

OUTPUT 1

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

CASE STUDY ULANCS 07

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THE CARE CERTIFICATE : THE BEST LAID PLANS OF MICE AND MEN

Undertaking an independent review of a disparate landscape of disconnected care provision and an unrecognized, largely invisible, frontline workforce, Camilla Cavendish proposed a set of recommendations in 2013 under the title The Cavendish Review, in which the British journalist and former Head of the Policy Unit for David Cameron, saw “an opportunity to create a “Certificate of Fundamental Care”... (that) will reduce complexity, duplication and confusion by linking explicitly to the nursing curriculum...” and noted the certificate “will be the foundation stone of a series of national competences which emphasise what is common to health and social care, and what is common to registered nursing and support work, rather than what is different. For the airline industry has demonstrated that common goals and a common language, (and) training junior and senior staff together, are a cornerstone of safety.”

In the Review Cavendish pointed out “it is time to start seeing... support workers as a strategic resource, to both the NHS and social care.” The review proposed that “Eventually, it (the Certificate) should be open to volunteers and unpaid carers, who are shouldering so much fundamental care.” In the UK a care certificate is now a compulsory element of training for all care workers. Whether the certificate has drawn groups of differing levels of care sector professionals together in training opportunities, and helped cement a “cornerstone of safety” in the care sector is open to debate, but from a care worker’s perspective what actually is the Care Certificate, and how does undertaking it work in practice?

“(We have) an opportunity to create a “Certificate of Fundamental Care”... (that) will reduce complexity, duplication and confusion...”¹

Our respondent is an experienced care worker, having worked at one other organisation for 8 years previously. She shared with us what it was like starting at the new agency and how difficult it was to get her previously gained qualifications and experience recognised. She took part in only one morning’s induction training when she started her new job as a bank domiciliary care worker at a local agency, and straight away the alarms bells started ringing. She had already completed the Care Certificate at her previous job in 2015 when it first came out, but her new manager – the person who was meant to assess her said it was agency policy to undertake the certificate again, as it wasn’t “a proper qualification”. Our respondent took this to mean it wasn’t accredited, so as such she guessed it was difficult for

¹ Camilla Cavendish – The Cavendish Review, 2013

her to prove that she had actually done it, even though she had kept her original Skills for Care workbooks.

Our respondent was concerned that her new manager didn't seem interested that she had done the certificate previously, and they didn't discuss how the training to achieve the 15 standards would fit into a larger arc of learning and professional development. She was given a workbook to complete and link to an online course to do at home. Then, she was told, her manager would sign it off "no problem, because she was experienced". Naomi started to worry as it wasn't a Skills for Care workbook like her first one, and she didn't recognize the name of the training company at all. She wasn't given the chance to ask questions per se, but did manage to quickly ask was it the same at the agencies' other branches, but the manager didn't seem to know. The online course took about 8 hours in total, and this didn't compare with the 12 weeks of supervised working through all the standards with the co-worker she was shadowing and regular assessment meetings with her manager, that had taken place in at her last company, when she was full time.

"Things seemed so different at the new company, it was like it (the Care Certificate) was a different course altogether. I was worried that despite my manager accepting I had experience, having to do the same training again just seemed a waste of everyone's time."

Our respondent shared that she felt she needed to discuss things with her manager properly to make sure that she had achieved the necessary standards successfully, but it was difficult to fit in a meeting around all her new shifts, and her manager never seemed to be available. She felt in her last job she had really benefitted from the training that doing the Certificate had provided, but in this role the connection wasn't that strong. The online sessions had been pretty basic, and she didn't really learn anything new. She looked online again to see what other care workers experiences had been with their Care Certificate training, and it seemed she wasn't alone. Like her, some people had really good stories and some not so much, it just seemed to depend on the company they worked for, and how good their manager was at training them.

"It was such a shock going from my first company into my new job. I just thought I would be able to take the certificate with me, as that was supposed to be the point of having it. But having to do it again, and the training at the new agency just didn't compare. I just don't think the care certificate works like it is meant to."

Contributory to this issue is currently many different training companies offer care certificate training packages online for very low sums, and in 2017 Health Education

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England, and its two main training partners Skills for Care and Skills for Health, issued a joint statement warning about training and e-learning providers charging for training and assessment materials when all these were freely available from any one of their websites. As the Care Certificate is not externally assessed, quality can be variable across different settings, and HEE has also issued guidance for care companies, as it is the responsibility of the employer to make the assessments in the workplace and using the tools provided. It would appear that what was set out with the best of intentions to be a universally recognised certificate of skills, knowledge and experience, has become an opportunity for sharp practice training organisations to exploit busy and less informed care team managers, and in fact has created both duplication and confusion for care workers in their already limited training opportunities. That the certificate lacks portability and transferability undermines the very thing it intended to do, and it is unsurprising that our respondent felt it didn't do what it was meant to do. Recent conversations with Skills for Life representatives has led to the understanding that the Care Certificate will undergo a review in the near future, as it is recognised to be failing. Using this opportunity to introduce accreditation, and regulation of the training providers, will go some way into developing the certificate in line with the ideals of the original Cavendish Review.

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