

OUTPUT 1

IDENTIFYING AND OVERCOMING BARRIERS TO WORK BASED LEARNING AND INNOVATION IN THE SOCIAL CARE SECTOR

CASE STUDY ULANCS 01

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TRAINING AND DEVELOPMENT: A TALE OF TWO CITIES

'It's a million miles apart, completely different. We've got a colleague who's gone through all their training in the NHS. There you get paid to go in and do a training course. We can't afford to do that apart from the induction training.'

Our respondent is a highly experienced care leader running a domiciliary care organisation based in several UK towns. Care work requires dedicated, well-trained staff, and our care leader explained how her organisation devised their own core training programme of 21 units as a means of ensuring care workers had training beyond the required UK Care Certificate. This process is expensive as staff are paid for training (shadowing) when they first start, although some of the learning has to be done online and unpaid (in contrast to the NHS, where all training time is paid). The rationale for the organisation providing more extensive training than is required by government is that care workers are dealing with vulnerable and frail people who may have several health problems presenting at the same time and require personalised care from a care worker with a range of skills. However, with many years' experience in s our respondent is adamant much more training is needed to enable care workers to deliver the best care to service users. However, there is a significant barrier. Comparing the care sector to the NHS (our two cities)¹ she observed how the care sector is viewed as 'dirty work', and explained the perception that NHS staff look down on the sector despite relying on it in order to ensure patients can be discharged safely from hospital.

'You try and get your local NHS people too (to share knowledge). At one time when we first started out District Nurses would come in, and do things like catheter care training, stoma training, all of those things. They would come in to you free of charge, and do that training for you. Now you can't get a District Nurse through your door. For love nor money. It is not something they will now do, and the NHS, and I know it's horrible thing to say, the NHS are very snobby in relation to carers. And it's almost like they think we are only there to do the dirty work until it suits them'

The ideas of care work as 'dirty work' is itself widespread within and beyond the sector, it acts as a barrier to recruitment and retention of staff and to accessing training. Our

¹ *The NHS where higher status, paid training and a nationwide organisational structure support learning opportunities, as compared to the fragmented status, often unpaid and online training and many small organisations making up adult social care in the UK)*

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respondent explained there were theoretical programmes of health and social care, but training providers were not developing other accredited learning programmes because although there was a need for training employers cannot afford either the cost of the programme or the cost of providing cover while staff undertake training. The rates paid to care organisations do not allow for wages comparable to the NHS (or larger supermarkets) and our respondent feels the pricing of care is held down to uneconomic levels because there is a perception the work is low-skilled, 'dirty work'. In the past the NHS had provided free training for care staff taking on patients with complex health-related problems, such as dressings, catheters or stoma care, or had sent a district nurse to manage this care in the patients home. However, cuts to funding and then Covid-19 have meant such training or support is no longer provided, with the care agency calling in vain for support with complex issues and sadly, when support is not forthcoming, having to give notice on contracts and leave.

Within our respondent's organisation there is much good practice in training and development, including working in partnership with their preferred external training provider to develop their 21 core units induction programme to the organisation's high expectations of early career skills and knowledge, but a great need for further, more advanced training in order to equip staff for their complex job. Excellent initiatives such as regular personal development reviews and the in-house production of brief guides to issues such as skin care, nutrition and other complex care issues do support staff but cannot replace ongoing training or the need for a wider pool of tailored qualifications.

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