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IDENTIFYING AND OVERCOMING BARRIERS TO WORK-BASED LEARNING AND INNOVATION IN ADULT SOCIAL CARE

IO1 REPORT

LAPIS RESEARCH PROJECT

LEARNING FOR ADULT SOCIAL CARE PRACTICE INNOVATIONS AND SKILL DEVELOPMENT

Identifying and Overcoming Barriers to Work-based Learning and Innovation in the Social Care Sector

Lapis Project IO1 Report

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Abstract

This report sets out the key findings around barriers to learning and development in the adult social care sector in the UK, Poland, Greece, Bulgaria, and Italy, which form the largest part of intellectual output 1. The case studies summarised here provide the foundations for the subsequent outputs of the LAPIS project (Learning and Practice Innovation and Skills) for adult social care. The report provides an overview of the barriers to learning and staff development in the adult social care sector in partner countries, and highlights areas for policy and practice development.

Introduction

The LAPIS project (Learning and Practice Innovation and Skills) for adult social care builds on the findings of our previous Helpcare project. Working in the UK, Poland, Bulgaria, Greece and Italy, LAPIS aims to improve opportunities for work-based learning and innovation in the adult social care sector. Taking a participatory action research approach, and after

working closely with co-researchers from the social care sector we identified structural, social, and cultural barriers to learning in the social care workplace. We created 40 case studies that could inform policy and which also supported the development of IO2 (learning programme), IO3 (Work-based learning development tool) and IO7 (innovation learning app for mobile devices). Brief details of our activities are set out in this report.

Methods

We worked with 10 social care providers in each partner country, including small enterprises, larger organisations, domiciliary care providers and other providers (health services such as the NHS).

Our social care providers were recruited using judgemental sampling, a non-probability sampling strategy appropriate for our need to have expert informants.

We used a interviews, workshops, and desk-based research to build an accurate model of the social, cultural and structural barriers to learning and innovation in the sector, most particularly concentrating on where these two important areas overlap, as paradigms of open innovation show a clear link between access to learning in the workplace and development of innovation (Chesborough, 2003).

Deliverables for IO1

Our main deliverable is a set of 10 case studies per partner country (n.40), outlining social, cultural, and structural barriers/enablers to work based and innovation learning in the social care sector, and enabling good and poor practice to be identified. This is foundational for IO2, 3 and 7. Other outputs include our policy briefing and a discussion event for policymakers and practitioners.

Purpose of Output

These case studies feed into the Policy briefing (output 1) and also output 2, 3 and 7. This output is important because our previous project show there is a lack of awareness among policy makers of the extent of skill required by care workers, the difficulties faced by care managers and employers in developing or accessing training to fit their specific needs or the problems encountered in the care sector in identification of opportunities for innovation.

The policy briefing set out strategies for overcoming barriers to work-based learning and innovation in social care across EU to support planning and development of innovation and work-based learning social care sector by government agencies. We promoted our policy briefing to think tanks and will hold round-table discussion events for policy makers from government, care commissioning bodies, employers and the TVET sector towards the end of the project. Our January 2022 policy briefing was identified by the UK parliament Committee on Health and Social Care as significant evidence, leading to the LAPIS team being requested to respond to closed calls for further evidence in April 2022 and June 2022.

Case Studies

Greece

The Greek case studies were collated by 50+ Hellas, an organisations specialising in the needs of older people. In summary the case studies show training in the social care workplace is organised by individual care providing organisations, relying on the expertise of staff with some external training provided by charities or other specialist organisations. Training needs are identified by use of questionnaires or discussions with staff in some organisations, but this is not widespread. There is no centralised training, while assessment of training varies, with some organisations assessing learning and others not taking the assessment approach. All organisations report difficulties in finding time for training, as it is not seen as part of work, but rather an addition to work. Training therefore tends to be conducted in brief sessions between shifts, rather than embedded into the workplace. Co-researchers found their colleagues are often resistant to change, to new ideas or methods of working, even if those are research-based. Training for new entrants to care work takes no more than 3 weeks and is 'on the job' training with no official programme of learning to support organisations in planning and delivering training. There are some distance learning tools available in Greece, and these are used by some organisations, but access to these is variable. Respondents report training is minimal, not nationally organised, rarely assessed and depends on the skills of the manager, cost (free training is preferred) and availability of staff time. The situation means good practices are not shared or widely adopted and innovations are difficult to capture and share. Most managers knew about work-based learning (such as apprentices) but were doubtful about how to put this into practice across their wider staff and most managers did not have a programme of continuous professional development for their staff.

Italy

Our Italian case studies were collected by Submeet, an NGO with expertise in training and work-based learning. In summary the case studies show a significant gap between training programmes in the public and private sector, with the public sector taking a much more pro-active role in developing training programmes and ensuring staff received regular training programmes, which were generally externally validated. Adult social care in Italy is largely in the private sector, with much social care provided by informal carers, in Italy there is far less training for care workers in the private sector. Developing the provision of on-the-job training (work-based learning) was a popular option for Italian social care respondents, who thought regulation would be useful to enforce training in the private sector, with options such as peer training, discussion with management and teamwork and supervision all suggested as routes policymakers could explore to encourage greater training for social care workers in Italy. There is a gulf in Italy between the training that is available and the training needs of care organisations or individuals working in social care.

UK

Our UK case studies were collected by Lancaster University, a leading, research-intensive university in the NW of England. It should be mentioned that in the UK social care is devolved to the constituent parts of the nation, so the case studies in this section refer only

to England. Scotland, Wales, and Northern Ireland have their own social care systems which differ in many respects from the English. Although our English providers all offered the compulsory care certificate (a set of 15 key competencies all new care workers must undertake) they found it to be wholly inadequate to the needs of their staff. Furthermore, many organisations require staff to study the care certificate in their own time (unpaid), and the lack of external validation of the training means it is of variable quality. As with Italy there is a significant difference between public services (the NHS) and private services (almost all adult social care). Some larger social care organisations have developed their own training programmes, because the care certificate is inadequate for their needs but they noted this was very expensive, and it was difficult to find time for training and especially to pay staff for time spent training because funding was very tight. In principle there is work-based learning within the sector, but opportunities for learning and development vary widely between organisations. Resondants noted that NHS staff had the skills they needed for the job, but training outside the NHS was difficult to obtain, as training providers did not find it economic to offer courses because these are not obligatory and because care organisations could not afford to pay for the training, even when they could clearly identify a training need. There was significant concern that although there are popular degrees in Health and Social Care in the UK the programmes were very theoretical and did not cover either domiciliary care or practical skills in managing in the adult social care sector.

Bulgaria

Znanie is an NGO working on training and development programmes across Bulgaria. In Bulgaria there is a tradition of family provision of care wherever possible, but increased migration and social change have led to a demand for social care. Domiciliary care is rare, but day care centres are increasingly being provided for older people. Residential care for older people is less common but is available for adults with complex disabilities. Staff training tends to be organised within organisations, rather than externally provided. This means training is variable and cases where the learner was better educated than the trainer often occur. There are significant financial burdens to implementing adequate training in Bulgaria, training for social care organisations is sometimes provided by specific pots of project-based funding, mainly from the EU. However, this approach is not sustainable, and excellent initiatives end after three years, meaning progress is lost. There is no regulatory framework requiring staff are trained which also limits progress in developing training. Work-based learning outside of apprenticeships is not widely practiced. However, organisations do recognise the need for training, and make great efforts within the resources they have available to deliver training to social care staff, although this is often aimed at managers rather than at lower-level staff. AS with the UK, Greece and Italy care services in Bulgaria are highly fragmented, with many providers and a patchwork of private services making it difficult to coordinate provision of training.

Poland

Our Polish case studies were collected by academics from the management school at the University of Lodz, a highly regarded research-intensive university. Care in Poland is fragmented, and private provision sits alongside state provision. Domiciliary care is a new sector in Poland. Training for social care tends to be informal. Care workers who are employed alongside nurses in residential settings learn informally from colleagues. Care

managers report lack of time for training as a significant barrier, alongside difficulties in recruiting care workers (a common theme in all countries) which adds to time pressures. Managers particularly note the need for developing soft skills in the care workforce, particularly communication skills (for patients, family members and across the care teams) and mental resilience to cope with difficult and often distressing work. Managers would like to deliver work-based learning but lack access to resources – there are limited opportunities to send staff to external training sessions and time and expertise pressures limit opportunities for internal training sessions. High staff turnover adds to the problem of training, making managers reluctant to train staff who might suddenly leave, and also meaning facilities train staff only for the staff to then leave for a better paid or higher status job (again, this is common in all countries). There is a need for e-training (the UK care certificate is usually delivered by e-training), which respondents believed would increase the likelihood of more training being available and taken up by the sector. There are examples of excellent practice, with some residential facilities offering very highly developed training programmes for all levels of staff, but overall, as in the UK, Bulgaria, Italy and Greece, the fragmented nature of the sector is reflected in widely differing availability of training.

Common Barriers to Training

1. Cost – care funders set budgets for care that are too low. Private providers need to make a profit as well as provide care, there is little room for buying in training
2. Time – staff are too busy to be released from work for training and do not want to undertake unpaid training in their own time.
3. Staff recruitment – it is difficult to recruits sufficient staff, and this puts pressure on organisations to use the staff they have to meet the needs of clients rather than to take staff away from working with clients to take part in training
4. Staff turnover – care providers face high rates of staff turnover, in all countries around 30%, this makes some providers reluctant to invest in expensive training when staff may not stay. In other cases, trained staff often leave for better paid or higher status jobs
5. Availability of training – there is limited sector-specific training available in all countries. The UK has the best provision, but this still does not meet the needs of the sector. The most widely available training in all countries is first aid, lifting and handling, safeguarding and mental capacity.
6. Suitability of available training – programmes do not cover practical skills needed by the sector.
7. Regulation – where training is not mandated it is less likely to take place
8. Validation – lack of validated training (e.g. UK Care Certificate) leads to variable quality of training and repetition of the same training over again

Policy Recommendations

Our policy recommendations were developed from our case studies and were tailored to each partner country's specific needs (see appendices for each policy document). However, there were five areas of commonality:

- Lack of common registration framework for social care
- Significant sector fragmentation

- Lack of suitable training and poor continual professional development (CPD) opportunities
- Failure to share good practice and innovation
- Significant problems with workforce recruitment and retention

In addition to disseminating our policy recommendations to relevant bodies within each partner country the UK team have submitted evidence to two parliamentary committees monitoring Health and Social Care workforce issues and have taken part in policy discussions led by the Work Foundation think tank exploring recruitment and retention in the sector.

Conclusions

Our case studies indicate the adult social care sector is in crisis in all partner countries. There is an urgent need for the training and development outputs being developed by the LAPIS project. The LAPIS Advisory Board and other stakeholders are working closely with the team to ensure outputs are tailored to the needs of end users.