

INSPIRING THE NEXT GENERATION: T-LEVELS AND HEALTH AND SOCIAL CARE WORKFORCE PLANNING AND PROGRESSION

A REPORT TO THE GATSBY CHARITABLE FOUNDATION

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EXECUTIVE SUMMARY

NHS engagement with the T-level in health is growing:

- NHS trusts that first hosted industry placements in 2021 have continued to do so.
- Many of them have approached neighbouring employers, including those in social care, about hosting placements.
- T-level industry placements are taking place in almost every health and social care setting.
- Compared to other workforce supply interventions, such as careers talks or work experience placements, T-levels are seen as a more effective, sustainable and flexible way of raising awareness of health and social care careers and securing future talent.
- The success of the Health T-levels is leading to support for non-clinical T-levels such as business (administration and management) and digital.

None of the participants in this research encountered any barriers when implementing industry placements. However, most had expected pushback from the services they approached to work with, especially about the age of the students and the perceived workload involved in hosting placements. In most of these cases, the resistance was not significant and was short-lived.

Organisations hosting industry placements managed any potential capacity challenges by using a range of strategies, including having existing support staff act as mentors to the students and capitalising on the flexibility of T-levels to organise placements at less busy times of the year.

Hosting Health T-level industry placements delivers a wide range of benefits to employers. Including:

- increased engagement with local skills partners, such as colleges
- recruiting a more diverse workforce, including into 'at-risk' professions
- lower turnover of staff that are former placement students because they are already familiar with NHS work, have relevant knowledge and skills and are committed to a health or social care career

There is little evidence of formal workforce planning at national, regional or local level supporting T-level implementation despite these benefits and despite them aligning with Fit for the Future: The 10 Year Health Plan for England's aspiration to increase recruitment from local communities. They also support the NHS's role as anchor institutions¹ in communities. In the few cases where T-levels are included in workforce strategies, it is as part of a grow your own approach to workforce supply.

Participants told us:

- Students change their career aspirations as a result of being placed with services or areas they were less familiar with or had no knowledge of at all. A number of employers explicitly use placements as an opportunity to raise awareness of the full range of career opportunities.

¹ Anchor institutions are large public sector organisations that are 'rooted in place' and play a role in the well-being of the local population. They can work with partner organisations to address social, economic and environmental factors that affect health. See The Health Foundation (accessed 2026) [The NHS as an anchor institution](#).

- The robustness of the T-level curriculum and the focus on experiential learning, means they offer clear progression pathways into higher education, higher apprenticeships or directly into support workforce roles.
- Students who progress into higher-level apprenticeships or higher education benefit from working (for around six months) before starting their course so that they have more experience.
- Students who progress into higher-level apprenticeships or higher education can apply for clinical degrees in subjects that are different to the pathway they originally chose.

While a substantial amount of information about T-levels is available for NHS employers, there seems to be little aimed at social care employers and little evidence of social care employers engaging with T-levels. Research participants from the NHS frequently reported that limited resources prevented social care from engaging with T-levels. However, those NHS employers who worked with social care employers to provide industry placements said these students were often employed in nursing and care homes and domiciliary services as a result of their placements.

A number of recommendations have been developed from this research:

- The NHS workforce plan should support T-levels.
- Increasing awareness of the content and value of T-levels needs to be ongoing. Dedicated resources and marketing are needed for the social care sector.
- A formal cost–benefit analysis of T-levels from the perspective of employers should be completed.
- T-levels should be included as an entry qualification for healthcare degrees.
- The ability of T-levels to increase the awareness of allied health profession (AHP) careers, including small and at-risk professions, should be clearly articulated and incorporated into any national AHP workforce strategies.

INTRODUCTION

T-LEVELS

Launched in England in 2020, T-levels are two-year technical qualifications for 16-19 year olds. A T-level is equivalent in size and UCAS points to three A-levels.

In 2025, the Department for Education's Post-16 Education and Skills White Paper, stated that:

T-levels will be the main level 3 pathway for those young people who are confident about working in a certain occupational area, where it is right to take a single, large qualification ...²

T-levels focus on the acquisition of technical knowledge and skills through formal learning and guided workplace experience. Classroom learning makes up 80% of the course, and industry placements make up 20%. All T-levels have industry placements that can be with up to two employers, or three if they are part of the same system, and last for a minimum of 315 hours.

The Health T-level has core content, which includes learning about the healthcare sector and providing person-centred care. Learners also choose from the following specialisms:

- supporting the adult nursing team
- supporting the care of children and young people
- supporting the midwifery team
- supporting the mental health team
- supporting the therapy teams

After completing their T-level, students go straight into employment, onto a higher apprenticeship, a university-based degree programme or a degree apprenticeship:

Although still at an early stage, T-levels are already demonstrating their value. We have seen 71% of T-level students go on to work or study in the general field of their T-level after completion, compared to 61% of comparable level 3 technical learners on equivalent routes. Over two-thirds of T-level completers who take up apprenticeships move straight into higher or degree-level apprenticeships – compared to one quarter of all level 3 completers.³

ABOUT THIS RESEARCH

The Gatsby Charitable Foundation (Gatsby) approached King's Business School to help them explore the extent to which the T-level in health was:

- integrating into, and aligning with, health and social care workforce strategies and plans, and
- enabling progression routes for students once they completed the course

2 Department for Education (2025) *Post-16 education and skills white paper*: p.35.

3 Department for Education (2025) *Post-16 education and skills white paper*: p.35.

We used the following mixed methods approach to the research:

- A literature search using the university's library databases to identify peer-reviewed articles or other academic work about T-levels. Just one article was found.⁴
- A comprehensive online review of national policies, strategies, guidance and publications by the NHS and social care sectors that reference T-levels, including materials produced by:
 - trade unions
 - professional bodies
 - NHS England (including occupational-specific strategies such as for AHP and maternity)
 - NHS Employers
 - Local Government Association
 - Skills for Care
- Semi-structured interviews were held between September and November 2025 with people from 20 NHS trusts, regions/systems and networks that had supported or planned to support the delivery of the Health T-level. Gatsby's ICS (integrated care system) Industry Placement Network sent out invitations for participants. Interviews were held on MS Teams and were recorded with participants permission. Transcripts were reviewed and thematically analysed to identify themes and key issues. Table 1 shows the types of organisations the participants worked for.

Table 1. Interview participants

Organisation	No. of participants
NHS acute trust	10
ICS	3
Cancer network	2
NHS England regional team	2
NHS specialist trust	2
NHS community trust	1

The report draws on all these findings to understand what makes employers engage with T-levels, how they organise industry placements, the benefits of supporting T-levels, any issues they encountered and how they solved them, as well as the progression routes available for students once they completed their T-level. Based on this understanding, a number of recommendations are made.

4 Terry, R. and Orr, K. (2025) *Raising the value of VET through qualification reform: the case of English T-levels*. Journal of Vocational Education & Training, 77(4), pp.895-911.

This article considers how T-levels might address some of the long-standing challenges associated with vocational education in England, such as meeting the skills needs of employers. The findings of this study suggest that, for the NHS at least, T-levels do address those challenges.

ETHICS

King's College London's Research Ethics Management Application System approved the study.

LIMITATIONS OF THIS STUDY

The total number of NHS employers that support T-levels is not known, so we cannot tell how well those interviewed for this study represent the sector. However, common themes were identified in all the interviews, which suggests the insights will be applicable beyond this sample.

A more significant limitation is the lack of engagement from social care employers.⁵ Insights about social care in this report came from those NHS participants who had worked with the care sector.

⁵ Attempts to engage with social care were made by the ICS Industry Placement Network, Skills for Care and contacts provided by NHS participants.

FINDINGS FROM THE DOCUMENT REVIEW

INTRODUCTION

This section presents the findings from the review of the health and social care policies, strategies, guidance and publications that reference T-levels. Most of these resources provide information, advice and guidance for those wanting to understand and support T-levels, instead of being workforce plans or strategies. A sizeable number of the resources were for healthcare, with considerably less for social care. Wider skills policies have also been considered.

NATIONAL NHS POLICY AND STRATEGY

FIT FOR THE FUTURE: THE 10 YEAR HEALTH PLAN FOR ENGLAND

In July 2025, the Department of Health and Social Care published *Fit for the Future: The 10 Year Health Plan for England*. The plan emphasises the need for the NHS to 'work with local job centres and others to ensure that people from all backgrounds can benefit from a career in the NHS'.⁶ Furthermore:

We will ... reorientate the focus of NHS recruitment away from other countries and towards its own communities. Providers will recruit locally, supporting those who are unemployed or economically inactive to take up appropriate roles and expanding apprenticeships and accessible training ... In 2025 to 2026, [the NHS] will support 1,000 young people and individuals from the most deprived communities across the country into pre-employment programmes, and then onto substantive entry-level roles or training posts within their local health and care providers.⁷

The plan does not refer directly to T-levels and only mentions colleges once in relation to recruitment.⁸ The plan focuses on local recruitment for entry-level jobs, supporting the 'unemployed and economically inactive', but does not mention T-levels, which are a significant mechanism NHS and social care employers can use to recruit from their local communities, including from under-represented groups. Indeed, this is one of the key benefits of supporting T-levels, highlighted by participants in this study, which is discussed later.

AHP SUPPORT WORKFORCE – UNDERSTANDING EDUCATION, QUALIFICATIONS AND DEVELOPMENT

In 2021, as part of the national AHP support workforce strategy, Health Education England (HEE)⁹ published the AHP Support Worker Competency, Education and Career Development Framework¹⁰ with associated guidance, including a guide to workforce education, qualifications and development.¹¹ This document includes a section about T-levels and how they can help recruit young people into AHP careers. However, the guide has not been updated since it was first published and consequently does not fully reflect current T-levels.

6 Department of Health and Social Care (2025) *Fit for the future: The 10 year health plan for England*. p.69.

7 Department of Health and Social Care (2025) *Fit for the future: The 10 year health plan for England*. p.108.

8 Department of Health and Social Care (2025) *Fit for the future: The 10 year health plan for England*. This is in the recruitment case study of the Leeds Anchor Network on p.108.

9 HEE merged with NHS England in 2023.

10 HEE (2021) *Allied health professions' support worker competency, education and career development framework*.

11 HEE (2021) *AHP support workforce – understanding education, qualifications and development*.

Linked to the national HEE strategy, in 2025 two AHP bodies developed resources promoting T-levels as part of the grow your own workforce strategy:¹²

- **The Society of Radiographers.** The Society of Radiographers have a web-based hub with resources for the radiography support workforce and their managers, which includes guidance on T-levels.¹³ A podcast recording is also available of an interview with radiography staff who host industry placements for T-level students.¹⁴
- **British and Irish Orthoptic Society.** The British and Irish Orthoptic Society have a dedicated section on their website for orthoptic clinical assistants that includes a guide on local recruitment, a description of T-levels and advice for services on how to support T-level industry placements.¹⁵

OTHER NHS WORKFORCE STRATEGIES

In contrast to the AHP support workforce strategy, T-levels are not included in NHS England's maternity support workforce strategy¹⁶ or the cancer care workforce strategy.¹⁷

OTHER HEALTH AND SOCIAL CARE PROFESSIONAL BODIES AND TRADE UNIONS

Although other healthcare professional bodies and trade unions produce dedicated guidance for their support staff membership, this study found no explicit mentions of T-levels in these resources.

NHS EMPLOYERS AND NHS ENGLAND

By far the most comprehensive set of resources aimed at assisting healthcare employers and others to understand and support T-levels can be found on the NHS Employers website (see [Appendix I](#) for links to the resources available). NHS England has also promoted and showcased T-levels in blogs and news stories.¹⁸

NHS SYSTEMS AND EMPLOYERS

NHS systems and partnerships, such as the Humber and North Yorkshire Health and Care Partnership,¹⁹ along with individual employers, such as Barking, Havering and Redbridge University Hospitals NHS Trust,²⁰ highlight T-levels on their public-facing websites as a potential route into NHS employment and signal their support for placements. However, examples are rare.

THE GATSBY CHARITABLE FOUNDATION

The participants in this research most frequently mentioned Gatsby as their source of information about T-levels. They accessed information and resources in a number

12. Grow your own workforce strategies have three elements: 'outside/in', which focuses on local recruitment; 'in-work development' which optimises the capacity and capability of existing staff and 'inside/up' which enables work progression, including in healthcare and into higher education. For further information on grow your own workforce strategies in the NHS see, HEE (2021) [AHP support workforce – grow your own workforce strategies](#).

13. Society of Radiographers (accessed 2026) [T Levels: Your path to real world skills and future opportunities](#).

14. Society of Radiographers (accessed 2026) [Videos and podcasts. SWAP pod series – episode 1: Technical levels](#).

15. British and Irish Orthoptic Society (2025) [Local recruitment pathways for orthoptic clinical assistants](#).

16. NHS England (accessed 2026) [Developing the role of maternity support workers](#).

17. NHS England (accessed 2026) [Aspirant cancer career and education development programme \(ACCEND\)](#). The cancer workforce strategy is considering T-levels as part of its 2026/27 work programme (source: author communication with the ACCEND programme lead).

18. NHS England (2025) [News: NHS urges students in London to consider an NHS career](#): 27 January 2025. And, NHS England (2024) [News: NHS urges students in the Midlands to consider an NHS career](#): 15 August 2024.

19. Humber and North Yorkshire Health and Care Partnership (accessed 2026) [Employability and careers promotion](#).

20. Barking, Havering and Redbridge University Hospitals NHS Trust (accessed 2026) [T-levels](#).

of ways: through Gatsby's website,²¹ through direct contact with Gatsby staff, Gatsby supported networks and at events attended by Gatsby staff. Gatsby also supports T-levels in health by funding research into industry placements in health and care settings.²²

FURTHER EDUCATION COLLEGES

Colleges delivering T-levels include information on their websites, which is viewed not just by students who might be interested in these courses, but also by employers.²³ An example is North Warwickshire and South Leicestershire College who, working with Wiltshire College and University Centre, and Coventry University, have published information specifically about routes into healthcare careers through T-levels.²⁴ Although, this appears to be a rare example.

SOCIAL CARE

Unlike the T-level information aimed at NHS employers and staff, this study found very few resources supporting the introduction of T-levels into social care. A search of Skills for Care's website found no references. However, although not specific to social care, the Local Government Association has published guidance²⁵ and research²⁶ on placements in local authorities.

SUMMARY OF FINDINGS

There is a lot of information about T-levels and how NHS employers can support them. NHS Employers' resources are particularly comprehensive. Participants in this study also valued that Gatsby employs staff dedicated to supporting health and social care employers. Participants had also talked to employers who had already implemented T-levels to learn from their experience. However, there is almost no dedicated information about T-levels for social care.

References to T-levels in workforce policy and strategy (as opposed to information and guidance), are rare in the NHS and non-existent in social care; however, this absence reflects the wider absence of health and social care workforce planning.

The AHP support workforce strategy developed by HEE includes T-levels and describes them as part of a grow your own approach to workforce supply. NHS Employers also published an article about using T-levels as part of a grow your own approach.²⁷ Fit for the Future: The 10 Year Health Plan for England emphasises the need for the NHS to increase recruitment from local labour markets and while there are no direct references to T-levels, participants in this study see them as a particularly effective way to engage with local labour markets.

It should be noted that the new NHS workforce plan had not been published at the time this report was written. T-levels *should* form a significant part of the plan to meet the aspiration for the sector to recruit more people from local labour markets.

21 For example, Gatsby (2022) [Industry placement models in the NHS: New report published](#).

22 Northern Care Alliance (2025) [T Levels in health and healthcare science report: Successful industry placement models in action](#).

23 For an example see: Calderdale College (accessed 2026) [T Level – Health](#).

24 North Warwickshire and South Leicestershire College (October 2025) [Colleges and universities join forces to strengthen the NHS talent pipeline](#).

25 Local Government Association (accessed 2026) [T Levels](#) (includes case studies and a T-level toolkit)

26 Local Government Association (2023) [Research into T Levels and industry placements in councils in England](#).

27 NHS Employers (2026) [Embedding T Levels into a grow your own workforce strategy](#).

FINDINGS FROM THE SEMI-STRUCTURED INTERVIEWS

INTRODUCTION

This section presents the themes and key issues identified by analysis of the semi-structured interviews held with people from 20 NHS trusts, regions/ systems and networks that had supported or planned to support the delivery of the Health T-level.

T-LEVELS AND WORKFORCE PLANNING

ARE T-LEVELS PART OF FORMAL LOCAL WORKFORCE PLANNING?

In the interviews, participants were asked if their organisation had workforce plans or strategies that include T-levels. Eighteen of the 20 did not. Of the two that did, one (an ICS) aligned T-levels with their formal people plan, designed to enable the NHS to:

... collaborate in new and novel ways with system partners to attract and recruit people with the right skills, values and capabilities in ways that address structural inequalities and help build stronger socio-economic outcomes and improve health and well-being for all.

The other organisation with a formal workforce plan including T-levels was an NHS acute trust. This trust explicitly included T-levels in their workforce strategy when they had first decided to support T-level industry placements four years earlier, however they said:

It's a bit dated. You know, it's been going about 3-4 years now and actually it doesn't really reflect what we do.

Careers lead

None of the other participants had a formal workforce plan or strategy that included T-levels. The following comment was typical of study participants:

There's a lot of talk about T-levels, and it's mainly about placements. 'Oh, we've got T-level students' and there doesn't seem to be a lot of conversation about workforce planning.

Regional lead I

As with the national picture, this absence largely reflected a lack of formal workforce plans. However, this did not mean that participants did not recognise the strategic benefits of supporting T-levels. This was especially true for employers that had long supported interventions to widen access to employment; often since 2014 when the HEE's widening participation initiative, Talent for Care, was published.²⁸

28 HEE (accessed 2026) [Talent for Care](#).

However, understanding those benefits often came after the fact, and in one case, were different to what had been expected.²⁹ For example, all those interviewed saw the Health T-level as a sustainable local labour supply route into either direct employment or onto a higher apprenticeship programme, university course or degree apprenticeship. Sometimes participants explicitly described this as a grow your own approach to building workforce capacity, but such approaches were not included in any formal plan.

Participants thought T-levels were better than other recruitment and workforce supply activities, such as careers talks, general work experience or other vocational qualifications, for securing future talent. Where other recruitment and workforce supply management interventions were used, T-levels were aligned to them and supported them:

Having a consistent pipeline coming through multiple entry routes is what's going to protect our vacancies really moving forward.
Trust AHP workforce planning lead

The BTEC engagement was minimal, probably around 20 students per year and we're now at the 150 mark with T-levels ... So the same team that delivers all the other activity [such as Step into Health and supported employment] is the same team that delivers T-levels. In some ways T-levels have enhanced the work experience offer because we have opened up placement capacity. And people are more used to young learners coming in.
Careers lead

The **Benefits of Supporting T-Levels** section of this report discusses all the benefits that participants said came from supporting the T-level in health. In summary these were:

- improved recruitment and retention, including into pre-registration degrees
- broadened workforce diversity
- raised awareness of the wide range of NHS careers
- helping employers act as anchor institutions in their communities
- building and deepening relationships with further education
- encouraging the adoption of non-clinical T-levels

WHY DO EMPLOYERS DECIDE TO SUPPORT THE T-LEVEL IN HEALTH?

While study participants were clear about the benefits of supporting the T-level in health, the absence of formal workforce planning meant that it was other factors that led to their organisation's decision to host placements. These 'triggers' are summarised in Table 2.

²⁹ One participant reported that their original rationale for supporting T-levels – to widen access to level 3 employment for under-represented groups – had not been fulfilled. Over the four years they had supported T-level students, almost all were now progressing into degrees (mostly healthcare ones) or social care employment. They felt the type of young person starting a T-level had changed. The careers lead said, 'In the past they would have been doing A-levels not T-levels'.

Table 2. Triggers for implementing T-level industry placements in the NHS

Trigger	Feature
Evolutionary	Employers had well-established programmes to engage with local labour and skills systems, including for under-represented groups. T-levels were a natural next step in their approach.
Activated	T-levels were supported after they were contacted by either another employer (often an evolutionary one) or a college. Without this contact it was unlikely that placements would have been introduced.
Inspired	Senior people in an organisation championed T-levels.
Accidental	T-levels were discovered by chance by individuals in a position to support their adoption.

Evolutionary

The decision to support the T-level was based on existing relationships and activities linked to entry-level careers, such as careers talks, work experience, hosting BTEC students and supported employment programmes for young people with special educational needs and disabilities. In these cases, T-levels were seen as a natural next step:

I think it's important to say that each of our NHS trusts has got a widening access team or Talent for Care team.³⁰ They are very well established. They are very well resourced. I would say.

ICS workforce lead

It just seemed like a continuation essentially of that vision [to widen access].

Trust AHP workforce planning lead

We were working with schools and colleges anyway and thought 'how could we do more?'

Apprenticeship and widening participation lead

Activated

In this case, participants began organising T-level industry placements after being directly approached by another employer or, less commonly, by a college looking for an industry partner.

Inspired

On occasions, support for the T-level had come from the actions of individuals. Study participants reported a number of examples:

- In some cases, Gatsby played a direct role in supporting engagement with the T-level, including by providing evidence of impact and, more fundamentally, with how-to knowledge.

³⁰ Talent for Care was a comprehensive, although not mandated, workforce strategy implemented by HEE in 2014. The strategy recommended a grow your own approach and described workforce interventions grouped around the following themes: Get In, Get On and Go Further. Resources were made available at the time to support the strategy. Talent for Care, while not withdrawn, was widened in its scope and is no longer focused on the support workforce and is not actively promoted in the NHS.

- In other cases, a senior member of staff's actions led to the trust supporting the T-level. In one case, this was a new chief executive, and in another, it was a chief people officer. Speaking about their chief executive³¹ one participant said:

He approached the trust board and said 'T-levels are happening. They are happening at our three local colleges. We, as a trust, need to support our burgeoning workforce. We need to be an anchor employer. We need to be a conduit for those learners to move into roles after completing their level 3 qualifications'. He got buy-in from the board and then he went to the colleges and pledged 100 placements.

Careers lead

Accidental

A participant from a cancer network described how they had been unaware of T-levels before attending a conference. During the break they came across the ICS Industry Placement Network stall, which was promoting T-levels. This chance meeting resulted in them introducing the T-level across their network, which was centred on the cancer care pathway:

If I had not found the stall, we wouldn't have been introducing T-levels.

Network lead

In another case, the trust's learning and development leads discovered there was a T-level student on placement in their organisation that they had not been aware of:

We discovered ... that actually there was a T-level student in the organisation, and we didn't know that she was with us ... she was working with the volunteers ... So we took the T-level student under our wing and that's how we kind of came to know a little bit more about [the] student and what she's doing within the organisation and then we could continue to support her. I think from that now we can really see the value.

Widening participation development manager

Their support for the student led to a better understanding of T-levels and the organisation subsequently made a formal decision to support the Health T-level.

HOW ARE T-LEVEL PLACEMENTS ORGANISED BY HEALTH EMPLOYERS?

The NHS employers participating in this study used three distinct models to support placement organisation and delivery. The most common was the hub and spoke model.

The hub and spoke model

Half of the participant organisations used a hub and spoke model to support placements. The 'hub' employer is one that has supported the T-level for some time. Hub employers are often **evolutionary** ones who, after establishing placements in their own organisation, reach out to other local employers. Hub employers engage with other employers to create more placements and to ensure students have opportunities to gain experience in services they do not deliver themselves. Social care employers were included in some hub and spoke models:

We have had some conversations about how we could potentially work together to share placements and potentially create some kind of rotational model for the healthcare student because we're a specialist trust as well ... there are lots of

³¹ This chief executive has now left the trust for a new role; however, the trust continues to extensively support T-levels.

areas that we don't have, we don't have access to, you know, community services or particular kinds of acute services.

Widening participation development manager

HUB AND SPOKE PLACEMENTS

In one case students spent their first-year placement in one area (one day a week) at an acute trust, which was the hub employer. In their second year, students had a placement opportunity with one of four smaller trusts that offered specialist services.

In another example a large acute trust reached out to three other local NHS employers, including a specialist service, who would take 12 students for one day a week over an academic year. In this case, it was decided that regular short placements would be less disruptive for the smaller employers, than longer placements.

Another acute trust partnered with a care home to provide social care placements.

The hub and spoke model delivers the following benefits to partners:

- It enables the sustainable and manageable expansion of placement capacity and opportunity, including services not offered by any single employer.
- Smaller employers benefit from the experience and capacity of the hub employer. For example, smaller employers can use the contract already developed by hub employers.

We have learned and spoken to our neighbouring trust who we're in a group model with we've learned a lot from them, and I think there are things that they have implemented that we need to start implementing. So they will go into the college and do a lot of sessions with them about expectations.

Trust AHP workforce planning lead

- Spoke employers mostly host students in their second year, meaning that the students are already familiar with and adjusted to working in healthcare settings before their placement with the spoke employer.
- The approach reduces the administrative burden on employers that are new to T-levels.
- The approach minimises risks for smaller employers.

We've got the support there. We've thought about what we need to do and so we've been speaking to other trusts and other people have done it, the colleges themselves, to try and understand ... so we can try and pre-empt ... We're trying to see what we need to do to make this work before we start throwing it out there.

Learning and development lead

Formal employment and skills partnerships

In this model, the T-level in health is added into an existing employment and skills partnership where employers and partners already work together, for example, to deliver supported employment programmes or apprenticeships. An example of this model is a metropolitan-wide partnership made up of NHS employers, colleges,

the local authority and social care employers.³² A partnership approach also underpins and enables the introduction of the T-level in an ICS.

Despite such partnerships being well established, study participants felt that supporting T-levels required a 'specific collaboration' (senior project nurse) within the existing partnership. As with the hub and spoke model, partnership allowed the T-level in health to be piloted by one employer before being rolled out across the partnership – this was also the case with an ICS. In one case, partnership working with other employers was used to increase demand for Health T-levels at local colleges:

We're interested in trying to collaborate and make sure that we're covered across the geographical area, so it's better for students and better for the trusts. And then the college, all the colleges, hopefully in the local area will then be able to go – OK, well, we can model [demand] on these because we [the partnership] are by far the largest placement providers in the area. The challenge, one of the challenges we've had, is we'd like to take more students, but the colleges aren't offering T-levels or they're offering T-levels, but not in health.

Trust AHP workforce lead

Individual employer

While collaborating with other employers was the most common operating model with participants in the study, there were examples of single trusts supporting T-levels, in some cases with significant numbers of students. These individual employers are large, multi-site acute trusts that can provide a range of placement opportunities. In one instance, an employer was supporting the T-level in health alone because they had been unable to convince nearby trusts to collaborate with them.

IMPLEMENTATION STRATEGIES

Even in settings with an established approach to widening access to employment, participants said they had had to build engagement with the T-level in health across their organisation, most often starting with the departments they felt were most likely to support their implementation:

[We are planning] a couple of pilots to see where we can sort of slowly ... build it ... We're not going to go mad at first, we want to try and do it in one area. Get that right.

Learning and development lead

This emergent approach was also seen in the planning of regional strategies:

I will say this is sort of the coalition of the willing, for want of a better phrase, really ... I'm investing my time in speaking to people that have been successful and to try and learn from their modelling so that I can, and I know that I can't lift and shift everything, but that I can do a lot of the thinking and the planning for those organisations that are perhaps a little bit behind the curve or feeling a little bit more unsure about what and how this can look like.

Regional lead 2

All the participants in this study stated that their organisation's engagement with T-levels began with the T-level in health. In a number of cases, the success of this led to them later adopting non-clinical T-levels.

32 See, Supporting people into work – Leeds Anchor Network in Department of Health and Social Care (2025) *Fit for the future: The 10 year health plan for England*. p.108.

DELIVERING INDUSTRY PLACEMENTS

Study participants were asked to describe how they organised placements in their organisation and to highlight any issues that had arisen. Participants were also asked to describe the initial reaction of colleagues when they were asked to host T-level students on an industry placement.

RESISTANCE TO SUPPORTING T-LEVEL STUDENTS ON INDUSTRY PLACEMENT WAS LIMITED AND SHORT-LIVED

Most participants expected some pushback from services when they first proposed hosting T-level industry placements. They thought this was likely because of the age of the students and the wider work pressures, including already supporting pre-registration placements. In fact, participants said that any resistance was mostly not significant and was short-lived:

So there has been some pushback, but also, we do get really positive feedback from the areas ... I was in one of the areas last week and they were really singing the praises of some of our historic students like 'oh, we had this one and she was really lovely and oh, she got nominated for an award, didn't she?'

City partnership lead

A minority of participants did report more significant resistance:

What you'll do when we go and we do our system working is with people who are the leads of the Talent for Care teams or the heads of education or professional leads for a trust. They're always very 'yes' [about T-levels]. 'That's a great idea' they say, 'let's do it'. The challenge is when you get to the next level down of an organisation where you're talking about practice facilitators/practice educators who are supporting learners on the ground. They are used to a very traditional model ... these challenges are not unique to T-levels because they're also the same challenges as for apprenticeships. So anything that falls outside of that traditional undergraduate route. There is always some pushback with practice facilitators. And how do we support them on the ground? What does this mean?

ICS workforce lead

For evolutionary organisations (those trusts that already deliver workforce management interventions aimed at widening access to NHS employment), the lack of resistance was felt to be because services were used to supporting similar initiatives, including those aimed at young people:

All the work we do [around widening access] meant there was no resistance.

ICS workforce lead

For other employers, seeing the positive experiences and benefits enjoyed by services that had supported placements, made other areas in the organisation more willing to support placements. In all the organisations, placements had been carefully organised and timed to minimise impact on service delivery. The box below describes these strategies.

ADDRESSING CAPACITY ISSUES

Participants used several approaches to make sure that T-level industry placements did not adversely impact on workforce and practice capacity. These were:

- upskilling support staff to help T-level students
- organising T-level placements for times when pre-registration students were not in the workplace
- not organising T-level placements during winter pressure periods
- using resources from health and care academies and other skills bodies

The flexibility in when individual placements could be organised and for how long was seen as a considerable strength of T-levels.

SERVICES WERE SURPRISED TO DISCOVER HOW ACADEMICALLY RIGOROUS T-LEVELS ARE

Study participants reported that they and their colleagues had been surprised by how academically rigorous T-levels are, and how broad and deep the curriculum was:

The kind of depth of the curriculum as well, it's, you know, talking to the colleges, it's really quite intense.

Widening participation development manager

People are a bit surprised that T-levels are hard to get on to ... rigorous in terms of the study you do and the qualification you achieve ... that awareness is not necessarily there with employers.

Regional lead 1

It became very obviously one of those things that we should do more of with everybody, recognising that it was academic, it couldn't be knocked academically, you know ... we do have some snobbery. I think in the NHS that anything that is considered to be lesser than, academically, has a bit more of a challenge, whereas because T-levels is A-level equivalent and you're getting placement, which is a 'win-win' for everybody.

ICS workforce lead

PLACEMENTS ARE HOSTED IN ALMOST ALL SERVICES

Placements are hosted in almost all NHS services. Mortuary services was the only area that none of the participants felt was appropriate for placements. However, most did not organise placements in emergency care. There were placements on paediatric wards, but only in a few cases. In every case, participants had made sure during placement planning that there were no personal or family reasons why a young person should not have a placement in a particular area.

In some services, because of the demands and the nature of the service, full placements could not be organised. Instead, students were given the opportunity to experience work in that area but in a more limited way:

ICU [intensive care unit] would never be a three-week block. They might get in for an experiential morning or something.

Careers lead

In another example, the pressure of work in a maternity unit meant that it was not possible to organise a formal placement in the service. However, the opportunity was created for students to work with the trust's specialist midwives to gain experience of midwifery.

Several participants tried to match students' career aspirations with their placement location, even where a direct placement might not be available:

We've changed how we do it over the years, but our current method is the students do like an expression of interest form. And answer some kind of fairly simple questions about career aspirations, like why they want to come to this placement sector, what they want to get out of it, that kind of thing ... a lot of them say I want to be a paramedic and we're like, OK well, so to be a paramedic, you might want to think about trauma. You might want to think about cardiology. So we try and place them in our specialties that would host them.

City partnership lead

As will be discussed in more detail, employers saw placements as an opportunity to raise students' awareness of the full range of healthcare careers:

They would never have done those qualifications [a degree] if they hadn't been placed in pathology. So as it was, it was as a result of the placement opportunity they have with us that led them to pursue that course.

Careers lead

THE AGE OF STUDENTS

For all the participants, including those in specialist services and cancer networks, the age of the students was not seen as a barrier to placements. In the words of an ICS workforce lead, this was because T-level students are:

... carefully supervised. They are never on their own.

Although the age of students was not seen as a barrier to providing placements, it was recognised that the nature of healthcare meant that thought needed to be given to the potential impact of placements on students:

There wasn't really perceived risk there, more risk was perceived about the ... risk to their well-being, seeing things that perhaps they'd not seen before, being exposed as opposed to things that they were unfamiliar with and that's why the pastoral support offer in that pilot was so strong because of the recognition that not all teenagers are made equal. Some would have the resilience and some would not.

ICS workforce lead

Pastoral care was available where necessary:

The amount of pastoral care and support that is required is quite extensive.

Trust AHP workforce planning lead

Study participants often organised placements for the second year of the T-level so that students were older when they were in the workplace and had also gained some knowledge of healthcare through their study:

'16 year olds', people think 'oh, crikey, we can't offer first-year placement', but we'll offer the second-year placement.

Regional lead 1

Midwifery say, '17 plus' and they must have done a placement already [in the trust].

Careers lead

When services had raised concerns about age, it was often because they lacked experience in supporting young people. With help, these concerns faded over time:

I think some places were fine, but there were some areas where there was concern, mainly around the age. So what? Yeah, I had comments of 'what am I supposed to do with a 16-year-old?'

AHP workforce planning lead

While the age of students was not a significant issue for organisations, participants said that when they approached other employers to extend placement opportunities, age had been raised as a reason why those employers would not support the T-level. For example, one participant reported that they had approached a mental health provider only to be told that they had:

... a strict no under-18-year-old policy.

ICS AHP workforce lead

Most study participants did not experience any issues with timekeeping and appropriate behaviours. But this was not always the case:

[There were some problems with students] just not being ready or struggling to be ready for an adult environment ... Just sort of wandering off in the middle of the day, struggling with sort of the resilience required to be in the hospital setting.

Trust AHP workforce planning lead

However, other participants pointed out the benefits of having young people in their workplace:

Some of them really see the light and the joy that these young people bring to the ward. And I guess because they are younger, they're a bit more inquisitive. And sometimes it makes people think a little bit further about what they're doing and why. And I think sometimes the areas like that, they like that inquisitive challenge.

City partnership lead

'THEY HAVE SO MUCH KNOWLEDGE': THE ROLE OF SUPPORT WORKERS AS MENTORS

Most study participants used their support workforce staff to provide students with placement support, noting that T-level learners did not 'need to be supported by a registered nurse' or other registered member of staff (city partnership lead).

While using support staff was primarily a way of handling the capacity needed for a placement, it was also seen as a career development opportunity for support staff:

Competing demands for clinical placement areas felt that, actually, if we were able to upskill our support workers, that would recognise their skills and knowledge, but also perhaps provide new capacity for T-level student placements, which would then not necessarily adversely impact on placement capacity for pre-reg student placements.
Regional lead 2

I think it's a fantastic idea from a clinical perspective, yeah, for the support workers to be able to mentor and support the T-level students because they have so much knowledge. It doesn't have to be, you know, a registered member of staff.

Widening participation development lead

[T-level students are] looked after by assistants and/or support workers, which was a really nice opportunity for them, particularly for staff who have ... been in their roles for a very long time.

Trust practice educator

... and it'd be great for their development as well to give them that opportunity.

Widening participation development lead

This will lead to a far more motivated and much more engaged [support workforce].

AHP workforce planning lead

Dedicated training was provided to support staff who mentored T-level students. One trust developed what they called the Clinical Support Worker Buddies (CSWB) to support T-level learners:

We explain the scope of practices [to the CSWB], how to be a bit of a buddy and what that looks like, you know, identifying learning objectives, how to explain things to them. So, they have, depends on the area, maybe three or four buddies ... our CSWB would be kind of mentors for them.

City partnership lead

EMPLOYERS, PARENTS AND SCHOOLS' UNDERSTANDING OF T-LEVEL CURRICULUM AND STANDARDS

Participants reported that ongoing effort was needed to raise awareness and understanding of T-levels, including with education settings:

There's had to be a lot of work around understanding what T-levels are.

ICS workforce lead

It's absolutely that there's still an information piece about what is the T-level ... we know from the apprenticeship journey that it has taken us years to get to a point where people actually understand what they are. We're still in that journey.

ICS AHP workforce lead

Some participants reported that they were aware (either through personal connections as parents or through organisational careers engagement with education settings) that not all schools highlighted the T-level options or were aware of what the NHS could provide:

The careers people are the gatekeepers, and they have their own perceptions around what an NHS trust offers. And actually, they control [what] gets out. So, we're trying to break down those barriers around and say please put out to all your students.

Learning and development lead

A participant from an ICS said that they ensured that their NHS careers ambassadors promoted the value of T-levels. Another participant worked with the college to raise awareness:

The college will ask me to come in and do talks to parents about T-levels ... I mean, my team are responsible for doing things like careers fairs, that kind of stuff anyway. But if the college have a T-level evening, they'll often ask me to go in and give a talk about what to expect if you do a Health T-level.

Careers lead

THE SUPPLY OF T-LEVEL COURSES DOES NOT ALWAYS MEET EMPLOYER DEMAND

Three participants said they wanted to host more T-level students in their workplace but could not do so because their local college had either stopped teaching the T-level in health or their cohort was too small to meet the employer's demand. Partnership working and wider promotion of T-levels and of NHS job opportunities were seen as ways to mitigate this risk. In contrast, one employer had struggled to meet the demand for placements from their local colleges:

Realistically our biggest challenge now is that the colleges are wanting to increase their numbers, and we need to therefore increase placement capacity.

City partnership lead

It was also reported that colleges did not always offer all the pathways.

EMPLOYER INVOLVEMENT IN RECRUITMENT OF T-LEVELS

None of the participants officially took part in recruiting students to the T-level, although one participant was actively considering doing this in the future. However, most did engage with potential students before or shortly after recruitment through talks.

ONBOARDING AND PLANNING

A number of participants pointed to extra work that needed to be done to get students placement ready. In the words of one:

... the challenges of the onboarding process for our students ... The patient groups and the kind of contact they could be having; we have to put these extra safety precautions into place to get them kind of placement ready.

City partnership lead

THE BENEFITS OF SUPPORTING T-LEVELS

Although it was not an explicit aim of this study to identify the benefits that participants felt supporting T-levels delivered, a considerable number were raised during the discussions. They are summarised below.

'BOOTS ON THE GROUND': A BETTER WAY TO RECRUIT AND RETAIN STAFF

Study participants said that hosting T-level in health industry placements had resulted in improved recruitment and retention. T-levels are seen as more effective than other interventions, like direct recruitment into support workforce roles, or other vocational qualifications and careers information activities such as talks:

We have that evidence that shows this is not just if we go into a school and talk about this, which is difficult to see what the outcome is. This is a really tangible outcome to your workforce needs.

ICS workforce lead

We've heard from previous research from college [BTEC] students... they very often don't go into a health or care career. Perhaps they don't know the options. And I'm sure with T-levels because they have this industry placement, then things are better.

Regional lead I

One participant explained how their trust's accident and emergency (A&E) department struggled to retain people who had been directly recruited into healthcare assistant roles. Although T-level students had not been placed in A&E before, they were told about the chance to work there, and a short, customised placement was created that gave them experience of emergency care. As a result, the department filled all its vacancies with T-level students and, unlike with the direct recruits, the T-level students continued to work in A&E.

Another participant explained that they also had experienced high turnover when they had directly recruited people into entry-level support roles. This was:

... because they [the new recruits] did not know about working in the NHS, what a caring career is really like.

Apprenticeship and widening participation lead

This was not the case for T-level students, because the duration, structure and content of the course enabled them to experience working in a care setting in a supported way that was linked to their learning. As a result, T-levels were seen as a significant way to improve local recruitment and retention, not just into the support workforce but also onto pre-registration degrees:

If people go off to university, they will come back.

Apprenticeship and widening participation lead

For us it's about building a career pathway from very early on and we can see how potentially T-levels can support the growth of our workforce and whether that's by enabling people to go on to a pre-registration programme and potentially come back to us or just supporting that wider kind of workforce growth across social care or whether it's potentially stepping onto an apprenticeship, again with us or somewhere else, and really just supporting people to grow ... the T-level students tend to stay with health and social care, and if it's not for them, they leave the T-level much earlier on. So it's kind of better in terms of growth, sustainability and the financial side of things.

Widening participation development manager

T-levels are a wonderful way to create a pipeline and make sure we have staff with the right values.

Network lead

From an employer's point of view, T-levels meant that managers could:

'Try before you buy' ... Managers get to know the learners and the learners get to know about working in the NHS.

Apprenticeship and widening participation lead

Moreover, the time students spent on placement, meant employers had an:

... opportunity to show [T-level students] what you have to offer ... if they have enjoyed their placement with us, they are likely to want to come back.

Apprenticeship and widening participation lead

We are actually able to see that by providing placements for these T-level learners, we are getting people interested not only in healthcare, because perhaps they're interested already, they're doing a T-level, but they are now interested in your organisation. They've seen it. They've had boots on the ground, and you've seen them.

ICS workforce lead

T-LEVELS SUPPORT WORKFORCE DIVERSITY

One study participant from an ICS identified that people aged under-21 were under-represented in their workforce. T-levels were introduced to address this under-representation. Other participants also identified the value of T-levels in diversifying their workforce:

T-levels help bring in under-represented groups.

Apprenticeship and widening participation lead

T-levels allow you to reach hard-to-reach communities and work with your local community and grow your own.

Network lead

Well, I think for us it's a generally different population of students that we're accessing through T-levels. So, it's a generalisation, but the vast majority of students that come to us on work experience are doing A-levels. They are relatively high achievers, most of them have predicted grades that will be acceptable to gaining a place at undergraduate level ... many of the students on the T-level course ... that would not be the case for.

Trust workforce planning lead

Often the employers feel more confident working with young people that they've obviously worked with and that they just feel confident that they're happy in a working environment before applying to work.

ICS workforce lead

'OPENING PEOPLE'S EYES TO OTHER POSSIBILITIES': T-LEVELS RAISE AWARENESS OF THE WIDE RANGE OF HEALTH AND SOCIAL CARE CAREERS INCLUDING THOSE THAT ARE AT RISK

T-levels exposed learners to the wide range of careers available in the NHS and, in some cases, social care. Many of these careers, students were not aware of:

Going to careers events speaking to young people has made me realise, it's been more apparent that they [young people] don't understand the AHP careers, and so you know, people will be familiar with doctors, nurses and in terms of AHP world they'll be familiar with physiotherapy and paramedics because there's lots of it on the TV. You know, there's lots of publicity.

Regional lead 2

The opportunity to raise awareness of AHP careers, including smaller and at-risk professions, was consistently highlighted. Placements and, in one case, taster days were specifically organised to provide exposure to these occupations.

It was frequently noted by participants that while learners may have started their placement with aspirations of a specific future career – typically in nursing or midwifery – exposure to other occupations had led to students changing their minds about where they wanted to work:

It's opening people's eyes to other possibilities. And again, whether it's down to age or whether it's down to the experiences they have whilst they're with us, they might come in and say I really want to be a midwife when they first start with us and they'll battle with it throughout ... then you might find that actually at the end of it, they don't want to be a midwife anymore and they've decided they want to be a paramedic or they want to be a pharmacist or, you know, they want to be an occupational therapist and they're looking at courses.

Clinical education lead

What we're keen to do is, we have some very small professions, and what we're keen to do is you know, a lot of these students have never heard of some of these professions, is expose them to those and open their eyes to what career options are open to them in the end.

Trust AHP workforce planning lead

REACHING LOCAL COMMUNITIES: T-LEVELS SUPPORT EMPLOYERS' ROLE AS ANCHOR INSTITUTIONS AND CONTRIBUTE TO POPULATION HEALTH

Anchor institutions are long-standing and/or significant organisations in local areas. Examples of anchor institutions are sports clubs, universities, religious bodies and large employers including health and social care organisations. In the words of NHS England:

These organisations are 'rooted in place' and have significant assets and resources which can be used to influence the health and well-being of their local community. By strategically and intentionally managing their resources and operations, anchor institutions can help address local social, economic and environmental priorities in order to reduce health inequalities.³³

33 NHS England (accessed 2026) [Our approach to reducing healthcare inequalities: Anchors and social value.](#)

Most study participants saw T-levels as an intervention that specifically supported their organisation's role as an anchor institution, allowing them, in the words of one, to add 'social value' to their community (ICS workforce lead). In the words of another:

We're being asked to fulfil [an anchor role] by NHS England and you know by the Department of Health ... it is just about the hospital is an integral part of a local community.

Trust AHP workforce planning lead

Employment is a social determinant of health: life expectancy is higher where there is less economic inactivity.³⁴ It was recognised that T-levels could provide routes into employment for individuals who might otherwise have not been in work or education, contributing to improved population health regardless of the T-level subject studied:

We asked some of them [T-level students] what would you be doing if you hadn't done this T-level. And they said, 'well, I don't really know. I looked at childcare and I didn't really think it was for me, and I didn't really have any other options. So you know I don't know what I would have done, without T-levels'.

Trust practice educator

'WE KNOCKED ON THEIR DOOR': T-LEVELS BUILD AND STRENGTHEN RELATIONSHIPS WITH FURTHER EDUCATION AND OTHER EMPLOYMENT AND SKILLS PARTNERS

The NHS, despite being the country's largest employer, has poor links with further education. This study found that support for T-level industry placements improved links between colleges and NHS employers. Even where links had previously existed (which was in the minority of cases), T-levels strengthened and broadened those partnerships. Where links had not previously existed, T-levels created them:

We knocked on their door, so to speak, and they were looking for a partner anyway, and it's just gone from there, really. And it's gone from strength to strength.

Practice educator

Colleges who were wanting placements in the NHS, didn't know who to contact.

ICS workforce lead

Relationships I wouldn't have had if we hadn't have done the T-level work.

ICS AHP workforce lead

Supporting the T-level in health also improved partnership working between colleges, where previously there had been a more competitive approach. This enabled employers to plan placements more strategically:

I think something to add as well from my perspective that I've observed in terms of just that move from a competitive nature between further education colleges and actually moving into more of a collaborative space. And I think we've been really key in, in kind of initiating that and kind of influencing that culture.

ICS workforce lead

34 The Health Foundation (updated 2025) [Relationship between employment and health](#).

T-levels reduce competition for placements for the colleges and for the students and just to kind of share learning and work more collaboratively.

City partnership lead

Often, a trust's relationships with a college or colleges began because of their support for the T-level in health. This new relationship then enabled NHS employers to engage with the wider range of support that colleges could offer for employment and skills (see box below):

What we find is once you've got an in, if you're thinking about maybe introducing something else that [college] faculty might not be able to help you, but they can then do the introductions. And we've found that we've started to navigate lots of different routes and pathways.

Clinical education lead

It's absolutely leading on to other conversations and development of other pathways and opportunities for staff who already work, but also for young people the college, you know, might be working with.

ICS workforce lead

EXAMPLES OF OTHER PROGRAMMES IMPLEMENTED BY TRUSTS THROUGH THEIR HEALTH T-LEVEL PARTNERSHIPS WITH COLLEGES

- digital training
- level 3 apprenticeships
- level 5 apprenticeships
- non-clinical T-levels
- functional skills

Supporting the T-level in health also strengthened wider employment and skills collaboration, including with higher education:

Really great space now for everybody to come together to start discussing things like placements, challenges, how do we work together, what does the induction programme look like? How do we start looking at actually which T-levels do we provide and how can we? How can we share that as well.

ICS workforce lead

GROWING YOUR OWN: T-LEVELS ENABLE SUSTAINABLE ROUTES INTO HIGHER EDUCATION

While proportions varied, in the 20 organisations that took part in this study, around half of the T-level students they supported had gone on to study at degree level, mostly in healthcare and a small number in social care. For some employers almost all their cohort had progressed into higher education:

Just one of the [current] cohorts is employed in the hospital. The vast majority go into healthcare degrees: adult nursing, biomedical science, children's nursing, early years ... the vast majority are health-related undergraduate courses.

Careers lead

The expectation³⁵ of participants was that once previous T-level students had completed their degree they would return to work for them:

This will vindicate doing T-levels, offering them those placements when they were younger and them wanting to return to the trust when they graduate.

Learning in practice facilitator

As already discussed, T-levels enable employers to raise awareness of the wide range of healthcare careers available, including AHP ones. This led to learners applying to study on pre-registration degrees in subjects such as radiography, speech and language therapy, occupational therapy and physiotherapy. It was reported that without the T-level placements these students would not have been aware of these options and, indeed, might not have sought to enter higher education at all:

We have a number of [learners] who probably wouldn't have gone on to train as a registered healthcare professional had the traditional undergraduate route been all that was available to them.

Trust practice educator

The same participant felt that the rigour of T-levels meant that students taking them are better placed to access degrees than BTEC students. Commenting on a T-level student that had been on placement³⁶ in their trust and had then successfully applied for a speech and language therapy undergraduate degree, a participant said:

Speech and language: now traditionally a BTEC [student] would have struggled to have got on to a speech and language course given the academic rigour that speech and language has associated with it and the science associated with it. So that was a real positive that we have [for T-levels].

Careers lead

A number of participants believed that the knowledge and experience that T-level students gained through their classroom and experiential learning would make them more likely to complete their undergraduate study (including their clinical placements) and continue to work in the NHS after they graduated compared to traditional A-level applicants:

I feel sometimes the pre-reg students will stick with the programme because they're paying huge amounts of money to go to university and [if] it's not for them they don't come into the workforce at the end because they just got through the degree, whereas the T-level students, they'll know that it's for them and so we support a pathway there.

Widening participation development manager

HOSTING T-LEVEL IN HEALTH STUDENTS LED TO TAKE UP OF NON-CLINICAL T-LEVEL PLACEMENTS

In many cases, implementing T-level in health industry placements was the catalyst for the introduction of non-clinical T-level placements, such as in business and digital. Supporting the T-level in health increased employers' engagement with T-levels more generally for two reasons. Firstly, working closely with colleges exposed them

³⁵ T-levels have not been operating long enough for any students to have completed their T-level and then their degree. The first graduates who might return would do so in 2026. A number of participants reported that they were monitoring whether previous T-level learners returned once they had qualified.

³⁶ The student had spent some of their placement time in the trust's speech and language therapy department, exposing them to a career that they had previously not been aware of.

to other T-levels that employers had previously not been familiar with. Secondly, the success and outcomes of hosting the health students proved the overall value and feasibility of supporting other T-levels.

PROGRESSION PATHWAYS

The interviews explored how participants supported the progression of students once they had completed their T-level course. Most organisations had developed at least a semi-structured approach to enabling progression through one of the following pathways:

- Recruitment into an Agenda for Change band 3 graded support role.
- Progression into higher-level apprenticeships, including the nursing associate apprenticeship.
- Progression into pre-registration degrees and degree apprenticeships.

Many saw these three progression routes as linked, for example, participants thought about how a T-level graduate could progress from a higher apprenticeship into pre-registration training. The diagram in [Appendix 2](#) summarises the various routes and how they are linked.

RECRUITMENT DIRECTLY INTO EMPLOYMENT

Participants said that the knowledge, skills and behaviours that T-level learners gained through their classroom and work-based study meant that, on completion, they were able to start working in band 3 support worker roles in a wide range of clinical occupations and settings. More than one participant noted that T-levels were:

... a great entry-point into employment for young people ... This is maybe a safer option. At that age, they're taking those first initial steps, they're still supported by the college or their school ... I think it's a good length of time to give them that preparation and get them really work ready. And I think that should be a seamless move potentially into employment or apprenticeships or higher education.

Regional lead I

A common approach to recruiting T-level students into employment in support roles was to organise talks by the trust's recruitment and apprenticeship teams towards the end of the learner's study. Recruitment teams would typically:

... talk about the different opportunities within the organisation which they [the T-level students] might like to do. We work closely with the college ... to have those initial career conversations and help them to navigate.

Clinical education lead

One participant explained that T-level students were guaranteed interviews for any support worker vacancy or nurse associate apprenticeship that came up in their organisation, and said that students had:

... the support of my team in terms of vacancy preparation, application, preparation, supporting statement, that kind of thing. You know, I'd go and do sessions with them.

Careers lead

Other participants said that, although they did not have a formal process for recruiting T-level students, they informally encouraged interested students to work for them and supported them to do this:

We'd be signposting them more towards healthcare support work. Like if they really wanted to work at the trust immediately, then their entry route would be by healthcare support work. I mean we would, you know, signpost them to the vacancies page and, tell them what to look out for and give them a bit of verbal support.

Trust AHP workforce planning lead

We can support them, and we can really guide them through the interview and what they need to think about and I think the students really like that because they're so young and a lot of them might not even have part-time jobs or if they do, it's probably in a cafe or something. So, they don't know what a professional interview is going to be like. So, we do try and nurture them through it a little bit.

City partnership lead

I mean literally it's that old adage of once you've got your foot in the door and they have seen you and you have seen them and they go, oh, we'd like to have this person and we've got a vacancy coming up, I'm going to put it under their nose and make sure they know it's there.

ICS AHP workforce lead

One participant said that some of their T-level students had joined the trust's staff bank. Another had worked with their college to incorporate elements of the Care Certificate³⁷ into the course to help the onboarding of students who wanted to work in a support role.

When placements had been available in social care, those students had started careers in care homes, nursing homes and domiciliary care services. In all these cases, participants said that the students had started their T-level wanting to work in healthcare, but after doing social care placements they had pursued a career in the care sector instead.

RECRUITMENT INTO HIGHER-LEVEL APPRENTICESHIPS

Participants had identified T-level students as potential candidates for the nursing associate apprenticeships, and, less frequently, their assistant practitioner apprenticeships:³⁸

It makes perfect sense after you've done your T-level to go into a student nursing associate or assistant practitioner role. And yes, we do support both of those.

ICS workforce lead

Study participants who supported T-level students into higher-level apprenticeships required the students to work as a support worker for a specified period, often six months, before they joined the apprenticeship. They said that experience showed giving former students that extra experience and knowledge, and getting them more used to working and the work environment before starting their apprenticeship was beneficial:

37 NHS England (accessed 2026) [Care Certificate](#).

38 This reflected the lack of assistant practitioner programmes rather than a view that the T-level was not a suitable entry requirement.

[We] had mixed success when we did not do that because they have, you know they only have 315 hours of clinical experience.

City partnership lead

We've found that not putting them straight onto the apprenticeship programme is best. This is kind of like a bit of a buffer, if you like, because going from a course to go into full-time working, it's a bit of a shock to the system and they are still very young, so we have that period of time to work with them and then they will go on to one of our nursing associate cohorts, but they still need to interview like everybody else would. They'd still receive the same preparation and then they would go on and do their nursing associate.

Clinical education lead

Previous T-level students who joined the nursing associate apprenticeship could then study for two years at degree level and qualify as a registered nurse because of the recognition of their prior learning.

Figure 1. Example of one possible progression pathway



RECRUITMENT INTO UNIVERSITY-BASED HEALTHCARE DEGREES AND DEGREE APPRENTICESHIPS

The T-level in health was explicitly used by several participants as a widening participation pathway into higher education, including through degree apprenticeships:

We give them lots of information about our nursing apprenticeship pathway, and if that's something they wanted to progress on to, we discuss how to get on to that. And we really support them with that.

City partnership lead

Participants reported that many students also saw the T-level as a route into higher education:

The majority of T-level health students want to go to university ... I do the induction with first years, one of the very first things I ask when I meet them all is ... what's your aspiration? What do you want to do? ... 95% want to go to university. That's what they want to do.

Careers lead

Participants said the T-level course had helped students make more 'informed choices' (regional lead 1) about their future undergraduate studies, which for some changed as a result of placement experience:

For me, success of a T-level is that the students find their right path so if they come on and they think they're on the nursing pathway and that's where they think they want to be and actually they do placement and they're like, you know what, these early shifts

aren't for me, this kind of interaction with the patient isn't for me. That's absolutely fine, because you've now found that actually being a physiotherapist is where you want to be. You still want to be in healthcare, but it's a different branch or whatever it might be ... From nursing [degrees], we know how many dropouts we get, particularly in our first year of nursing programmes because ... a lot of our 18-year-olds go through A-levels, go through getting the qualifications they need, go on to pre-registration programmes but actually have no idea what the hands-on job is like. And I think that's where the T-level really stands above itself and really kind of gives them that.

City partnership lead

Where study participants had worked closely with a university, they had seen that the curriculum for any of the pathways alongside the core content, made students eligible for a range of health and social degrees, not just the one related to the specific pathway they had studied:

Working with the university and their eligibility criteria, it might not really matter that much which of the strands of health or science they study, because they would likely still be accepted.

ICS workforce lead

In a number of cases, partnership working with universities had led to the development of local progression agreements supporting a formal T-level route into undergraduate study with universities, including in one case to a foundation degree course.

Like with the higher apprenticeship progression pathway, several participants said they felt T-level students would benefit from spending a specified period of time in employment before applying for a degree course. Again, this period of employment provided extra hands-on learning and got them used to working in healthcare, which helped ensure their success on a degree course.

Participants felt that having a T-level was an advantage for potential degree students:

[They] take what they've got from their T-level experience ... you've got lived experience that you can take forward to interviews.

City partnership lead

Participants also felt that the robustness of the T-level course and the experiential learning meant T-level students would be successful degree students. One participant had received feedback from a local university that suggested this was the case:

I had a conversation with [local] University who were saying about the high calibre of T-level students coming through.

Regional lead 1

EXAMPLE OF T-LEVEL TO DEGREE APPRENTICESHIP PROGRESSION ROUTE

An ICS had developed a system-wide approach with NHS employers, colleges and a local university to enable T-level students to progress directly onto healthcare degree apprenticeships (subject to employer vacancies). This involved working with the university to raise their awareness and understanding of T-levels and change their entry requirements to include T-levels. The system-wide approach also enabled the ICS workforce team to promote the potential benefits of supporting T-level students to apply to degrees, including into shortage professions, to all their employers.

THE IMPACT OF RECRUITMENT FREEZES

When the interviews for this study took place, most NHS employers had frozen recruitment, including into support roles, because of financial pressures. As a result, employers had not always been able to support T-level students into employment or apprenticeships with them, even though they needed more staff.

SOCIAL CARE

Insights into the impact of T-levels on social care were gathered indirectly from the NHS participants who had worked with social care employers, the majority of which were nursing homes. Engagement with social care appeared to be determined by the size of local social care employers and how much NHS employers and local authorities worked together on employment and skills. Perhaps not surprisingly, when smaller care homes were approached to host industry placements, they mostly said they did not have the capacity to host them. However, study participants from ICSs had more engagement with social care, particularly nursing homes, because they could identify and work with larger care employers.³⁹ Local authorities had also supported placements and progression in care settings, including into domiciliary care.

Capacity constraints meant that even where industry placement opportunities were identified in care settings, the number of students that could be placed and/or the duration of the placement was limited compared to the NHS placements.

Although it was not possible to directly explore these issues, the lack of T-level information aimed at social care employers, compared to what is available for the NHS, may have reduced awareness of T-levels in the sector. It is also possible that social care engages with further education, and vice versa, even less than the NHS does, although again it was not possible to explore this issue.

Despite the capacity constraints reported, where social care settings had been able to support industry placements, participants said it had led some students to want to work in the sector. One participant said that seven young people from the last cohort they had supported (which included a short placement period in a care home) had decided to seek employment in social care. Other participants reported similar outcomes, including students choosing to work in domiciliary care.

Participants were keen to offer more placement opportunities in social care and felt that the NHS should directly and deliberately support social care employers to engage with T-levels:

We meet with social care colleagues, you know, regularly to talk about the various things, and there's so much that we're doing with social care. You know, we've employed clinical educators to work in social care. We're doing this prescribing in social care. We've developed an award with a college for social care. So, there's lots of things that we're doing.

ICS AHP workforce lead

³⁹ Because ICSs work across the health and care system, they are well placed to identify potential placement sites in care settings. This then provides an evidence base that can show smaller care providers the benefits of T-level industry placements in social care settings.

In this case, the ICS specifically worked with social care partners to support placements in at-risk professions, such as occupational therapy.

SUMMARY OF FINDINGS

The findings from the semi-structured interviews overwhelmingly show that T-levels have been successfully introduced into a wide range of settings and services in the NHS and that industry placements are becoming more common in the NHS. Trusts that began hosting T-level placements shortly after they were introduced still offer them, have increased the number they offer and have also reached out to other employers to expand the opportunities available (the hub and spoke model).

ARE T-LEVELS PART OF FORMAL LOCAL WORKFORCE PLANNING?

This study only found two local official written workforce plans that included T-levels, and one of them was said to be out of date.

Although workforce planning did not explicitly include T-levels, study participants clearly and consistently spoke about the wide range of direct and indirect benefits their organisation gained or expected to gain by hosting industry placements. This showed their understanding of the strategic benefits of T-levels.

WHY DO EMPLOYERS DECIDE TO SUPPORT THE T-LEVEL IN HEALTH?

The absence of formal workforce planning meant that engagement with T-levels was triggered by other factors. Participants from NHS organisations had decided to support placements for one of four reasons:

- Evolutionary – their organisational culture already supported widening access to employment and was engaged with the local labour and skills market.
- Activated – support for the Health T-level came from direct contact from either another employer looking for additional placements or colleges looking for an industry partner.
- Inspired – a senior leader had directed their organisation to support T-levels.
- Accidental – engagement had happened by accident. For example, an individual discovering them by chance at a conference.

HOW ARE T-LEVEL PLACEMENTS ORGANISED BY HEALTH EMPLOYERS?

Three operating models were used to support placement delivery:

- The hub and spoke model, where a core employer engages with and supports other, usually smaller, employers, including those in social care.
- The employment and skills partnership model, where the T-level is added to a long-standing partnership that includes all the organisations needed to support T-level delivery.
- The individual employer model.

In all these cases, participants said that they started the implementation slowly, gradually adding placements internally and externally.

DELIVERING INDUSTRY PLACEMENTS

The issues that participants expected might have been barriers, such as the age of students, had not proved significant. In those cases where the organisation already supported workforce interventions to widen access to NHS employment, that experience had mitigated the expected issues. In other cases, the actual experience of hosting T-level students (which frequently started at a small scale) proved the course's effectiveness.

Placements successfully took place in almost all service areas, although they were rarer in A&E and paediatric services.

Many participants and their colleagues had been unaware of how robust and demanding T-level study was before they supported the industry placements. They highlighted the need for ongoing awareness raising of T-levels, including with schools and parents. It was felt, for example, that many parents were unlikely to understand that T-levels allowed students 'to step into jobs'.

THE BENEFITS OF SUPPORTING T-LEVELS

Participants identified many benefits of supporting T-level placements, including:

- better recruitment and retention when compared with direct recruitment
- greater workforce diversity
- raised awareness of a wide range of careers, including at-risk AHP roles
- supporting the trust's role as an anchor institution
- strengthened links with further education
- pathways to pre-registration healthcare degrees

T-levels were often seen as a better way to recruit future employees than other workforce interventions, such as careers talks or other vocational qualifications. This, together with the benefits of hosting industry placements, likely explains why participants had not only remained committed to T-levels but had increased the number of industry placements they offered.

PROGRESSION PATHWAYS

Most students entered health or social care employment in a band 3 role or applied to a healthcare degree after completing their T-level in health. A smaller number progressed into higher level degrees, particularly the nursing associate apprenticeship. The number doing this reflected the current level of opportunities.

T-level students were seen as capable and work-ready recruits for band 3 jobs because of the knowledge and experience they had gained through their studies. In more than one case, participants described how their trust had struggled to retain staff who had been directly recruited into support roles, but that when these vacancies were filled with T-level students, staff turnover stopped.

For those following the university progression route, there was an expectation that once they had qualified and become registered healthcare professionals, they would return to their T-level placement host employer. The fact that the T-level in health allowed students to be exposed to a range of career opportunities was seen as a particular strength of the course. Finally, there was a perception that former T-level

students were more likely to complete their degree course than traditional students because of the knowledge and experience they had already acquired.

Increased understanding by universities of how rigorous the Health T-level is (the core content, the curriculum for any of the pathways and the experience students gained during placements), enabled T-level students to join any clinical higher apprenticeship or degree. However, it was felt that students benefited from a period of employment as a support worker in their preferred occupation before continuing their studies.

SOCIAL CARE

There is substantially less engagement with T-levels in social care settings than in the NHS. However, there are examples of industry placements in care homes, nursing homes and domiciliary care services. The main reason for the limited number of placements in social care was that many of the settings were small and lacked the capacity to support students. In addition, there is a lack of T-level information specifically aimed at social care employers. Given that some students moved into social care employment after having placements, this is a missed opportunity to create labour supply routes into social care.

CONCLUSION

This study found that T-levels deliver positive outcomes for students and employers alike.⁴⁰ The examples provided by study participants show that potential barriers to T-level implementation, such as limited placement capacity, can be successfully addressed and are more than outweighed by the benefits. However, this study also found that support for the T-level in health has not come from a planned strategic approach, but instead through the actions, sometimes deliberate and sometimes accidental, of local actors. Currently, only some national strategies for support workers include T-levels, such as the national AHP support workforce strategy, so there are opportunities for their inclusion to be more widespread, for instance, in strategies for the maternity support workforce and cancer care workforce.

This study found that the best way to increase the number of T-level industry placements is for NHS employers who have a history of supporting widening participation into employment, including in social care, to reach out to other employers, often creating a hub and spoke model for shared delivery. Frequently the employers who were approached had not previously been aware of T-levels or if they had, had not felt able to support them.

A 'bottom up' approach to workforce planning has merits, but it limits the opportunity to scale engagement. Currently, T-levels exist in what might be described as 'islands of excellence'. For the NHS to address this will require strategic planning and national leadership. For social care, expansion will require more than formal plans. Partnership working with the NHS, particularly at ICS-level, should be encouraged. To support this, dedicated information for social care employers similar to that available to the NHS, must be created. This should include evidence of the benefits of hosting industry placements.

Fit for the Future: The 10 Year Health Plan for England emphasises the importance of local recruitment, as does the longer running anchor institution strategy. Study participants saw T-levels as a sustainable and flexible way to recruit locally, particularly from under-represented groups.

The following quotes from participants highlight the value they place on hosting T-level industry placements. These benefits should be available to all employers in the NHS and social care, and the opportunity to study on the T-level in health should be available to all interested students:

As a trust we are very positive about T-levels ... They are a really positive thing to be involved with ... They're [the T-level students] eager, they're keen to learn, the patients enjoy having them in the clinical areas and, on the whole, I just think it's a really positive thing to be involved with.

T-levels are a win-win all round.

We're very positive about having T-levels. They bring a fresh perspective, fresh eyes.

T-level students stay with healthcare, which isn't always the case with pre-registration students.

⁴⁰ Views were not sought from college representatives, but participants reported positive relationships developing as a result of their links with further education.

We are convinced they are part of our workforce planning.

This is an investment in our future workforce.

I would say for anyone who is reticent about T-levels, what I have had is a huge amount of positive feedback from colleagues within departments.

RECOMMENDATIONS

- **The NHS workforce plan should support T-levels.** The forthcoming NHS workforce plan and its associated strategies should include the need for the NHS to fully engage with T-levels, including non-clinical T-levels. Collaborative approaches to delivery should be encouraged.
- **Increasing awareness of the content and value of T-levels needs to be ongoing. Dedicated resources and marketing are needed for the social care sector.** There is an ongoing need to increase awareness of T-levels, in particular to highlight the robustness of the qualification, address perceived barriers to its further implementation and to highlight the benefits that come with hosting T-level industry placements. This is particularly true in social care, where national partners, such as Skills for Care, should work to increase awareness.
- **A formal cost–benefit analysis of T-levels from the perspective of employers should be completed.** This study identified a number of benefits associated with the hosting of placements. These should be assessed, alongside costs, to understand returns.
- **T-levels should be included as an entry qualification for healthcare degrees.** There is a need to ensure universities include T-levels as a possible entry requirement for health and social care degrees, and that local progression agreements are developed to support a formal T-level route into undergraduate study. Insights from this study suggest that this should include students spending a specified period working as a support worker. The Council of Deans for Health should be involved in addressing this recommendation.
- **The ability of T-levels to increase the awareness of AHP careers, including small and at-risk professions, should be clearly articulated and incorporated into any national AHP workforce strategies.** Current AHP support workforce guidance about T-levels is out of date (it was first produced in 2021) and needs updating.

APPENDIX I: NATIONAL POLICIES, STRATEGIES, GUIDANCE AND PUBLICATIONS THAT REFERENCE T-LEVELS IN HEALTH AND SOCIAL CARE

NHS EMPLOYERS

- NHS Employers (April 2025) [T-levels in health and care](#).
Comprehensive guide for NHS employers on how to embed T-levels. Explains structure, benefits for workforce supply and implementation strategies.
- NHS Employers (March 2026) [Upscaling and developing the T Level industry placement offer](#).
Insight and ideas on how to expand and develop the T-level industry placement offer.
- NHS Employers (accessed 2026) [T-level industry placements](#).
This hub supports employers to implement and upscale quality T-level industry placements.

EXAMPLES AND CASE STUDIES

- NHS Employers (October 2025) [Experiential learning skills supports T Level placements in maternity and neonatal care](#).
- NHS Employers (October 2025) [Supporting rural and coastal care with T Level industry placements](#).
- NHS Employers (October 2025) [Creating safe and effective T Level placements in community nursing](#).
- NHS Employers (June 2025) [Community T Level industry placements open up NHS career pathways](#).
- NHS Employers (February 2026) [Embedding T Levels into a grow your own workforce strategy](#).
Insights and recommendations on how to integrate T-level placements into workforce strategies.
- NHS Employers (February 2026) [T Level FAQs](#).
Answers to frequently asked questions from employers about T-levels.

DEPARTMENT FOR EDUCATION (T-LEVEL SUPPORT FOR SCHOOLS AND COLLEGES)

- Department for Education (updated May 2025) [Route-by-route resources – health and science](#).
Planning resources for Health and Science T-levels, including progression pathways into social care and NHS roles.

LOCAL GOVERNMENT ASSOCIATION (LGA)

- LGA (accessed 2026) [T Levels explained](#).
Explains why the LGA supports T-levels and the benefits for local recruitment, diversity and workforce capacity.

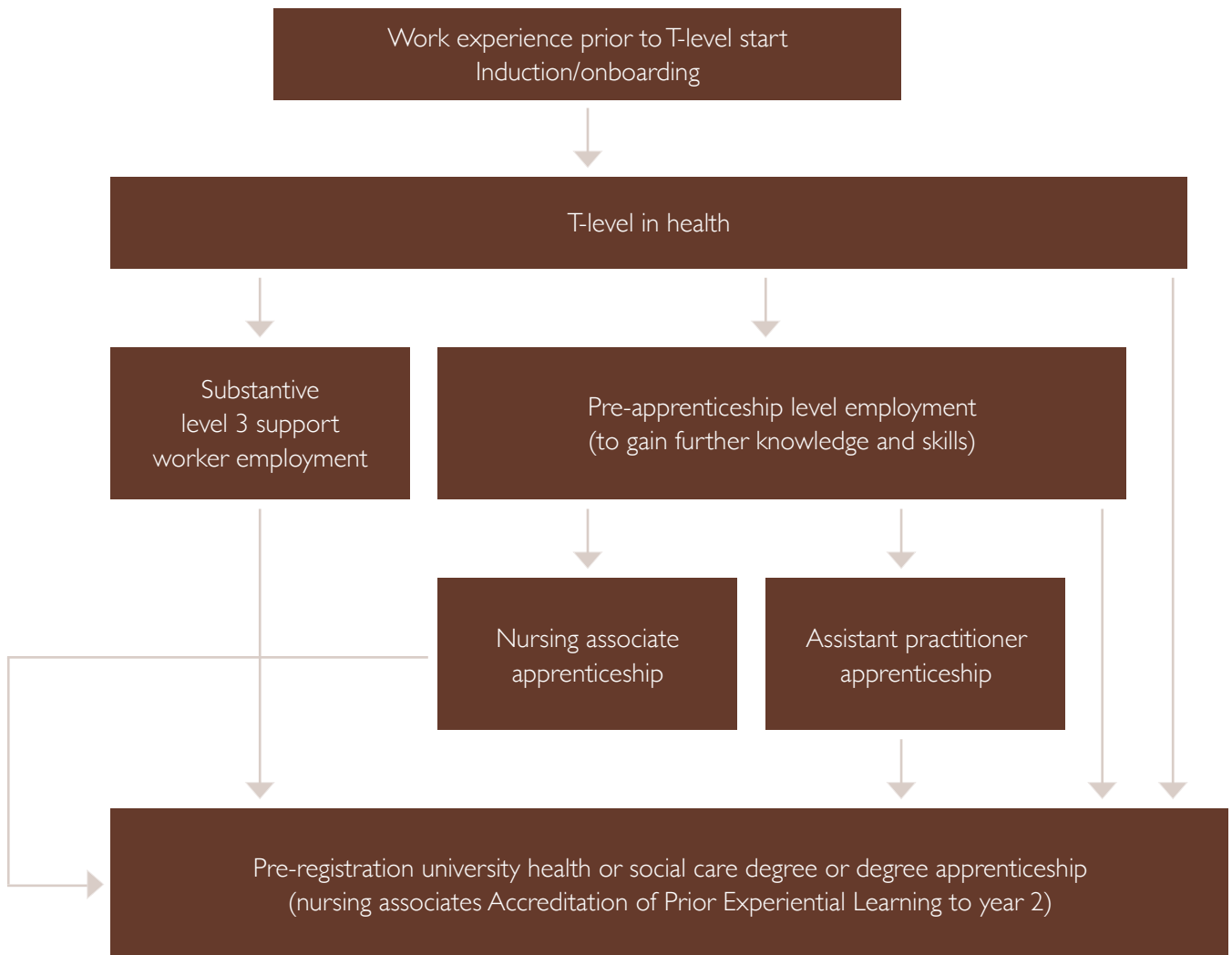
COUNCIL OF DEANS OF HEALTH

- Council of Deans of Health (April 2023) [AHP educator career framework](#).

INDEPENDENT TRAINING PROVIDERS, COLLEGES AND UNIVERSITIES

- Barnet Southgate College (October 2025) [Barnet and Southgate College students embark on first ever T Level student placements in cancer services at Royal Free Hospital](#).
- Coventry University (accessed 2026) [Be the future of healthcare: Start your career in healthcare with a T Level](#).
- North Warwickshire and South Leicestershire College (NWSLC) (accessed 2026) [Be the future of healthcare: Be the future of healthcare with T Level health at NWSLC](#).
- Oldham College (accessed 2026) [Oldham College's trailblazing first cohort of midwifery cadets](#).
- Bury College (accessed 2026) [T Levels](#).
- Greater Manchester Combined Authority (accessed 2026) [T Level placements in Greater Manchester](#).
- Greater Manchester Combined Authority (accessed 2026) [Technical education city region](#).
- Greater Manchester Combined Authority (accessed 2026) [GMT Levels: Your business, their talent](#).
- Greater Manchester Combined Authority (accessed 2026) [GMT Levels: Case studies and blogs](#).
- Barnsley College (accessed 2026) [T Levels](#).
- Barnsley College (accessed 2026) [T Level courses](#).

APPENDIX 2: PROGRESSION ROUTES



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