingly difficult to find work placements of an appropriate standard, although these are sometimes a requirement for courses.

Although some colleges have imposed more stringent entry requirements in order to raise standards and improve retention, they need still to ensure that students are suited to a career in a care setting, and that they are placed on an appropriate level of course. Teachers are committed to providing for the needs of students with learning difficulties and/or disabilities. Tutorial support is strong, and influences

practice elsewhere in colleges. Teachers in this programme area transmit a clear set of values to their students.

During 1996-97, inspectors observed 1,571 lessons, 64 per cent of which had strengths which outweighed weaknesses, while 6 per cent had weaknesses which outweighed strengths. During the period from September 1993 to April 1997, grades awarded for teaching and learning have remained stable, but the proportion of lessons awarded grade 1 remains below that for all programme areas, and those lessons graded 2 form a higher proportion than in other areas. The teaching is good, but shows relatively little imagination and flair.

The average rate of achievement, as recorded in the individualised student record (ISR) is the highest of all vocational programme areas, at 77 per cent. However, this figure is boosted by very high achievement rates on short first-aid qualifications. Inspectors calculated that just over 50 per cent of students who enrol obtain a qualification. Although GNVQ achievements are equal to the best, there is still room for substantial improvement.

Teachers have good professional qualifications, but are less likely to have recent relevant experience outside education. There is increasing reliance on part-time teachers who are often current practitioners. In hair and beauty in particular, hybrid posts have been created whereby staff combine teaching, assessment, and student support duties.

Accommodation in the programme area is among the best and the worst. Social care courses are often regarded as consumers of fewer resources. They are often housed in temporary classrooms and annexes. By contrast, there are some pleasant, well-equipped base rooms with lively displays. Newly built hair and beauty salons have cost on average 50 per cent more than new technology workshops per square metre. Product manufacturers have been keen to sponsor new provision.

To improve the quality of work in the programme area, colleges should: make better use of information technology, and pay greater attention to the key skills of information technology and numeracy; take steps to improve student retention; allow adequate time for teaching relevant theory, especially in hairdressing; provide adequate support and professional development for the growing number of part-time teachers; and improve accommodation.

CONTENTS

	Paragraph
Introduction	1
Context	5
External Links	9
Management and Organisation of Provision	16
Curriculum	22
Values	22
Teaching and learning	24
Assessment	38
Student support	43
Students with learning difficulties and/or disabilities	46
Work placements	47
Students' Achievements	54
Examination achievements and retention rates	54
Key skills	59
Progression	61
Quality Assurance	62
Resources	67
Staffing	67
Equipment	72
Accommodation	75
Conclusions and Issues	78
Annex A – Health and community care work placement survey	
Annex B – Students in health and community care, 1995-96	
Annex C – Inspection grades in health and community care	
Annex D – Students by subprogramme area	
Annex E – Organisations and awarding bodies consulted during the survey	

INTRODUCTION

1 Health and community care is the third largest of the 10 programme areas of the Further Education Funding Council (FEFC), after humanities, and business studies. Students in the programme area account for 15 per cent of all enrolments, 13 per cent of all full-time and 15 per cent of all part-time students in the sector. Most courses are in general further education and tertiary colleges, many of which have a long tradition of provision in this area of work. Sixth form colleges generally offer only childcare courses and/or programmes leading to general national vocational qualifications (GNVQs) in health and social care. The number of health and community care courses has increased rapidly over the past four years, and there is a high proportion of full-time students. In 1996-97, around 460,000 students were funded by the FEFC. The most significant growth, 90 per cent over the past two years, has been in part-time provision. This is partly due to the explosion of courses in first-aid, which accounted for over 30 per cent of all enrolments. Further details of enrolments appear in annex B.

2 Courses can be divided into six broad categories:

- community and residential care
- nursing
- health studies
- childcare and early years education
- counselling
- hairdressing and beauty therapy.

The introduction of GNVQs at foundation, intermediate and advanced levels has enabled a wide range of students to embark on care courses, but it has also placed great demands on teachers to change their methods of teaching and assessment. Some colleges have welcomed the

return of BTEC national diplomas in health studies and social care. Full-time childcare courses at national vocational qualification (NVQ) levels 2 and 3 continue to recruit well. One of the most popular courses is the two-year diploma in nursery nursing offered by the Council for Awards in Children's Care and Education. Hairdressing and beauty therapy students undertake courses which lead primarily to NVQ levels 2 and 3, the vast majority at level 2. Some qualifications, for example in beauty therapy and sports therapy, are awarded by professional bodies. Not all of them lead to NVQs and many of them are less demanding. The more academically able students follow the national and higher national diploma courses of the Edexcel Foundation. There has been a large expansion of short-course programmes, particularly in aromatherapy, reflexology and massage.

3 Many colleges are extending progression routes for students by providing advanced courses such as the BTEC higher national certificate in early childhood studies and the Council for Awards in Children's Care and Education advanced diploma in childhood education. The number of students studying at this level is still small, as is the number studying on access to nursing and social work programmes. An increasing range of NVQs at levels 1 to 4 for those in employment is available in childcare, playwork and direct care. The number of students following these programmes, however, is disappointingly low. Counselling courses from introductory to diploma level are responding to a real demand in the community. A few colleges offer the full professional course accredited by the British Association for Counselling.

4 This survey of the health and community care programme area took place during the college year 1996-97. Inspectors also drew on inspection evidence gathered during the first three years of college inspections. Since 1995, inspectors have observed 3,629 teaching sessions, examined students' written work and held meetings with senior managers, teachers, students and employers. They have visited students on supervised work placements and have scrutinised a wide

range of college documentation. Approximately 41,000 students have been observed in the classroom. During the first four-year college inspection cycle, inspectors have assessed provision within this programme area in over 200 colleges. Summaries of the inspection grades awarded to lessons and programme areas can be found in annex C. Thirteen colleges were visited specifically during 1996-97 to gain additional information on the standards being set in work placements. All colleges which were part of the normal inspection cycle for 1996-97 provided additional information to inspectors, for example on their staffing and the values which underpin their provision. Inspectors also consulted the major awarding bodies and professional associations, 15 of which provided written responses.

CONTEXT

5 The health and care services offer a wide range of job opportunities. These include health care, social care, childcare and education, community work and criminal justice services. Much of the work is challenging and takes place within a demanding environment. The workforce is enormous. With almost one million employees, of whom about 600,000 are in direct contact with patients, the National Health Service is one of the largest employers in Europe. Social services employ over a quarter of a million people, while the private and voluntary sectors provide as wide a range of employment opportunities as the public sector. The quality of training in health and care is of direct interest to all sections of the community. In recent years, government legislation has produced major changes in the structure of health and care services. For example, the switch in emphasis to care in the community has led to different patterns of work for employees and to different methods of delivering services.

6 Legislation which has affected provision within the programme area includes:

- health and safety legislation, which has dramatically increased enrolments on first-aid courses
- child protection legislation, which has highlighted the need for screening and careful selection of those students who work with children and young people
- changes to the provision of early years education, such as the introduction of nursery education vouchers, and the new scheme to train specialist teacher assistants
- community care legislation, which has increased the demand for training in residential and social care
- national curriculum key stage 1 and pre-key stage targets, which have led to changes in the curriculum of early years education courses.

Health promotion targets arising from government campaigns have also had an impact on the curriculum.

7 The FEFC's individualised student record (ISR) lists over 180 different qualifications for the programme area. These are provided by more than 20 awarding bodies, including some which offer occupationally specific NVQs. The introduction of NVQs has improved the flexibility of provision and the number of providers. The number of qualifications available has increased, as particular groups of employees seek accreditation for programmes of training which meet their needs, including the underpinning knowledge which supports practical competence. Consultation is under way to rationalise the provision under the auspices of one or two industry training organisations.

A regional examining body with a predominantly local brief has developed 16 different qualifications in this programme area. These include counselling and first-aid qualifications which might be supposed to have less currency than those accredited by national bodies. This body offers 'customised accreditation' to meet the requirements of specific groups of learners.

8 Three-quarters of students undertaking courses in this programme area are female. Very few are from ethnic minorities. Most students following full-time programmes are aged between 16 and 19. Programmes designed to provide access to higher education have long been popular with adult students, and more are now enrolling on other full-time courses. Colleges are adapting their provision to make it easier for adult students to participate. More flexible patterns of study and more flexible enrolment arrangements are being introduced. Many colleges offer one-year courses in care to attract adult students as well as school-leavers. Further development is needed, for example to provide alternative dates for entry to courses and to extend weekend and short course provision. There are a few more males among the adult students following social care, counselling and first-aid courses. In childcare, nursing and hairdressing programmes they are rare. The age and gender profile of students in training is not the same as the profile of those currently employed in these sectors; fewer men and older workers are receiving training.

EXTERNAL LINKS

9 Liaison with external bodies and employers is good. Mutually beneficial relationships have been developed between colleges and employers. Close links are frequently established through work placements. A wide range of health and care agencies, public, private and voluntary, and of hairdressing and beauty salons, are used for this

purpose. Childcare courses have particularly strong links with play groups, nurseries and schools which are familiar with the curriculum students are following. Tutors reinforce these links by visiting students on placement and by placement supervisor meetings, which are generally well attended. Some colleges have established advisory committees comprising representatives of the local health and care agencies. Their role is to ensure that the curriculum reflects current practice. In the main, however, these committees are not successful at maintaining links. Their remit is often too broad, and meetings are not well attended.

10 Several colleges have contracts to provide training courses for employees of local social services departments, hospital trusts and health authorities. The provision includes courses in specialist areas such as bereavement care and mental health, training for residential and community care workers, and underpinning knowledge for NVQs in care. Hairdressing and beauty therapy sections have forged strong relationships with particular companies who supply products used in the college salon, or who sponsor facilities such as a complete salon or reception area. Some colleges have developed a strong presence in their local communities through wide-ranging contacts with local community groups. Fashion shows and contributions to local theme weeks, such as international women's week, have been arranged in community premises by hairdressing and beauty therapy tutors.

11 Many colleges have been active in promoting networks involving many different kinds of employers, and are members of local or regional consortia. Their contributions include the registration and certification of candidates for NVQs, the delivery of underpinning knowledge, the development of assessment methods and the training of assessors. Progress with NVQ development in care is slow, particularly in the statutory sector. There are many small employers who are unaware of NVQ developments. However, those who have participated in NVQ work have acknowledged some positive results.

In a number of the workplaces visited, candidates and assessors were able to identify tangible benefits from the NVQ training for their clients. Heads of placements involving the care of young children reported that the varied activities undertaken by candidates as a part of their assessment procedures had enabled other staff to try new ways of working. A number of candidates working with elderly people reported that they had gained a detailed understanding of why they do certain things, rather than just doing what they are told to do. This had increased their feelings of autonomy and their confidence to discuss and question procedures in the workplace.

12 In most colleges, direct links between training and enterprise councils (TECs) and staff in the programme area are not well developed. They are better in hairdressing and beauty therapy than they are in health and care (with the exception of first-aid courses). In a few colleges, improved links have resulted from involvement in the modern apprenticeship scheme and, in others, NVQ programmes have been developed in partnership with TECs. One college has successfully expanded its hairdressing salons, because the TEC has recently recognised it as a training provider for students funded for a day-release hairdressing course.

13 Some colleges are in fierce competition with other post-16 providers, especially schools, which have found the GNVQ in health and social care easy to introduce. On the other hand, many colleges have good links with local schools, especially those without sixth forms. College staff can usually gain entry to schools with sixth forms in order to promote courses which the schools themselves do not provide, such as hairdressing and beauty therapy. They take part in careers conventions, talk to pupils in years 10 and 11 and, in some cases, run workshops in partner schools or hold hairdressing and beauty therapy demonstrations. College staff have done much to promote

understanding of GNVQ provision and its potential for progression. Some pupils attend courses at the college while in their final year at school. Others attend sessions after the end of the school day, to get to know college tutors. In one scheme, prospective students are encouraged to 'drop in' to college classes during their half terms. A few colleges and schools with sixth forms have forged more co-operative relationships. For example, a tertiary college helped a school establishing a sixth form to set up a GNVQ in health and social care at intermediate level. It also contributed to the teaching.

14 Links with higher education institutions are stronger and more productive where there are access to higher education programmes in social work and nursing or BTEC national diploma courses. In some colleges, the task of making higher education institutions more aware of the content of GNVQ advanced level programmes, and the standards which students are expected to reach, has only just begun. Few students on hairdressing and beauty therapy courses aim to progress to higher education.

15 A few colleges have developed a large amount of collaborative provision. In one college this consists largely of first-aid courses run in collaboration with large national voluntary organisations. In hairdressing and beauty therapy, a number of colleges offer the whole of their programmes through collaborative arrangements designed to overcome the difficulties of finding capital to invest in new provision. Overseas exchanges and contacts are flourishing in some colleges. Hairdressing and beauty therapy sections, in particular, have some good European links.

MANAGEMENT AND ORGANISATION OF PROVISION

16 Each of the six subprogramme areas demands separate expertise and has distinct vocational outlets. Community and residential care, nursing, health studies, childcare and early years education are usually grouped together in the same department or faculty. In the larger departments, programme managers have responsibility for a major curriculum area, frequently divided between early years and health and social care programmes. Counselling and hairdressing and beauty therapy courses are often based in adult education and science departments, respectively. Hairdressing and beauty therapy is usually organised separately from other provision in the programme area.

17 Effective teamwork is a notable feature of work within the programme area. Roles, responsibilities and accountability are clearly defined and understood. Course leaders co-ordinate the work of teaching teams, and organise team and review meetings and internal verification schedules. In the best practice, a meetings schedule published for the whole year assists the planning process. Regular meetings of all staff help to improve communication, address issues of common concern and maintain the smooth operation of programmes.

18 Teams often include a large proportion of part-time teachers, for whom a variety of support arrangements are made. In one college, all part-time teachers have mentors and are allocated space and storage facilities in the staff room. They receive agendas and minutes of course team meetings, and meetings are held at times when they can attend. The practice, in some colleges, of appointing part-time teachers as course leaders is not always successful, since they lack opportunities for the necessary links with other course managers.

19 Generally the curriculum is competently managed, and the standard of course planning is often high. Some departments have

standardised the format of course planning and assessment documents. Part-time and newly appointed teachers find this useful in ensuring they cover course objectives, set appropriate assignments and make the necessary links with other parts of the curriculum. Some teams develop and maintain a comprehensive programme manual. The best examples of these include detailed strategic and operational objectives and an indication of how the programmes contribute to a department's or the college's strategic objectives. In some colleges, course documents are incomplete and not all staff are aware of their responsibilities for implementing departmental procedures or college policies.

20 An increasing number of colleges are now appointing placement co-ordinators who organise all the health and social care work placements. This arrangement ensures consistency of practice and provides a single point of contact for health and social care agencies. It is proving to be effective in allowing tutors the time to concentrate on facilitating learning and improving the overall quality of students' experience, in college and on work placement. Where co-ordinators visit students on placement, there is often a need to improve communications between them and the course team to ensure that tutors are kept up to date with students' progress. Because such arrangements mean that tutors no longer have regular contact with industry, there is also a need to provide alternative opportunities for tutors' professional development.

21 Courses in the programme area recruit well, and they are economical to run. Taught hours have been reduced and students are now encouraged to work more on their own. Time for underpinning theoretical studies has also been reduced or these studies have been replaced by courses leading to supplementary qualifications. On hairdressing and beauty therapy courses the balance of time between teaching theory and practical skills is sometimes inappropriate. It leads to an emphasis on practical competence at the expense of understanding, and often results in assessment-driven teaching. In one

college, the curriculum manager for health and community care negotiates with course team leaders the number of hours required for a course. This allows for programmes such as GNVQ advanced, with additional units, to receive more teaching time than other programmes. Staff teaching hours have increased over the last three years. Teachers say that it is the reduction in the time they have for preparation, marking and giving feedback to students, rather than the decrease in taught hours, which is having an adverse effect on the quality of students' experience.

CURRICULUM

Values

22 Health and community care courses are delivered within a clear framework of professional values which encompasses ethical standards, confidentiality, and equality of opportunity. Staff in the programme area are frequently able to share their own experience of working within a defined framework of values. Relationships between staff and students are generally good and create an environment in which difficult issues associated with health and care are addressed sensitively. The value base of the caring professions is included as part of the curriculum on GNVQ programmes. Counselling courses are governed by strict adherence to the British Association for Counselling's code of ethics.

23 In some colleges, the statement of values is explicit and pervades the whole of the curriculum. Staff in many hairdressing and beauty therapy departments insist on high professional standards. There is an emphasis on customer care which calls for students to develop reliability, punctuality and effective communication skills. Client confidentiality is stressed at all times. Health-related issues concerning clients are not disclosed and all client records are securely filed. At one college a contract between students on childcare courses and their

teachers is drawn up at the beginning of the programmes. It covers ways of behaving, as well as respect for others, confidentiality and listening to others' points of view. The contract is displayed prominently. Although the students draw extensively upon their work placements in lessons and in their assignments, they scrupulously observe the rules protecting clients' anonymity. At another college, breaches of confidentiality are dealt with through disciplinary procedures.

Teaching and Learning

24 The quality of teaching and learning in the health and community care programme area is consistently good, although some teaching lacks flair and imagination. In both 1995-96 and 1996-97, strengths outweighed weaknesses in 64 per cent or more of the lessons inspected. Table 1 in annex C shows the profile of lesson observation grades awarded in 1995-96 and 1996-97. The grade profile has remained relatively constant over the last three years. The percentage of lessons and curriculum areas awarded grade 1 is lower than for most other programme areas, but a significantly higher number of lessons and curriculum areas were judged to have strengths which clearly outweighed weaknesses (grade 2). The teaching and learning on many counselling courses are particularly good and lead to excellent attendance and retention rates and high levels of achievement. Further data on the grades awarded in inspections are contained in annex C.

25 In most colleges, courses are well planned, and schemes of work generally cover course requirements. The better schemes included not only the topic for each lesson but the resources needed, the range of classroom activities, assessment opportunities and expected outcomes. In some cases, schemes consisted merely of a list of topics or a reiteration of the syllabus. Lesson plans were of variable quality and some were produced only for the inspection. Many plans were sketchy and contained little or no information on learning outcomes.

In beauty therapy, a lesson on epilation consisted of a mixture of theory and practical work. The detailed plan was shared with the class. Due to a shortage of clients, the teacher had devised a series of case studies for students to analyse. By the end of the lesson, students had grasped the concepts well and a summary by the teacher reinforced the learning that had taken place.

26 Teachers on health and care courses use a variety of methods to engage and sustain the attention of students. These include whole-class teaching, work by individuals, pairs, and small groups, role-play and simulation exercises, as well as student presentations and practical work.

Twelve different activities relating to working with children between the ages of five and eight had been set up for a childcare diploma course. For each of the activities there were instructions and questions to develop students' knowledge and understanding, to explore the relevance of the activities to the different age groups and to evaluate the learning outcome of the activities for the children. Students worked in pairs and covered all the activities. The teacher circulated and through sensitive and skilful questioning helped students to explore matters more critically and to become more aware of learning objectives. All the students were thoroughly involved in the work.

27 Group work is used extensively on these courses and students are encouraged to work collaboratively. They respond well to the challenges of structured group work and develop skills in shared decision-making and the delegation of responsibilities.

A GNVQ intermediate level class was set the task of investigating access for people with disabilities in a building. The class worked in two groups, one learning how to use the chair lift and the other looking for features that helped or hindered access. Both groups worked co-operatively and raised perceptive points when reporting their findings to the class.

28 Role-play is frequently employed on care courses to enable students to practise coping with sensitive situations in a safe environment. It varies in its effectiveness. One childcare lesson dealt with aspects of child abuse. It was led by a male lecturer with an all-female group. He used a very risky role-play, which involved an imagined response to an obscene phone call or to being confronted by a male exposing himself; the lecturer showed no sensitivity to the disturbing nature of the issues being raised. Used well, however, role-play can highlight vividly for students the need to acquire particular skills. Teachers on hairdressing and beauty therapy courses rarely introduce role-play, depriving students of an opportunity to develop more effective communication skills as part of their relationship with clients.

A second-year group on the childcare and education course took part in a session on 'listening'. The group was divided into pairs and asked to conduct a role-play: in one situation a student talked about a personal problem whilst the other student listened; in another, the receiver failed to listen. The exercise emphasised dramatically the importance of listening in care situations, and the behaviour which demonstrates 'active listening'.

In one college, a team approach was used to link vocational experience to theoretical aspects of work. A communications lesson for NVQ level 2 hairdressing students was taught by a vocational specialist and a communications specialist working together to look at aspects of work in a salon. The teachers asked students to identify difficult experiences in dealing with clients. Many students highlighted telephone skills on reception as a key issue. Working in pairs, they explored ways of coping with difficult calls and then shared their findings with other members of the class. The staff used their extensive professional expertise to provide advice on using the telephone.

29 Students on GNVQ advanced level courses conduct research on a variety of topics, and many develop good research and analytical skills. In the best practice, they are thoroughly briefed by the teacher and understand clearly what the task entails. Research projects often focus on health provision and this helps students appreciate the range and diversity of provision in their locality. In reporting their findings, many demonstrate effective presentation skills, confidently using overhead transparencies, video-recording and handouts to highlight and illustrate the main points in their commentary. In a few colleges, students spend too much time researching on their own with little input from teachers.

30 Students on hairdressing and beauty therapy courses receive a great deal of individual attention and this helps them to learn effectively. They experience many different methods of working, including practical demonstrations, workbooks, multiple-choice tests, assignments, visits, shows, group work and team-building. Teachers regularly check that learning is taking place, reinforce the most important points, recap what has been learned in previous sessions, and set the agenda for the sessions. Often, there are specialist contributions from external speakers and manufacturers. An ex-student of one college, now working as a representative of a product manufacturer, ran a training day for

students on the latest hair-colouring techniques which helped to improve product knowledge and colouring skills, as well as providing an indication of possible careers.

In a demonstration workshop, part-time hairdressing students were introduced to methods of de-colouring hair. They worked in pairs on samples of hair, using the appropriate chemicals to test their understanding of the theory. They analysed their results and each pair shared their findings with other group members. At the end of the session, the teacher used skilful questions to reinforce the learning that had taken place.

31 Many teachers make good use of the varied backgrounds of students in this programme area, particularly that of mature students. The experience of students on work placements is also used effectively to illustrate theoretical concepts, though many teachers could make much better use of this source material. In the best sessions students are given opportunities to develop and demonstrate appropriate key skills.

32 Teaching and learning on many counselling courses, especially those accredited by the British Association for Counselling, are of high quality. Learning is often strengthened by successfully combining theoretical and experiential work. Introductory counselling courses are proving to be useful in helping students make decisions about the levels of counselling work for which they might be suitable.

In one lesson, students were introduced to a difficult new perspective on their counselling work and complex concepts were explored through a practical exercise. Subsequently, each student reported back to the whole class on his or her perceptions of the exercise and its physical and emotional impact.

33 Practical work is used extensively on childcare courses. Students often prepare games and activities for use in their work placement. Sometimes, students are observed working with children in the college nursery and are assessed by their teacher or a fellow student. Students training to work with elderly people plan activities to use in their work placement; for example, using reminiscences as a means of encouraging elderly people to reflect on their lives and to communicate more effectively with their carers and other residents. Students also learn how to lift and bathe residents safely.

A group of GNVQ intermediate level students had planned a project in which they brought together a group of elderly people to reminisce about their experiences in the 1939–45 war. The students had adorned the room with memorabilia to produce the appropriate atmosphere and had organised refreshments and wartime records. Students followed a carefully prepared agenda, the student leader exhibiting skills and sensitivity of which many teachers would be proud in drawing out people's memories. She also exercised effective control over other students' contribution. The value of reminiscence in working with elderly people was brought home to the students in a very direct fashion.

34 College-based practical work in realistic working environments is a significant aspect of hairdressing and beauty therapy courses. It enables students to practise dealing with clients and to develop appropriate standards of professional practice.

During a practical hairdressing session, a student treated a very difficult head of hair with a technique seen during a visit to a hairdressing exhibition. She used strips of plastic rather than a cap to protect the client's hair whilst applying chemicals to highlight strands of the hair, explaining that the use of a cap in this case would be painful. The treatment was conducted sensitively and the final product met with the customer's satisfaction.

35 The high quality of display work is a feature of many health and community care courses, particularly in the field of childcare. In one childcare class, students were engaged in a range of activities designed to help them to display children's work effectively in the classroom. They showed enthusiasm for the practical aspects of the work and then launched into a stimulating discussion about the benefits of good display in infant and primary schools.

36 A variety of private study and open learning techniques is being developed to supplement and extend classroom work. In one college, the number of students taking care courses by open learning exceeds that on traditional courses. NVQ candidates are supported in small groups by a college tutor visiting work places and students' homes. The quality of materials and levels of support available for students vary. In a few cases, extensive collections of journals, books, videos and sound recordings, together with computer facilities offer students the opportunity to work effectively on their own. Many of the students who could take advantage of such resources outside formal lessons, however, fail to do so.

37 Weaknesses in teaching include the use of inappropriate learning methods, failure to make the lesson aims clear to students, inadequate checks on whether students understand what they are being taught, and an inability to sustain students' interest. Teachers often miss

opportunities to challenge students and to strengthen learning through well-directed questions. On hairdressing and beauty therapy courses, students do not always have access to an appropriate range of clients to be able to complete their assessments within an acceptable timescale.

Assessment

38 On most courses, assessment is mainly by written assignments completed during the course. On GNVQ programmes, there are also external tests. Guidelines for assignment work are generally well developed, and the assessment criteria usually clear. On most courses, students are also assessed on their performance on work experience, in making presentations and on other practical assignments. Although many assignments are designed to relate closely to students' experiences on work placement, few employers are involved formally in the assessment of the written and practical work.

39 Students on health and care courses usually plan their assignments well and present them in an attractive form. There are particularly good examples of portfolio work carried out by students on nursery nursing courses.

In one portfolio, a student on the diploma in nursery nursing course included an anthology of songs and rhymes for children. The assignment demonstrated creative skills of a high order and was also a practical working tool for the nursery classroom.

40 Marking is usually prompt and grades and comments enable students to learn in time for the next assignment. Teachers' written comments are often helpful in enabling students to improve aspects of their work. In some cases, however, such comments are insufficiently detailed and spelling, grammatical and factual errors are not corrected. Students in these colleges would benefit from a marking policy shared by all staff.

41 There is an established framework for systematically recording students' achievements and competence on hairdressing and beauty therapy courses, many of which lead to NVQs. Records of progress are well maintained and are often used to develop further learning and assessment opportunities. Students produce extensive portfolios, but the content and quality of these vary. The criteria for some assignment work are unclear, and there are few constructive written comments from staff.

42 Accreditation of prior learning and experience is increasingly offered to students embarking on care courses and candidates registering for NVQs. There is little accreditation of prior learning for whole qualifications, because the cost has proved prohibitive. Adult students appreciate the chance to gain partial credit for significant previous work experience and thereby complete the course in a shorter time.

Student Support

43 Tutorial support is given high priority in this programme area. Staff consider it an essential component in helping students to achieve their full potential. Colleges frequently identify tutorial systems in health and community care departments as exemplars for the development of similar systems in other parts of the college. In the best practice, tutorial programmes are planned for the year and contain a range of social education components. Time is planned to see students individually. The monitoring of students' progress and study support sessions provide further opportunities for students to receive individual attention.

44 Students, both full time and part time, value the extensive support they receive from tutors. The time allocated for support work varies from college to college, but tutorials of at least one hour a week are timetabled for full-time courses in most colleges. All students have a personal tutor who is responsible for individual support, action planning

and support with assignments. Pastoral support features strongly in health and care courses, especially at foundation and intermediate levels. This requires sensitive handling so that students are able to deal effectively with the educational demands of the course. In some sixth form colleges, tutorial groups are mixed across the curriculum. This approach does not always take adequate account of the vocational aspects of the health and care programmes.

45 Most colleges assess students at the beginning of their courses to identify their learning support needs. Frequently, some 50 per cent or more require additional support in developing their literacy and/or numeracy skills. Many tutors recognise the importance of helping students to master these basic skills and devote much time to supporting individual students. Learning development classes are being programmed increasingly into foundation and intermediate level course timetables. Tutors encourage and support students on other courses to use the learning support staff and resources as appropriate, but not all who most need additional help use the facilities available.

Students with Learning Difficulties and/or Disabilities

46 Teaching about aspects of disability and learning difficulties is a component of all courses in health and care. Particular attention is paid to those with physical disabilities, and sensory or developmental impairments.

A profoundly deaf tutor led a session on deaf signing with a diploma in nursery nursing group, conducting it entirely in sign. Students worked effectively throughout on a series of activities aimed at developing their signing skills, and clearly enjoyed the challenge.

The ethos of the programme area enables students with learning difficulties and/or disabilities to be easily and positively integrated into

health and community care courses. Staff respond readily to requests for a specialist vocational contribution to discrete courses, and understand students' need to progress and achieve.

A group of eight students with severe disabilities from a day centre was assessed in hair analysis, shampoo, conditioning treatment and blow dry. One student also acted as manageress ensuring that sufficient towels were available. Working in pairs, the students correctly identified the conditioner to use and the type of massage movement to use; they handled the technical equipment well, and reassured their clients as they did so. The performance of some students meant they were able to claim units towards NVQ level 1 hairdressing. The day-centre staff were amazed at the development of students' teamwork and the improved practical and personal development skills of individuals over the six-month period.

Work Placements

47 Carefully planned and well-supported work placements are a notable strength of courses in hairdressing and beauty, and health and care. Students frequently report that they are the most useful part of the course, and help them to grow in maturity and confidence. Work placements often help students to reach decisions about their intended careers and sometimes lead directly to employment. They are a compulsory component of many courses and are often formally assessed. For some courses, such as GNVQs and most courses in hairdressing and beauty, there is no requirement for students to have a work placement but, in practice, almost all students have at least one placement during their programme of study.

48 There are different patterns of work placement for the different courses. On some courses, students are required by the examining

board to complete a specific number of days in work settings. On many childcare courses, students attend a work placement for up to six days each fortnight, with the remaining four days spent in college. Some students on foundation or intermediate level GNVQs in health and social care may only complete a one-week or two-week block of work placement. Many colleges operate a combination of one day each week with short blocks of between one and three weeks for students on health and care courses and hairdressing and beauty therapy courses. Arrangements are frequently determined by the receiving employers and do not always match the demands of the curriculum.

Occasionally, students are involved in residential work placement. Students on one advanced level GNVQ in health and social care worked for a week as volunteers in a respite home for people with severe physical disabilities. Some students on beauty therapy courses have a residential period working at health and leisure complexes. These placements have a lasting impact on students.

49 In many parts of the country, the demand for placements is very heavy and students may be asked to find their own. At one college, employers who agree to provide regular work placements for students are offered training and assessment of work-based assessors free of charge.

50 In the best practice, students and employers are carefully prepared for work placement. Handbooks set out the course requirements and the tasks to be undertaken, providing clear guidance for students and employers. Students are interviewed by employers to assess their suitability before starting their work placement. Those employers with a commitment to training often devise a programme to meet the learning needs of the individual student. Workplace supervisors have regular meetings with the student to give feedback on performance and to ensure that appropriate arrangements are made to complete tasks set by

the college. In some cases, where procedures are less rigorous students do not receive adequate preparation and support during the placement. Asking students to look after a group of clients with whom they are unfamiliar, on their first morning, does not facilitate students' learning and is unfair on the clients.

51 In most cases, teachers visit students regularly to monitor their progress. The amount of time allocated for this varies considerably from college to college. In a college which uses a system of block placement weeks, students are expected to attend college for a weekly 'surgery' with their tutor for one evening a week whilst on placement. This helps to strengthen the link between college work and placement activity. Monitoring visits usually include a meeting between the teacher, workplace supervisor and the student. The best of these help both the student and the supervisor to make links between the curriculum and the realities of practice. A few colleges merely ask the workplace supervisor to complete a report at the end of the placement period, without any significant contact with college staff.

52 Colleges are finding it increasingly difficult to make satisfactory arrangements for carrying out police checks on health and care students before they go on work placement. Changes in Home Office and Department for Education and Employment (DfEE) regulations mean that those working in childcare settings are not required to undergo a formal police check unless they have substantial unsupervised access to children. It is assumed that students on work placement do not have such access. A number of placement providers, however, are insisting that such procedures are carried out before students are accepted. Some local authority social service and education departments will still undertake a police check procedure on behalf of colleges, but others will not, and other authorities have begun to charge for this service. As a means of protecting themselves, their clients, and their students, some colleges have introduced an informal self-declaration form which asks students to identify any previous criminal offences. Many colleges are

concerned about the risks involved in family work placements in private homes, and choose to place their students only with parents who are also registered childminders.

53 In support of this survey of the programme area, inspectors visited 13 additional colleges to assess the arrangements made for students to practise their skills in the workplace. Further details of the outcomes of these visits, including examples of good practice, appear in annex A.

STUDENTS' ACHIEVEMENTS

Examination Achievements and Retention Rates

54 In the FEFC's ISR, an achievement is the obtaining of the intended qualification by a student completing the final year of a course. The achievement rate for students enrolled in the programme area, as recorded in the 1995-96 ISR is the highest of all the programme areas at 81 per cent. This can largely be attributed to the very high achievement rates of short first-aid courses. GNVQ achievement rates were 3 per cent below the national average for sector colleges at 66 per cent, with the average achievement at advanced level reaching 71 per cent. NVQ achievements were lower at 51 per cent, mainly due to the low achievements of care qualifications at level 2. NVQ achievements overall dropped from 55 per cent at level 1 to 47 per cent at level 3.

55 Most students are well motivated and show a high level of commitment to their studies. They develop a good understanding of the knowledge appropriate to their level of study, and apply this effectively in their coursework. Nevertheless, too many students fail to complete their courses. The non-completion rate measured by inspectors is around 20 per cent on one-year NVQ courses. Retention problems are most marked on GNVQ courses. At one college, of the 32 students enrolled on the GNVQ foundation health and social care course in

November 1996 only 13 remained in February 1997. Retention rates sometimes vary considerably between GNVQ levels within the same college, and raise issues relating to the quality of pre-entry guidance and selection procedures. In general, the retention rate over two-year courses is higher than in other programme areas.

56 Careful recruitment procedures can contribute to higher retention rates. Although many colleges are introducing central admissions processes, most recruits to care courses are interviewed by specialist teachers or managers to assess their suitability. In a few sixth form colleges, they are interviewed by the senior tutor only. References from schools and employers are often taken into account when deciding whether to offer a place on a care course. Because of the personal and sensitive nature of work in the care field some colleges have developed more stringent entry procedures. In one, all students who apply for the Council for Awards in Children's Care and Education diploma in nursery nursing are required to complete a three-day block of work experience in a relevant setting before the confirmation of the offer of a place. In other colleges, all applicants for care courses are required to complete a piece of written work describing how they would respond in a care situation. Examples include dealing with a child having a tantrum in a public place, or coping with an elderly person who is confused and distressed. This exercise has the additional benefit of checking literacy skills.

57 Many colleges are tightening other procedures in an attempt to improve retention. These include further interviews at the end of induction and an extended induction period for GNVQ courses to ensure that students enrol at the most appropriate level. In colleges where there is no foundation level provision, students are sometimes placed inappropriately on intermediate level courses. Some students on foundation level courses, and in some cases intermediate level, have unrealistic career aims and are sometimes unsuitable for work which involves caring for people because of the nature of their own personal problems.

58 Average attendance at sessions observed by inspectors has been improving slowly. At 77 per cent it is the same as the national average for all programme areas. However, punctuality and levels of attendance are variable. During some college inspections, on average, 30 per cent of students were absent from classes. Monitoring of attendance, and the actions taken to counteract absenteeism, were often ineffective. The average class size has remained above the national average of 10.8. It rose slightly from 11.2 in 1995-96 to 11.5 in 1996-97.

Key Skills

59 Key skills figure strongly in most health and care courses, but are less prominent in hairdressing and beauty therapy. Communication, application of number and information technology are a part of the curriculum for all GNVQ programmes, most BTEC first and national diplomas and most NVQ programmes. This is not always so on childcare courses. Awarding bodies do not always expect information technology skills to be covered as part of the curriculum.

60 Some course teams have developed effective ways of integrating key skills, especially communications and information technology, with other aspects of courses. Number skills are more often taught separately by specialist staff, in isolation from the vocational contexts in which students are working. Students who are unable to appreciate the relevance of these classes to their vocational aspirations are often poor attenders. Many start their courses with weak number skills, which are not then developed. Good practice in information technology introduces students to realistic vocational applications, such as producing a client database for a home for elderly people. In many cases, however, students do not understand how the use of information technology relates to work in a care setting and why they should acquire these skills. Students on hairdressing and beauty therapy courses have insufficient opportunity to apply their information technology skills, even in keeping accounts, which is an obvious area of need. Examples of

students using information technology skills in the production of assignments are limited, particularly on childcare courses. This sometimes reflects teachers' own inadequacies or their failure to offer students encouragement. A number of colleges are now insisting that students use a wordprocessor for at least one assignment.

Progression

61 A substantial proportion of full-time students progress to further studies or related employment. Students following GNVQ advanced level and BTEC national diploma programmes in health and social care generally have the opportunity to progress to higher education or further professional training, such as nursing or social work. In some colleges, entry to higher education from GNVQ advanced level programmes is not as high as might be expected. This is partly because increasing numbers of mature students opt for employment. The majority of students following childcare programmes are likely to go directly into employment or to studies in the further education sector. Students following GNVQ foundation and intermediate level programmes can progress to further study across a range of health and community care programmes, according to their ability, but their age is sometimes a barrier to direct entry to employment. Very few students on hairdressing and beauty therapy courses go on to higher education; the majority progress directly to employment or self-employment. Some colleges have increased the potential for broader patterns of progression by retaining national diploma qualifications and by introducing new diplomas such as fashion styling.

QUALITY ASSURANCE

62 The annual review and evaluation of provision by the course team helps promote 'ownership' of the quality assurance process. The best course reviews are well structured, thorough and evaluative in their

approach and include effective action plans. Others lack rigour and objectivity and contain no strategy for action or improvement. Few colleges as yet make good use of performance indicators within the review and evaluation process. Insufficient attention is paid to the analysis of statistical data, particularly in relation to students' achievements. This reduces the effectiveness of internal quality assurance as a means of bringing about the required improvements in provision.

63 Classroom observation is beginning to be used as part of quality assurance and staff appraisal. Some colleges have developed systematic observation procedures, including good recording mechanisms and appropriate means of feedback to staff. However, in many cases, the approach is not sufficiently systematic and staff receive no training for their role as observers. More use could be made of classroom observation as a means of improving the quality of teaching, developing learning strategies, improving retention and raising the level of student achievements. This is especially the case in subject areas where professional supervision is commonplace, such as health studies and counselling.

64 Most NVQ course teams have developed appropriate and effective internal verification processes. Verification is sound and rigorous and often forms an integral part of a college's quality assurance framework. External verifiers provide helpful support and guidance in many colleges. Other colleges receive little help. Verifiers' reports vary in their detail and quality and the extent to which they are used as evidence in course reviews also differs from college to college.

65 The small number of colleges which offer off-site collaborative provision have generally developed clear and effective quality assurance systems, and ensure that all staff in provider organisations are aware of their requirements. Courses are carefully monitored and audited regularly. Audit outcomes are fed back to the college and provider

organisations. Matters requiring attention are acted upon and are followed up at the next audit visit. Some colleges involve provider organisations in their staff development programmes. Others urgently need to appoint an internal quality auditor to monitor off-site provision.

66 Staff development is increasingly linked to other strategies for improving quality. In the better examples, staff development opportunities reflect an appropriate balance between the needs of individual staff, those of the department or section, and overall college priorities. Some colleges achieve this balance through the use of formal appraisal systems. A good range of staff development activity takes place. A major priority has been to ensure that sufficient staff achieve the required awards for vocational assessors and internal verifiers. Greater priority should now be given to updating the industrial or professional experience of full-time teachers. Insufficient attention has been paid to developing teachers' skills in the use of information technology and, in particular, its application to their own vocational areas. There are good examples of team-based staff development, some of it involving part-time teachers. Staff who attend external events are usually required to produce written reports or to make presentations to colleagues as a means of sharing the knowledge gained. In a number of colleges, there is little evaluation of staff development activity and its impact on teaching and learning is rarely assessed.

RESOURCES

Staffing

67 Teachers have good professional qualifications for the work they undertake. The professional background and experience of staff in the programme area, especially in general further education and tertiary colleges, is sufficient to give them credibility in the field. Many colleges are experiencing difficulties in attracting suitable staff to lead their childcare courses. This is partly because of a lack of either academic or

practical experience, but it may also reflect the relatively low salary levels on offer, compared with those in health and social services work.

68 Just over a half of teachers on health and care courses hold a degree, and approximately 20 per cent have higher degrees. Others generally have appropriate vocational or professional qualifications; a significant minority have a nursing background, while some have social work, counselling and childcare qualifications. Three-quarters have teaching qualifications and approximately a third have assessor and verifier awards. Generally, very few full-time staff have recent industrial experience, though there are exceptions to this. In one college, nine out of 12 staff had been working in relevant professional careers in the past two years. All 12 were qualified assessors and nine were qualified verifiers. All teachers on counselling courses are highly qualified and are currently practising. Some contribute to the counselling service of the college. Most teachers on hairdressing and beauty therapy courses are vocationally well qualified and have relevant industrial experience. Very few have degrees or higher national diplomas. Most have teaching qualifications, and over 80 per cent hold assessor awards with a third holding verifier awards.

69 In both health and care and hairdressing and beauty therapy most teachers are female, mirroring the student profile. Very few teachers are from minority ethnic groups, even in those colleges which attract significant numbers of students from these groups.

70 Health and care and hairdressing and beauty therapy courses use current practitioners to provide students with up-to-date expertise and to strengthen their links with employers. The proportion of part-time staff in many colleges is high. In some cases, however, part-time staff receive insufficient support in developing appropriate teaching skills and keeping abreast of curriculum development. Too high a ratio of part-time staff places excessive administrative loads on the full-time staff to manage courses and teams.

71 Administrative and technical support is low. In hairdressing and beauty therapy, this can adversely affect the quality of learning. Some colleges have been imaginative in their deployment of support staff. One college appointed an education support worker with assessor qualifications for the hairdressing section. This person has 26 hours of student contact a week, and assesses students in the workplace.

Equipment

72 In most hairdressing and beauty therapy salons, the standard of equipment is good and contributes towards a realistic work environment. The range of equipment is often extensive and usually reflects the best of current professional practice. Computerised tills in the reception areas provide an effective source for client records and for billing. In one college, computerised records are also used for stock control in the dispensary. Appropriate commercial products are provided to familiarise students with their use and professional trade magazines are available. There is a shortage of specialist beauty equipment in a few colleges, including screens to provide privacy for clients during body massage. Some equipment is old and no replacement is planned. Learning packs produced by hairdressing and beauty therapy staff to enable students to study on their own are generally of good quality and used effectively, but such resources could be further developed. Many colleges should address ways of increasing the number of clients using college salons and to make more effective use of students' time.

73 The main resource materials required in health and care are journals, books, video, CD-ROM databases and access to information technology and photocopying. Staff have to plan assignments to ensure access to often limited resources. Central records of resources such as computer software, videos, and CD-ROM help to make them widely available. Libraries generally carry an adequate range of appropriate journals, although the quality of bookstock varies. Partly because of the

often scattered location of provision, learning resource bases are increasingly being established. Teachers in one college have built up a large resource base which includes many sets of class books, a wide range of leaflets on health and childcare issues, and a number of relevant video and sound recordings. This compensates for a rather small section in the college library, which is in another building. The department also has a range of teaching aids such as models of the foetus at various stages of pregnancy. Links with local health promotion departments ensure access to the latest materials for college tutors and students. Local health information services are a significant source of material as are the public library services which provide stocks of suitable books for children.

74 Information technology facilities vary greatly. At worst, facilities are virtually non-existent or the equipment does not have the capacity to achieve the objectives required at GNVQ advanced level. At best, there is a dedicated area with open access. In some cases, students are dependent upon staff goodwill to gain access to 'drop-in' facilities at times when this is necessary. The adequacy of science materials varies depending on whether students are taught by science staff or by health and social care specialists. Where it is the latter, access to even basic scientific equipment is often limited. In some colleges, care students have access to a very good range of specialist childcare equipment. One college has purchased a range of practical care equipment to support current courses, but with the requirements of NVQ assessment in mind. There is a care room equipped with sink, bed, bath, two wheelchairs and cookery equipment. The staff anticipate the need to simulate work experience for some aspects of assessment when their NVQ numbers increase. In another college, there is a dedicated childcare and education room which has a wide range of educational equipment. This is for use by students in planning work with children, but also for small groups of children who visit the college for activity work. A significant number of colleges only have the barest minimum of specialist

equipment and many rely on part-time teachers to bring in their own resources.

Accommodation

75 Health and care courses, which do not make high demands on specialist resources, are sometimes based in annexes away from the main site or in mobile classrooms. The annexes are often old buildings with poor central heating or limited access for persons in wheelchairs. Many rooms are unstimulating, with clean but bare walls which do not offer a model of a creative learning environment. In many colleges, base rooms in which equipment and student work can be stored and where the walls can be used for display purposes are rare. The demands of the teaching and learning methods most used in this area require the flexible use of classroom space. Fixed benches make such variety difficult, and the size of rooms is often unsuitable for the classes occupying them. Theory lessons on hairdressing and beauty therapy courses are frequently delivered in the salons.

Some colleges are able to provide a suite of rooms for their care courses with a supply of water in each room, and carpeted and wet areas. There is ample storage space and there are specialist rooms for science and drama. Accommodation is well maintained and offers an environment conducive to learning. Good use is made of the display of students' work to create an effective learning environment.

76 Accommodation for hairdressing and beauty therapy courses includes some of the best and worst in the sector. Most colleges provide appropriate salon space within which the public can be properly treated as customers. Most salons match industrial standards, with high standards of cleanliness and decoration, but they require regular upgrading and updating, which is expensive. Reception and waiting

areas are carpeted and comfortably furnished with posters, displays and products for sale. Recent FEFC data assess the cost of new buildings for hair and beauty therapy courses at £900 per square metre, which is 50 per cent more than the average cost of new technology workshops.

77 Where colleges have made considerable investments in hairdressing and beauty therapy provision, staff have been encouraged to be innovative in designing new programmes. Students' attitude to work and their professional appearance have improved. Staff have higher expectations of their students. Prospective students and parents are impressed with the facilities, as are professional organisations and manufacturers of hair and beauty products.

CONCLUSIONS AND ISSUES

78 Enrolments in the programme area have increased significantly over the past four years, especially among adults and part-time students. Around 35 per cent of enrolments are full time, well above the national average for all programme areas. Employment in the field is often challenging and demanding, and requires thorough preparation and training. The quality of provision is consistently good, but rarely outstanding. The proportion of the highest inspection grades (grade 1) awarded to curriculum areas and lessons within the health and community care programme area is lower than the national average for all programme areas.

79 The particular strengths of this programme area include:

- the growth and diversity of programmes covering health and social care, childcare and early years education, counselling and hairdressing and beauty therapy, from foundation to advanced levels
- the increase in opportunities for part-time study and flexible patterns of study

-
- its major contribution to the financial health of the college and to colleges' ability to meet national targets for education and training
 - strong local links with external bodies such as employers, community groups and product manufacturers, through networks, work placements and consortia to deliver NVQs
 - effective teamwork by well-qualified staff which ensures that each member is clear about roles and responsibilities and that part-time teachers have knowledge of the whole curriculum
 - consistently good teaching and high levels of achievement, especially on counselling courses
 - tutorial support, highly valued by students, which comprehensively addresses the personal, social, vocational and educational guidance needs of students
 - the clear framework of professional values within which courses are delivered, and the scrupulous observation of confidentiality
 - carefully planned and well-supported work placements which are essential in preparing students for the challenges of a demanding work environment
 - the investments in accommodation and equipment for hairdressing and beauty therapy which have encouraged innovations by staff and have improved students' work and professional appearance.

80 Despite strenuous efforts, staff in some colleges have found it difficult to cope with the changing professional environment, and this has affected the quality of courses. Weaknesses include:

- the poor uptake of NVQs, especially in the statutory sector

-
- the lack of flair and imagination in some of the teaching
 - the lack of planning for an appropriate range and number of clients for hairdressing and beauty therapy and the ineffective use of students' time
 - the inappropriate balance of time allocated to teaching theory and practical skills on hairdressing and beauty therapy courses, which results from teaching which is based too closely on assessment
 - the need for more stringent mechanisms to ensure that students enrol on the right course at an appropriate level
 - inadequate attention to the analysis of statistical data in course reviews, particularly in relation to students' achievements
 - inadequate attention to key skills and their vocational applications, especially information technology and number skills, which is sometimes related to teachers' lack of confidence in using these skills
 - the very low numbers of males and the relatively few members of ethnic minority groups among staff and students
 - the unstimulating nature of many of the teaching rooms used for health and care courses
 - the low level of administrative and technical support in many colleges, which particularly affects hairdressing and beauty therapy.

81 It will be difficult to maintain the current rate of growth. If the programme area successfully addresses the above issues it will help to improve further the quality of its provision.

HEALTH AND COMMUNITY CARE WORK PLACEMENT SURVEY

1 During 1996-97, inspectors visited 13 colleges specifically to gain information on the standards set in work placements in health and community care. Inspectors accompanied tutors on visits to a variety of placements and held discussions with college staff, placement supervisors and managers and students. Documentation in support of placement activity was also examined.

2 In those colleges taking part in the survey the number of students attending some form of work placement over the year varied from 90 to 650 depending on the size of the provision. The average number of students attending placements was 236 a year. There is also considerable variation in the number of work placements available to colleges. This varied from 55 in one college to over 450 in another. Some colleges are fortunate in being able to make use of a wide variety of placement settings, such as schools, nurseries, family centres, toy libraries, residential homes for the elderly, day centres, hostels for the homeless, play schemes, women's refuge centres, health centres and hospitals.

3 Very little work placement activity takes place on college premises. Where it does, it is restricted mainly to nurseries or crèches. Some colleges also arrange placements in other parts of the college, for instance assisting the support workers for students with learning difficulties. In one college, students undertake work placements at the college's independent living centre. Another college places some students in its student services unit where they work with the college counsellor.

4 There is considerable agreement between colleges regarding the purpose of work placements in health and community care. Most stress the way in which students' experience on work placement enables them

to link theory with practice and to develop appropriate professional skills and behaviour. It is also seen as helpful in providing them with better career insights. Some colleges also feel that it provides a means by which unsuitable students can be identified. Colleges also acknowledge the usefulness of placement activity as a way of promoting valuable relationships between college staff and care practitioners.

5 Preparation for work placement usually begins during the students' induction programme and is continued during the initial weeks of the course through classroom sessions and tutorials. In the best examples, placement supervisors are invited to college as part of this process. Most colleges also provide some form of written guidance, often in the form of a placement handbook and most ensure that students make an initial visit to their workplace before starting their work placement. In some cases, the student is expected to take responsibility for arranging this visit.

One college has produced a placement handbook for GNVQ foundation students. It gives the aims of the placement and provides guidelines on behaviour in placement. This covers such topics as dress code, confidentiality, and making the initial contact with the placement. There are suggestions on how students should introduce themselves on the telephone and conduct the telephone conversation.

A second-year GNVQ advanced student who undertook a pre-placement visit to a hospital was very well prepared and had given much thought to what she wanted to learn. Many issues were clarified by the supervisor (the sister in charge) and information was provided about the workings of the department and what would be expected of the student. The student left confident that she would be able to work effectively in the placement.

6 Some placement providers would like more information on the students who attend for placements and on the courses they are studying. In some cases, they are unclear about the requirements of different courses. In some organisations, the information booklets supplied by colleges do not always reach those members of staff who are responsible for supervising students. Very few placement providers make a formal contribution to the curriculum; some would welcome more involvement.

7 College staff make extensive use of their own personal contacts and knowledge of the local network of care providers as a means of finding new placements. In some cases colleges receive requests from employers wishing to act as placement providers, particularly in the expanding private sector. Many colleges have a formal 'vetting' procedure whereby prospective new placements are visited to ensure that the quality of provision will provide a good, safe and appropriate learning experience for students. Colleges generally cease to use placements where there has been evidence of malpractice or failure to provide students with a reasonable experience. However, one college stated that consistent good practice is not required of all placements and admitted that the choice of placements would be seriously limited if this was insisted upon.

8 Many of the criteria used for the allocation of students to placements are set by the awarding bodies. For instance, students following the Council for Awards in Children's Care and Education diploma in nursery nursing are required to gain experience in working with children of different ages and in different settings. In other courses, such as GNVQ health and social care, colleges often seek to ensure that students experience working with a range of client groups, including children, elders and people with disabilities. The distance students have to travel is another significant factor used in the allocation of placements. This is particularly important for colleges where public

transport is limited or where students are no longer able to obtain refunds for their travel costs. Other criteria include the age, previous experience and maturity of students.

One college places all its first-year students in statutory or more highly valued placements because the college has more confidence in the quality of the experience. Second-year students tend to be placed in private sector, or in more challenging placements, because they are assumed to be more capable of bringing difficult practice issues back into college for discussion with tutors.

9 Students' progress while in placement is monitored by regular visits from tutors. Placement visits often involve a meeting between the tutor, placement supervisor and student. Some tutors also observe students on placement. Most tutors make written records of their visits which are usually shared with students. A number of colleges use placement profiles which provide checklists and recording mechanisms to support the achievement of curriculum objectives. The majority of students felt that the support received from tutors and placement supervisors was very good.

One tutor visiting three national diploma students in day nurseries was especially skilful at driving forward the agenda for review and evaluation. She pressed students to identify the new skills they had gained and to measure their own progress. Placement diaries and learning objectives were checked and help was given in suggesting activities which could be recorded as evidence of key skills achievement.

10 Colleges pay appropriate attention to equal opportunity issues as an aspect of placement provision and as an integral part of the

curriculum. Some colleges incorporate equal opportunity issues into the monitoring process and ask placement supervisors to monitor students' understanding and implementation of all aspects of equality of opportunity. A few colleges were able to give examples where discrimination against students on the grounds of gender and race had been challenged and corrected. One college removes placements from the list if a placement refuses to accept a male student. In two of the colleges in the survey, black students had experienced racism while on placement; in both cases the situation was immediately investigated and appropriate action taken.

In one college, there are guidelines in a work experience policy document to ensure that equal opportunity issues are considered in the placing of students and in the tasks undertaken during placements. The student placement profile has a section on equal opportunities to encourage students to examine these issues whilst in their placements.

STUDENTS IN HEALTH AND COMMUNITY CARE, 1995-96

Age	<i>Part-time</i>			<i>Full-time</i>			<i>Full-time & part-time</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
11 to 15	1,561	633	2,194	237	51	288	1,798	684	2,482
16 to 18	16,171	4,573	20,744	61,110	8,923	70,033	77,281	13,496	90,777
19 to 24	33,228	13,686	46,914	13,171	2,336	15,507	46,399	16,022	62,421
25 to 39	97,398	46,403	143,801	17,841	2,353	20,194	115,239	48,756	163,995
40+	66,653	34,704	101,357	5,162	749	5,911	71,815	35,453	107,268
Unknown	7,395	5,606	13,001	212	25	237	7,607	5,631	13,238
Total	222,406	105,605	328,011	97,733	14,437	112,170	320,139	120,042	440,181

Note: includes first-aid and franchised qualifications in colleges

INSPECTION GRADES IN HEALTH AND COMMUNITY CARE

Table 1. Lesson observation grades, 1995-96 and 1996-97

Year	1	2	3	4	5
1995-96	21	43	27	6	2
1996-97	22	42	29	5	1

Source: inspectorate database

Note: percentages are subject to rounding

Table 2. Lesson observation data, 1995-96 and 1996-97

	1995-96	1996-97
Number of lessons observed	2,062	1,571
attendance %	76	77
Average class size	11.2	11.5
Number of students	23,100	18,135

Note: In 1993-94 and 1994-95, aspects of the programme area were reallocated between programmes 6 and 7. Directly comparable figures are therefore not available for these two years

Table 3. Curriculum area grades, 1993-94 to 1996-97

Grade	1993-94		1994-95		1995-96		1996-97		Average	
	Prog. area 7	All prog. areas	Prog. area 7	All prog. areas	Prog. area 7	All prog. areas	Prog. area 7	All prog. areas	Prog. area 7	All prog. areas
	%	%	%	%	%	%	%	%	%	%
1	5	9	6	9	9	10	8	10	7	9
2	51	56	69	62	67	59	64	59	64	59
3	40	32	22	26	22	29	28	28	27	29
4	3	2	3	3	3	2	0	3	2	3
5	1	0	0	0	0	0	0	0	0	0

Note: number of grades awarded for health and community care programme area; 1993-94 =73, 1994-95=104, 1995-96=111, 1996-97 =64

STUDENTS BY SUBPROGRAMME AREA

Figure 1. Student numbers by subprogramme area

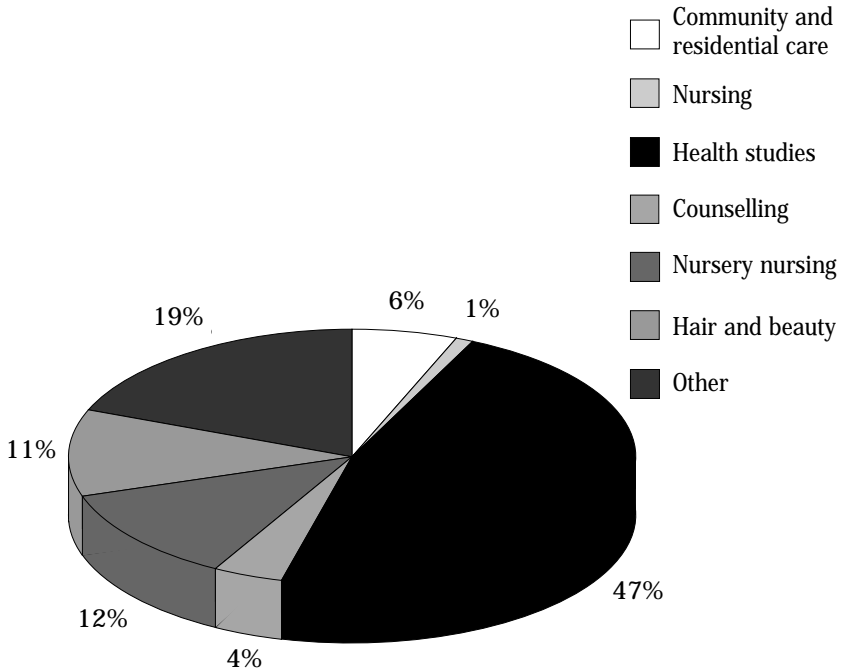


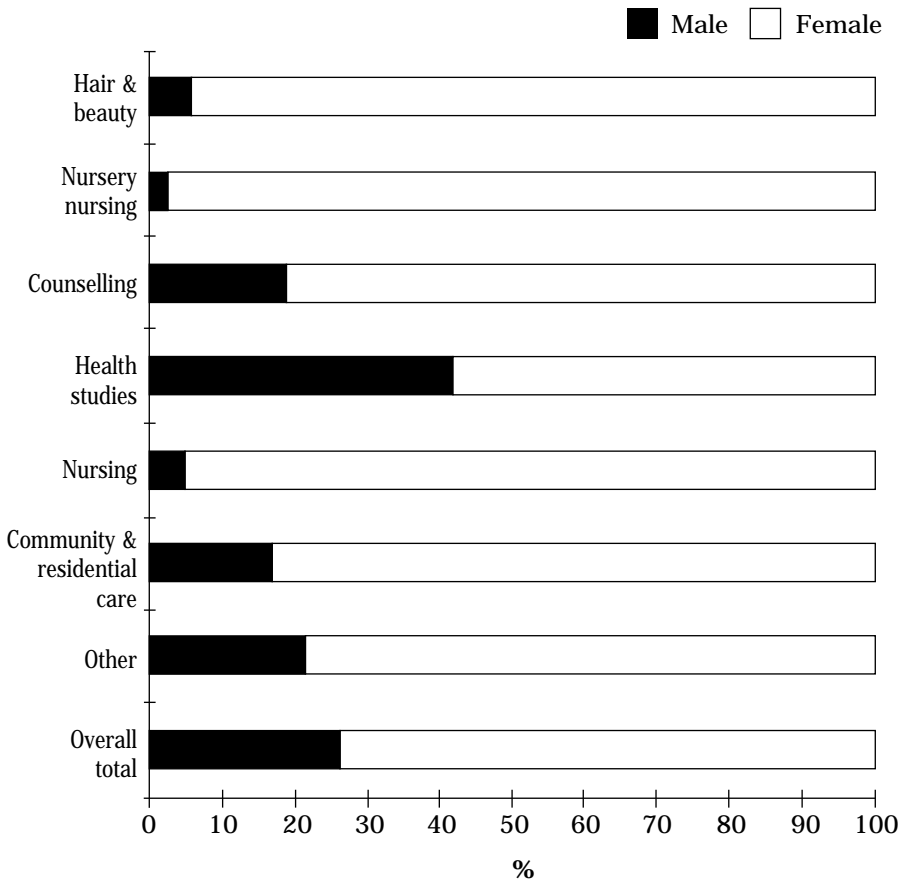
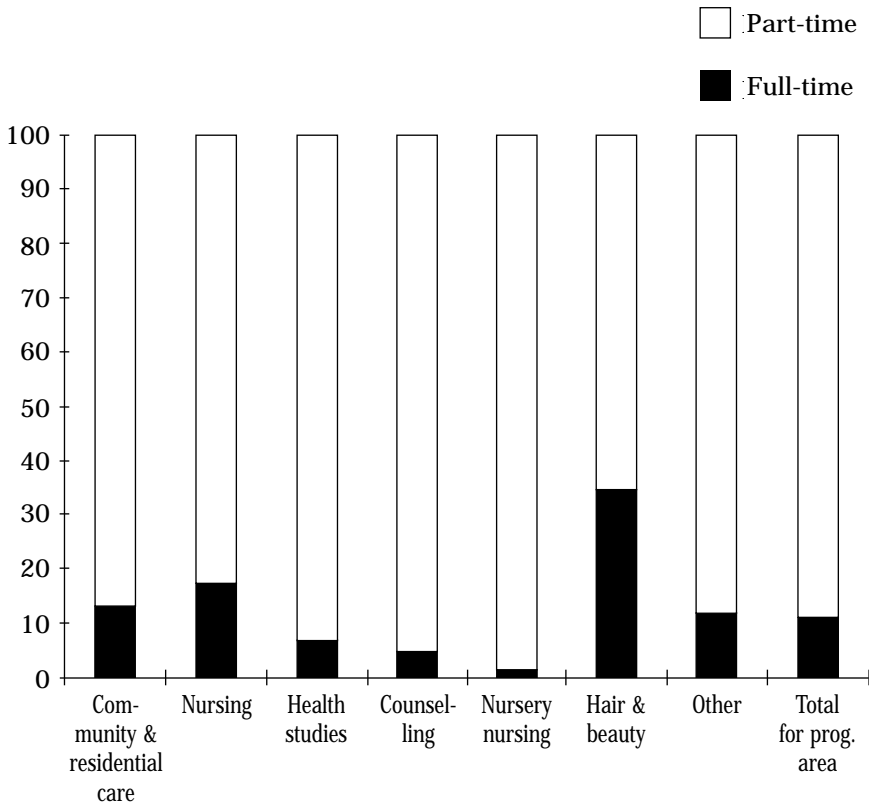
Figure 2. Enrolments by sex in subprogramme areas

Figure 3. Enrolments of students over 19 by mode of attendance and subprogramme area, 1995-96



Note: 78 per cent of students in the programme area are over 19; of these, 12 per cent are full time and 88 per cent are part time; of these full-time students, around a quarter are studying health studies, and a quarter studying hair and beauty

ORGANISATIONS AND AWARDING BODIES CONSULTED DURING THE SURVEY

The FEFC acknowledges the information and assistance given by members of the following organisations in preparing this survey report:

The British Association of Beauty Therapy and Cosmetology (BABTAC)
Care Sector Consortium (occupational standards council for health and social care)

Central Council for Education and Training in Social Work (CCETSW)
CENTRA (North West regional awarding body)

City and Guilds of London Institute

Confederation of International Beauty Therapy and Cosmetology (the examination board of the British Association of Beauty Therapy and Cosmetology)

Council for Awards in Children's Care and Education (CACHE)

Edexcel Foundation

Hairdressing Training Board

Health Care Tutors' Association

National Council for Vocational Qualifications

National Association for Maternal and Child Welfare

NCFE (Northern regional examining and awarding body)

Occupational Health and Safety Lead Body (OHSLB)

Pre-School Learning Alliance

Vocational Awards International (awarding body for non-NVQs in beauty therapy, holistic therapy, and fitness and sports therapy)

Vocational Training Charitable Trust (awarding body for NVQs in beauty therapies and hairdressing)

**Published by the
Further Education
Funding Council**

April 1998

**Cheylesmore House
Quinton Road
Coventry CV1 2WT**