

# A Skills Passport in Health and Well-Being

Report of Initial Consultation



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better **jobs**  
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# 1 Executive Summary

- The London Teaching Public Health Network (LTPHN) is one of nine regional networks initiated and funded by the Department of Health with the aim of ‘enhancing the knowledge of everyone who can improve public health through the sphere and influence of their work’. It has the national lead among the networks for working with the third sector. The Network established a third sector working group to promote and support development of public health skills in the third sector workforce in London. The group identified that a skills passport could possibly meet the sector’s need for support both with individual careers and with organisational workforce development in public health. A skills passport is a web based record of competence which functions successfully in other sectors as a support for individual and workforce professional development.
- The LTPHN was commissioned by Skills for Health to carry out a three month study to consider the level of support there would be for a skills passport in health and well-being to be developed and piloted with third sector organisations. Skills for Health is the Sector Skills Council (SSC) for the UK health sector. It is UK-wide, covering NHS, independent and voluntary sector employers. It is one of 25 SSCs licensed by the Secretary of State for Education and Skills in consultation with Ministers in Scotland, Wales and Northern Ireland. Its purpose is to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare.
- Improving health is a key government public health policy objective. The third sector is recognised as making an important contribution to this agenda through its work with marginalised and hard to reach groups. There is opportunity to do more through new public health commissioning arrangements and the 2012 Olympic volunteer programme. This will require a skilled and qualified professional workforce and a strategic approach to development.
- The third sector is complex and diverse with many organisations being too small to offer their staff or volunteers much opportunity for career structure and progression. Training is often carried out in-house, informally or through non-accredited routes and much is not recognised or given appropriate value outside of the sector. A skills passport might offer a solution to this need.
- Research on current models of skills passports revealed two possible options for development for the sector, either through a multi-sector commercially development model or through an individual model developed with support from a not-for-profit organisation.
- Consultation methods included one-to-one interviews with a selection of stakeholders as well as informal meetings, interviews and correspondence with a number of experts on skills and workforce development, including IT developers and other related Sector Skills Councils. A Stakeholder consultation event which included over 70 national and regional stakeholder organisations was carried out to determine the level of support for this type of development, to determine any key issues or concerns as well as potential next steps. A report of the event was written and circulated to all attendees and those expressing an interest in the consultation. In total, over 200 organisations and individuals were consulted.

- The consultation revealed a good deal of support for the development of a skills passport. There was agreement that this would be a valuable tool for professional and organisational development. However, due to the nature and complexity of the sector, as well as this being a new and untried initiative within the sector, issues and potential challenges were identified. These were essentially around the culture and capacity of the sector to support an initiative of this kind and the need for some preparatory work on understanding the use of competences for workforce development. Key issues such as ensuring trust, standards, resource implications, access and transferability were documented.
- It was suggested that further research and discussions should be had with a wider selection of the sector on specific issues arising from this initial consultation. This could include:
  - carrying out workshops with third sector organisations on the use and value of competence and career frameworks for individual career and workforce development in health
  - publicising the public health skills and career framework through national and regional third sector professional support networks
  - discussing directly with PCT and Local Authority commissioners on the value and usage of skills passports in identifying skills needs and gaps and how this might be used in tendering for public service contracts.
- A skills passport in health and well-being be developed following discussions with a selection of key stakeholders to identify appropriate model, specifications and costs for development and support.
- An in-depth feasibility study with selected pilots be carried out to test out the potential value to the sector. Results would then be circulated to a wide list of stakeholders as part of any possible future consultation on skills passports for health and well-being.
- The consultation would include identifying the value this development would bring to any individual or organisation contributing to health and well-being, including the NHS and local government. This would ensure that the Passport is readily transferable if initiated from any sector.

## 2 Introduction

The London Teaching Public Health Network (LTPHN) is one of nine regional public health networks established by the Department of Health, England, to enhance the knowledge of everyone who can improve public health through the sphere of influence of their work. The LTPHN has the national lead among the networks for engaging the third sector in this agenda and has established a third sector working group to determine public health teaching and learning needs and support.

Skills for Health is the Sector Skills Council (SSC) for the UK health sector. It is UK-wide, covering NHS, independent and voluntary sector employers. It is one of 25 SSCs licensed by the Secretary of State for Education and Skills in consultation with Ministers in Scotland, Wales and Northern Ireland. Its purpose is to help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare.

The Skills for Health strategic aims are to:

- Engage with health sector employers to ensure we can be the authoritative sector voice on skills and workforce development for the whole sector
- Inform the development and application of workforce policy through research and the development of robust labour market intelligence
- Implement solutions which deliver a skilled, flexible and modernised workforce capable of improving productivity, performance and reducing health inequalities
- Championing an approach to workforce planning and development that is based on the common currency of national workforce competences.

Skills for Health (SfH) has been working closely with a number of third sector employers to identify the workforce needs of the sector. This research was commissioned as part of a developing approach to explore the feasibility of introducing a skills passport and its value as a means of supporting and facilitating workforce development. This study is of potential interest across England and the UK, although its scope was originally confined to the London Region because of the nature of the third sector in this region.

The role of the third sector in health and social care provision is very extensive and therefore the sector has a powerful role to play in improving public health and tackling health inequalities. There are emerging opportunities for the sector to participate more fully through the new public service commissioning arrangements and the 2012 London Olympic agenda. This would ideally require a workforce able to demonstrate their public health skills and commitment to professional development. However, the sector varies considerably in resources and organisational infrastructure to support sector specific skills and career development. Following initial discussions with working group, it was agreed that a 'public health' skills passport might offer the best solution to this need. The LTPHN was commissioned by SfH to carry out a study to determine what level of support there might be for this development and what issues need to be considered prior to any pilot with third sector organisations.

## 3 Background

### 3.1 The need for a skilled public health workforce

The purpose of public health is to improve and protect health and well-being in a population. Ill health and premature mortality connected with obesity and potentially preventable diseases remain major public health issues in the UK today. Improving health is now a key policy objective, with government recommending that public, private and voluntary sectors work together and adopt a ‘public health mindset’, one which promotes and protects health and reduces health inequalities<sup>1</sup>. This can only be done if the workforce has the appropriate knowledge, skills and development. A number of organisations, agencies and individuals are involved in developing strategies to achieve these aims and an emerging and evolving public health workforce is a result. This includes the development of new roles and new skills such as the health trainer and the assistant practitioner in public health. It also includes those who have a public health role within the ‘wider public health workforce’<sup>2</sup>. The third sector is recognised as making a significant contribution to improving the public’s health and well-being and is an important member of this ‘wider’ public health workforce.

### 3.2 The third sector: national picture

The third sector is defined as ‘a range of non-governmental organisations that work to deliver social benefit in a variety of capacities including charities, voluntary and community groups and social enterprises’<sup>3</sup>. It is estimated that there are over 600,000 paid staff in the UK voluntary sector with over 14 million people volunteering once a month and nearly one third of the sector workforce living in London<sup>4</sup>. The sector is an important and substantial employer with health and care forming a large part of its activity, currently receiving 14% of the total DH budget for health and social care<sup>5</sup>. The voluntary sector now plays an ever increasing role in the delivery of public services, including health improvement, through new public service commissioning arrangements, Local Area Agreements and Local Compacts.

Though the sector is, by comparison with other sectors, highly academically qualified, this does not mean they always have the necessary skills to be optimally effective. Identified skills gaps include generic and voluntary sector specialist skills areas such as management, marketing, fundraising, strategic use of IT, health and safety, legal knowledge and planning. Many organisations work across sectors and vocational areas requiring people with multiple and specialist skills, including those relating to public health. This can be a challenge for workforce development strategies, particularly as there is a lack of data on ‘health knowledge and skills’ needs.

<sup>1</sup> DH 2004, Choosing Health; DH 2006, Our Health, Our Care, Our Say.

<sup>2</sup> The wider public health workforce includes those whose work is not identified outwardly as ‘public health’ but who make a contribution to, or who have the potential to make a contribution to, improving and protecting the health and well-being of the public, including reducing inequalities in health.

<sup>3</sup> Taken from ‘Looking after Leaders’ Report (2008), Henley Management College, Third Sector Leadership Centre.

<sup>4</sup> Clark J (2007) Voluntary Sector Skills Survey, NCVO.

<sup>5</sup> Clark J (2007) Voluntary Sector Skills Survey, NCVO.



Little is known about the sector's public health skills needs and training gaps though in a recent survey of voluntary and community organisations in Scotland, public health/health improvement ranked high among learning needs as well as the need for cross-sectoral training opportunities and relevant competency frameworks for job descriptions for the sector, particularly for increasingly complex managerial roles<sup>6</sup>.

A key issue for the sector is funding for training and development. In England, although two thirds of third sector employers assess skills gaps<sup>7</sup>, one third do not hold a training and development budget and few organisations tender appropriately for workforce development in their budgets<sup>8</sup>.

### 3.3 The third sector in London

The third sector in London is unique, complex and diverse. It consists of large national and international 'household name' charities with annual incomes of millions, to small community based organisations with incomes of less than £10K p.a. It includes organisations working at the 'front end', delivering services to their clients and communities, as well as organisations working to support other voluntary organisations, such as the London Voluntary Services Council. Services vary from campaigning, lobbying, advice, information, advocacy, delivery and support and includes working with marginalised and hard to reach groups. Many organisations are involved directly in learning and training. Workforce development experiences differ due to variation in organisational structure and practice, some having better access to resources than others<sup>9</sup>.

It is estimated that there are over 60,000 voluntary and community groups in London<sup>10</sup>. It represents 6.4% of London's total working population and 38% of the total charity employees in England and Wales. Approximately one quarter of these groups are, according to estimates from the London Voluntary Sector Council, directly related to health. Growth rate in this sector is high, showing an increase of 24% between 2002-2004<sup>11</sup>. The Voluntary and Community Sector (VCS) works within a number of occupational sectors, including a large proportion within health and social care, learning and skills, children and families and sports and recreation<sup>12</sup>. All have a potential health improvement element.

Though the voluntary sector is a major provider of healthcare, most resides within the public sector. There is, therefore, little research on the sector's workforce's health skills needs and gaps, particularly around health improvement skills and, to date, limited resources exist for development. However a picture is emerging from recent research information on general skills needs for this sector<sup>13</sup> and has led to a number of recommendations and suggestions for development. A recent London based forum discussion on enhancing collaboration between the VCS and learning partners, concluded that there is a mismatch between courses on offer and the sector's skills deficiencies<sup>14</sup>.

<sup>6</sup> Tyrell H (Voluntary Health Scotland) and Allen D CHEX Enquiry for Training and Learning for health improvement in the community and voluntary sector, presentation in joint conference: Equipping the community and voluntary sector for health improvement, the Lighthouse, Glasgow 20 March 2007, Skills for Health, Voluntary Health Scotland, Community Health Exchange and Scottish Council for Voluntary Organisations.

<sup>7</sup> Cramb M and Hudek J 2006 Central London Voluntary and Community Sector Workforce Development Strategy. JH Consulting.

<sup>8</sup> NCVO (2007) UK Civil Society Almanac.

<sup>9</sup> Dwyer F et al, 2004. Improving Our Skills, a Skills Strategy for the Voluntary and Community Sector. NCVO.

<sup>10</sup> LDA (2006) Third Sector Policy Statement <http://www.lda.gov.uk/server/show/ConWebDoc.1744>

<sup>11</sup> Third Sector Review, A London Perspective (2007) A response to the priorities set out in the Treasury/Cabinet Office review paper. Third Sector Alliance, MiNet.

<sup>12</sup> Cramb M and Hudek J 2006 Central London Voluntary and Community Sector Workforce Development Strategy. JH Consulting.

<sup>13</sup> Clark J, 2007 Voluntary Sector Skills Survey England. UK Workforce Hub, SfH.

<sup>14</sup> Enhancing Collaboration between the Voluntary and Community Sector and Linking London Partners, Forum Report, 10th September 2007.



Specific ‘bespoke’ courses or training linking to the employer’s defined requirements should be offered and there is a need for short flexible courses which are employer led, accredited and include generic modules around agreed skills gaps such as leadership and management, teaching, community development, IT, advice work etc. Other significant gaps include skills to deal effectively with the new public sector tendering environment, including commissioning and procurement.

### **3.4 Recognition of the wider public health workforce**

Simply put, public health workers are people whose work improves and protects the health and well-being of people or populations. Skills in public health are broad and wide ranging and apply to a variety of the workforce from different sectors, including public health specialists who take a strategic role in population health to teachers or community workers who have a role in improving the health and well-being of their clients. The public health workforce is, therefore, broad in range and potentially large in number, particularly within the ‘wider public health’ roles, i.e. those whose work is not identified outwardly as ‘public health’ but who make a contribution to, or have the potential to make a contribution to, improving the health and well-being of the public. These would include such roles as a classroom assistant in an infant school, a parks official or a youth and community development worker. Recognition of the public health competences within these roles are identified within the Public Health Skills and Career Framework (PHSCF)<sup>15</sup>.

### **3.5 The public health skills and career framework**

Skills for Health and the Public Health Resource Unit have recently consulted on a multidisciplinary, multi-agency, multi-sector career framework for the public health workforce, identifying nine career levels, from initial entry to specialist or more senior roles, mapping the core and specific knowledge and skills requirement for key areas of practice. As a tool to build public health capacity, this should go some way to help individuals and organisations plan and develop public health pathways for individual career or workforce development. It is particularly helpful for those working in public health within the NHS and local authorities as they generally have supportive organisational and career development structures in place, to which this framework will link and support. It will also be helpful to those planning and commissioning health improvement services. However, for those working in the wider public health workforce, specifically those working in small or local third sector organisations, building capacity to contribute to the delivery of better health presents its own challenges. This report will focus on some of those presented for the third sector in London.

<sup>15</sup> Public Health Resource Unit & Skills for Health(2008) Public Health Skills and Career Framework, Multidisciplinary, Multi-agency, Multiprofessional, Skills for Health, April.

### 3.6 Need for guidance for the ‘wider public health’ workforce

Public sector health employees generally have defined and supported career pathways through their organisation’s development infrastructure. This includes skills escalators and NHS electronic portfolios. The required skills and knowledge for specialist or practitioner roles in public health are generally well publicised and increasingly managed through professional regulatory systems such as the Public Health Register or statutory health professional bodies such as the Nursing and Midwifery Council or Health Professions Council.

However, many of those working in wider public health roles have little professional guidance or support for the competences they might need or acquire to enable them to effectively fulfil the ‘public health’ part of their work. Indeed it is reasonable to assume, from our discussions with sector leaders and those working directly with third sector employees, that some have no guidance or training in this area at all or those that have accessed training have found it to be inadequate or insufficient for effective practice within their domain. Evidence of ‘felt’ need for health improvement training is lacking. This is particularly so for those working in the third sector.

A recent (not yet published) focus group study, carried out by the LTPHN, of third sector health workers in London, identified some key issues for public health workforce development, these included:

- **Capacity rather than skills**

Most felt that they had the skills to do the job but lacked capacity to do more or what they felt was needed. Lack of funding and time to develop was seen by many in the group as a key issue, for both managers and front-line workers.

- **The commissioning process**

Many felt excluded from this process and that communication between the sectors was lacking. Some felt that some health professionals in the public sector viewed the third sector as ‘second rate’ and that health could only be delivered by those working in the NHS.

- **Little career structure**

Working within the structure of short term grants and contracts makes career planning difficult, particularly when development is not included in the budget. There was little or no progression offered within many of the organisations involved in the focus groups and some felt ‘stuck’ in the sector.

- **Value of qualification over skill**

Though it was noted that employers valued specific skills over qualifications, workers valued the idea of a qualification or some transferable recognition of their skills and experience, higher. Many had done a variety of training and development as part of their job, but were not sure how much of this would be acknowledged or appreciated outside of their sector, or even within their vocational area.

### 3.7 Potential solution: A skills passport in health and well-being

The development of a skills passport for health and well-being might be a possible way forward and a solution to meet some of the workforce development needs in public health in the third sector, particularly those around personal career development and workforce planning.

Skills passports are a record of all a person's training, education and vocational experience, usually held on a central 'hosted' website. Though a relatively recent concept, they are becoming increasingly established in many vocational areas, particularly IT, the building and construction industry, hospitality and catering, active leisure and learning and, most recently, care. There are, to date, no such schemes in health though some discussions are taking place in health protection. They offer a structure and mechanism for personal career and workforce development which can be incorporated into a variety of organisations and be owned by the individual.

Such a skills passport in health and well-being could be linked to the national public health skills and career framework and would include qualifications, training and experience relating to promoting and protecting health and well-being. This would enable individuals, particularly within the wider public health workforce, to identify and track their own 'public health' competences and to explore personal development and potential progression routes. It would also act as a tool for planning organisational development or strategies for change. It would be endorsed by those who have experience in skills development in health, including employers, educators and trainers.

## 4 Methods

The London Teaching Public Health Network was commissioned by the London Region of Skills for Health to carry out a short study to assess the level of support and acceptance of a model of a skills passport in public health and whether this might be feasible for development within and for the third sector.

This was done by:

1. A planning group of specialist consultants, including members from the London Teaching Public Health Network Third Sector Working Group, was formed to guide and steer the project.
2. Initial research on current models of skills passports to determine their function and use in other sectors. This was carried out conducting an internet search, telephoning, emailing and meeting appropriate persons and organisations (such as other Sector Skills Councils, developers and users of skills passports) for information and advice.

Intelligence on models was collated for comparison and analysis.

3. From the information collected in (2) above, a fact sheet of frequently asked questions and answers about skills passports was developed (see appendix 1).
4. A 'road test' of the frequently asked questions was conducted. This was done by:
  - a. Contacting key stakeholders (within our networks) inviting them to be interviewed over the telephone (or to respond by email) about a skills passport in public health. Over 40 key contacts from third sector, NHS and professional support networks in London were contacted. These were requested to cascade the invitation through their networks (both national and local). We aimed to have a mix of third sector frontline workers, healthcare employers, commissioners and education and training providers to interview.
  - b. Volunteer respondents were then given a list of questions and the FAQ leaflet to read (see appendix 1). Altogether 19 people responded within the given time-frame and included third sector frontline workers, healthcare employers, public health specialists, healthcare educators and academics. Unfortunately no commissioners responded at this stage. Research consultants carried out telephone interviews to determine their understanding of skills passports and potential usage, barriers or issues for themselves and/or their organisation. Results were anonymised and collated for a brief report for presentation at the stakeholder consultation meeting. This information also informed the structure and content of the stakeholder consultation meeting.

5. A one day stakeholder consultation event was held with a number of national and regional organisations (see appendices 2 and 4) with an interest in third sector workforce development in public health. Over 80 people attended the event. The structure of the meeting included information about the Department of Health perspective on third sector involvement in health improvement; the national public health skills and career framework; how skills passports are being used in other sectors (included a third sector organisation's passport for active leisure and learning, as well as one currently being piloted in the care sector) and how they are being developed. Workshops were then held in sector and multi-sector groups to ascertain the level of support for this development and to identify any key challenges or barriers. Delegates were also encouraged to feedback individually in writing on the day (see appendix 5) or by email following the event.
6. A report on outcomes of the day was circulated to all delegates and those expressing an interest but unable to come to the event. Over 200 individuals in total were included in the consultation.

## 5 Discussion

### 5.1 General support for a model of a skills passport

It was evident from our discussions and informal feedback from individuals and organisations throughout the project that the concept of a skills passport in health and well-being was supported in principle. Skills passports are a tried and tested model of skills achievement acting as, in some sectors, a license to practice and in others, as a complete learning management system. They are becoming increasingly popular within many vocational areas with most Sector Skills Councils either using, developing or considering developing them for their use within their workforce (see appendix 3). The potential value of their use in health, and in particular, among workers in the third sector, was acknowledged. However, in the vocational area and sector, many issues were identified that could be addressed in more depth through a pilot study (see Table 1).

	Professional Occupational	Organisational	General
<b>Good points</b>	<ul style="list-style-type: none"> <li>• Would give value to informal and on the job training</li> <li>• Enabler for jobs and careers in health</li> <li>• Could drive up standards</li> <li>• Could create working links to other sectors</li> <li>• Facilitating individual career planning and self-development</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce development: to identify and focus on the competences needed for services</li> <li>• Recruitment: help equip organisation make right appointments</li> <li>• Tendering: help to tender for public contracts</li> <li>• Help create culture of learning and training in health and well-being in sector through links with local learning and training providers</li> </ul>	<ul style="list-style-type: none"> <li>• Strategically, would provide opportunity to remodel and give more influence to socio-ecological model of health</li> <li>• Skills passports proven in other sectors</li> <li>• Potential for cross-sectoral recognition</li> <li>• Link to the PHSCF (a valuable resource for individual and organisational development through competency objectives and aspirations)</li> </ul>
<b>Challenges/ issues</b>	<ul style="list-style-type: none"> <li>• How to ensure standards of work are recorded appropriately</li> <li>• PHSCF might be a barrier to development (language/ownership in third sector)</li> <li>• Ownership of the passport – individual or organisation?</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce development culture of some third sector orgs. may not be suitable</li> <li>• Access (IT, language) might be an issue</li> <li>• Cost to the organisation/individual</li> <li>• Transferability in sector untried</li> </ul>	<ul style="list-style-type: none"> <li>• Could possibly fragment sector</li> <li>• Could create 'inequalities gap' in sector</li> <li>• Security/data protection</li> <li>• Trust an issue for some 3rd sector organisations – 'joining in' what may be viewed as an externally driven agenda</li> </ul>

### 5.1.1 Value to informal training

The sector itself is a major provider of training and development and much of this is provided through informal, non-accredited routes. There was general agreement that this initiative would add value to much of this informal, on the job training and development taking place in the sector. It would provide a process by which this training could be logged, verified by the organisation, and recognised within and outside the sector. This could potentially become a powerful tool to foster personal development particularly for volunteers who might wish to use their volunteering experience to access careers in the health field either within or outside the third sector. It would also help to create a culture of learning and training in health and well-being through its necessary links with local learning and training providers.

### 5.1.2 Workforce development

As stated before, those working in the wider public health arena have little professional guidance or support to help them fulfil the public health part of their role. Some may not realise that they have workforce skills gaps and therefore will not implement training programmes<sup>16</sup>. This is particularly so for many working in local small and medium sized third sector organisations (i.e. those with an income of less than 100k per annum) who may not have the workforce development infrastructure of larger national organisations. Delegates and consultees recognised that the Passport would allow individuals and organisations to focus on the competences required to deliver a service, thereby avoiding any unnecessary or duplicated training. It would also allow organisations to appropriately tender for health protection and improvement services as it would provide the evidence required for fitness for purpose. However it was pointed out that it also might hinder the process as it could overtly identify those organisations with ‘skills gaps’ and could possibly prejudice the outcome, particularly if tendering alongside other organisations not using skills passports to monitor public health skills.

## 5.2 Issues and potential challenges

As stated previously, many issues were highlighted. Much of these came from the basis of this being a new and untried initiative for the sector and therefore comments were based on stakeholders’ reasonable conjectures from the available information on the day as well as from their own experience of the sector and vocational area.

### 5.2.1 Standards

The practice of public health is, to a large extent, unregulated, particularly among those who do not hold a health qualification, such as nursing or medicine. There is some voluntary regulation through the Public Health Register and consultation is currently taking place concerning regulation of public health practitioners. However, this would not apply to those working in the wider public health field, where public health is only part of their role.

Ensuring standards of practice was therefore considered a key issue in the consultation, especially for informal training where there is unlikely to be independent audit. There was some discussion as to whether the passport could act as a ‘licence to practise’ as it is in some sectors, and, if so, who might be responsible for ensuring standards are maintained.

<sup>16</sup> Building a World-Class Third Sector Workforce in East London, 2006, Thames Gateway London Partnership, [http://www.thames-gateway.org.uk/uploadedFiles/projects/Health\\_and\\_Social\\_Services/Workforce\\_HIRES.pdf](http://www.thames-gateway.org.uk/uploadedFiles/projects/Health_and_Social_Services/Workforce_HIRES.pdf)



Many saw the passport as a means of setting standards of practice or even as a means of driving up standards as it would identify the key competences of practice and how one could achieve them. Those presenting models of skills passports agreed that this was how they viewed the introduction of passports in their sectors.

### **5.2.2. Competency frameworks**

Unlike the public sector, the notion and use of competency frameworks for workforce development is a relatively new concept for many VCS organisations and often not seen as a key driver for this sector. This is further complicated by the very recent development and publication of the Public Health Skills and Career Framework (PHSCF), to which a skills passport in health and well-being would need to be closely linked. The PHSCF was seen by a number of representatives of VCS organisations as reflecting a medical/public sector/NHS model of public health and they did not feel the third sector had 'ownership'. The language used in the Framework was often confusing or alienating for those that did not have a public sector or NHS background in public health.

### **5.2.3. Cost to sector**

Cost was mentioned by a large majority of those consulted in this project and was often the top of the list of key issues for the sector throughout the discussions. The only information provided about costs were those contained in the FAQ leaflet (appendix 1) which were that Passports would cost the individual or sponsor organisation about £10 per person per year. It was not felt appropriate to provide any detailed costings on models of skills passports as this project was only to find out the level of support for this sort of development and there would likely be no further monetary costs to an individual organisation unless there was some requirement for a bespoke service. However, on reflection, it might have been useful to have provided some outline development costs for different models of passports. Further information on options of models of skills passports are discussed in section 5.

Resources, in terms of staff, time and equipment were also considered a key issue for the sector. Much of the sector is resource poor, particularly in IT, and it was felt that some individual and organisational support with the IT application would be required initially.

### **5.2.4 Models of skills passports**

#### **5.2.4.1 Variety of usage**

The initial research into current provision of skills passports in other sectors revealed a variety of models and usages, from either operating as a license to practice; an on-line CV/evidence of CPD, a record of achievement of competence at a set level or a full competence and personal career development tool. Some passports interact with employer and training provider in a meaningful way (such as allowing the employer to assess individual and workforce development needs) whereas others have discrete personal functionality only. It became quickly apparent that there is no 'one size fits all' model and that one would need to think of the specific needs of the sector so that the most appropriate design could be adopted. The technology is available and there are some useful models which could be adapted relatively easily.

#### 5.2.4.2 Options for initial development

The research identified two possible options for initial development, either through the commercial route model of PurplePassports, or through a not-for-profit model such as provided by E-Skills UK. These options did have some functional differences, in that one functioned as a multisectoral model with a system of third party verification whereas the other functioned more as a learner management and workforce development tool. Some of the advantages and disadvantages of these options for the sector are presented in Table 2<sup>17</sup>.

There was some similarity between the two models presented and, as was stated by both presenters of models on the day, a bespoke service was available which could offer the level of development and functionality based on the sector needs.

#### 5.2.4.3 Cost for development

A key issue was cost of development, management and support. These would be costs for contracting the initial development, as well as costs for use and sustainability. The not-for-profit model might incur high initial development costs and there would be added costs for promotion and marketing in the sector. This would be covered in the commercial model but would mean that costs to the sector would likely be at a level of £10 per passport per year. There might be extra costs for additional functionality such as adding career maps, job descriptions, job vacancies, local training and CPD links and employer support which some Passports currently have (see the UKSP for an example). However, it was not within the scope of this research to make recommendations about how the development of a skills passport might be funded.

The sector also expressed their concern about whether the sector had the capacity to support this development, such as having the staff available and trained to provide support to the organisation and individual users during the initial stages of this development.

#### 5.2.4.4 Verification

Another issue identified is one of verification. The multi-sector model provided by PurplePassports included a verification process that could add value to the passport, and hence add to its popularity and usage in the sector. However, as most national qualifications will soon be verified centrally through an individual's unique learning record, (which passports should link to), this function will only be useful for informal, in-house or short, non-accredited modules or courses. This is probably one of the key considerations for the sector (and probably one of the main reasons for considering development) but one would need to consider carefully how this might work in practice in the sector, particularly in maintaining standards in a diverse and unregulated sector. It would need careful planning, marketing and most of the sector's organisations 'signed up' to the process.

#### 5.2.4.5 Security and data protection

Security and data protection was flagged by many stakeholders as a concern, particularly in this day and age of identity theft. Both models explained how data was protected within their systems but this remains an issue for any potential 'take up' of the passport, particularly as data sharing would be an essential element for it to work appropriately at the employer/host level.

<sup>17</sup> This table does not include technical functionality as, although the models presented did vary in functionality it is reasonable to assume that there is the technology available already to support functionality and it would not be helpful to compare each model for its technological function.

**Table 2: Possible options for development of skills passports<sup>18</sup>: advantages and disadvantages**

Model of development provided by ESkills UK (not-for-profit)	
<b>perceived advantages</b>	<ul style="list-style-type: none"> <li>• Developed by a not-for-profit organisation offering bespoke service</li> <li>• Data transferable to other systems</li> <li>• Self assessment tool – allowing individuals to self assess skills and revise/update on each visit</li> <li>• Modular system – other competence frameworks can be easily applied</li> <li>• Useful to workforce for gathering quick and efficient snapshot of skills in workforce – to focus training expenditure where most needed</li> <li>• Good for shaping skills and qualification profiles according to job roles and individual needs – to set learning journeys for individuals or groups</li> <li>• Access to ‘real time reports’ for employers for worker, department or organisation</li> <li>• Expert witness verification for informal/on the job training and experience</li> <li>• SSC can set own pricing structure (can keep development costs to minimum)</li> <li>• Independent third party verification of qualifications</li> </ul>
<b>potential disadvantages</b>	<ul style="list-style-type: none"> <li>• Higher initial outlay by host for development (including training and support) than commercial model</li> <li>• Publicity/marketing costs need to be factored</li> <li>• Capacity of workforce to develop and support skills passports</li> <li>• Security/data protection (for both models)</li> </ul>
Model of development provided by PurplePassports (commercial)	
<b>perceived advantages</b>	<ul style="list-style-type: none"> <li>• Multi-sector branding and function – could be useful for sector, particularly with those linked closely to ph (such as active leisure and learning, care)</li> <li>• Established organisation with recognised brand and footprint across 14 different sectors (over 10 million people in UK)</li> <li>• Verification process adds value (independent third party verification of verifiers)</li> <li>• Bespoke service offered</li> <li>• Interoperable with other qualification accreditation and electronic portfolio systems (including HE)</li> <li>• Allows employers to identify skills gaps, when and how employee/volunteer needs to be trained</li> <li>• Minimal nominal fee to rebrand (most of the development costs are borne by the company)</li> <li>• Publicity and marketing costs met by company</li> <li>• Development, management, hosting and maintenance costs with company – but will be recouped through passport sales</li> </ul>
<b>potential disadvantages</b>	<ul style="list-style-type: none"> <li>• Verification of on the job/informal learning could prove challenging for setting and maintaining standards within the sector</li> <li>• Likely to be more expensive to user in the end (compared to not for profit model though this would depend on take up of passport and other development/support costs)</li> <li>• Might need further development costs for additional specific functionality</li> <li>• Security of data as on not-for-profit model</li> </ul>

### 5.2.5 Access and inequalities

Given the current complexity and diversity of the sector this initiative could serve to further divide and create an increase in inequalities for organisations without adequate resources to support this development within their workforce, such as having access to the IT equipment required. Language might also be a barrier. Any proposed development should be aware of this possibility and resources allocated appropriately. work in practice in the sector, particularly in maintaining standards in a diverse and unregulated sector. It would need careful planning, marketing and most of the sector’s organisations ‘signed up’ to the process.

<sup>18</sup> It is assumed that funding for development will likely be provided by the appropriate Sector Skills Council therefore advantages and disadvantages have been referenced for the third sector and Sector Skills Council for health.

## 5.2.6 Transferability

Transferability is crucial to a successful skills passport. To enable staff movement within and across sectors, and to enhance cross-sector recognition, a skills passport needs to be comprehensive and all-inclusive in its capacity to record and verify the likely competences needed for working in health and well-being within and between sectors. This should include generic public health competences as well as those specific to the VCS such as fundraising. The passport should also allow transfer of knowledge and skills from any vocational or academic learning environment. Many universities and other professional institutions are currently engaged in requiring students and practitioners to maintain an on-line record of learning. Though there is no standard system (most are piloting systems, some as non accredited records and others a formally assessed and externally verified) it is likely that, within the near future, a system of transferring records of learning will become the norm for all (much like the system for transferring academic credits from one learning institution to another). Any proposed skills passport should therefore aim to be fully transferable with the appropriate learning and credit transfer software as well as with the appropriate organisation's internal human resource and organisational development systems. It should also be transparent about who has ultimate ownership of the passport and data, particularly if an organisation is acting as sponsor.

## 6 Conclusion

In a climate of an increasing need for a professional workforce to deliver health improvement, the third sector will need to ensure that it is developing its workforce to the accepted public health standard. A flexible tool such as a skills passport could well help. The rationale for choosing to consider the development and pilot within this sector was because it was likely to derive the greatest benefit. However, this could also be a very useful development for those working in other sectors and roles and become an extremely valuable capacity building tool for much of the public health wider workforce in general.

This consultation did identify some key issues to consider. The need for some development of this kind was not disputed and the overall opinion among stakeholders is that this would be very welcome. It would have the potential to help many of the smaller voluntary organisations with limited access to the support and resources to develop the workforce skills and qualifications needed to ensure they would be 'fit for purpose' in the new and emerging work and contracting opportunities for health and well-being. The added career development value of the passport as a tool which recognises much of the wealth of learning and experience gained either formally or informally within the sector was acknowledged. The recently published national public health skills and career framework provides the essential structure for this development.

The risks focused primarily on the culture and capacity of the sector to support this type of initiative. Unlike the public and private sectors, much of the third sector is either new to, or weak around the idea of competency frameworks for either individual or organisational workforce development. There is also a real resource issue for some of the organisations, particularly from the smaller voluntary organisations that would most benefit from this scheme. Other perceived risks or concerns, such as those around standards, verification and security, would require rigorous testing within the sector. It is clear that any development would need to be carefully planned, piloted and adequately resourced to ensure that these and other key issues and concerns are taken into account.

<sup>19</sup> The list is not exhaustive – these are just some of the criteria identified in the initial consultation, others may emerge in follow-up discussions.

## 7 Recommendations

From the verbal and written feedback received from stakeholders there was support for further research and discussions with a wider selection of the sector on specific issues arising from this initial consultation. This would then inform a full feasibility study, which could include development and pilot of the passport with a number of small and diverse third sector organisations.

Possible next steps could include:

- Developing and enhancing the Public Health Skills and Career Framework for use within the third sector. As discussed in section 5.2.2, the PHSCF was developed from public health practice within the public sector and therefore does not fully resonate with the language, culture and experience of those working outside this domain. Work could be done with a selection of third sector representatives to translate and tailor the PHSCF to meet needs of those who work in the third sector and encourage ‘ownership’ of the framework from this sector. This work could enhance the national PHSCF (by identifying role profiles and career pathways in health and well-being within the VCS) and could then inform any future skills passport development. The ‘adapted’ PHSCF could then be publicised through third sector professional support networks, nationally and regionally (such as the UK Workforce Hub, NCVO, LVSC). Suggested steps for this work could be:
  - A series of general workshops with third sector organisations on the use and value of competency frameworks for individual career and workforce development in public health
  - Collect data, primary and secondary (through e.g. survey/focus groups) on jobs/roles in health and well-being in third sector organisations (including possibly an audit of competences against current PHSCF)
  - Set up a national working group of experts to include third sector representatives to translate and tailor the PHSCF for third sector
  - Publicise ‘adapted’ PHSCF through third sector academic and professional support networks, nationally and regionally.
- Further discussions with SSC, key sector representatives and other health stakeholders, including healthcare commissioners, prior to any piloting of skills passport, on:
  - potential usage in the sector
  - appropriate model to develop (e.g. commercial or not-for-profit)
  - passport specifications
  - funding the process including projected costs to organisations for development and support.

- Should a model and specification of passport be agreed, work with third sector, skills passport and public health workforce development specialists, including the Teaching Public Health Networks, Sector Skills Councils and software developers to create a passport in health and well-being which could be piloted in third sector organisations in London and outside.
- Plan and carry out an in-depth feasibility study with selected pilots (small organisations in different settings e.g. rural/urban). A robust research model should be designed which will evaluate outcomes against specific criteria. These are likely to be<sup>19</sup>:
  - How this works in practice in the sector
  - Issues of supervision, data entry, IT training, security etc.
  - Costs to organisation in terms of time and resources
  - The usefulness to the individual and organisation for professional development and workforce planning
  - Any potential benefit to organisation in securing contracts or grants for public health/health improvement/protection
  - To identify any further issues or barriers.

## 8 Acknowledgements

Thank you to everyone who contributed to this research and consultation, particularly to those who agreed to be interviewed over the telephone, those that carried out the interviews and those that took time out to attend the consultation event in June. I would also like to acknowledge the help of Mark Freeman, Gerry Brown, Mark Waterman, Martin Harvey, Mark Callahan, Mark Harrod, Claire Mitchell, Nick Sweetman and Anne Harvey on models of skills passports, Marilena Korkodilos and Cindy Carlson for their contributions to the consultation event and the LTPHN team for their support and feedback. Special thanks go to those who helped plan and facilitate the event, and to those giving feedback on the report, especially Jenny Griffiths, Richard Shircore, Digby Ingle, Heather Davison, Kathy Tyler and Fiona Sim.

Lorraine Williams, November 2008



## 9 APPENDICES

### Appendix 1:

#### Frequently Asked Questions leaflet on Skills Passports

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#### A SKILLS PASSPORT FOR HEALTH AND WELL-BEING?

### Frequently Asked Questions

#### What is a Skills Passport?

A Skills Passport is a record of all a person's training and education, kept on a website. Passports already exist in a number of work sectors, including IT, hospitality and catering and active leisure and learning. A care skills passport has recently been piloted. There are various models. The 'purple passport' scheme includes registered verifiers from the sector.

A Skills Passport in health and well-being would include qualifications, training and experience relating to promoting and protecting health and well-being. It would be endorsed by those who have experience in skills development in health, including employers, educators and trainers.

An on-line Skills Passport would enable individuals and organisations to identify and track their competencies in promoting and protecting peoples' health and well-being from their experience and training; to explore career development and to plan organisational development. As it would be developed by health employers and others leading on health, education and skills development, it would provide real 'currency' for lifelong learning, having recognition and value within and between sectors.

#### Why are we proposing Skills Passports for the Third Sector?<sup>20</sup>

The Third Sector already plays a vital role in health improvement, working with and alongside the NHS and other public bodies. They would like to do more. Their work is being much more valued than in the past, particularly because they often engage with marginalised, hard to reach groups with many health problems.

<sup>20</sup> The Third Sector includes charities, voluntary and community groups and social enterprises.

There are now more opportunities for the Third Sector to participate in protecting and promoting health. New public service commissioning arrangements positively encourage commissioners to seriously consider tenders for services from their local VCS. There are also regional opportunities through the 2012 London Olympic workforce and volunteer programme. **However**, many Third Sector organisations are quite small and lack capacity for developing their workforce. They cannot always recruit staff and volunteers with all the skills required. Tenders would therefore need to include some allowance for staff development and training. Assessing current workforce competencies and development needs is, therefore, essential. A Skills Passport could make this assessment much easier.

There is now in place a nationally agreed framework for careers in protecting and improving the public's health, providing the necessary structure for developing a skills passport. In April, 2008, Skills for Health published the **Public Health Skills and Career Framework**. This sets out the key competencies for public health at nine levels of expertise. It highlights the importance of the 'wider public health workforce', such as classroom assistants, youth workers or outreach workers for charities, who promote health as part of their work.

## What would be the benefits of a Skills Passport?

**Employees and volunteers:** A Skills Passport will enable a person to identify what skills they currently have and what they might need to progress further. If they take a new position which includes health improvement, they will have a current record of verified training and professional development, making it easier for them and their new employer. **The passport also gives value to much of the informal training and experience gained in the sector** and could potentially help with entry to higher level academic and vocational qualifications. Passports also have the potential to offer information and guidance on local training available in health promotion or protection including how funding can be accessed if it is available.

**Employers:** Research shows that more than two thirds of CV's contain incorrect or false information. People often lose information about their training and development. A Skills Passport details the individual's knowledge and skills gained from a variety of formal and informal methods, which is securely kept electronically on a host website. It should help recruitment of the right person for the job or project and avoid unnecessary expensive training and development costs. As the passport will be mapped to the national Public Health Skills and Career Framework, it will provide a valuable tool for workforce capacity building; identifying future workforce development requirements and planning public health career paths. It could also help tendering for funding, as it will identify any gaps in knowledge and skills in the current workforce and options for addressing them.

## How does it work?

There are a number of models of skills passports in operation though they are generally similar. For the purple passport model, an individual registers their details on-line to gain a passport or an employer can sponsor passports for their employees. Each person owns and controls access to their Skills Passport, whether they have paid for it themselves or if it was issued to them by their employer or other organisation. Payment is normally around £10 per annum for each individual passport.

## What IT skills are needed?

Very little IT skills beyond using a mouse and entering data using a keyboard are needed. Those without any skills may need help using the tool at first. Access to the internet and having a valid email address is also required.

## What does ‘verified’ mean and who are registered verifiers?<sup>21</sup>

‘Verified’ means that details are confirmed on an individual’s passport by a recognised organisation signed up to the passport scheme. Evidence of skills, qualifications and experience are presented to the verifier by the individual and recorded as verified on the passport. Registered verifiers are organisations such as employers, education establishments and training institutions who have successfully applied to become recognised ‘graded’ verifiers for the passport. Verifier grading is based on criteria such as length of time in operation, commitment to staff development and number of employees. They would normally be governed by a code of conduct which is independently monitored.

## How does an individual get their skills verified if their employer is not a registered verifier?

Lists of local registered verifiers would be made available to the applicant through the scheme. The employee could also ask that their employer applies for registration as this would aid personal development.

## Who are the London Teaching Public Health Network and Skills for Health?

The London Teaching Public Health Network is one of nine regional teaching public health networks established by the Department of Health with the aim of enhancing public health teaching capacity so that people are better informed about public health. Skills for Health is the Sector Skills Council (SSC) for the UK health sector. We help the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare.

<sup>21</sup> The information on verification applies to Purple Passports – others may have different methods.

## Appendix 2:

### Programme for consultation event with stakeholders



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## A SKILLS PASSPORT FOR HEALTH AND WELL-BEING IN THE THIRD SECTOR?

A consultation event for stakeholders

**Monday, June 23rd 2008**

Mander Hall, Hamilton House Conference Centre, Mabledon Place, London WC1H 9BD

Programme		
<b>Morning</b>		
09.30	Registration and Refreshments	<i>Mander Hall</i>
10.00	Welcome	<b>Dr Fiona Sim</b> The London Teaching Public Health Network
10.10	Setting the context: The role of the Third Sector in public health	<b>Dr Marilena Korkodilos</b> Department of Health
<b>Plenary</b>		
10.25	Challenges for workforce development within a third sector organisation	<b>Mark Harrod</b> YMCA
	The Sector Skills Council for Health: function and role in workforce development	<b>Kathy Tyler</b> Skills for Health
	The National Public Health Skills and Career Framework	<b>Cindy Carlson</b> Public Health Resource Unit
	The use of Skills Passports in other occupational settings:	<b>Mark Callahan</b> Purple Passports  <b>Martin Harvey and Anne Hartnell</b> E-Skills UK and Skills for Care
11.40	Panel Session Q's and A's	
12.10	Current findings from initial research. Briefing for workshops	<b>Lorraine Williams</b> The London Teaching Public Health Network
12.30	Lunch	<i>Mander Hall</i>
<b>Afternoon</b>		
13.15	Workshop 1	<i>Rooms 4, 5, 6 and Mander Hall</i>
14.00	Workshop 2	<i>Rooms 4, 5, 6 and Mander Hall</i>
14.45	Tea	<i>Mander Hall</i>
15.00	Feedback and discussion	<b>Kathy Tyler</b> <i>Mander Hall</i>
15.45	Round up – next steps	<b>Kathy Tyler</b>
16.00	Close	

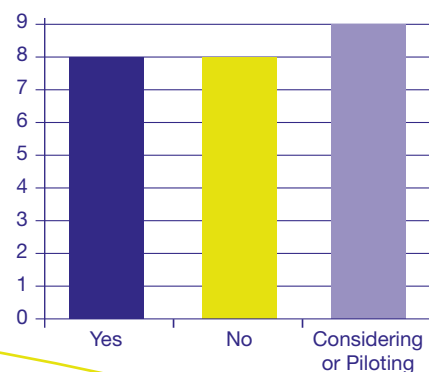
### Appendix 3:

## Table of national Sector Skills Councils' links with development of skills passports

Sector Skills Council	Occupational area	Skills passport development		
		yes	no	Considering or piloting
Skills for Health	Health			Considering
Creative and Cultural Skills	Arts, crafts, cultural heritage		X	
E Skills UK	IT and Telecoms	✓		
SEMTA	Science and Engineering		X	
LANTRA	Environment and land based	✓		
Skillset	Creative and media			Discussing potential
Cogent	Chemicals, nuclear, oil and gas			Considering
Energy and Utility Skills	Energy and Utility		X	
Skillsmart	Retail			Has skillsmap
Skillfast	Fashion and textiles		X	
Improve*	Food and drink	✓		
People 1st*	Hospitality, leisure, travel and tourism	✓		
Go Skills*	Passenger transport	✓		
The Sector Skills Council for Central Government	Government			Has careers framework
Asset Skills*	Property and housing	✓		
Skills Active*	Active Leisure and Learning	✓		
LLN UK	Learning professionals			Considering
Skills for logistics	Moving, handling and storing goods		X	
Construction Skills	Construction	✓		
Skills for Care	Care			Piloting
Automotive Skills	Motor Industry			Discussing potential
Childrens Workforce Development Council	Childrens services		X	
Financial Services Skills Council	Financial Services			Discussing potential
Skills for Justice	Justice		X	
Summit Skills	Building and engineering		X	

(\* indicates part of PurplePassport Brand)

### SSC's current development of skills passports (Total = 25)



## Appendix 4:

### List of organisations represented at stakeholder event

All Wales Mental Health Promotion Network  
ASH (Action on Smoking and Health)  
Barking and Dagenham PCT  
British Deaf Association  
British Lung Foundation  
British Medical Association  
Camden PCT  
CARA Society (Central Africa's Rights and Aids)  
Central and Eastern Cheshire PCT  
Central YMCA  
City and East London Bereavement Service  
City and Islington College  
ContinYou  
Department of Health  
Department of Public Health  
Diabetes UK  
Eastern & Coastal Kent PCT  
East of England Strategic Health Authority  
E-Skills UK, The Sector Skills Council for IT and Telecoms  
Essex County Council  
Equalities National Council  
Faculty of Public Health  
GMFA  
Greenwich Teaching Primary Care Trust  
Gt. Yarmouth & Waveney PCT  
Haringey Teaching Primary Care Trust  
Health First  
Healthy Living Network – Leeds  
Hillingdon Association of Voluntary Services  
Hunts Forum of Voluntary Organisations  
Independent Consultancy  
Interim Professional Body for Nutrition  
Isle of Wight Rural Community Council  
King's College London School of Medicine and University of Reading  
Kingston Voluntary Action  
Learning & Skills Council London Region

## Learning Links

LLN (Linking London Lifelong Learning Network)  
London School of Hygiene and Tropical Medicine  
London Teaching Public Health Network  
London Voluntary Service Council  
MCCH Society  
National Healthy Living Alliance  
NCC (National Consumer Council)  
NHS Education South Central  
North East Essex PCT  
Northumberland Health Trust  
Open Road  
Parish Nursing UK  
PHLink  
Plymouth City Council/CIEH Devon Branch  
Public Health Resource Unit  
PurplePassport  
RNID (Royal National Institute for Deaf People)  
Royal Society of Health  
Sefton CVS  
Single Homeless Project  
Skills for Care  
Skills For Health  
South Cambridgeshire District Council  
South West Essex PCT, Health Improvement Provider Service  
Southwark PCT  
Thames Gateway London Partnership  
The Royal Institute of Public Health  
The Shircore Consultancy  
Tower Hamlets College  
UK Workforce Hub  
University of East London  
University of East London Institute for Health and Human Development  
Wellbeing Wales Network  
West Essex PCT  
West Herts Primary Care Trust  
West London Lifelong Learning Network  
Westminster PCT



## Appendix 5:

### Evaluation form



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Skills for  
Health

## A SKILLS PASSPORT FOR HEALTH AND WELL-BEING?

A consultation event for stakeholders

### Evaluation

Thank you for attending this event. We welcome any individual comments or suggestions you might have about this proposed initiative. Please take a few minutes to complete this form and either leave this on a table for collection at the end of the day or post this to Lorraine Williams at the address below.

**1. Which type of organisation do you work or volunteer for? Please tick**

Third Sector

Public Sector

Other (please state) \_\_\_\_\_

**2. In principle, are you in favour of the development of a skills passport in health and well-being?**

Yes

No

Not sure

**3. Please use the space below to add comments or questions. If you would like a response please include your contact details\***

Thank you for your comments. Please return this form to any of the event organizers or leave on a table for collection at the end of the day or return by post to: **Lorraine Williams, the London Teaching Public Health Network, the London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HP**

\*1 Any information provided will be treated as confidential; we will not identify you by name or organisation.





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london teaching public health network

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Skills for Business is an employer-led network  
consisting of 25 Sector Skills Councils.