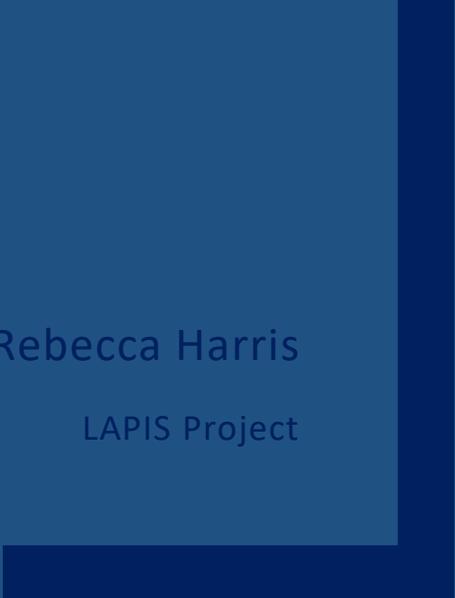


Output 4 Report:

# STRATEGIES FOR OVERCOMING BARRIERS TO THE RECOGNITION OF WORK-BASED-LEARNING IN THE SOCIAL CARE SECTOR:

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#### Background:

Both national and European policy debates have stressed the importance of establishing lifelong learning to promote employability and keep up with technological advances and global competitiveness. The healthcare workforce is central to the delivery of effective, safe, healthcare, as the nature of jobs constantly changes, continuous development is crucial to enhance competitiveness. Good clinical practice and education are closely linked, with effective learning leading to effective practice. The clinical workplace has been long established as an effective environment for WBL (Liljedahl, 2018). However, whilst WBL is pervasive in clinical settings, it is often unrecognised by both learners and teachers. The international context of high vacancies in the sector, coupled with increasing morbidities in aging populations has led to widespread concerns about the shortage of healthcare professionals. New opportunities to help ease staffing issues, such as apprenticeship levies and nursing associate roles have presented opportunities to further develop the clinical workplace as a learning environment, coupled with the growing demand from managers for WBL to help ease staffing issues before new staff members are fully qualified, makes exploration of how to support learners and supervisors in this setting crucial.

This research supports a holistic approach to work-based learning, following a “continuum of formality” (Eraut, 2004, p250), encompassing formal learning through organised courses with learning objectives within a context designed for learning; formal learning through supervised practice; and unplanned, spontaneous informal learning, improving competences relative to situations arising, at the informal end of this continuum. We consider learning to be a process and a product, informal and formal learning are complementary, and vitally important components of workplace learning.

#### Results:

The implementation and recognition of WBL in the adult social care sector is influenced by a myriad of independent factors, alongside intangible barriers such as lack of human resources. As a result, WBL within the sector is cyclic, with staff undertaking mandatory training annually, rather than adapting to emerging situations or following set action plans.

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This research identified several barriers and drivers to the implementation and recognition of WBL in the adult social care sector.

**Understanding WBL:** Many participants reported that it is difficult to measure the distance travelled by individual learners, particularly when looking at “soft skills” which are typically developed in the workplace. Without the identification of key principles informing the measurement of individual learning, it becomes difficult to measure informal learning, therefore many settings failed to recognise when WBL was happening, or misunderstood what WBL is, without understanding the nuances of WBL, successful implementation becomes a challenge:

*“Managers tend to think WBL is about going on courses, or attending multi-disciplinary team meetings and conferences, or discussing things with colleagues, when the truth of the matter is that it encompasses all of these” (Participant D).*

*“We’ve got a lot of good examples of WBL going on, staff often don’t see that they’ve been learning with each other in practice, we’ve been doing it for so many years they think that is just part of their job, but in reality, we’re quite good at it” (Participant F).*

Although empirical research has recognised the importance of informal learning, there are limitations due to not examining the precursors to both formal and informal learning, identification of mutual and distinct forerunners would allow examination of how both forms of learning link and help managers to identify and recognise WBL in their context.

**Time:** Time was perceived as a major barrier to facilitation and success of learning, with workplace culture constraining the process and creating tensions between the demands for staff development and service delivery:

*“We would love our staff to be more specialised so we could look within the group of homes for advice on more specialised areas of care, but we can’t afford to pay for agency workers to cover staff being away on courses.” (Participant E)*

Insufficient time to support WBL highlights the difficulty in fostering a work environment conducive to learning in such a stretched sector. However, balancing the demands of

patient care, staff wellbeing, and continued education causes the paradox of intrinsic reward and work overload. Time for learning and mentoring are paramount for changes in practice to occur through work-based learning, further research is needed to explore how some of the busiest settings are able to provide the most effective learning environments, overcoming these universal challenges of time and capacity to enable WBL.

**Support for learning:** Another frequently cited barrier in the sector was support for learning, with participants explaining this in terms of overcoming anxieties around academic learning; identifying appropriate preparation and support for non-academic employees to engage in learning; supporting learners embarking on unfamiliar roles; employees unwilling to receive critique; and introducing learners to unfamiliar modes of learning. An area of concern from participants was school exam culture, which was often blamed for staff being unwilling to engage in unfamiliar learning styles:

*“The school mentality of you ‘must learn this to pass this exam’, means employees come in disliking student driven learning, they’ve been taught to pass exams, rather than how to learn.” (Participant A).*

Exam culture has been noted as a barrier to adult learning in several studies (Kennedy, 2002; Belzer, 2004; Ho and Lim, 2020), thus it is unsurprising to see this being identified as a barrier to WBL, given the typical initial level of education of employees entering the workforce in this sector. Overall, support for learning was linked to a lack of appropriate skills in senior staff to facilitate less formal learning, with one participant explaining:

*“I don’t know how to enable people to learn, I didn’t train as a teacher... I feel I’m being condescending [if] I’m explaining what seems obvious, and when I offer supportive criticism, it is often rejected by the staff member, and they become unwilling to communicate with me.” (Participant B).*

Supporting senior staff to promote a learner-centred learning philosophy would facilitate informal learning, and in turn, expansion. Many smaller care homes do not have, and cannot afford to employ, a dedicated teaching professional for each area of specialism. Staffing strategies focussed on internal development of expertise, alongside negotiated learning outcomes, career encouragement and positive workplace cultures which celebrate staff success could help boost staff self-efficacy and help change the mentality to see critique as

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an opportunity for personal development. When employees consider their career prospects, they are more likely to make conscious strategic decisions, and therefore more likely to listen to critique and engage in training opportunities, as participant C explains:

*“Inspiring staff to celebrate successes helps begin to change the culture from rigidity to one that is more responsive to learning. Having open doors where people feel they can ask senior staff is important.”* (Participant C).

**Managerial strategies:** Despite finding job satisfaction and fulfilment, large numbers of staff in the sector envisage staying for a few years, aspiring to more lucrative professional caring careers. If this was occurring, there would be more senior staff in the sector, and a shortage of incoming junior staff, instead, we are seeing invisible yet tenacious constraints on recruitment and retention in the sector due to social perceptions, low pay, and poor training. This study has seen a wide variation in managerial approaches to training, with smaller organisations with less funding being forced to prioritise care for both patients and employees over training opportunities, as without employees to deliver the care, they cannot attract residents:

*“Caring for our service users is our main priority, staff on the floor to deliver care is our focus. This is a mentally demanding job; mental wellbeing is also a priority. I suppose it goes patient care, mental wellbeing of staff, training staff, in that order of importance.”* (Participant E).

However, where larger organisations have policies in place to facilitate participation in learning opportunities, along with the availability of developmental resources; learning materials; and dedicated time to undertake training, progressive opportunities are afforded by WBL, and in turn this has a positive impact on development of professional identity and staff retention:

*“We have formalised all training, due to the complexity of the organisation and quality control systems we have in place. All training is added to staff profiles, which helps create a positive workplace culture around training and development activities.”* (Participant D).

Participant D goes on to explain how by utilising agency staff to cover shifts, coupled with managerial support and accredited opportunities being actively presented to staff, means

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employees can, and are actively encouraged to attend training events, aiding internal promotion and retention:

*“Staff attending training means we have to get agency cover, we prefer to have agency workers due to a training event, than agency workers due to our regular staff feeling demoralised and taking sick leave as a result of stress. By ensuring staff mental wellbeing, we are able to promote internally, which helps build and maintain interpersonal relationships between staff, in turn, promoting collaborative learning and partnership working” (Participant D).*

Participant D demonstrates that company size, managerial support, and opportunities presented by the company are both barriers and drivers to the success of recognising WBL in the sector. Many factors affect involvement in WBL, despite learning opportunities being available, the emphasis on individuals taking responsibility for their learning means within smaller organisations, participation rates are often lower than expected or needed, with employees who failed to participate in previous learning opportunities being less likely to participate in future learning opportunities. When working in a culture where learning is supported, valued, and appreciated, staff are more likely to undertake opportunities provided to them, progression routes and opportunities within the sector could significantly improve retention, as demonstrated in the case study from participant D.

Respondents identified the importance of their organisations being prepared to support WBL, with all stating a member of the HR team takes responsibility for coordinating staff training and records of training carried out, and managers will revisit training providers when feedback has been positive. Previous research demonstrates positive prior experiences predict successful participation of employees in learning (Hurtz and Williams, 2009). However, our research has shown managers are not conducting an analysis of why training was successful in relation to duration; guidance; group size; delivery modes; and certification. An analysis of these classroom variables would be a valuable contribution to research on work-based learning, further research would benefit from focusing on which classroom variables are taken into account by those selecting the learning provider.

Previous research has focussed substantial attention on easily measured sociodemographic variables, based on data collated from large national surveys, resulting in a lot of knowledge

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about differences in training between demographic groups, however, fails to critically reflect on these identified differences, future research would benefit from a multi-level approach including an analysis of individual personal characteristics alongside organisational context, to identify and analyse variances at each level.

**Institutional frameworks:** The highly fragmented social care sector is unable to develop comprehensive solutions largely because co-operative working across the sector is discouraged by the market in care.

*“We have lost staff over the pandemic, which meant we have had to cancel our registration to provide nursing care, leaving residents looking for new homes, this has reduced our capacity and funding.” (Participant F).*

With increasing numbers of people becoming unable to access care, urgent efforts should be made to defragment social care, the integration of health and care services is essential and could assist in raising the status of care workers as well as ultimately ensuring a more cost-effective service. The exploration of models of good practice to support building a care sector offering excellent, cost-effective services is crucial to improving adult social care.

Whilst international governments aim to build a skilled workforce in social care, workers who readily identify their training needs are unable to access suitable training. Participants noted an inadequate obligation from the government can often mean basic training needs to meet inspection targets are met, but no additional training is offered to employees.

*“We are constantly chasing tick-boxes for the government, we’re already stretched, and inspections can be very short notice, all of a sudden, we need to prove that these boxes have been ticked, when really, they don’t make any difference to the level of care our residents receive, if anything, chasing those boxes means we’ve got less time to consider the needs of our residents.”*

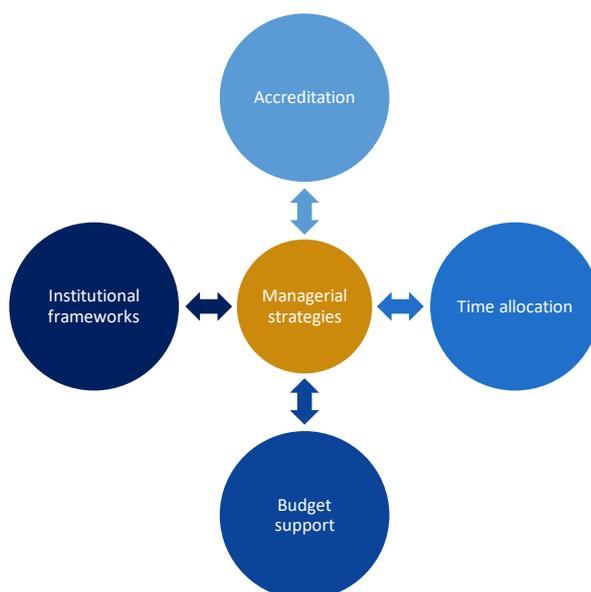
(Participant E)

Appropriate policy mechanisms are needed to ensure more effective inspections, increasing the focus on training and development, staff retention, and management of care alongside care standards, without this, inspections do not help improve the sector.

Whilst policy recognises there is an international workforce retention crisis in social care, the sector urgently needs access to a mandated, validated, comprehensive programme of staff training and development, covering practice, soft skills, and administration. Our findings suggest a clearly defined career pathway for social care workers linked to training and supported by consistent investment could help employers attract and retain staff. An overarching workforce plan encompassing a wider curriculum for care workers needs to be developed and formalised, training and development should include a focus on soft skills and ethical practice alongside important technical skills, with national qualifications, validation of qualifications, and a suite of qualifications covering specialist knowledge. Care providers should be encouraged to employ specialist care practitioners, and commissioners should recognise the availability of specialist staff in setting contract rates. Smaller organisations could be encouraged to co-operate to share specialists so that expertise is available widely across the sector. There should be clear routes for progression within the care sector, with additional qualifications leading to additional responsibility and pay. This could be best managed in smaller organisations in cooperation across organisations.

**Conclusion:**

These findings have immediate relevance to healthcare settings globally, this study has identified four interlinked areas which impact on managerial strategies and can act as barriers or drivers of WBL in the sector: institutional frameworks; accreditation; time allocation; and budget support, demonstrated in the diagram below.



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The factors driving the establishment of recognised WBL can also inhibit, our research noted that a supportive workplace culture, focussed on collaborative learning and partnership working afforded by access to knowledge and networking opportunities was invaluable in staff development, with managers recognising the need for training opportunities and access to expertise, but not always being able to allow employees access to such opportunities. The empirical findings of this research showed many of the challenges cited by managers in the sector are rooted in time, and time is fundamentally the largest barriers to the establishment and supervision of WBL. Indicating learning opportunities and respecting education are crucial to the success of WBL, whilst WBL is widely practiced in the sector, it is not always recognised or valued by employers or policy makers. There is huge scope of possibilities to learn in practice, and many would like to expand and recruit and train new staff this way, but simply do not have the time to commit to the recruitment process. The current crisis in staff retention further compounds this issue, working against successful WBL, the drivers for recruitment and retention of staff are rooted in this shortage.

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