



Skills and Innovation for Adult Social Care

POLICY RECOMMENDATIONS

DOCUMENT 1 OF 2

LAPIS PROJECT

LEARNING FOR ADULT SOCIAL CARE PRACTICE INNOVATION AND SKILLS DEVELOPMENT

Identifying and overcoming barriers to work based learning and innovations in the social care sector.

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

INTRODUCTION

The LAPIS project is an EU funded exploration of the challenges and opportunities faced by the adult social care sector in five countries: UK, Greece, Poland, Italy and Bulgaria. It follows on from a previous project (Helpcare) which looked at recruitment and retention in adult social care. We are focussing on work-based learning and innovation because our previous project identified significant training shortfalls in the sector and widespread difficulties in identifying and implementing innovations. LAPIS will provide policy recommendations based on rigorous research and is developing apps to support innovation in the adult social care sector.

RECOMMENDATIONS

The Lapis project has undertaken a series of workshops and interviews during 2021 with senior leaders and care managers across the Adult Social Care Sector, in five countries – UK, Poland, Greece, Italy and Bulgaria. We did this in order to identify barriers to workbased learning and innovation, and produced a range of recommendations to overcome these.

Our recommendations cover five main areas of concern:

- National and Common Frameworks
- Sector Fragmentation
- Training and Continual Professional Development (CPD)
- Innovation
- Workforce

And are aimed towards:

- Government (at EU, National, Regional and local levels)
- Commissioning and Inspectorate/Sector Bodies
- Care Organisations

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NATIONAL AND COMMON FRAMEWORKS

In our research we found that there are exceptionally few common frameworks for professional caregivers, with some examples only in the UK, in Northern Ireland and across a group of London Boroughs, whilst in Bulgaria this is in the process of being developed under the new Social Care Act.

In most cases, the managers of Care Organisation operate individually and according to their needs. The lack of an EU, national or even sectoral training framework is also evident from the different way caregivers work when moving from one Care Organisation to another. Repetitive training in different protocols and methods of care is off putting for care professionals, can result in rapid burn out and contributes to high rates of attrition.

We recommend the following steps to be taken:

GOVERNMENT

1. Creation of a national plan for the Training of Care Professionals and a National Organization for the Education of Caregivers, in which training policy makers, Educational Institutions and health professionals will participate through the representatives of their Collective Bodies. The educational needs will be identified for new care methods to be adopted and reassure a guaranteed care quality. As for the EU Member States, they will be able to apply for the recognition of the certificate in all European countries
2. Most of the organizations do not have a training policy. The State could make it necessary to implement such policies, perhaps on reciprocal terms and with awareness campaigns for employee training
3. Creation of National care protocols issued by the National Health Monitoring Agency in cooperation with national care providers and institutions of care expertise. The protocols shall be different for each care group based on their specific needs (e.g., people with disabilities, elderly population, children etc). This way, a common national care culture will be created, and professionals will be legally accountable if they do not follow them

COMMISSIONING & INSPECTORATE/SECTOR BODIES

1. Implementation of evaluations at regular intervals (3 months, 6 months, annual) are suggested in order the unmet/ uncovered training needs to be located.
2. Cooperation among different experts of the Entity is proposed. Promoting policies aiming at employee self-request of further training in cases that a training would help to increase their professional performance.

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3. Definition of an internal training regulation and protocol. Interdisciplinary guidance to meet the needs that arise to deal with everyday difficulties.
4. Implementation of awareness and informative campaigns for the common internal training of professionals of the same employer.
5. Cooperation with the State for financial reinforcement or tax regulations of entities that follow training policies. It could also be defined as a legal obligation of the employer that will be supervised and evaluated by an independent vocational training organization. This ensures the quality of the training protocol, the proper assessment of trainees and the identification of their needs to improve their professional performance

SECTOR FRAGMENTATION

From our research, we have found that each entity seems to proceed as stand-alone, with poor / no cooperation with the others in terms of mutual skill-up: this is mainly due to a serious lack of guidance at higher level. Another effect of this issue is a shortfall of credibility in the training, since many employees see annual and refresher training as merely “something they have to do”, not as an opportunity of professional growth. One more finding is that there is not much innovation in training practices, because they basically follow pre-established guidelines at the regional level.

We have also found there is a lack of practical and advanced skills in this sector which, from the managers' point of view, is one of the primary issues faced. Additionally, a lack of cooperation across organisations means valuable skills and insights are not being shared, as organisations work in isolation, and a great opportunity for professional growth is missed.

We recommend the following steps are taken:

GOVERNMENT

1. Government to deliver wider reforms for the social care sector to allow private / public training to be equally effective and push the whole sector to interact and cooperate increasingly

COMMISSIONING & INSPECTORATE/SECTOR BODIES

1. Social care sector bodies and regulators to coordinate with central Government and national governments to create a sector-wide, long-term strategy for workforce development that promotes novel training formats, including intensive practical training / on-the-job training, rather than only standard, repetitive formats

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CARE ORGANISATIONS

1. Care providers to define more customized and appropriate workforce empowerment paths
2. Care providers aim to enhance cross cutting cooperation among similar entities
3. Care providers to support the transfer of competences between more seasoned and newly hired workforce, as part of both individuals' professional growth

TRAINING AND CPD

Our research shows the adult social care sector across Europe is fragmented and access to Continuous Professional Development (CPD) and training is extremely limited or non-existent. There is a national Care Certificate in the UK, however, the quality of training depends on the employer, and the Care Certificate is not externally validated. There is no comparable certification in our three of our partner countries (Poland, Greece, Italy) although some basic training is provided in each country. In Bulgaria quality standards for induction training and subsequent specialism training are currently being finalised under the recent Social Care Act.

Care workers in the UK report retaking the Care Certificate whenever they change employer rather than having opportunities to learn new skills. Our research found care workers could identify over 400 training needs (Pavlidis et al, 2020). Care workers and managers identified a range of barriers to accessing CPD and training, including, lack of suitable, externally validated programmes, lack of staff cover to enable participation in training, cost of training programmes, lack of confidence in developing 'in-house' training and lack of knowledge of possibility of creating bespoke programmes with training providers.

We recommend the following steps are taken:

GOVERNMENT

1. Governments to establish a national training framework for the adult social care sector covering both basic training (legal frameworks, mental capacity, lifting and handling, dignity in care, first aid etc) and more advanced specialist options (stoma, stroke, dementia, frailty, nutrition etc) to enable staff to develop a broad range of skills, as is being currently developed in Bulgaria.
2. Governments require care providing organisations to provide regular CPD (at least annually) in line with national training framework, possibly as a condition of organisation registration as a care provider
3. Governments establish a training-based national registration system for care workers (as in Northern Ireland)
4. Governments ensure there is a care quality inspectorate with responsibility for monitoring CPD and training of care workers alongside quality of care provided

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COMMISSIONING & INSPECTORATE/SECTOR BODIES

1. Care commissioners to aim for sufficient care funding to include a clearly identified (ring-fenced) training element, with protected time and sufficient cover costs to facilitate this
2. Inspections of care organisations by regulatory body include reporting on CPD and training opportunities
3. To support employers in developing 'in-house' validated training programmes, working with local education providers
4. To support and facilitate sharing resources across organisations, and the sharing of training opportunities

CARE ORGANISATIONS

1. Care Organisations to develop CPD and training needs analysis using partnership approaches with employees

INNOVATION

Innovation, as an element of the practice of the adult social care sector is necessary and expected by managers, employees, and patients. Our studies show a large variation in innovation amongst the project partner countries. These differences are largely due to the level of technological development in each country and its GDP.

A fragmented social care sector is creating some opportunities (space) for innovation, with individuals and organisations leading on novel approaches, but these are not always shared sector wide. More opportunities are ascribed to the non-public sectors: social and private, although the public sector more often assumes the role of an initiator in creating favourable conditions for innovative solutions (through legal regulations, networks etc).

We recommend the following steps are taken:

GOVERNMENT

1. Government bodies initiate information and lobbying activities on the part of national bodies cooperating with the EU. These activities should be aimed at highlighting relatively smaller possibilities of implementing innovative solutions in countries with low GDP. This will enable equal opportunities to obtain funding from EU projects
2. Government initiates **the** creation of a platform on the Ministry's website regarding proposals for innovative care services dedicated to the elderly and people with disabilities - currently these activities are only implemented at the level of selected provinces. It is recommended to create a so-called bank of ideas, the best of which, evaluated the highest by experts, would have a chance to be funded by the state and to obtain assistance in applying for European funds

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3. Government establish financial incentives (e.g. tax reduction/exemptions, subsidies) to motivate the opening of quality private care facilities for the elderly. This will allow additional care places to be created for the steadily growing number of senior citizens

COMMISSIONING & INSPECTORATE/SECTOR BODIES

1. Commissioning bodies establish cooperation at local level with foreign counterparts of adult social care sector actors. The opportunity to visit more modern and innovative facilities will allow the exchange of knowledge and experience and become an inspiration to find and implement innovative solutions. This recommendation is particularly important for countries with low GDP
2. Initiate cooperation with universities in order to benefit from their social, creative, and technological capacity, and provide placement opportunities for students across the sector
3. Using crowdsourcing concepts to solve problems of local adult social care organisations and to initiate innovative solutions

WORKFORCE

Across the EU and UK, the majority of Adult Care organisations are governed/inspected by organisations run by local authorities and health trusts. In Bulgarian care organisations the development plans and CPD of personnel is enshrined, unlike in the rest of our project partner nations. However, in all cases it is reduced to the “essentials”, and the most common training provided is the initial “on the job” training, which is supposedly compulsory, and sometimes unnecessary if a caregiver has taken this training at a previous organisation.

The frequency of training which relates to new or updated administrative regulations differs from country to country, but is more often than not provided. Unfortunately though, training which relates to the development of specialist professional skills and knowledge, those related to wellbeing of the staff, and “soft skills” training are the one which are the most rarely imbedded in the organisations’ agenda. Our research showed that care managers are keen to provide opportunities that encourage and develop specialism and increase soft skills, as a means to give value to the standing of the individual care giver, enhance staff well being, and raise the perceived value of the profession as a whole.

We recommend the following steps are taken:

GOVERNMENT

1. Incentives for promoting/ supporting social care centers though tax benefits for providing services for elderly people or other disadvantaged groups

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COMMISSIONING & INSPECTORATE/SECTOR BODIES

1. Development of a set of national educational standards for the professions in the social and healthcare sector. Currently there are only few professions listed which do not cover the variety of the different roles people involved in the sector perform
2. The creation of a centralised online platform with recognised training providers, and ratings with feedback from clients; and the possibility to support social care providers in establishing training centers as part of their own organisations
3. Establish a platform with suitable, interactive, high quality online training materials on different topics, specialisms and soft skills

CARE ORGANISATIONS

1. Invest in multidisciplinary teams which are encouraged and supported to access regular trainings on specific topics and specialisms
2. Give opportunities for career development, making use of horizontal development (through shadowing, or moving to new roles at the same level) where vertical progression is not available.

CONCLUSION

Our research shows there are many opportunities for development of effective work-based learning. However, the fragmented nature of the adult social care sector in all participating countries means there is a need for policy change to enable more effective training and development for care workers. Managers need support to develop and deliver work-based learning, and funding and training opportunities of their own. Innovation could make a significant difference to adult social care, and we have identified many good examples of innovation. However, these are rarely shared and this means organisations do not adopt innovative practices developed elsewhere. There is significant scope for innovation within the sector but again, the fragmented nature of adult social care means there is a need for policy-level changes in order to create a climate for innovation.

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