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Introduction

The Northern Ireland Social Care Council (NISCC) was established in 2001 as the regulatory body for the social care workforce in Northern Ireland. NISCC regulates the workforce by maintaining a register and setting standards for the conduct, practice and training of social care workers to ensure that the quality of care provided to service users and carers is of a high standard. The NISCC register is a public record which indicates that those registered have met the requirements for entry onto the register and have agreed to adhere to the NISCC Standards of Conduct and Practice.

NISCC is a partner in the UK Alliance 'Skills for Care and Development' (SfC&D) which is the sector skills council for the social care, children and young people's workforce. NISCC'S UK partners in SfC&D are the Care Council for Wales (CCW), the Scottish Social Services Council (SSSC) and Skills for Care (SfC), England.

Sector Skills Councils (SSCs) are employer-led organisations that represent specific industries in the United Kingdom. Their key goals are to support employers in developing and managing apprenticeship standards, to reduce skills gaps and shortages and improve productivity.

To support this work NISCC has established a Qualifications Panel that will work with key partners to develop and sustain a skilled competent social care workforce through the progression and endorsement of qualifications relevant to workforce needs.

The Fitness for Purpose Review of Health and Social Care Qualifications in Northern Ireland was led by the NISCC Early Years and Social Care Qualifications Panel.

Background

In 2015, Ofqual deregulated the Qualifications & Credit Framework (QCF) and introduced the Regulated Qualifications Framework (RQF). This gave NISCC an opportunity to evaluate the current suite of Health and Social Care Qualifications at levels 2, 3 and 5, which are due to expire in 2017. The evaluation and feedback from the sector will help focus discussions with awarding organisations about the content and shape of qualifications going forward.

This evaluation is intended to capture the views from the Social Care Sector in considering what revision if any is required for current provision and the need to develop new qualifications.

In addition there are other developments that are likely to inform the eventual shape of any revision or new qualifications – these include:

- The introduction of compulsory registration of social care workers in Northern Ireland on 1 April 2017
- The revised NISCC Standards of Conduct and Practice for Social Care Workers November 2015
- The planned review of the NISCC Induction Standards for Social Care
- Changes to Youth Training and Apprenticeships Frameworks in Northern Ireland
- How new qualifications in the sector are developing across the UK.

Survey Methodology

An online survey was sent to a range of Stakeholders across the sector including Statutory, Independent and Voluntary Sector Employers, training providers and assessment and quality assurance staff using the qualifications. The survey was open during August 2016 and closed on 7th September 2016. The survey was sent to 34 employers, Further Education Colleges and employer representatives, 14 responses were received via the online survey. One of the Regional Colleges submitted a paper as an alternative to completing the online survey. Overall 44% of organisations contacted responded.

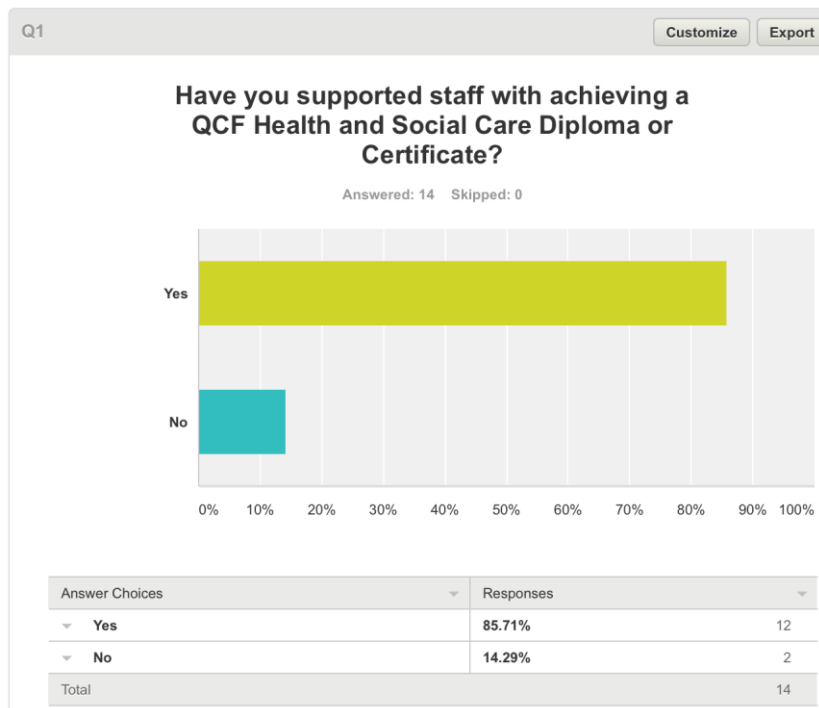
NISCC would like to thank those who took the time to respond.

Responses

This summary will consider the answers and examine the comments of the respondents. A more in-depth analysis of each qualification will be considered in the *Overview and Analysis of Responses* section later in this report.

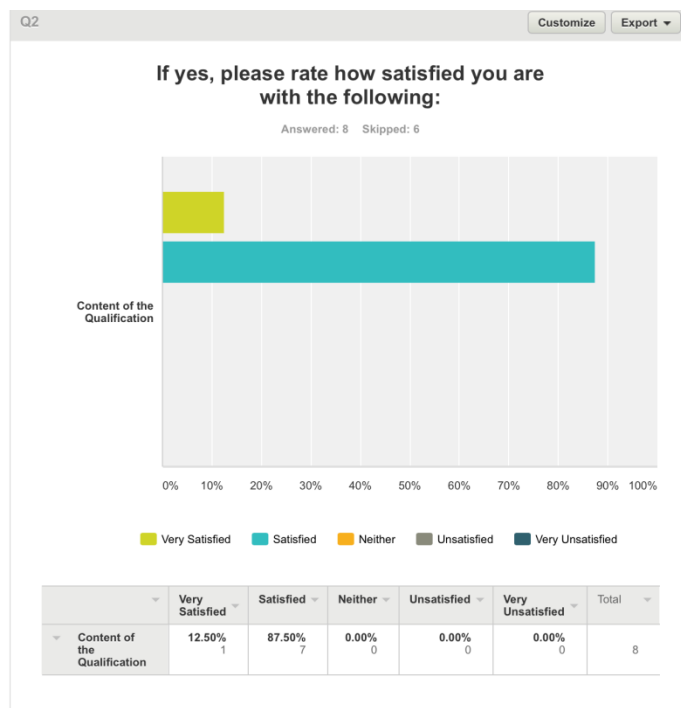
All responses were anonymous.

Question 1 Supporting Staff to Achieve a QCF Health and Social Care Qualification



The majority of respondents (86%) have supported staff with achieving a QCF Health and Social Care Diploma or Certificate

Question 2 Satisfaction with qualification content



87.5% of respondents were satisfied with 12.5% being very satisfied with the content of the qualification.

43% of respondents skipped the question.

Question 3– asked respondents to explain further – of the 14 respondents 5 commented as follows

I think it encourages them to think about their role, and the legal responsibilities they have. It is an opportunity to not only develop as a social care worker but to reflect on their individual practice. I have met many social care workers who were very competent in their practice but unaware of why they had to do things a certain way. At the end of their award candidates are aware of the legislation, policies, standards and codes of practice that underpin their practice. I think it reduces the opportunity for abuse and poor practice as the candidates are able to reflect back on their award and look at their current practice and question if they think something is wrong. The award offers empowerment with the knowledge they have gained. I also feel a refresher of the award every three years would be a good thing to remind them of this knowledge and update them with any changes in legislation or practice.

It is excellent for improving practice

Many staff have stated they now understand more about their role and responsibilities and are perhaps more aware of how legislation and policy influence services.

Assurance that skills, values and knowledge have been demonstrated.

Those L2 learners who engaged with the programme well reported that they learned a lot and felt more confident in their role. The few L5 learners who undertook the award stated that they had been (appropriately) challenged and had learned a great deal. They too said they were more confident and now had an understanding of the thinking behind the tasks they carry out.

Question 4 – asked respondents to explain how they felt the achievement of the qualification had improved the practice of their staff:

I have mainly been involved in the level 3 & 5 diplomas, the content is good, some units are a bit too in depth i.e. learning disability unit, challenging behaviour unit at level 5. The size of the level 5 qualification is too big, too many units to get 90 credits.

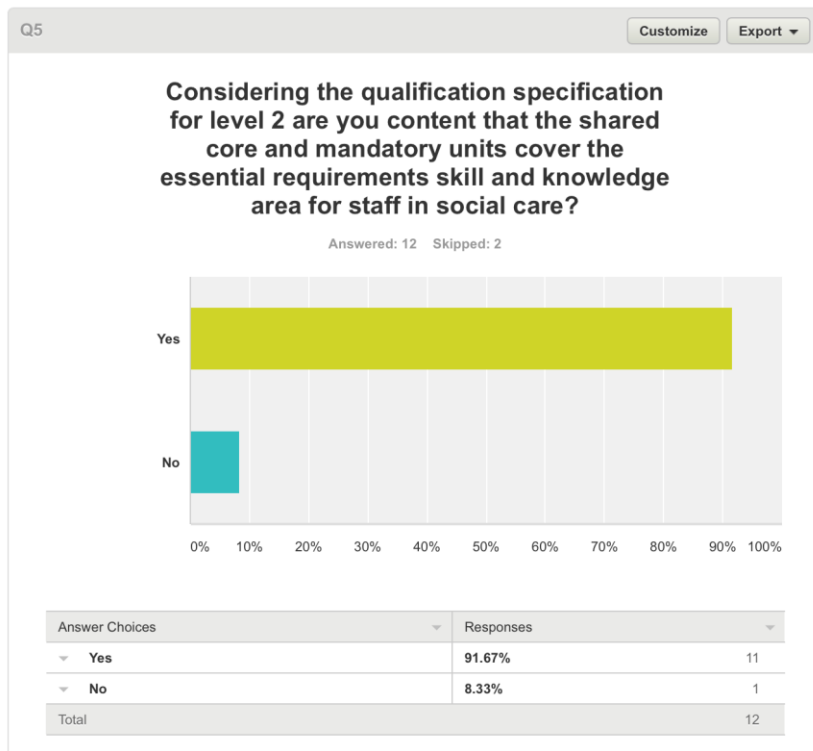
There are a wider range of topics within the diplomas for staff to undertake. The topic specific certificates add another dimension which wasn't available with NVQs

I feel the content offers a wide range in units to cover different areas of social care.

mandatory units often largely overlap with statutory and mandatory training requirements causing duplication. Should be more flexibility. C&G Diplomas are much bigger than those offered by other awarding orgs. This creates inequality re levels of skills and knowledge and influences choice of awarding orgs.

There are always issues with level three awards in domiciliary care as there are not enough options to cover the tasks that most would -be level 3 learners carry out. As a result, we have chosen to allow very few workers take awards at this level.

Question 5 – This question asked about the content of the Level 2 diploma



'It offers a wide range of units in all areas'

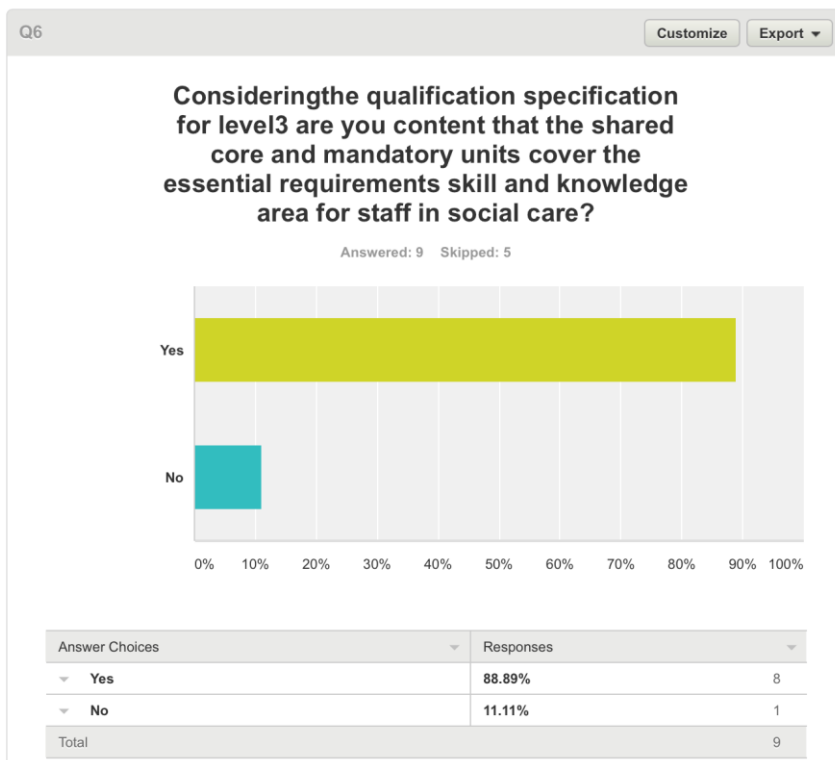
'Some of the units could be amalgamated e.g., 201 and 209'

'Duplication'

'Infection control should be mandatory'

'Infection control could be built in to a new health and safety unit'

Question 6 – This question asked about the content of the Level 3 diploma

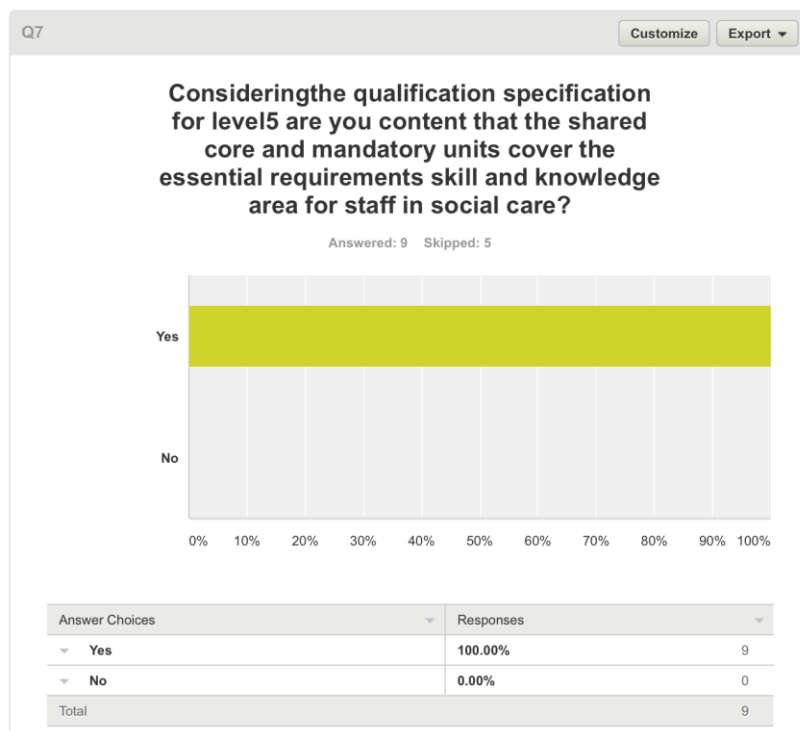


'Yes it offers a wide range of units in all areas'

'As above e.g., 301 and 307'

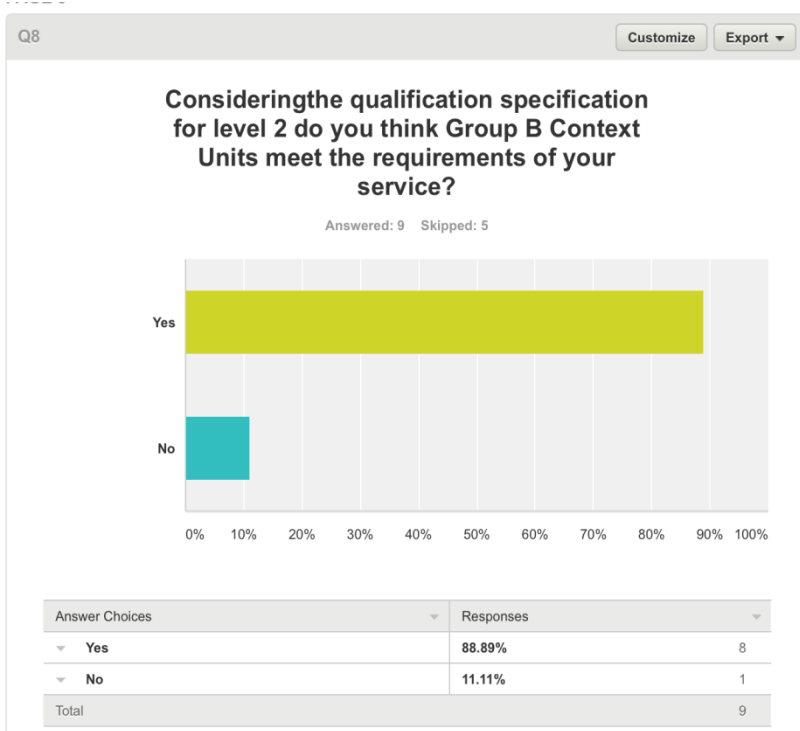
'Not broad enough range of tasks represented'

Question 7 – This question asked about the content of the Level 5 diploma



‘but more emphasis on the management of the tasks needed’

Question 8 – This question asked respondents to consider Group B optional units of the level 2 Diploma and if they meet service needs



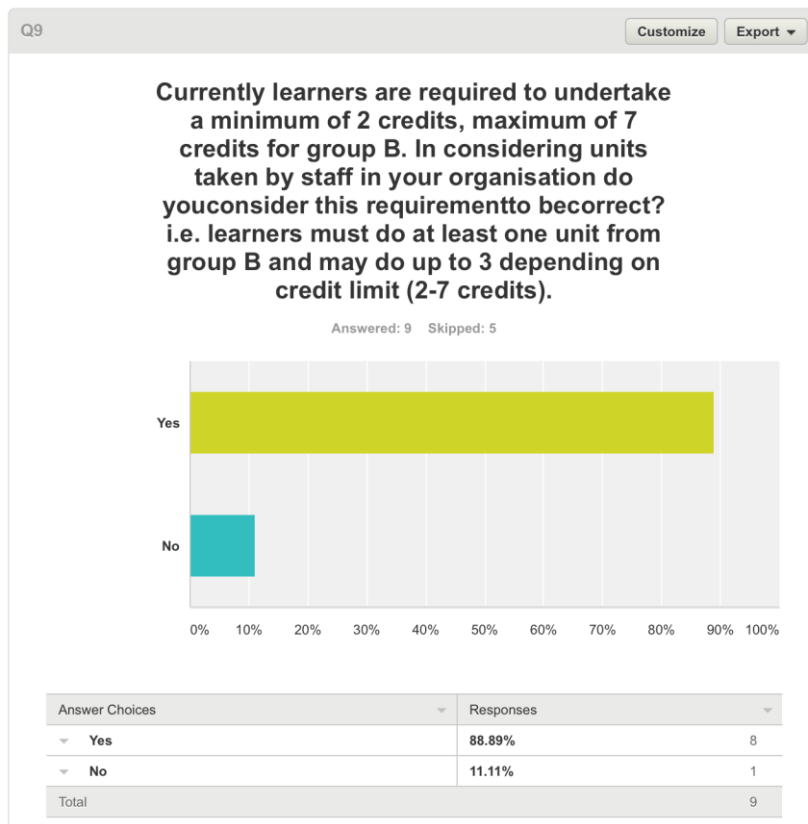
I assess over a few different areas of social care. The B units offer the opportunity to look at the knowledge for specific areas, where the mandatory units are more general.’

‘Learners sometimes have difficulty in choosing units from this group’

‘We are really limited to some B units i.e. dementia awareness and infection control’

‘The Group B units available cover a broad range that meets the requirements of service users’

Question 9 – Group B this question asked respondents to consider Group B optional units (knowledge units requirement) of the level 2 Diploma and if they meet service needs



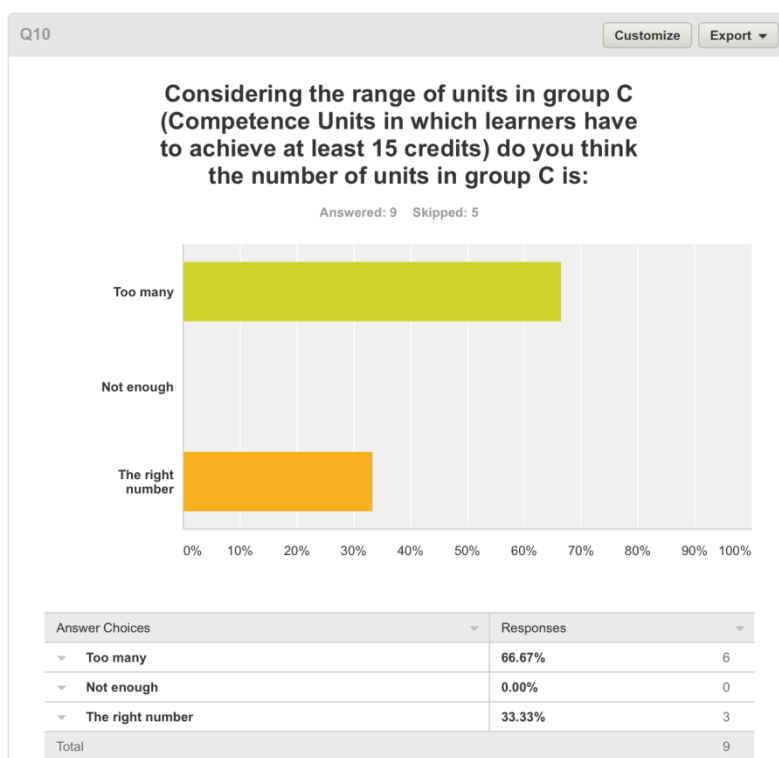
'Yes – ensures they look at their current area of care'

'I think there should only be 2 groups i.e. mandatory and optional'

'It is vital that there are areas a learner can research and engage in that do not require observation'

'I think that by completing 2 group B units, the learners are given more knowledge that they can apply to their job'

Question 10 – Consider if Group C competence units meet service needs



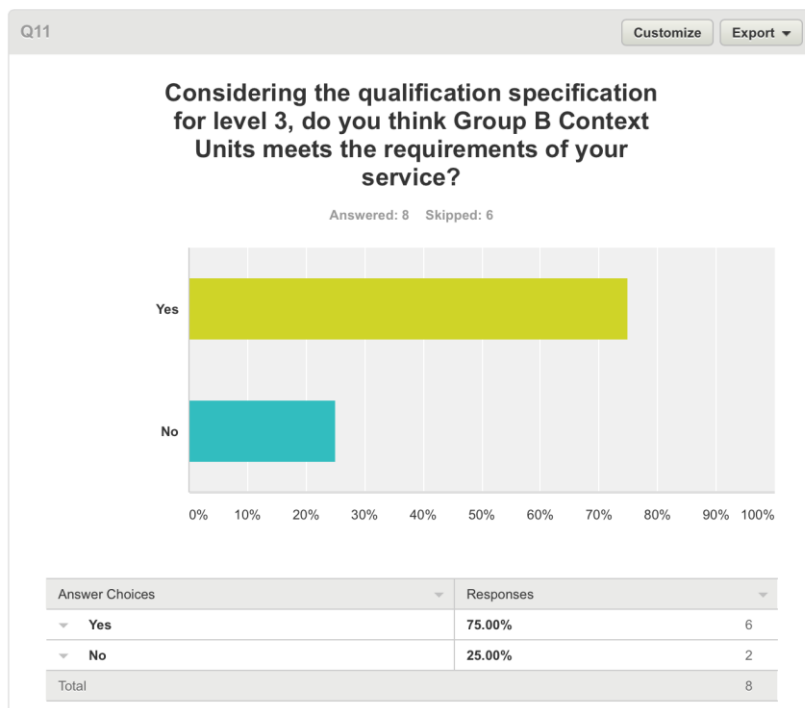
'I feel the credit value is too low for some level two units, it can at times be very difficult to find enough units to complete the award. Level 3 is easier to complete due to the higher credit levels of the units which doesn't make sense to me. However, I do feel there is a good range of relevant units available.'

'Some units seem similar and perhaps could be amalgamated into one manageable unit. The qualification itself is too big with some learners doing 17 or 18 units to get the 46 credits. Perhaps a qualification with learners doing 8-10 units might be more acceptable'

'A level 2 worker can prove their competence with fewer requirements – 12 credits would be fairer'

9

Question 11 – Level 3 Group B This question asked respondents to consider Group B optional units of the level 3 Diploma and if they meet service needs



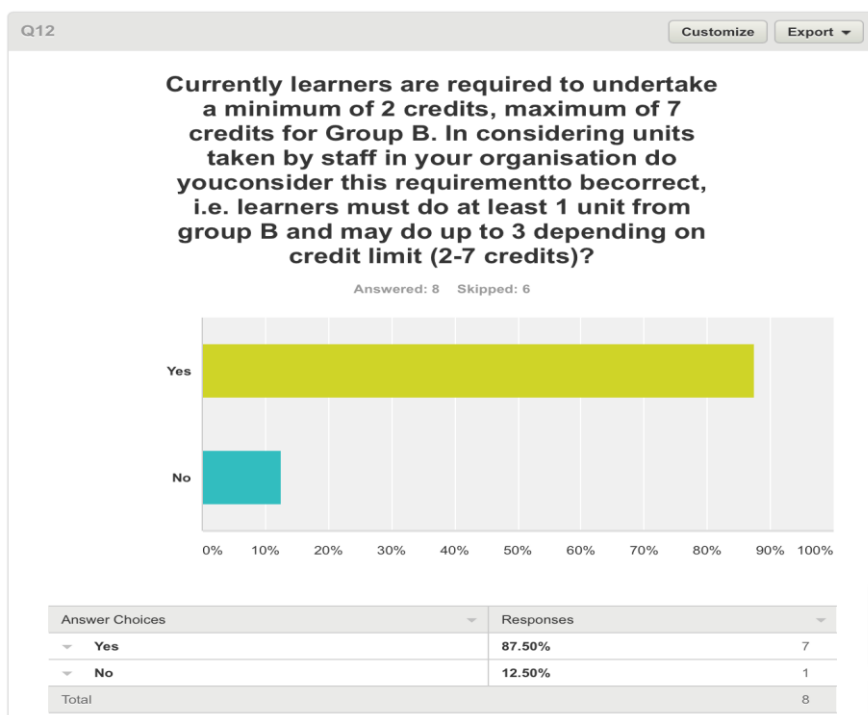
'It offers the opportunity to look at the knowledge for specific areas'

'Learners sometimes have difficulty in choosing units from this group'

'While there is a broad range, there are few that grab the attention of potential level 3 learners in domiciliary care, so some units that come from team leading would be useful'

'The Group B units available cover a broad range that meets the requirements of all the service users'

Question 12 – Level 3 Group B asked respondents to consider Group B optional units (knowledge units requirement) of the level 3 Diploma and if they meet service needs

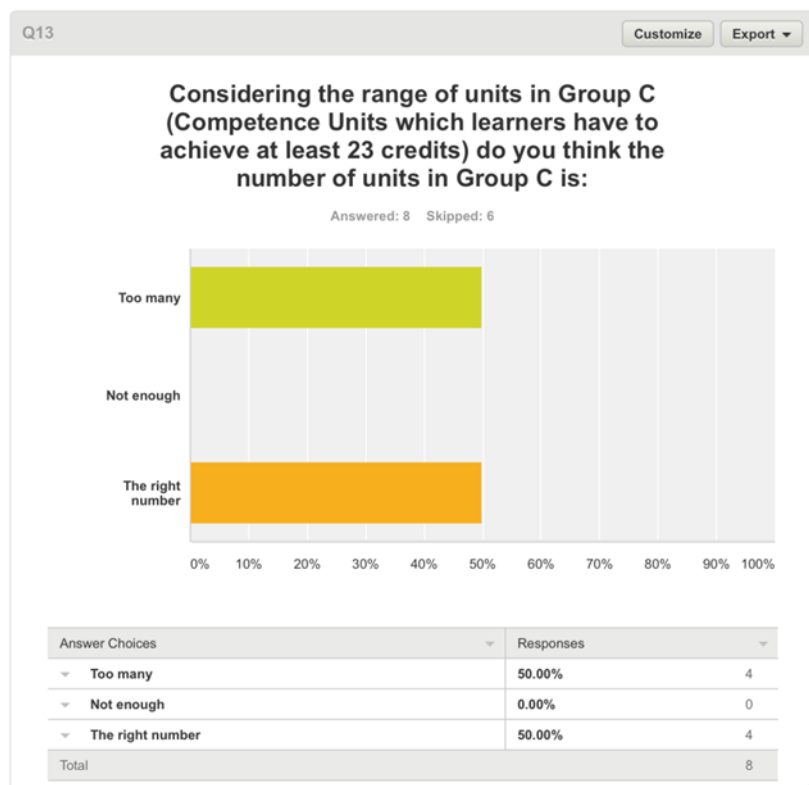


'Yes I feel this is correct'

I think there should be only 2 groups i.e. mandatory and optional. Some learners recently commented that they found unit 264 to be challenging and repetitive'

'I think that by completing 2 Group B units, the learners are given more knowledge that they can apply to their job'

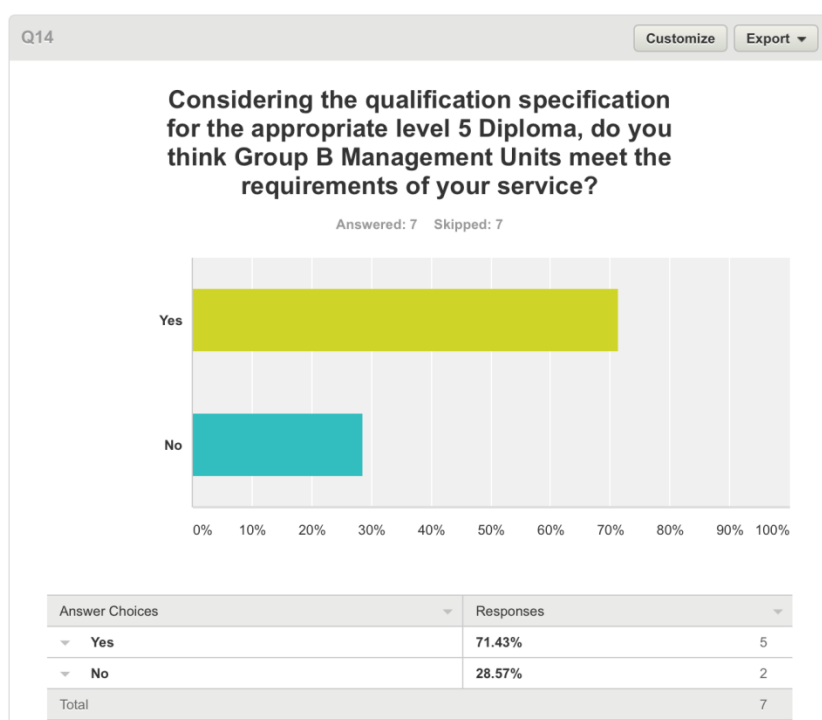
Question 13 – Level 3 - Group C Competence Units - This question asked respondents to consider Group C optional units of the level 3 Diploma and if they meet service needs



‘some units seem similar and perhaps could be amalgamated into one manageable unit. The qualification itself is too big with some learners doing 17 or 18 units to get the 58 credits. Perhaps a qualification with learners doing 10-12 units might be more acceptable’

The number of credits would seem to be right, it is the choice of units that is lacking’

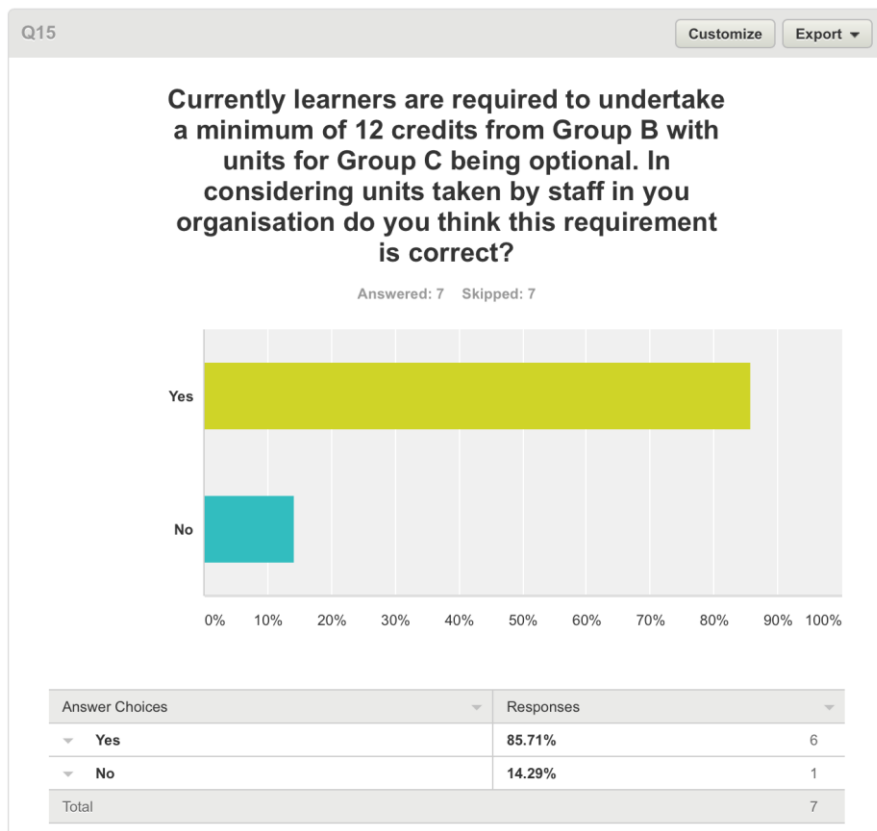
Question 14 — This question asked respondents about the Group B Optional Management Units of the level 5 Diploma – Adults’ Management



‘It is quite a restrictive choice’

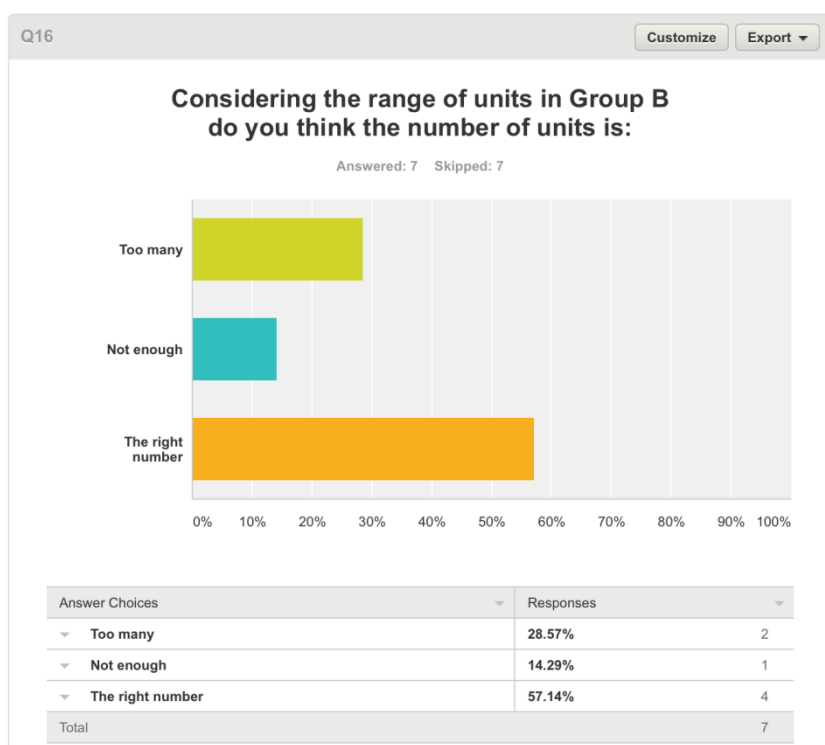
‘A greater emphasis on leadership and management needed’

Question 15 – This question asked respondents about the 12 credit minimum requirement for Group B in the level 5 Diploma – Adults’ Management



‘There should only be 2 groups i.e. mandatory and optional

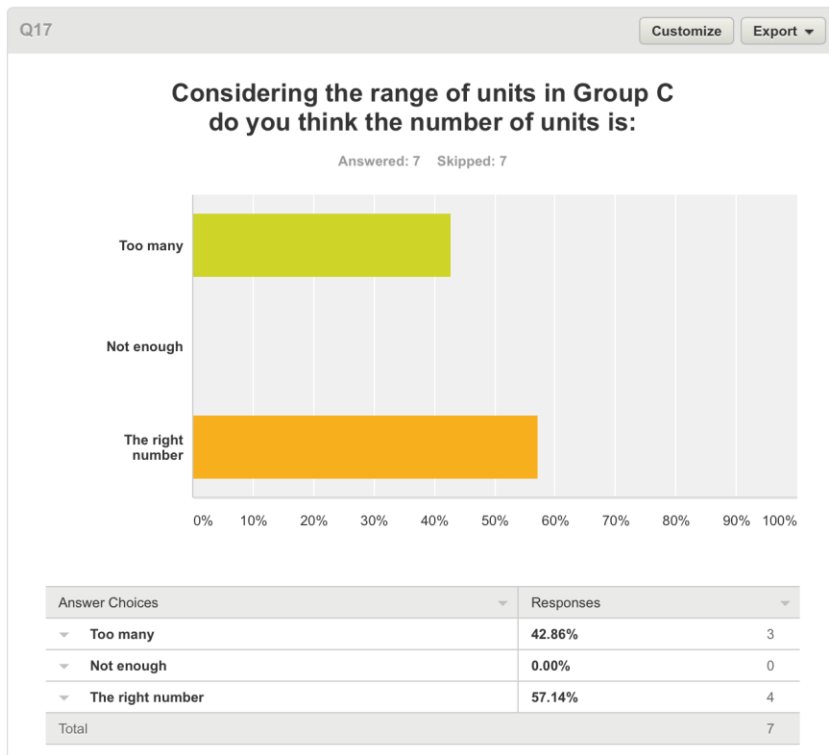
Question 16 – This question asked respondents to consider the range of units available in Group B units in the Level 5 Diploma – Adults’ Management



‘Definitely too many units’

‘Given the large number of credits from the mandatory units, this would seem to be right’

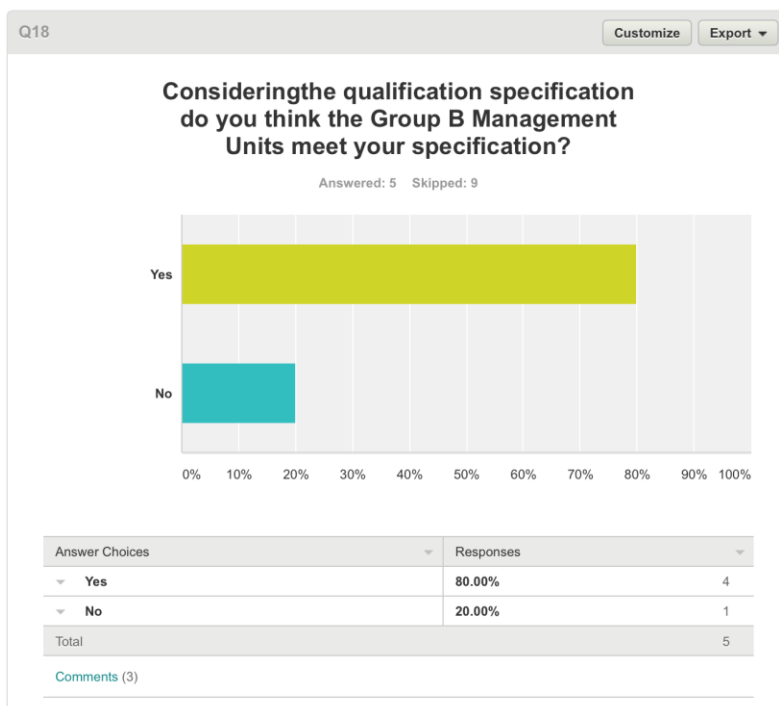
Question 17 – This question asked respondents to consider the range of units available in Group C units in the Level 5 Diploma – Adults’ Management Pathway



‘Definitely too many units’

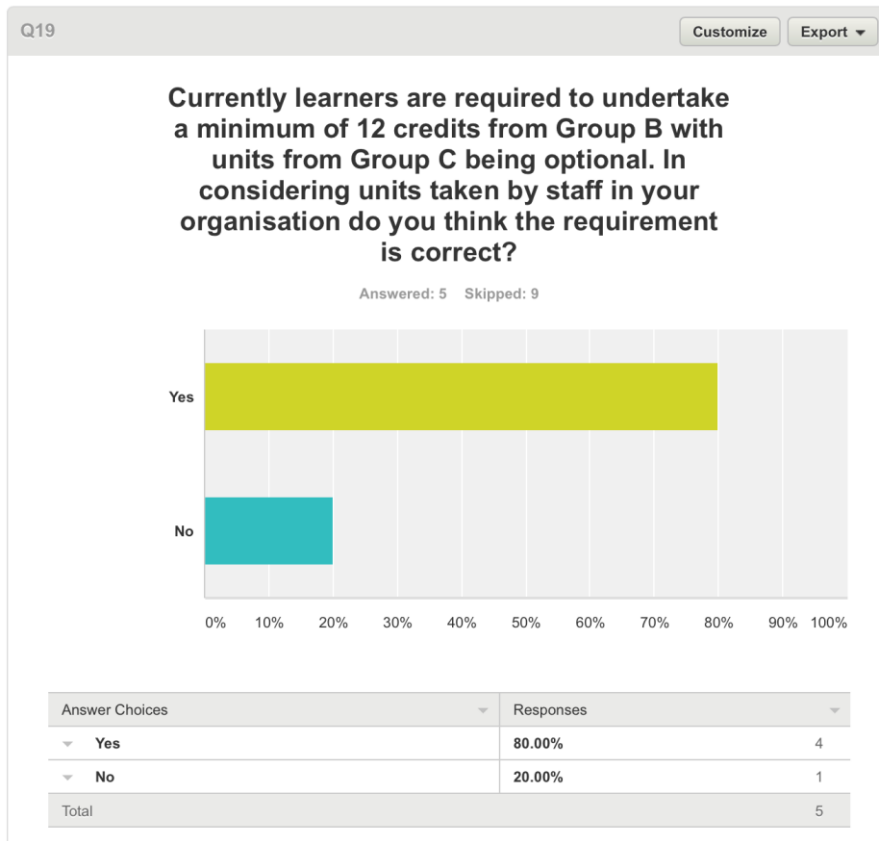
‘The qualification could be brought to a more manageable size, eg, 12-14 units’

Question 18 — This question asked respondents about the Group B Optional Management Units of the level 5 Diploma – Adults’ Residential Management



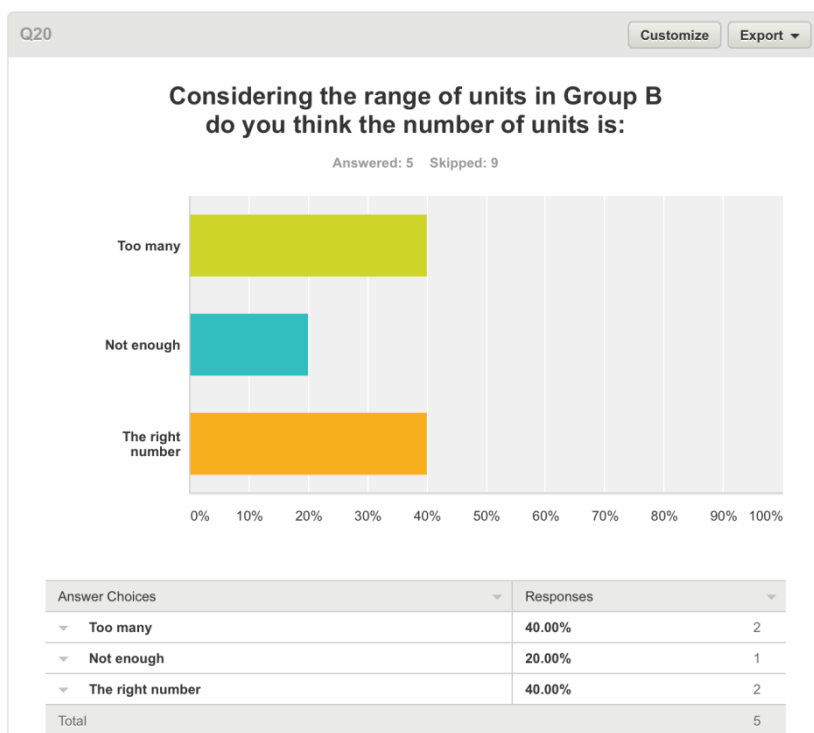
‘It is quite a restrictive choice’

Question 19 – This question asked respondents about the 12 credit minimum requirement for Group B in the level 5 Diploma – Adults’ Residential Management



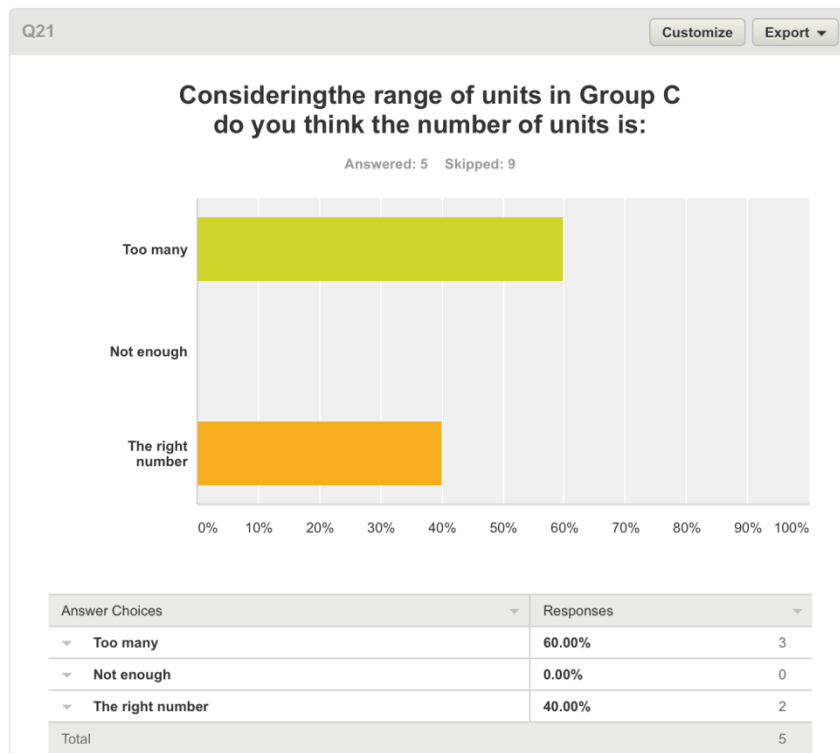
‘There should only be two groups – mandatory and optional’

Question 20 – This question asked respondents to consider the range of units available in Group B units in the Level 5 Diploma – Adults’ Residential Management



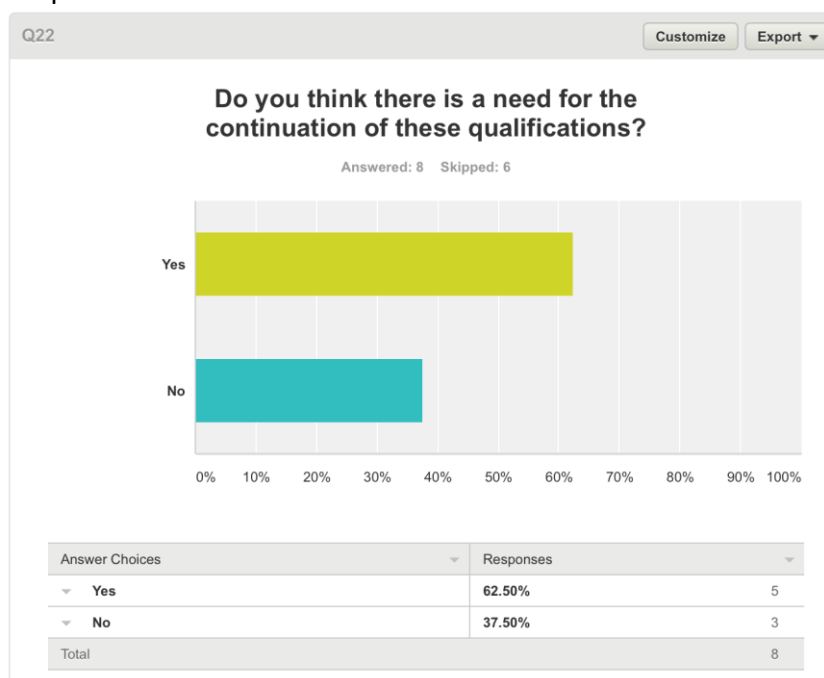
‘There should only be two groups – mandatory and optional’

Question 21 – This question asked respondents to consider the range of units available in Group C units in the Level 5 Diploma – Adults’ Residential Management



‘The qualification could be brought to a more manageable size, e.g. 12 to 14 units’

Question 22 – This question asked respondents to consider the needs for the level 2, 3 and 5 Diplomas

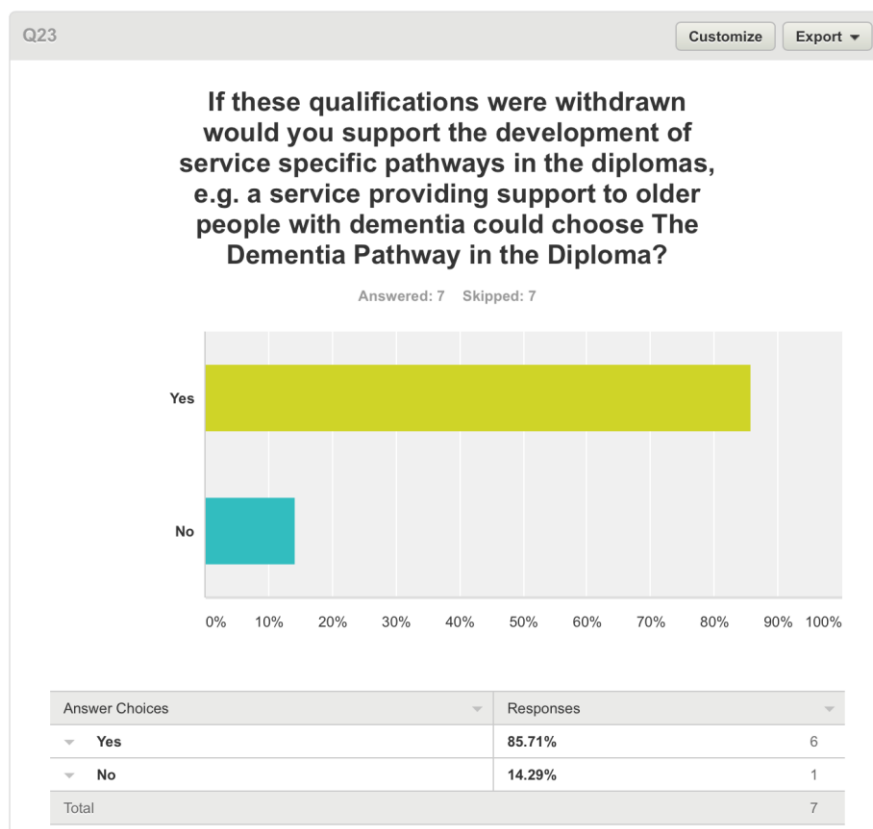


‘I assess a wide range of social care staff, these units are excellent in offering staff the opportunity to develop their knowledge and enhance their practice in an ever changing environment. I feel they are very relevant to today’s social care’

‘My colleague and I have taken several staff groups successfully through the level 2 Certificate in Supporting Individuals with Learning Disabilities and the L2 and 3 Certificates in Dementia Care. Staff have enhanced their skills and knowledge and seemed to have enjoyed undertaking a service specific role.’

‘There are more and more staff working in specialized areas and these qualifications are more tailored to their needs.’¹⁵

Question 23 – This question asked respondents to consider future options for the development/review of qualifications



'I would like to see a draft first. It may limit the individual candidate and be too specific'

As long as staff who already have an NVQ or QCF qualification don't need to do a full diploma and can take the service specific pathway only'

'too restrictive'

'if there was no option'

Question 24 – additional comments for Q 23 – 2 respondents replied

'I assess levels two and three in HSC and have now been involved in several awards over time. I feel the current award has put many people off, as the written requirements have increased greatly in level two. Yet there are lots of very competent staff working with service users and doing an excellent job but don't have the confidence in their written work. I spend a great deal of time reassuring level 2 candidates before and during their award, and they become very empowered at the end of their award, but I still feel we are missing others because of the high level of written work in the knowledge. I also think a refresher course would be a good idea every three years, to update candidates in legislation and current workings. Not really sure why the credits were introduced, they just added to confusion to the award.'

'The QFC diplomas have been a great improvement from the NVQ with reduced duplication, we use e-portfolio which make the co-ordination of the qualification more straightforward. The only concern I have is the size of the qualifications.'

Overview and Analysis of Responses

As well as considering the answers of the Fitness for Purpose Review of the Health and Social Care Qualifications in Northern Ireland, NISCC will also take into account other factors that may have an impact on the revisions/development of Northern Ireland specific qualifications.

Level 2 Diploma

Respondents recognized the value of the qualification in terms of enhancing the practice of staff and welcomed the presence of knowledge only units.

The general consensus is that there are too many units, which can make it difficult to select and complete. Many respondents suggested smaller qualifications. They also suggested that units could be merged. Others would like to see simplification of the rules of combination.

The group response highlighted the importance of aligning new and revised qualifications at all levels with the NISCC Standards of Conduct and Practice for Social Care Workers, new government policies and emerging terminology and the planned revision of NISCC induction standards.

It was noted by respondents that it would be beneficial for learners and employers if the process for transferring credits across qualifications was maintained, for example the learning and credits achieved from the accredited Certificate in Induction being reconsidered for the Diploma in Health and Social Care.

Level 3 Diploma

Again respondents valued the level 3 Diploma. In terms of the knowledge units, respondents from domiciliary care felt they didn't reflect the role and suggested units on leading a team would be useful. Theory units are valued and bring added academic skills to the fore but respondents emphasized the importance of continuing with competence based units, assessed in practice.

The group response stressed the importance of fitting in with new proposals from the Department for the Economy for Youth Training and Apprenticeships Frameworks, in relation to progression – stating specifically that the Level 3 Diploma as it stands would be outside the reach of many young people coming through Youth Training programmes.

Again the general consensus on the overall size of the qualification at Level 3 is that it is too big – too many units. Some suggestions for merging of units include:

- Communication and handling information
- Safeguarding and duty of care
- Health and safety unit to incorporate handwashing and infection control

There is some support for specialist pathways at Level 3, while others feel it might be too restrictive and limiting.

Level 5 Diploma

Respondents again valued the qualification in terms of its developmental value for managers. It was viewed as increasing the professionalism of the health and social care manager role through its inclusion in the DHSSPS Minimum Standards for Domiciliary Care Agencies, Day Care Settings and Residential Care Homes.

There was support for development of smaller management qualifications which could be used as CPD for professionally qualified staff moving into management roles.

There isn't such a strong consensus here on the size of the qualifications with over 50% feeling the current number of units is the right number. The group response highlighted the issue of recognition within higher education of the Level 5 Diploma, as some universities and colleges don't recognize it in terms of degree entry criteria. One suggestion was to enhance the status of the research unit which may increase the academic credibility of the Level 5 qualification.

One of the further education Colleges identified a gap in relation to court skills and human rights in the level 5 diploma and asked for consideration of a unit/s in this area to be included in a refreshed level 5 diploma.

Commentary on Feedback

The large number of units probably developed as QCF rules required each unit to stand on its own. More flexible rules in the Regulated Qualifications Framework (RQF) may well see amalgamation of a number of old units into one broader new unit. The restrictions caused by the Rules of Combination in the QCF will also be gone, hopefully leading to simpler structures.

The development of Level 4 qualifications will hopefully meet an identified gap in the qualifications framework, providing more continuity in terms of a career pathway for social care staff.

Wider Context

England

There are proposals from Skills for Care and Skills for Health which are driving forward integrated working across health and social care. At Level 2, there will be an integrated Diploma qualification in care which will replace the L2 Diploma in Health and Social Care and the L2 Diploma in Clinical Healthcare Support. This will support staff moving across the health and social care sectors.

At Level 3, sector specific Diploma qualifications in Health and a Diploma qualification in adult care are proposed. These will all have, at their heart, shared core competences with optional specialisms to meet the requirements of health and adult social care services.

Wales

The Care Council for Wales and Qualification Wales are working to develop a new qualification framework for health and social care in Wales. This will have an impact for Northern Ireland qualifications in the longer term as the NI suite of Health and Social care qualifications are Wales and Northern Ireland.

The structure of the framework for Wales will be shared when it becomes available.

Youth Training and Apprenticeship Strategies and Frameworks

The Department for the Economy's (DfE) proposed new frameworks for Youth Training and Apprenticeships will have an influence on the development/revision of qualifications. NISCC is discussing with DfE how we can support/influence the development of qualifications for the frameworks.

Next Steps

NISCC, in considering how we progress the work started by this review, will:

- i Produce a briefing paper on what we consider the options are for a qualification framework for social care staff.
- ii Work with Awarding Organizations to embed the NISCC Standards of Conduct and Practice into qualifications
- iii Align NISCC Induction Standards to the Standards of Conduct and Practice and support Awarding Organisations in developing new accredited certificates for induction.