The quantity and quality of work based NVQ assessment in health and social care

IN SOUTH WEST ENGLAND
Due to the quantity of information within this report, I have included an extensive index with which to assist you in extracting information, and a glossary of terms at the back of the report. It is ACTAN’s belief that NVQs have a lot to offer the health and social care workforce. It is my hope that while we embrace the positive comments and value that NVQs have made to many workplaces, we seek to address the recommendations outlined in this report in order to integrate NVQs within the culture of all health and social care services, with the aim of impacting positively on service delivery.

I have compiled this report with the help and support of numerous people, and it is with thanks that I acknowledge the following contributions:

The Skills for Care employer consortiums and in particular:
Care Learning
Partners in Care and
Care Focus

St Monica Trust, and in particular Zara Ross and Kezia Beament whose support made this report possible.

The managers, assessors and NVQ assessment centres who took the time to provide the valuable information included in this report.

Jacqui Ramus
ACTAN Vice Chair 2007
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Context:
This report was commissioned to ascertain the quality and quantity of work based assessment for Health and Social Care NVQs across the south west of England. Data was collected from over 200 workplaces and approximately 100 NVQ assessment centres in a range of adult care and children’s services, in order to identify benefits of, or difficulties faced with work based and peripatetic assessment.

Methodology:
Quantitative data was collected through two questionnaires specifically designed for the research undertaken. The use of two different questionnaires provides evidence from workplaces and also NVQ assessment centres, who either provide workplaces with peripatetic assessors or support work based NVQ assessment. In addition to the questionnaires, data was referenced and utilised from the Local Government analysis and research Care Sector Survey of NVQ and SVQ assessment centres 2006, and Skills for Care, both of which provided corroborative evidence. Qualitative data was collected through free text comments (written on questionnaires), semi-structured interviews with workplace managers, and through focus group meetings with work based and peripatetic NVQ assessors in health and social care.

Results:
Results showed that only a third of the workplaces who responded, have access to active work based assessors, and that external, peripatetic NVQ assessors are largely used to assess staff for NVQs in Health and Social Care. Many managers reported that NVQs contribute to a significant improvement in both workforce and individual staff’s development. In particular, many felt that NVQs improved the quality of service delivery, and were a valuable source of quality assurance, while offering reassurance to people who used their services, and
thus there was a sense among many providers that NVQs had made a positive impact on both workforce development and service delivery.

However, there remain significant issues, and areas of concern, in terms of both the quantity and quality of work based assessment.

**Recommendations**

1. Guidelines need to be provided on how measurement can be achieved regarding the quality of NVQ assessment, and the partnerships and learning agreements which managers should be entering into when commissioning both NVQ assessment and support for work based assessors.

2. Clearer guidance should be provided in relation to how both work based and peripatetic NVQ assessors should be supported, inducted and provided with development opportunities by both assessment centres and workplace managers. The opportunity for including work based assessors in the Skills for Care Learning Exchange Networks could be explored as one way of facilitating this.

3. Guidance should be produced in relation to the maximum numbers of NVQ candidates per assessor, relative to the NVQ assessor’s job role and dedicated NVQ assessment time. This would provide a quality benchmark to assist assessors to more effectively support candidates and provide consistency across NVQ assessment centres.

4. Guidance should be provided to Health and Social Care managers to enable them to embed NVQs into workplace culture and therefore ease the burden of evidence gathering. Additionally, the potential value of training supervisors and mentors in the workplace to achieve the A2 award as a way of supporting NVQ assessment should be advocated, in order to assist the NVQ assessment process and further integrate NVQs into workplace culture.
5. Partnership working between workplaces and NVQ assessment centres should be addressed, and assessed during External Verification visits. This would ensure that workplace managers and assessment centre managers are both aware of, and agree to, their responsibilities in terms of facilitating and supporting NVQ assessment.

6. The NMDS (National Minimum Data Set) could be amended to include not only the numbers of staff who hold a relevant NVQ assessor award, but also state how many are actually practising as work based NVQ assessors, and would therefore be considered ‘active’ assessors. This would provide more accurate data in the future about the quantity of work based assessors.

7. ACTAN, Skills for Care and awarding bodies, should note these suggestions in relation to providing future support and guidance to enhance NVQ assessment in Health and Social Care.
Introduction

This report has been written to identify both the quality and quantity of work based assessors in health and social care in a range of adult care workplaces and children’s services. It set out to establish both the difficulties faced, and benefits of, work based and peripatetetic assessment and includes information from Gloucestershire, Wiltshire, Bristol, Bath and North East Somerset, North Somerset, South Gloucestershire, Devon, Dorset, Bournemouth and Poole and Cornwall. These geographical areas constitute the south west region of England as defined by both Skills for Care, and The Association of Care Training and Assessment Networks (ACTAN).

Quality and quantity in work based assessment is a key issue for learning and development in the social care sector today. As NVQ qualifications form part of the Skills for Care recommendations for minimum qualifications and also CSCI (Commission for Social Care Inspection) regulations under the National Minimum Standards, it is essential that these qualifications add value to the workforce and to the care of service users. NVQs have been gaining status within the sector despite historical difficulties and initial bad publicity since their introduction into the Health and Social Care Sector in the late 1980’s. Some of the reasons for such publicity continue to be cited in this report and include the nature of the language and terminology used within the national occupational standards, the complexity of the work roles (and therefore the length of the Awards), the time it has taken some candidates to achieve qualifications, and the inconsistencies of NVQ assessment across assessment centres. In addition it has been suggested that some training providers\(^2\) and the earlier Care Awards, offered a lack of flexibility for employers to match qualifications to different work roles and work settings. As part of the care sector qualification strategy, NVQs should be positively impacting on both workforce development and service delivery, and in many workplaces this would appear to be true. In 2006\(^1\) in the south west of England alone there were more than 3,900\(^1\) candidates registered for NVQ level
2, more than 2495\textsuperscript{1} candidates registered at level 3, and more than 300\textsuperscript{1} candidates registered for NVQ level 4.

ACTAN (Association of Care Training and Assessment Networks Charity No. 1105341, formerly ASCT) was established in 1988, to provide support to NVQ assessors and internal verifiers. It actively encourages the standardization and quality of NVQ assessment and seeks to raise the awareness of the positive impact NVQs can have on workplace development and service delivery. ACTAN therefore has a longstanding and well established national and regional presence with which to address issues of quality and quantity in work based NVQ assessment.

Specifically, this research set out to ascertain:

- The causal factors in relation to both activity and non activity of work based assessment.
- The positive and negative impact of peripatetic assessment in organisations.
- The costs associated with NVQ assessment
- Current levels of support available for assessors and candidates.
- The role of non paper based NVQ assessment such as e portfolios.
- The current role of national occupational standards in workplace development.
- The availability of assessors, both work-based and peripatetic within the region;
- Both the current and potential use of the A2 assessor award within work based assessment.
- How effectively managers acknowledge the time, skills, and knowledge required for assessors.
- The quality of NVQ assessment and its impact on staff development.
Methodology
Contact lists of workplaces were sought from each of the Skills for Care regional employer consortiums in the south west of England, and details of assessment centres were gathered from both publicly accessible information, and the ACTAN database.

Two questionnaires were specifically designed for the research: one questionnaire for workplaces and the other targeted at health and social care NVQ assessment centres. The rationale behind using two different questionnaires was to provide both a workplace perception of the quantity and quality of work based assessment, and an assessment centre perspective, as assessment centres provide either support to work based NVQ assessors, or provide peripatetic assessors to workplaces.

A database was compiled from the addresses received from the employer’s consortiums, and a postal survey of 800 questionnaires was undertaken of care service providers in the south west of England.

The questionnaire had additional spaces for free text comments and gave the opportunity for respondents to volunteer for a follow up interview. Data from the questionnaires was analysed and held in accordance with the Data Protection Act and all data was destroyed when no longer required.
The workplace questionnaire consisted of 23 questions

1. How would you describe your service?
2. Which region are you based in?
3. How many residents/service users are registered with your service?
4. Which sector best describes your service?
5. How many care staff are employed by your organisation?
6. How many of your staff have completed their full NVQ Assessor Award? (D32/33 or A1)
7. How many of these work based assessor would you describe as ‘active’? (those who have assessed at least 5 units in the past year)
8. How many of your staff have completed the workplace observation Assessor Award, and support other NVQ assessors to help gather evidence? (D32 or A2)
9. How many of these supporting, work based assessors would you describe as ‘active’? (Those who have helped to assess at least 5 units in the past year)
10. What is the average length of time it takes your staff to achieve an NVQ level 2?
11. What is the average length of time it takes to achieve an NVQ level 3?
12. What is the average length of time it takes to achieve an NVQ level 4?
13. How regularly do NVQ assessors meet with candidates?
14. Do you use peripatetic NVQ Assessors (those who work for a college, or training provider, or are employed by your organisation, solely as NVQ assessors to assess your staff)?
15. If you have work based assessors, do you have your own NVQ assessment centre?
16. Do your work based assessors attend assessor standardisation meetings?
17. Where are these standardisation meetings held?
18. On average, how many standardisation meetings do assessors attend a year?
19. Do you provide any of the following external support to your assessors registered with your Centre?
20. Do your work based assessors face any of the following difficulties?
21. Do your work based assessors report any of the following benefits from assessing their own staff?
22. Do you provide your work based assessors or candidates with other resources to support NVQ assessment?
23. What resources, if any, would you like to have available for NVQ assessors and candidates that you do not currently have?

In addition to the quantitative information gathered, a series of semi-structured interviews were conducted either over the phone, or face to face, with respondents who had agreed to a follow up interview after completion of the...
questionnaire. Each interview lasted approximately twenty minutes. A sample of twenty interviews was conducted in total. More interviews had been planned, although a remarkable convergence in responses negated the need for further interviews. An interview template was devised and used with each interviewee, and all interviews were conducted by the same person. Comments were noted down and template analysis was used to identify the themes which emerged from the comments.

The interview consisted of the following questions:

1. **What do you consider to be the main reasons for using, or not using work based assessors?**
2. **What do you consider to be the positive and/or negative impact of using external NVQ assessors in your workplace?**
3. **What do you consider to be the direct and indirect costs associated with NVQ assessment? This may include the cost of peripatetic assessment itself.**
4. **How would you describe the current levels of support and allocated time available for NVQ assessors and candidates?**
5. **Do you use, or have you ever considered using, the National Occupational Standards within your workplace development?**
6. **What do you consider to be the availability of assessors, both work-based and peripatetic within the region?**
7. **Have you heard of the A2 assessor award (observation only)? Is this something you do use, or may be useful for your staff to achieve to help NVQ assessments?**
8. **Would you ever consider using e portfolios?**
9. **How effectively are you able to acknowledge the time, skills, and knowledge required for assessors? Is this reflected in work based assessors’ pay / or salary scales, or learning and assessment time in work time?**
10. **What NVQ resources/support do you feel would be useful to assessors and your workplace?**

Several focus groups were held with a total of forty health and social care NVQ assessors, predominantly work based, but including peripatetic assessors, in order to obtain their views on their role as NVQ assessors, the support they
received to undertake NVQ assessment, and their continuing professional development needs. These focus groups were held with NVQ assessors from across the region as far apart as Bristol and Dorset. This provided valuable insight into the role of both work based assessors and peripatetic assessors. A combination of work based assessors who had been actively assessing at work for many years, some recently re-engaged work based assessors, some A2 assessors, and a few peripatetic assessors attended the forums.

In addition, a sample of 18 assessment centres whose staff attended an ACTAN regional meeting was surveyed. This provided a perspective in terms of the quantity of peripatetic assessment and identified the level of support the assessment centres provide in terms of standardisation meetings and resources. It also provided biographical data in relation to the nature, and number of NVQ assessors registered with each NVQ assessment centre. It should be noted that these assessment centres are keen on providing support and standardisation as they are members of ACTAN and regularly attend meetings, and it is acknowledged that these responses can not be assumed as representative of all NVQ assessment centres.

The Local Government Analysis and Research Care Sector Survey of NVQ and SVQ Assessment Centres 2006¹, provided data from a further 88 assessment centres across the south west of England.

The combined data offers a perspective from approximately one hundred assessment centres, which this research contrasts with a workplace perspective.
The Assessment Centre questionnaire consisted of 23 questions

1. What Award(s) are you registered to provide?
2. Which awarding body do you use for Health and Social Care, and childcare Awards?
3. How would you describe your NVQ assessment centre?
4. Which region are you based in?
5. What is the average length of time it takes to achieve an NVQ level 2?
6. What is the average length of time it takes to achieve an NVQ level 3?
7. What is the average length of time it takes to achieve an NVQ level 4?
8. How many Health and Social Care assessors do you currently have registered?
9. How many of the assessors registered with your centre are work based (they work in the organisation they are assessing in)?
10. How many of the work based assessors would you describe as ‘active’? (those who have assessed at least 5 units in the past year)
11. How many of the peripatetic assessors would you describe as ‘active’? (those who have assessed at least 5 units in the past year)
12. Do assessors have a named, single, internal verifier for all their candidates?
13. Do all candidates have a named, single, internal verifier for their whole award?
14. How many of these assessors are peripatetic? (Employed by you in the capacity of NVQ assessor, to assess staff in other organisations)
15. If you provide the A1 award, how many work based assessors have achieved this award with you over the past two years?
16. If you provide the A2 award, how many work based assessors have achieved this award with you over the past two years?
17. How regularly do you hold assessor standardisation meetings?
18. Where are your standardisation meetings held?
19. How many times a year are assessors expected to attend standardisation meetings?
20. What action do you take in the first instance if assessors fail to attend the required number of standardisation meetings?
21. What action is taken if non-attendance continues?
22. Do you provide assessors with other resources to support assessment?
23. Do you provide any of the following external support to your assessors registered with your Centre?
It is important to note that this research did not set out with the assumption that work based NVQ assessment in Health and Social care is either more, or less effective than peripatetic assessment, but set out to identify the extent to which work based NVQ assessment is occurring, any difficulties faced by both work based and peripatetic assessment, and the perceived quality of both types of NVQ assessment, as experienced by care sector managers and NVQ assessors in the region.

In summary, the methodology sought to explore two central questions:-

1. What is the quantity of work based NVQ assessment within Health and Social Care, currently being undertaken across a range of service providers?

2. What are the issues in relation to the quality of NVQ assessment in of Health and Social Care across the south west of England at the current time?
Results

In this section, responses from both the qualitative and quantitative data are presented in the form of bar charts, pie charts and tables illustrating comments received by respondents.

The major themes are:

- Biographical Data: geographical settings and service types of respondents
- Numbers of active and inactive NVQ assessors per workplace
- Numbers of active assessors within assessment centres
- Manager’s rationale behind using, or not using, work based NVQ assessors
- Difficulties faced by work based NVQ assessors
- Perceived positive and negative impact of using either work based or peripatetic assessment
- Support for NVQ assessors and candidates
- The perceived value of NVQs within the workplace
Biographical Data: geographical settings and service types of respondents

Respondents were from a range of health and social care workplaces and NVQ assessment centres across the south west of England (Figures 1 and 2, 3 and 4)

Figure 1 Workplace by Type

Clearly the largest response was from the Dorset area (figure 2), and from those who provide residential services for older people (figure 1)

Figure 2. Workplace by region
The pie chart (figure 3) shows the number of assessment centres surveyed within each category

**Figure 3: Nature of NVQ assessment centre**

![Pie chart showing nature of assessment centres](chart)

The employer based assessment centres tended to be either Local Authority employers, or bigger organisations that employ over 100 staff, with Devon showing the highest number of NVQ assessment centres.

Of those assessment centres who responded to this survey, the majority were private training providers (figure 3). This was corroborated by the Local Government analysis and research Care Sector Survey of NVQ and SVQ assessment centres 2006\(^1\), which also identified private training providers as being the largest provider of NVQs in the region.
Although services had the option of specifying that they were part of the Health Service, no responses were made under this option, and therefore do not appear in figure 5.

**Figure 5: Workplace by sector**

Workplaces were asked to indicate the number of staff per establishment and the number of people receiving a service. Therefore providing information in relation to the size of the organisation / establishment, which gives more information in relation to the quantity of work based assessors per organisation (figure 6)
The majority of establishments that responded had less than fifty residents/service users, although many services have less than twenty residents/service users, and employ between eleven and fifty staff (figure 6).

**Numbers of active and inactive NVQ assessors per workplace**

Workplaces were then asked to indicate how many qualified assessors they had per workplace/organisation (figure 7)

- 31% of workplaces that responded indicated that do not have any qualified NVQ assessors.
- 28% indicated that they had just one staff member qualified.
- 26.5% had between one and five members of staff qualified.

Of the larger organisations employing over 50 staff, 5% had fewer than 10 qualified assessors per organisation.

It is not clear how many of these assessors are full time assessors, or combining assessment with their care, supervisory, or managerial role. However, whether full time, or part time, work place assessors, there would appear to be a
significant shortfall in the numbers required to ensure effective workplace or organisational development, as many workplaces / organisations report not having any work based assessors.

**Figure 7: Current number of qualified assessors per workplace**

<table>
<thead>
<tr>
<th>Number of assessors per service</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td>1</td>
<td>56</td>
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<tr>
<td>2–5</td>
<td>53</td>
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<td>6–10</td>
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<td>11–20</td>
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<td>20–50</td>
<td>1</td>
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<tr>
<td>51–100</td>
<td>1</td>
</tr>
<tr>
<td>&gt;100</td>
<td>1</td>
</tr>
</tbody>
</table>

It is important to recognise that staff may be qualified as NVQ assessors, but not be actively assessing. For the purposes of this report, ‘active’ assessment is describes an assessor currently engaged in NVQ assessment, and whose candidates are achieving a minimum of five NVQ units which the assessor has signed off. It is therefore important to differentiate between those assessors who are qualified, but who may not be assessing, and those who are. Many of those who entered comments, or were subsequently interviewed, identified that as the Manager of the service, they were the only qualified assessor, and that they were unable to combine both their managerial and assessor role, due to time and resource constraints and were therefore not ‘active’ assessors.
The quantity of qualified work based assessors as indicated by the 202 questionnaires returned (figures 9 and 10) is as follows:

- 67 workplaces (33%) reported having no access to active work based assessors.
- 43% of workplaces reported that they had fewer than five active assessors.
- 25% have access to one active assessor,
- 18% reported that they had access to between two and five active assessors,
- less than 5% have access to more than five active assessors in the organisation.

**Figure 8: Number of active workplace assessors per establishment**

The results show (figures 7 and 8) that out of two hundred workplace responses, fifty workplaces indicated that they had one workplace assessor, although only twenty workplaces indicated that the assessor was actively assessing.
When comparing the figures of ‘no qualified assessors’ (figure 8), with ‘no active assessors’ (figure 9), the numbers of in-active / unavailable assessors double.

Of those 126 workplaces / organisations that employ between 11 and 50 staff,
- 35% have no active workplace assessors,
- 26% had one active workplace assessor and,
- 4% of workplaces had between two and five active assessors.

**Figure 9: Comparison of qualified and active assessors per establishment**

Of the 17 larger organisations that responded with between 50 and 150 staff,
- all had at least one assessor.
- 3 reported having only one active work based assessor,
- 8 reported having up to five assessors,
- 6 others reported having 11 assessors or more.
The comparison graph (figure 9) shows more clearly those assessors who are qualified, yet inactive. More workplaces reported having inactive assessors than active ones, and of all the total numbers of qualified assessors, the numbers of those who are active are consistently fewer. This provides a clearer picture of the quantity of work based assessment. This demonstrates that while workplace staff may have achieved their NVQ assessor qualification, they are not currently assessing staff. The total number of qualified assessors equals 135, whereas the number of assessors actually assessing equals 90, therefore a third of all qualified NVQ assessors are not actually assessing at work.

The quantity of NVQ assessors from an assessment centre perspective also shows a shortfall in the availability of peripatetic assessors.
In 2006, the average number of candidates per assessor in the south west of England was between 6 and 34 candidates\(^1\). 25\(^1\) of assessment centres in the region report difficulty recruiting NVQ assessors, and 15\(^1\) report difficulties recruiting Internal Verifiers. These figures are lower than for most of the rest of England, although 19\(^1\) reported difficulty in retaining assessors, which is higher than any other region England.

In addition to the full assessor award, an additional award (A2) is available. This is similar to the former (D32) and qualifies workplace staff to carry out observations, without the requirement for conducting the assessment of all the evidence for any particular unit. It has the potential to assist both workplace and peripatetic assessment because in this research it enables NVQ candidates to be observed by a wider range of qualified assessors. Workplaces were therefore asked how many workplace A2 (observation only) assessors they had. There may have been some confusion over this question however, as many of the responses indicated that workplaces had the same number of A1 (full assessors) and A2 assessors, which is highly unlikely. Therefore the results need to be treated with caution. It became apparent from subsequent interviews that most
workplaces had not even heard of the A2 assessor award, which may explain the initial confusion.

Figure 10: comparison of qualified and active A2 assessors

From the data so far, there would appear to be a lack of work based assessors available to assess their own staff. The vast majority of workplaces do not have any qualified A2 assessors, with only 25 reporting that they had access to any. As already stated, even this figure may be lower, due to the lack of awareness among many employers that the A2 award even exists, and is a separate qualification from the A1, the full assessor award.

Numbers of active assessors within assessment centres

The number of work based NVQ assessors looks unlikely to improve considerably in the near future based on the reported number of candidates currently undertaking an Assessor Award.
Of the 16 health and social care NVQ assessment centres surveyed specifically for this report (figure 11):

- eight centres said that less than 10 people had qualified as NVQ assessors in the past two years
- one centre had trained up to 25 assessors
- two further centres had trained between 25 and 50 assessors.

There are currently over 3000 registered social care providers in the south west of England, yet this research suggests that there are relatively few people being trained, and qualified, as NVQ assessors from which to increase assessor capacity given the size of the Health and Social Care workforce in this region. Similar figures are apparent from the survey conducted by the Local Government Analysis in 2006.

Both internal and external verifiers are also required to support the functioning of NVQs, and ensure the standardisation and quality of assessment.

From the 2006 data:

- only 15%* of centres reported anyone working towards an assessor award last year,
- 3%* reported anyone working towards the internal verifiers qualification,
- with 0.1%* working towards the external verification award.
The workplace figures would suggest that peripatetic assessment (see glossary) is the predominant form of NVQ assessment within Health and Social Care at the present time, although the figures from the assessment centres would suggest that peripatetic assessors are also in short supply. 40% of assessment centres have less than 10 workplace assessors registered with their assessment centre. (figure 12). These centres are a mixture of employer based, and college / training provider based. The nature of each assessment centre is different. Some are employer based, such as local authority or based in SME’s (small and medium employers), and they may employ a mixture of full time or part time NVQ assessors. This will lead to differential numbers of assessors being available to different workplaces.
These figures suggest that of those 16 assessment centres surveyed, that a maximum of approximately 250 NVQ candidates can be assessed at any one time by each assessment centre if the assessors are all full time. It is however unlikely that they would be, and therefore the figures would be much lower. If half of these assessors are full time, the capacity is immediately decreased to less than 150 candidates. This gives some idea of present capacity. These figures are based on a full time peripatetic assessor employed by an assessment centre who may assess twenty five candidates or more⁴, and still be able to maintain regular contact (i.e. every two to four weeks depending on the initial assessment and assessor candidate agreement) with each candidate in order to provide quality assessment. Other methods of assessing may increase the ratio of candidates and assessors, such as e portfolios by reducing traveling time to the candidate’s workplace.
The division between work based assessment, peripatetic assessment and a combination of both is shown in figure 13. Some workplaces may use a combination for different levels of Award, and the reasons for using both together were not specified in the data collected. However it is clear from the data received that NVQ assessment in Health and Social Care is predominantly through peripatetic assessment.

**Figure 13: Comparison of work based and peripatetic assessors used per establishment**

Manager’s rationale behind using, or not using, work based NVQ assessment

The reasons given by workplaces for using peripatetic assessment were varied. Respondents to the questionnaire had a selection to choose from, and an open question was asked in interviews. The options given were based on informal discussions with workplace managers prior to this report. Although work based assessment is seen as preferable by some, if not all, awarding bodies and agencies such as Skills for Care, it has been noted that some managers felt that there were benefits from using external peripatetic assessors, which were not necessarily related to time or resources.
Managers were asked to choose from a selection of reasons explaining their rationale for using peripatetic NVQ assessment, and this was followed up in the individual interviews with managers. Feedback on the perceived availability of assessors was also sought from managers of services during interview (Table 1). Many managers felt that they did not have sufficient knowledge or information about where to source NVQ assessment, and many relied on receiving flyers through the post. There seemed an uncertainty amongst some employers in relation to assessing the quality of service provision they could and should expect from NVQ assessment centres. Many comments were received about having to wait months between visits, or about assessors leaving and not having any contact from anyone for months or even a year in one case. This is clearly a breach of responsibility by assessment centres, to ensure that they are able to provide a consistent and quality service.

The results show that managers overwhelmingly perceive there to be resource issues in relation to work based assessment (figure 14). However, many workplaces also suggested that work based NVQ assessment provided a form of quality assurance.
This sentiment was also picked up through the interviews. It is of some concern that a number of workplaces did not know that their staff could potentially undertake their assessor award and become work based assessors (figure 14 and table 2). Many felt that this was something that ‘colleges’ or ‘trainers’ do, and came as some surprise that their staff could potentially become assessors, and they felt that this may be worth pursuing.

Clearly time and pressures of work are the most commonly cited reason for not choosing work based NVQ assessment, although funding also appeared to play a part in the type of NVQ assessment chosen, in that organisations chose the form of assessment that was cheapest for them, or most convenient for them to use. See Table 2 for a range of responses as to why work based NVQ assessors were not currently being used.
Table 2: Qualitative responses: ‘What do you consider to be the main reasons for not using work based assessors?’

- ‘The heavy workload prevents us from assessing and there are time issues for work based assessors’
- ‘The current funding only pays for external assessment’
- ‘There are no qualified assessors at my workplace’
- ‘I haven’t got the assessor award yet, but I hope to do it soon’.
- ‘External (peripatetic) assessors provide advice and tips diplomatically to improve performance, and I prefer using them’
- ‘I do not feel it is a quality service having work based assessors, as meetings are often abandoned due to pressure of work’
- ‘We use e learning, which is only provided externally’
- ‘It is too much work for a manager to undertake an assessor role’
- ‘Internal assessment does not suit our organisation due to time & resource constraints’
- ‘I don’t know how to get staff qualified as assessors in order to have work based assessment’

Those workplaces which did use workplace assessment cited such issues as organisational development, capacity building, benefits to service user group and cost effectiveness as reasons for carrying out work based assessment. Figure 15 shows the frequency of reasons chosen by respondents.

Figure 15: Reasons cited for using work based NVQ assessment
Table 3 adds further depth and clarity to the questionnaire responses, ascertained through interviews with managers.

**Table 3: Qualitative responses: reasons for using work based assessment**

- ‘Our work based assessors are more familiar with clients and staff’
- ‘We provide dedicated time to assess staff’
- ‘We are lucky, as a smallish centre to have work based assessors or peripatetic from one home to another.’
- ‘Work based assessors can monitor candidates more closely than an outside assessor. They can get evidence as it occurs, which is less disruptive for the service and ensures more consistency in the assessment of individual candidates.’

Many felt that it was more cost effective to use work based NVQ assessment – an interesting irony, as that was also a reason cited by other respondents for *not* using work based assessors.

**Quality of NVQ assessment**

The questionnaire also offered a range of options in relation to the perceived benefits of workplace assessment (figure 16) and the largest number of respondents reported that increased feedback to staff was the most significant benefit, closely followed by improved relationships with staff, and increased confidence amongst staff who were assessors.
From an organisational development perspective, many felt that it made NVQ part of the work culture and increased awareness and understanding of the Care Standards.

**Difficulties faced by work based NVQ assessors**

The difficulties faced by work based assessors were also reported (figure 17). These difficulties were predominantly resource issues such as time and support; issues such as understanding the process of NVQ assessment; or understanding the National Occupational Standards. Such issues tend to be linked with the nature and type of support offered to assessors by the assessment centre and internal verifier.
Perceived positive and negative impact of using either work based or peripatetic assessment

The follow up interviews asked managers to consider the positive and negative impact of peripatetic assessment, and Table 4 outlines the main comments received from respondents.

**Table 4: Qualitative responses: The positive impact of peripatetic assessment**

- ‘It is a reassurance for residents that a quality service is being provided’
- ‘It is less intimidating for staff than having their manager assess them’
- ‘It stretches carers more, as they (assessors) know more about standards, and professional development, and are often trainers as well’
- ‘NVQ assessment doesn't get abandoned when the assessor is external’
- ‘I use external assessors as a means of encouraging staff to understand the reasons why they have to perform in a certain way, and to enable all staff to work in the same way with residents, and be responsible for residents in a happy and safe environment.’
During the interviews, managers were also asked if they perceived there to be any negative impact of using external, peripatetic NVQ assessors, as opposed to work based NVQ assessment.

**Table 5: Qualitative responses: the negative impact of using peripatetic NVQ assessment**

- ‘it can be disruptive for service provision’
- ‘observing intimate and personal care is not assessed in the same way as the assessor doesn't have the same access to residents. A work based assessor can work with someone while gathering evidence’
- ‘our candidates were left with no assessor for 12 months’
- ‘our staff have felt that they are working in the dark with little support from the assessor’
- ‘there are not enough assessors available’
- ‘staff are more nervous with external assessors’
- ‘residents don't like external assessors coming in’
- ‘the length of time the Award takes varies with the frequency of assessors visits, which is inconsistent’
- ‘there is confusion around costs of NVQs as providers charge different amounts’
- ‘there are different requirements for evidence gathering across assessors, so it can be confusing for staff to know what to do’
- ‘outside assessors don't really know the candidates and therefore standards are not as good as they should be. There seems to be more written work and less practical observation. We are coming across more people who have the NVQ qualification but not the ability. They are not being assessed properly’
- ‘external assessors cannot get a sense of consistency because they are not observing the candidate all the time. Some staff may achieve the NVQ, although their general work practice doesn't improve.’
- ‘our experience of external assessors hasn't been consistent - some assessors have not been confident about NVQ and the process, and some candidates have not felt supported by their external assessor.’
Some managers stated that they did not perceive any negative impact and preferred using peripatetic assessors as it helped them to benchmark practice and quality assure service provision. However, many comments outlined in Table 5 centre around issues of support to candidates and disruption to the service provision.

These comments include issues of consistency, clarity of provision, and the adequacy of NVQ assessment perceived by managers to occur across a range of workplaces, and throughout the region.

The perceived cost’s associated with NVQ assessment
When asked what the cost of NVQ assessment was felt to be, there were mixed interview responses ranging from a sense of resentment about the time it takes to achieve an NVQ by otherwise busy staff, through to an acceptance that the benefits outweigh the costs (see table 6 for specific comments).

**Table 6: Qualitative responses: ‘what do you consider to be the cost of NVQ assessment in your workplace?’**

- ‘part funding helps with the costs’
- ‘we keep an account of the time spent of our dedicated, work based assessors, but our company supports the principle of work based assessment’
- ‘there are financial cost implications for assessing staff which need to be considered by those requiring NVQ achievement’
- ‘it is cheaper to have work based assessment’
- ‘there are benefits from work based assessment that outweigh the costs to our organisation’
- ‘the flexibility of work based assessors reduces costs’
- ‘the charges we have been given vary enormously between NVQ providers’
- ‘the time incurred by in house assessors and candidates is the main cost’
- ‘people costs: staff have an additional job - cost in time and covering shifts’
- ‘time of in house assessors and candidates’

It was not considered appropriate to ask for the costs charged by NVQ assessment centres to provide or support NVQ assessment, and this data is
therefore not available. However, the focus groups with NVQ assessors, and interviews with managers suggested that there was a wide range of charges made, some subsidized through funding such as Train to Gain and the money available through the Skills for Care employer consortiums to support NVQ assessment. Mangers also cited another major cost implication as back fill. While some managers appeared to accept these costs as part of their responsibility to provide a quality service, and for organisational and professional development, others felt strongly that there should be some assistance with the cost of backfill for both candidates and work based NVQ assessors.

There appears to be much confusion from an employer’s perspective in relation to charges made for NVQ assessment and assessment centre support, and also the funding available. A few managers understood that the charges made by assessment centres are often a reflection of the funding they are able to access, but overall there was little recognition that assessment centres who were able to provide a ‘cheaper’ service than those assessment centres who did not access funding streams passed on the real cost of NVQ assessment to workplaces. In addition, many managers did not realize that if they were receiving a reduced cost NVQ from an assessment centre they should not in addition be accessing other funding such as that available from Skills for Care via the employer partnerships in the region, as this constitutes double funding.

**Support for NVQ assessors and candidates**

In interviews, managers were also asked to comment on the level of support they felt was available for assessors and candidates. Both positive and negative comments were received, and these appear in tables 7 and 8. Positive comments highlighted support from workplaces and assessment centres in relation to dedicated time for NVQ assessment, the advice and support received by assessors and assessment centres.
Table 7: Qualitative responses: positive comments on the support available to work based assessors and candidates

- ‘we have help with coursework from our assessor’
- ‘we have access to good advice and guidance from the assessment centre’
- ‘our work based assessors support each other’
- ‘we have support for knowledge assessment from our managers’
- ‘we get 100% support from the assessment centre’
- ‘we have good support from college’
- ‘fantastic support from the assessment centre with study days and updates’

In direct contrast to the positive comments, table 8 reflects the negative comments made by managers.

Table 8: Qualitative responses: negative comments on support available to workplaces for NVQ assessment

- ‘there is no support for candidates with coursework’
- ‘there is no input from the assessor for our candidates’
- ‘there is a shortage of information relevant to NVQs’
- ‘I wanted someone (my assessor) to go through what was expected. I had no idea what I was supposed to do and rarely saw my assessor. I paid outright, at the beginning, and gave up after a year of getting nowhere and lost my money.’
- ‘the NVQ needs simplifying, the language is confusing’
- ‘there is a lack of funding to support us’
- ‘we have been told that there is a requirement of 24 witness statements for the award, and this seems too much. It is difficult to get all that evidence.’
- ‘external assessors can change mid way through assessment. It then takes time to get another one and this causes problems. Assessors don't seem to stick around for long’
- ‘sometimes months can go by without any feedback to candidates’
- ‘emphasis by many NVQ assessors is on passing the NVQ, and not ensuring standards and quality’
The comments included the lack of support and feedback to workplace assessors and candidates, the lack of relevant information available, the lack of consistency across assessment centres.

When asked to comment on the support that work based assessors receive from assessment centres in terms of standardization meetings the questionnaire responses identified that on average assessors are invited to, and attend, two meetings a year. Most meetings are held at the main assessment centre site. However thirty workplaces reported that assessors were NEVER invited to standardization meetings (figure 18).

A quarter of workplace assessors attended four to six meetings a year, while another quarter attended only one meeting annually, However, most assessment centres reported holding monthly standardization meetings (figure 18).

**Figure 18: Average number of standardisation meetings attended each year by workplace assessors**

Figure 19 shows the types of external resources and support networks currently used by workplaces to support NVQ assessment.
SCILS (Social Care Information and Learning Services) was the most cited resource provided to assessors by workplaces, in addition to ACTAN and the IAV (Institute of Assessors and Internal Verifiers). In addition, assessment centres reported providing support through attendance at Awarding Body workshops, training, and, Skills for Care events.

There is a variety of external sources of support available, although all have some form of membership fee, or payment for training / support etc. The Institute of Assessors and Internal Verifiers (IAV) supports NVQ assessors and IVs across the full range of NVQs available. The SCILS (Social Care Information and Learning Services) website offers learning resources to social care staff. ENTO (formerly the Employment National Training Organisation) provides information, advice, guidance and support for those who use National Occupational Standards (NOS) and provide support products and services to support their implementation. At the present time, ACTAN is the only organisation committed to supporting and developing NVQ assessment and training specifically in the health and social care sectors.

**Figure 19: External sources used to support assessment**

![External sources used to support assessment](image-url)
The average completion time for NVQs provides an indicator of the length of time required to support both candidate and assessors to achieve an NVQ qualification. Anomalies can also be identified if employers and assessment centres are reporting a wide range with either short completion times (for instance under 4 months, or long completion times. For instance over 1 year for a level 2 NVQ. Therefore each organisation /workplace and assessment centre was asked to indicate the average length of time taken to complete an NVQ at Levels 2-4 (figures 20 and 21).

**Figures 20 and 21 - Length of time taken to complete NVQ**

**Levels 2-4**

Figure 20

The results were relatively consistent from employers and assessment centres. The majority of Level 2 NVQs take between six and twelve months to complete, Level 3 between twelve and eighteen months, and Level 4 NVQ takes between one to two years to complete.

On interview the recognition given to candidates by those workplaces interviewed and a selection of these responses are outlined in table 9.
Table 9: Qualitative responses: acknowledgement given by workplaces in relation to NVQ assessment

- allocating time to complete evidence
- pay rise on achieving
- pay rise being negotiated
- give 1/2 hour day to explain requirements
- pay increase when stating and finishing

Most said that a system was either in place to give candidates some form of pay rise on starting and / or on completion, or being negotiated. Others acknowledged the time it took, and allowed time in work to complete work or meet with the assessor (Table 9) Many employers stated that they were rewarding candidates with time at work acknowledgement of the time spent doing the qualification, but some felt that there were certain staff who only undertook a qualification ‘for the money’, and that there was no noticeable change or improvement in their service delivery.

The support and resources provided to candidates and assessors by workplaces themselves were a combination of time related resources, and resources such as books etc (figure 22). Few are using e portfolios.

Figure 22: Support and resources provided to work based NVQ and candidates
Workplaces were asked what resources they would like to have, but didn’t have access to, and assessment were asked which resources they currently used, or would like to use (Figure 23). DVDs, books and workbooks were the most sought after resources, but also local meeting and conferences were said to be welcomed. Assessment centres were asked which resources they currently provide, or would like and while the majority have their own centre resources, many welcomed the use of books, DVDs and e portfolios. What isn’t clear is whether they have access to resources which they find unsuitable rather than unavailable. There is still little usage of e-portfolio type NVQ assessment and when managers were asked of the value of e portfolio’s many said that if it was internet based, it would be of no use as the workplace did not have access to the internet or email, or only had one computer in the manager’s office. Many said that staff were not IT literate. Only a few suggested that it may be useful. The most enthusiasm for such a resource was from a workplace which employs staff who use British Sign Language. It was felt to be a useful tool with which to video evidence, although the difficulties of IVing and EVing were acknowledged if the EV and IV did not understand BSL.

**Figure 23 Resources considered useful to support NVQ assessment**
From the data supplied it would appear that a wide variety of resources are considered useful tools to support NVQ assessment, including DVD’s, books and workbooks, along with localized meetings and regional conferences for assessors. Web based resources and e portfolios received less support.

Assessment centres were also asked what resources they currently provide to assessors (Figure 24).

**Figure 24: Resources currently used to support NVQ assessment**

![Pie chart showing the distribution of resources offered by assessment centres to assessors. Books are offered by 28%, DVD/video/cd by 23%, centre resources by 34%, and e portfolio by 15%.

The vast majority of resources currently in use appear to be those provided by the assessment centre itself; however books and DVD/video/ cd resources are used by nearly half of the centres, with only 15% using e portfolios.

**The perceived value of NVQ in workplaces**

A further area of importance and interest for this report is the value that managers of services place on NVQs. For NVQs to be considered an essential tool in both workforce development and maintaining the quality of service delivery, they need to be valued more highly by managers.

This question was posed during the interviews in order to allow managers to provide unsolicited responses to the question for a wide selection of responses see Table 10.
Table 10: Qualitative responses: ‘What value do you place on NVQs in your workplace?’

- ‘The more involved I have become involved in NVQ, I can see the benefits – it gives staff pride and an understanding as to why they are doing things.’
- ‘It makes staff a lot more aware’
- ‘I think it has limited value, and problems. Care assistants have left because of the NVQ format and long waiting time for external assessors.’
- ‘Introduction to NVQ ‘speak’ is overwhelming to some people and very jargonistic. It needs to be in plain English.’
- ‘Depends on the individual staff – for the majority they show a difference and take more thought – but some staff want to do NVQ just for the pay rise.’
- ‘Very beneficial – it gives a sense of achievement and purpose- from resident’s point of view, the staff have a better understanding and get a better service’
- ‘Confidence, knowledge and performance has improved and staff have achieved promotion’
- ‘It has made some difference but as a nurse, I do not think it is in depth enough’
- ‘Improvement and maintenance of care standards. Staff are now questioning, and go that bit further, and have more confidence to take on an expanded role. Residents benefit and it creates a long standing team.’
- ‘Staff development is now becoming the norm, since the introduction of NVQs.’

Clearly, different managers have different views of the value of NVQs. This may in part be due to their experiences of the NVQ system, support, and service provided by external training providers.
When interviewed, managers were also asked whether they used the national occupational standards for workforce development, in addition to using them as NVQ qualifications.

**Table 11: Qualitative responses ‘Do you use the National Occupational Standards for workforce development in addition to NVQ assessment?’**

- ‘Yes, I have used them’
- ‘We do in terms of them being linked to the induction standards’
- ‘We have incorporated them into job descriptions’
- ‘They could be used in supervision and formally in appraisals’
- ‘They could be used in training and workbooks’
- ‘They could used for monitoring standards at work’
- ‘The (Skills for Care) knowledge sets are useful’
- ‘Not really’
- ‘No – I don’t really know what they are’

The responses were extremely mixed to this particular question. Some managers were very aware of Organisational Development in a strategic sense, while the majority of managers interviewed did not understand either the term, or the concept of National Occupational Standards. Once described by the interviewer some offered suggestions for their potential use, and these are included along with the comments received in terms of their actual usage. (See Table 11 above).

**NVQ assessors’ perspectives on work based assessment**

Forums with NVQ assessors, predominantly work based, (but also a few peripatetic assessors) solicited the following comments:

- Observation by workplace NVQ assessors can be much more naturalistic, easier to plan and more discreet, having less impact on service users.
- Holistic assessment is easier for work based assessors
- The reflective practice unit was said by some peripatetic assessors to be difficult to assess, and workplaces were often unhappy with aspects of this being observed by a peripatetic assessor.
- Candidates with poor motivation, lower literacy skills and ESOL issues (English as a second language) usually require additional assessment time and resources, which is not always acknowledged by managers.
- Current funding streams, such as Train to Gain often impose a specific achievement time of around six to nine months, which is not always realistic to allow for effective assessment
- Work place assessors stated that a key barrier to NVQ assessment is the lack of time allocated to them at work with which to carry out their assessor role. This was a particular issue if managers did not understand the rigour of NVQ assessment, and the time required to undertake an assessor role in addition to a line management role and other work related responsibilities. This was said to put additional strain on work based assessors, and ultimately led to them feeling under valued.
- Not receiving the recognition and support from managers was cited as a key reason for work based NVQ assessors to stop assessing, either because the care of residents/service users was felt to come first, or because assessors felt they did not receive the level of recognition which the NVQ assessor role should be given in the workplace.
- In workplaces where assessors felt valued, and were given the necessary time to undertake this additional part of their role, there was enthusiasm for the positive impact the role has and that everyone benefits: the candidates, the service delivery, the costs of assessment are reduced and the assessor has an increased sense of job satisfaction.
- Peripatetic assessors reported having more time to plan effectively with candidates than work based assessors.
- Continuing professional development needs of assessors are not always effectively met by NVQ assessment centres.
- The charges for NVQ assessment vary enormously, including those charges for both providing peripatetic assessment and supporting work based NVQ assessors and candidates which is considered by many employers as unfair and discriminatory.
• There are not always clear partnership agreements between workplaces and NVQ assessment centres which clearly outline the expectations and responsibilities of each party. Many work based assessors were unaware that the centre should have a complaints procedure which can be utilized if they feel they are receiving an unsatisfactory service.

• That peripatetic assessors frequently have difficulty in accessing workplace managers in order to discuss and address issues of policy and practice highlighted during NVQ assessment.

• Work based assessment usually provides more control over the NVQ assessment process when adequate time is allocated.

• Work based assessors are not always aware of the responsibility of the NVQ assessment centre, with which they and their candidates are registered, to provide continuing professional development and standardisation meetings to assist their role as NVQ assessors.

Discussion
The results set out to determine the quality and quantity of work based NVQ assessment across the south west of England. The highest number of responses was from Dorset, and from those services providing residential care for older people.

For the purposes of the discussion, the research criteria set out in the introduction, will be covered through the following sub sections:

• Quantity of work based NVQ assessment versus peripatetic NVQ assessment
• The quality of NVQ assessment
• Work based NVQ assessment versus peripatetic NVQ assessment
• Quantity versus quality of NVQ assessment
The picture portrayed by this research suggests that peripatetic NVQ assessment is the most predominant form of NVQ assessment, and that work based assessment is not prevalent, currently making up only a third of the responses received.

Many managers reported that NVQs contribute to a significant improvement in both workforce and individual staff's development. In particular, many felt that NVQs improved the quality of service delivery, and were a valuable source of quality assurance, and offered reassurance to people who used their services, and thus there was a sense among many providers that NVQs had made a positive impact.

A selection of comments and quotes from managers in both the questionnaires and interviews included:

- ‘The more involved I have become, I can see the benefits of NVQ assessment— it gives staff pride and an understanding as to why they are doing things’;
- ‘It is very beneficial – it gives a sense of achievement and purpose to the staff and, from resident’s point of view, the staff have a better understanding of what they should be doing and residents receive a better service’;
- ‘Staff gain confidence and knowledge, and performance has improved because of NVQs, and staff have achieved promotion’;
- ‘There has been an improvement in, and maintenance of care standards. Staff are now positively questioning things, and go that bit further. They have more confidence to take on an expanded role. Residents benefit, and it creates a more cohesive team’;
- ‘Staff development is now becoming the norm, since the introduction of NVQs’.  
- ‘I can see the benefits of NVQ assessment— it gives staff pride and an understanding as to why they are doing things’
- ‘It is very beneficial – it gives a sense of achievement and purpose to the staff and, from resident’s point of view, the staff have a better
understanding of what they should be doing and residents receive a better service.’

It should be noted that both qualitative and quantitative results need to be viewed in the context of the level of responses, and the general nature of respondents to questionnaire surveys. It is acknowledged that only a quarter of workplaces who received questionnaires responded to the survey, and therefore the results are based on those alone. It is further acknowledged that those more likely to respond to questionnaires are those with a particular interest in the subject matter of the questionnaire, and as such, the true figure of work based assessment could be higher or lower than that stated. It could be assumed however that those workplaces which have a keener interest in learning and development, and in meeting the national minimum standards, were more likely to respond to a questionnaire, and therefore the true figures may be lower. There would appear to be a variety of reasons why workplaces predominantly chose to have external NVQ assessment, and there would appear to be resource issues in relation to the cost and time involved in NVQ assessment from the employers perspective.

**Quantity of work based NVQ assessment versus peripatetic NVQ assessment**

With over a third of employers reporting that they did no have any staff actively assessing, there is clearly a lack of work based assessors. Those employers who use external, peripatetic assessment have reported some difficulty both in accessing assessors, and the frequency of meetings between candidates and assessors. There would therefore appear to be insufficient quantity of both work based and peripatetic assessors. Of those workplaces and organisations that do employ assessors, many stated that these were dedicated assessors employed by the organisation solely to assess NVQs and some also function as trainers within the organisation. NVQ assessment is difficult to integrate within the framework of organisational development if there is only one assessor in the
organisation, as this puts the onus on a single member of staff to assess other care staff in their workplace. If this member of staff is not a dedicated assessor, this puts even more of a strain on a single individual. All workplace observations, assessment planning, feedback and logging of evidence have to be carried out by one person. The more work based assessors a workplace, or organisation has, the more this workload is shared out. Of course this will vary with the size and nature of the organisation, and the turnover of staff within the workplace, and for some workplaces one assessor may be adequate. If there is only one qualified and active assessor in the workplace, there are also repercussions for workforce planning if that person leaves, and the organisation then has no access to a work based assessor. However, many managers also reported difficulty in accessing external peripatetic assessors, and felt that there was a shortage of both NVQ assessors and internal verifiers. Taking into account the assessment centre data from this research and Local Government Data, there would appear to be a shortage of NVQ assessors across the region given the numbers of care staff employed.

*The quality of NVQ assessment*

It is difficult to quantify the quality of assessment and what makes a ‘good’ assessor. NVQ assessment however requires that the assessor is able to not only to interpret the National Occupational Standards, but relate these to the specific work setting in which s/he is assessing, in order to make them relevant for the staff they are assessing. An assessor should understand the key areas that are covered in the NVQ standards, that are also a feature of national minimum standards and key Government papers of the time. As there is no definitive description of what constitutes ‘Quality NVQ assessment’, for the purposes of this report, the criteria used to judge this will be: by following the statutory requirements as laid down by the Joint Awarding Bodies (JAB); the quality of feedback provided to candidates; the competency
and commitment of NVQ assessors; and the quality of peripatetic assessment in workplaces.

**Statutory requirements for the quality of NVQ assessment**

The Joint Awarding Bodies NVQ code of practice makes it clear that Awarding Bodies have a duty to specify:

- which aspects of the standards must always be assessed through performance in the workplace and those considered appropriate for assessment through simulation exercises;
- what occupational expertise assessors and internal verifiers must have, according to the relevant sector body;
- what constitutes acceptable evidence;
- the strategy for the external quality control of assessment.

In addition, when independent assessors are used by an awarding body it must ensure that they receive appropriate training to

- perform their role competently
- meet the requirements for occupational expertise as laid down by the relevant sector body for the NVQ in question.

Awarding Bodies do indeed provide such guidance, but the finer details are left to the individual NVQ assessment centre to produce as part of their centre strategy. This results in differences in interpretation across assessment centres, and leads to candidates, and assessors, receiving conflicting messages from different assessment centres.

In relation to the support an assessment centre provides to a workplace assessor, the Internal Verification records should include details of:

- assessor support meetings held, and
- assessor and verifier competence and the monitoring of
Each NVQ assessment centre manager is responsible for ensuring that all assessors registered with the centre receive advice, guidance, and support as appropriate, are observed in order to demonstrate their existing competence as an assessor, and attend standardization meetings and maintain their continuing professional development both as an assessor, and in relation to the standards which they are assessing. This applies to those assessors whom the assessment centre directly employs or contracts with, and those work based assessors who work in ‘satellite’ centres, or workplaces away from the main assessment centre site. This is an easier task for those assessment centres that have perhaps five to ten assessors registered with them, but if there are many assessors working in many different satellite centres, the duty of the internal verifier is key to ensuring that contact is maintained with the assessors for whom they have responsibility. It is the responsibility of the external Verifier, appointed by the Awarding Body, to monitor and check that each assessment is compliant with JAB guidelines and recommendations.

There are currently no guidelines provided by Awarding Bodies, who are the regulators of NVQ assessment centres. Guidelines will of course need to account for different forms of assessment such as e portfolios as well as the difference between full and part time, work based and peripatetic assessors, but nevertheless some guidance would be welcome. In addition, guidance would also be welcome in relation to the number of candidates per assessors and the number of assessors required per workplace in respect of factors such as the size of the workforce, and whether the staff are dispersed, or work in one building.
Providing feedback to candidates on their performance and ability to meet the National Occupational Standards.

Providing feedback to candidates on their performance is another key area of NVQ assessment, and this, along with staff development are also key areas of management and leadership, and therefore those staff who are work based and are in a supervisory or managerial position should be adequately trained in these areas, in addition to their skills in providing health and social care. Assessors should assist candidates in reflecting on their practice in order for them to develop their skills of self appraisal. This skill is required not only for NVQ achievement, but also for staffs’ continuing professional development.

Organisational and planning skills are also required by assessors when they plan assessments with candidates and assess the evidence against the national occupational standards. Once again these are key functions of an effective supervisor and manager.

Assessors should also be able to assess the current level of skills and knowledge, by carrying out a skills assessment with each new candidate, and where necessary taking into account skills for life issues such as numeracy and literacy, and carrying out a training needs analysis to identify any skills and knowledge required by the candidate in order to meet the national occupational standards. These are also functions of a supervisor or manager in the workplace.

It would appear from some of the data acquired for this report, not all assessors appear to possess such skills, or use these skills and knowledge effectively enough. There were reports in relation to a lack of understanding by candidates of what was required, a lack of understanding of the NVQ process, and that candidates received little, or no, support with ‘coursework’. Of course these are subjective comments, and need to be taken in context. However, if assessors are not demonstrating adequate skills and competencies, it may be due to their initial
training as an assessor, or due to the monitoring and support they receive from the assessment centre(s) with which they are registered.

**Competency and commitment of NVQ assessors**

As already indicated, NVQ assessment is a skilled and time consuming process. In order to assess competence and knowledge effectively, the assessor must have competence and knowledge greater than the person they are assessing. This equates to undertaking a function akin to that of a supervisor. Assessors may be required to work unsocial hours, as health and social care is delivered on a twenty – four hour basis, and the candidate should be observed carrying out their normal work duties. This may entail evening, or early morning or weekend working at times. NVQ assessors therefore need to be skilled and able to meet the needs of both the workplace and the staff being assessed. They need to possess effective communication and feedback skills, have an in-depth knowledge of the health and social care practices they are assessing, be reliable and committed to maintaining and improving health and social care standards. Many assessors, both work based and peripatetic, are judged to be both competent and committed according to the findings of this research, and many NVQ assessors go ‘beyond the call of duty’ to assist their candidates achievement, and their commitment to maintaining and improving standards of care should be acknowledged, despite comments that some assessors would appear to be failing in their duties.

**Quality of external peripatetic assessment**

Perhaps surprisingly, given the amount of peripatetic assessment that occurs, the perceived negative impact by some managers of using external assessors was somewhat damning.

It must be noted however, that many workplaces reported benefits from external assessment. One of the main benefits was that of quality assurance. Managers reported that assessors coming in to assess staff may increase standards in the service generally, and may be more skilled at providing feedback. Through
interviews it was acknowledged that many peripatetic assessors are also trainers, and therefore their knowledge base and skills may be different from those staff whose predominant role is to provide health and social care, or manage such services.

**Work based NVQ assessment versus peripatetic NVQ assessment**

There is an apparent inference some Awarding Bodies, and Skills for Care, that work based NVQ assessment is preferable, as it helps to create a more seamless process for NVQ assessment. Whilst this perspective is not necessarily incorrect, the nature of the work environment and the skills of the work based staff who would become NVQ assessors have to be taken into consideration, in order for work based assessment to be a viable option for employers.

**Benefits of work based assessment**

It is important to recognize the numerous benefits that were cited by managers of both the value of NVQs in general and in particular to work based assessment. The biggest determinant of using this model would appear to be resources, specifically time and the availability of qualified work based assessors, in addition to the strategic view taken of organisational development. Benefits cited during this research include: increased feedback to staff; improving working relationships with staff; making NVQ assessment part of the work culture; and increasing the knowledge, skills and confidence of all staff involved in work based assessment.

**Workforce development and service delivery**

From an organisational development perspective, many felt that work based NVQ assessment makes NVQ part of the work culture, and increases both awareness, and a deeper understanding, of standards of care. Continuing professional development of staff is an essential part of both workforce development and service delivery and NVQs are an important tool with which to achieve this. Very few workplaces use the A2 (observation only) assessor award with which to
support NVQ assessment, and this is a consideration which many employers may wish to take into account in relation to workforce development, as it can assist both work based and peripatetic assessment. In addition, many workplaces were not aware that their staff could gain an assessor qualification, and were therefore solely reliant on external assessment.

**Developing partnerships between employers and NVQ assessment centres.**

For NVQ assessment to work effectively, the NVQ assessment centre and employer need to work in partnership, so that they have clear expectations of each other. It is good practice for NVQ assessment centres to have partnership agreements and learning contracts with all workplaces with whom they engage, and it would appear that more guidance may need to be provided to employers in relation to the expectations they should have of the assessment centre / training provider, that they use to either support their own work based assessment, or from where they purchase NVQ assessment. Workplaces should consider using the assessment centre’s complaints procedure, if initial discussions with an assessor or assessment centre manager do not resolve issues such as: external assessors are considered as unsupportive; the frequency of visits is unacceptable; if their own assessors are not supported by an IV; or if work based assessors are not invited to standardization meeting. All candidates should be issued with a copy of the assessment centre policies and procedures when they start their Award. All candidates should also have a learning agreement with their assessor, in order to ensure that they experience equality of opportunity and that any specific learning and assessment needs have been identified and taken into consideration.

Equally, workplaces should acknowledge that they have a central role in staff training and development and that this is shared with NVQ assessors. Feedback on performance related issues should not begin and end with NVQ assessment. If work practice is not considered to be improving, or staff do not demonstrate any application of new skills, or reflective practice, or acquired knowledge, then
the manager has a responsibility to find out what has been acquired, and how the staff member will implement this within their work. Feedback should be part and parcel of supervision, before, during and after NVQ assessment. Managers should seek to develop a positive working relationship with peripatetic NVQ assessors in order to ensure that any policy or practice issues, which impact on the NVQ assessment process, are raised and dealt with effectively.

Resources required to support NVQ assessment

Time
Time was overwhelmingly stated to be the biggest barrier to both work based and peripatetic NVQ assessment. NVQ assessment is a demanding and time consuming task, and while it can be undertaken in conjunction with another job role, time for assessing needs to be built in to the work role itself, so that effective assessment can take place. This includes time allocation at work for both assessors and candidates. Many of the work based assessors who responded were in fact the manager of the service or care home, and they felt they simply did not have time to assess, even if they wanted to. The assessors consulted with at the forums, overwhelmingly stated that time was their biggest barrier to assessment, and many resorted to taking work home with them in order to enable their candidates to achieve an Award.

Many of the managers interviewed also cited lack of time as a reason for choosing peripatetic assessment over work based assessment, even if the workplace had qualified assessors.

Managers also felt, that in some instances, the candidates did not meet regularly enough with their external peripatetic assessor either, and so time was an issue for peripatetic assessment as well.

Funding issues
Funding was also another reason behind many workplaces choosing external assessment, with many work places suggesting that they could access 'free' NVQs, but they had to use external assessors to achieve this. The lack of
information provided to managers in relation to the funding of NVQs needs to be rectified. The distinction between training providers who access funding themselves in order to reduce the cost to employers; those who pass on the real cost of assessment; and those workplaces who accesses their own funding (i.e through the Skills for Care employer consortiums) further confuses many employers in relation to the actual cost of NVQ assessment. Larger organisations may however employ full time assessors in order to address resource issues. There are issues which will need to be addressed in relation to funding streams, as their usage appears to vary across work places. This may have resulted due to lack of information, or inconsistencies in provision, or through the individual choices of employers.

Many organisations felt that their resources did not stretch to meeting the cost of work based assessment due to staff /client ratios, and the cost of backfill was a cause of concern for many employers. Resource issues and backfill are linked to staffing levels, and the capacity for releasing staff from their work duties in order to allow time for NVQ assessment and evidence gathering. There is a relationship between the minimum staffing levels as outlined in the National Minimum Standards, (against which managers are judged on providing adequate staffing levels for providing an effective care service), and the staffing levels required to facilitate effective staff training and development. The question needs to be raised as to whether these minimum levels take into account the provision of direct care and service provision, and whether they allow for workplace training and development, such as NVQ assessment. Managers / service providers need to account for this when identifying their staff ratios. Another important factor however is the government funding available for social and residential care, from which many organisations’ budgets are set, and which may impact on the available budget for staff training and development.

**Support for NVQ assessors**

There is a significant issue regarding the support that work based assessors receive from the assessment centre to which they are attached. Assessment centres are the administrative centre for registering candidates, and processing
claims for certification. The assessment centre is also responsible for the quality assurance and support of assessors through its internal verification system, and are subject to external verification by the awarding body. Larger organisations may have their own assessment centre, although smaller workplaces may need to link with an assessment centre based in a college, training provider or another employer. Wherever the assessment centre is sited, their responsibility is to provide support to assessors and to ensure that the assessors’ competence and knowledge is kept up to date in order to assess effectively against the national minimum standards.

Of the difficulties faced by workplace assessors, next to time to assess, the most cited difficulties were those which equate to a lack of support from the internal verifier or assessment centre, such as understanding the NVQ standards or understanding the NVQ process. Work based assessors who work from a ‘satellite’ of a main assessment centre site, may feel isolated and unsupported, if they do not have adequate access to, and support from, the assessment centre. This may result in assessors becoming disillusioned and not continuing with assessment, or taking far longer to assess than is really necessary because of unclear systems, or systems which are considered bureaucratic. In fact many assessors reported never being invited to attend standardization meetings by the assessment centre. In addition, the assessment centre cannot effectively assure the quality of assessment across all its assessors, if assessors are not monitored and do not attend regular standardisation meetings. All assessors should be observed annually and provided with access to resources, directly in the form of advice and indirectly in the form of where to acquire appropriate tools such as books websites etc., with which to assist them and their candidates to acquire knowledge and inform their practice.

In addition, support from the workplace is essential. If assessor/candidate time is not pre-planned, and given a high priority within the workplace, it may be overtaken by the needs of the service provision.
Quantity versus quality of NVQ assessment

The number of candidates assigned to an assessor, or other work roles which they combine with assessment at any one time, can significantly affect the quality of NVQ assessment. On occasions, striving to achieve qualification or funding targets, may negatively impact on the quality of service offered to candidates and workplaces. Comments from workplaces suggested that imposed time limits of 6 months to complete a qualification were not always viable, particularly if assessor support was lacking. If the focus of assessment is purely on achieving a qualification, rather than the learning, and enhanced practice which often result from NVQ achievement, then the assessment process itself may become little more than a ‘box ticking’ exercise in order to rush people through an award. The real benefits of NVQ assessment should stem from the relationship which builds up between the assessor and candidate, the constructive feedback and praise received by candidates from the assessor, and the enhanced knowledge gained from reflective practice which is then implemented in their work practice.

Assessors therefore need to be given the status and standing within organisations that these skills deserve, and the time with which to implement them effectively. Acknowledgement of achievement is one way or rewarding and therefore potentially motivating and valuing staff. It is interesting to note how many employers reward staff for NVQ achievement, yet many assessors stated that they do not feel valued as they receive neither adequate time at work, or additional payment, for their assessor role if it is not part of their job description. However, despite this, many work based assessors remain dedicated to the NVQ process, as they consider it an integral part of providing quality services for service users and they see NVQs as a form of staff development.

Conclusion

Several areas have been raised as a result of this research that require further attention. It has highlighted the difficulty in measuring the quality of NVQ assessment. No indicators are currently available to workplace managers which allow them to measure effectively the quality of the assessment and service
provided by assessment centres. Guidance could be provided to employers by ACTAN in relation to what they should expect, and what they should be prepared to offer in terms of time etc., to support NVQ assessment. It is also difficult to accurately assess the quantity of NVQ work based assessment as data currently collected by Skills for Care through the NMDS (National Minimum Data Set) requires managers to state the number of staff qualified to assess NVQs in terms of holding appropriate assessor qualifications. This is not necessarily the same as the numbers of active assessors in the regions.

Clearer guidance is required in relation to how assessors should be supported, inducted and provided with development opportunities in order to maintain and improve their skills as assessors. There is no clear guidance provided in relation to this by the joint awarding bodies (JAB\(^4\)), other than support should be given during induction, when standards change or following EV visits or other inspections. JAB also suggests ways of standardizing assessment decisions. However in 2002, JAB itself highlighted concerns around the induction and mentoring of new assessors, highlighted the few development opportunities, and a lack of feedback and guidance from the Internal Verifier to the candidate. The requirements in JAB’s\(^4\) guidance for IV’s to support assessors are largely administrative, such as ensuring the assessor has access to the correct NVQ standards and information about the awarding body. There is no mention of maintaining and developing the skills required for NVQ assessment such as providing feedback to candidates on performance, effective communication skills in order to explain the requirements of the qualification in a way in which he candidate understands. ACTAN could produce guidance on this to supplement the JAB guidance.

There is an issue in relation to the quality of NVQ assessment versus the quantity of staff requiring assessment. The lack of assessors, and the funding targets which some training providers strive to achieve, or the lack of work based assessors in organisations where many staff require NVQ assessment, may negatively impact on NVQ assessment. Assessors may be overloaded, or put under pressure to sign off a candidate before they are truly ready. The onus on
the assessor /training provider may be to ‘get someone through’ a qualification in order to reduce waiting lists, candidate numbers or receive funding monies. This approach generally does not make for quality assessment. NVQ assessment should be a form of development during which the candidate may acquire new skills and knowledge, but should certainly develop their reflective practice, assure competent work practice, and confirm that staff have reached a base – line level of competency required for the post that they hold. Funding that is provided to NVQ assessment centres that is linked to candidate achievement targets, needs to be manageable and realistic, otherwise there needs to be an acknowledgement of the potentially negative impact this may have on the quality of assessment. Partnership working between workplaces and NVQ assessment centres should be addressed, and assessed during External Verification visits. This would ensure that workplace managers and assessment centre managers are both aware, and in agreement about, their responsibilities in terms of facilitating and supporting NVQ assessment, both in terms of supporting work based assessors and providing peripatetic NVQ assessment.

**Recommendations**

1. Guidelines need to be provided on how measurement can be achieved regarding the quality of NVQ assessment, and the partnerships and learning agreements which managers should be entering into when commissioning both NVQ assessment and support for work based assessors.

2. Clearer guidance should be provided in relation to how both work based and peripatetic NVQ assessors should be supported, inducted and provided with development opportunities by both assessment centres and workplace managers. The opportunity for including work based assessors in the Skills for Care Learning Exchange Networks could be explored as one way of facilitating this.
3. Guidance should be produced in relation to the maximum numbers of NVQ candidates per assessor, relative to the NVQ assessor’s job role and dedicated NVQ assessment time. This would provide a quality benchmark to assist assessors to more effectively support candidates and provide consistency across NVQ assessment centres.

4. Guidance should be provided to Health and Social Care managers to enable them to embed NVQs into workplace culture and therefore ease the burden of evidence gathering. Additionally, the potential value of training supervisors and mentors in the workplace to achieve the A2 award as a way of supporting NVQ assessment should be advocated, in order to assist the NVQ assessment process and further integrate NVQs into workplace culture.

5. Partnership working between workplaces and NVQ assessment centres should be addressed, and assessed during External Verification visits. This would ensure that workplace managers and assessment centre managers are both aware of, and agree to, their responsibilities in terms of facilitating and supporting NVQ assessment.

6. The NMDS (National Minimum Data Set) could be amended to include not only the numbers of staff who hold a relevant NVQ assessor award, but also state how many are actually practising as work based NVQ assessors, and would therefore be considered ‘active’ assessors. This would provide more accurate data in the future about the quantity of work based assessors.

7. ACTAN, Skills for Care and awarding bodies, should note these suggestions in relation to providing future support and guidance to enhance NVQ assessment in Health and Social Care.
Glossary

NVQ assessment centre: A term to describe the administrative centre responsible for the delivery and certification of NVQs. These may be based within an employer organisation, private training provider or further / higher education providers.

D32 / D33: Qualification which enables an individual to assess NVQs. This qualification has since been replaced with the A1 award.

A1 Award: Replaced the D32/D33 award and is the current qualification for NVQ assessors to hold.

A2 Award: Comprises of the ‘observation only’ aspect of NVQ assessment. May be used by workplaces in order that performance may be observed and evidenced by workplace staff, who have not completed, or do not wish to assess, a complete NVQ unit.

Internal Verifier: Person appointed by the NVQ assessment centre to support NVQ assessors and monitor the quality and consistency of NVQ assessment across assessors.

External Verifier: Person appointed by the Awarding Body who monitors the quality of assessment and procedures within an NVQ assessment centre through annual or bi-annual visits.

Awarding Body: The organisation responsible for registering NVQ assessment centres and issuing NVQ registrations and certificates. Examples are City and Guilds, Edexcel, OCR, EDI, CACHE, etc.

Candidate: person undertaking an NVQ award
Peripatetic assessor: A person who assess NVQ candidates, but does not work directly alongside them, or for the organisation that the candidate is employed by. Peripatetic assessors are usually employed by training providers or colleges to assess in other organisations.

Work based assessor: A person who is a qualified assessor and assesses within the workplace they are employed in, usually as a supervisor or line manager for the NVQ candidates they are assessing.

References

1. *Local Government analysis and research* Care Sector Survey of NVQ and SVQ assessment centres 2006


3. CSCI figures May 2007 sourced from website

This report was commissioned to ascertain the quality and quantity of work based NVQ assessment for health and social care across the south west of England. A third of workplaces reported using work based assessors, and many managers reported that NVQs contribute to a significant improvement in both workforce and individual staff development. In particular, many of those who took part in this research felt that NVQs improved the quality of service delivery; are a valuable source of quality assurance; and offer reassurance to people who use health and social care services, and thus there was a sense among many providers that NVQs had made a positive impact on both workforce development and service delivery. Any significant issues, or areas of concern have been addressed through several recommendations in the report.