

OUTPUT 1

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

CASE STUDY ULANCS 04

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A 'LEFT BEHIND' SERVICE: FIGHTING FRAGMENTATION OF PROVIDERS AND TRAINING

“I think as a domiciliary care provider, and as I'm speaking for everyone that's in supported living, everyone outside of the care home... I still think we're left behind on a broad national scale.”

Our respondent works for a larger domiciliary care provider in England, and her role is in developing the organisation in the broadest sense. She works on building relationships with the NHS, other care providers and training organisations. She is responsible for a wide range of staff training and development and for cross-organisational interactions in support of clients. Key issues in domiciliary care focus on lack of opportunities for progression from a 'left behind' service, leading to a shortage of workers and lack of foundational skills from carework in professionals supporting care work organisations. The point was made that social workers or occupational therapists have almost never worked in care and then progressed to their professional status, which means they have little real-world experience of care work as understood by care workers or people receiving care. Furthermore, there is a significant disconnect between the teaching of Health and Social care in higher education and the requirements of domiciliary care, which our respondent reports are not discussed as a career option, nor as part of the curriculum, leaving those with higher qualifications unaware of care as a career option.

“We took on an apprentice from a local university... he said “Oh dom. care - it never got talked about”. And I did Health and Social Care at university, and dom. care was never mentioned. It's not talked about. We talk about career progression within the NHS, and we talk about career progression as a social worker, as a midwife, but it's never as a support worker.”

Larger organisations which have been successful at tendering are able to overcome fragmentation to a limited degree through gaining access to events and networking opportunities (forums) organised by the care commissioners (e.g. the Country Council or Care Commissioning Group) which are not open to other providers. This enables them to learn and to share learning with their staff, meaning there are more learning opportunities available.

“Now they're [care commissioners] trying to initiate more task and finish groups. And I joined probably about 6 different groups with different domiciliary, care and support providers, and we meet either every month or

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every other month, and there seems to be more working together than there was pre COVID”

Despite there being more opportunities for collaboration there is no shared provision of training as there is in the NHS. Our respondent noted the significant need for soft-skills training and for training in topics of specific use to domiciliary care such as financial management, communicating with medical professionals and counselling skills. She pointed out that if younger people were to be recruited into care they would not have these skills (having lived at home and relied on parents for support themselves) and would not be able to fully support clients. As with other respondents she noted the need for specialist training too, in medical-related areas.

“Well, [fragmentation] affects everything, doesn't it? If you've not got that kind of work in partnership together, you've then got clients ultimately being really unwell and really poorly. It's then affecting the NHS in England and it's affecting policy procedure standards, costings, funding's and it's becomes a domino effect.”

To overcome fragmentation there needs to be a clear set of core training (maybe based on the Care Certificate Standards) and of high status, with a route to progress, like you can progress in the NHS. There also needs to be a well-designed package of additional elective training which is part of the same package, accredited, with national standards and funding for time, cover staff and trainers, shared across all providers. It will raise standards.

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