

Higher education learning and development in care homes

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Abstract

This article presents a project exploring higher education learning and development in the Shropshire care home sector. The overall research question was: 'What are the challenges, barriers, opportunities and successes both internally and externally which influence learning and development in Shropshire nursing and residential homes?'

Key words

■ Higher education ■ Nursing and residential care homes

Learning and development should be an integral element of anyone's working life. Healthcare assistants (HCAs) and assistant practitioners (APs) are no exception to this rule, including those working within the care home sector.

Method

The project used semi-structured telephone interviews with training providers, key local authority staff, care home managers, care home staff and family carers. The following questions were explored:

- What learning and development is currently available, and is there anything more staff want, for example, what courses are available, what courses have staff accessed, what courses would they like to access and would study skills courses help?
- What difference has learning and development made to the service, and what could make a difference in the future?
- What is the impact of learning and development on career pathways?
- What is the potential for improved work-based, employer-led, learning, into and through higher education, for example, foundation degrees, e-learning, action learning and multi-professional learning, within Shropshire nursing and residential care homes?
- How can employer engagement in learning and development be promoted?
- How can this sector start to understand and realize the findings of Leitch's review of the UK's long-term skills needs (Leitch, 2006)?

All relevant data protection was in place and ethical approvals were given through the university before the beginning of data collection.

Analysis

Interviews were carried out with care home employers and staff, training providers, staff from the local authorities and family carers. Data from the interviews were thematically analysed in order to identify common areas and contradictions. A 10% sample of interviews was analysed independently by a second researcher to establish inter-rater reliability.

Results

The thematic analysis of the interview data resulted in seven main themes, each of which also had a number of sub-themes.

This summary focuses on two themes: barriers to learning, and development and solutions.

Barriers to learning and development

Participants discussed a number of barriers to learning and development:

- Funding
- Staffing constraints
- Work-life balance
- Any lack of career progression
- Study skills
- IT issues
- Lack of staff and management engagement
- Lack of course flexibility
- Lack of marketing (which had the largest number of sub-themes).

Funding

Many participants discussed difficulties around funding courses, other than statutory and mandatory courses. Although funding has been accessed for National Vocational Qualification (NVQ) level 2, there is a cost associated with staff undertaking other accredited courses. It appears there is an expectation that the cost would be met by the employer rather than the employee, although this was not always possible. This seems to be less likely at higher levels, for example, at NVQ level 4 and during foundation degrees.

Staffing constraints

During discussions there was a general acknowledgment that it could be particularly difficult to release staff for learning and development, both in terms of the numbers involved and the unpredictable nature of staff's job roles. A family carer picked up on issues that might arise when staff were not on duty as usual in terms of upsetting service users' routines. One representative from a local authority said:

'It's very difficult for care homes to release staff when they run on very, very restricted numbers and you actually have got to have bodies on the floor.'

Work-life balance

Difficulties around juggling their work-life balance and the extra strain doing a course may bring were highlighted:

'Sometimes it's a barrier if individuals have got responsibilities, children or aging parents or something like that. They might not be able to do the course in time.'

Lack of career progression

A clear progression route for staff and also a lack of opportunities to progress up the career ladder were identified as issues.

Study skills and IT issues

Participants noted that some staff may not have the required study skills to do further learning and development and also that not all staff are IT literate and have access to the necessary IT.

Lack of engagement

Those taking part explored the difficulties involved in engaging staff and managers into learning and development, which could be for a number of reasons, including problems with managers not allowing staff to 'own' their learning and development, the staff's perceived low status of themselves and some staff's resistance to change.

Lack of course flexibility

There was some discussion about a lack of flexibility in the way some courses were designed and delivered and how learners were recruited into them. For example one manager talked about changes in the recruitment guidelines for NVQ level 3, which meant that some of her staff who may previously been able to access and benefit from this course may no longer be able to do so.

Lack of marketing

A lack of marketing from training providers was cited, for example, reaching hard to reach homes and making sure the right courses are available.

Solutions

A variety of solutions to the barriers to learning and development that participants had encountered were brought up, including engaging managers and staff, linking learning and development to inspections and local authorities, providing opportunities to brush up study skills, provide flexible learning opportunities, provide progression routes and evaluating courses as well as following up learning. One training provider said:

'It's got to be done in a flexible way because of all their other commitments. There might be family commitments too.'

Engage managers and staff

Participants talked about engaging managers and staff in a variety of ways, which generally centred on providing better information, advice and guidance, such as positive case studies, relevant support, mentoring, demonstrating to staff the value of learning and development in terms of their practice and career.

Link learning and development to inspections and local authorities

Care Quality Commission (CQC) inspections were seen as a driver for learning and development, and their inclusion was viewed by participants as potentially increasing accountability.

Provide opportunities to brush up skills

Participants shared their ideas on the possibility of helping staff with their study and IT skills, as well as the provision of computer equipment.

Provide flexible learning opportunities

A number of participants discussed the importance of finding solution to barriers to learning and development, for example, local learning, blended learning, e-learning, meeting the needs of learners who have specific requirements and having a pick-and-mix style of learning opportunities, with bite-sized bits of learning. One participant commented:

'Local learning maybe? If you release somebody from the workplace to do an hour's learning and they've got to actually spend two hours travelling, that inhibits learning.'

Provide progression routes

It is clear that learning needs to have clear progression routes, with one participant suggesting that a route map through education is needed.

Evaluate courses and follow-up learning

Participants suggested that one way of dealing with barriers to learning and development would be to evaluate courses and follow up the learning that has been achieved.

Discussion

This project sought to answer a number of research questions. First it investigated what learning and development is currently available, and if there is anything missing in existing offers. The results suggest that while there is a lot of opportunity regarding statutory and mandatory training, there is less in place for those who want to progress beyond this level. Participants were keen for new types of learning and development to be delivered, for example, around new ways of working, abuse, person-centred care and planning as well as new legislation. The results did not clearly suggest at which level this should be provided. This is likely to be dictated by job role, national occupational standards and the content of the courses.

The study also investigated what difference learning and development has made to the service, and what could make a difference in the future. Despite the traditional difficulties of measuring whether learning and development has an impact on the service provided, participants were able to provide many examples of where it had made a difference and identified gaps in education. There were also examples of where training had had a positive impact on staff career pathways, and some suggestions about how this could be improved, for example, by improved progression routes through learning and development.

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It is clear that there is potential for more employer engagement in learning and development, which could potentially improve work-based employer-led learning into and through higher education and, if relevant, realize Leitch's recommendations.

There is a variety of work that could be done to improve learning and development in the sector. The research highlighted there were some gaps in clinical, study and IT skills. It is important that existing gaps in skills are understood, and appropriate courses are planned, delivered and evaluated, in particular in light of their impact on care. Furthermore, it is essential that these courses are offered to all staff, as appropriate, at a suitable academic level and, where necessary, refresher courses are available.

It is apparent that there should be involvement of various bodies in promoting the value and benefits of learning and development, and policy makers, nationally and locally, should facilitate the process. Furthermore, short-, medium- and long-term goals need to be agreed between key stakeholders.

It is clear that staff were able to access relevant statutory and mandatory training, which could enhance their

practice and careers. However, there was less commitment to training beyond that needed by the CQC, and this became more marked with higher levels of learning and development, for example, foundation and honours degrees. There should be adequate opportunities to develop both bespoke and higher education.

There are gaps in information, advice and guidance at many levels, including lack of information on funding, courses available and career progression. Information, advice and guidance (IAG) needs to be provided to remove these barriers to learning and development.

Planning (and delivery) of courses should be interprofessional, although specialist knowledge and skills are essential. Training should be developed in conjunction with employers, the Sector Skills Council (SSC) and the CQC. Courses should also be designed to have a natural progression route between further and higher education.

The learning and development of staff should be targeted appropriately, widely available, accessible and flexible to the needs of each service. It should be available in a number of formats including e-learning where relevant. It should also be culturally sensitive and should include induction. Teaching should include both theoretical and practical examples and should prepare learners for further independent learning. Where necessary courses needed to be offered to staff on a regular basis to ensure their practice remains up to date, and refresher courses should be available if appropriate.

Courses need to be evaluated and learners followed up to establish if courses can, and have, particularly impacted on practice, career development and therefore quality of care.

Future research

More research is needed around links between learning and development, quality of care and staff morale. Further qualitative research is needed to examine the issues in more depth, and quantitative research to provide generalizable findings. Researchers need to make sure they carry out robust research, and that they provide enough information for readers to be able to rely on the conclusions drawn. Accredited and higher education courses should be developed where necessary, and thoroughly evaluated. Future work should investigate the possibility that learning and development in study skills may engage learners in more initiatives. Further research should involve users and carers, both as researchers and as participants.

Lifelong Learning Network (LLN)

The LLN has already begun to target these issues, for example, it is supporting development of a dementia qualification at Wolverhampton University. The module is for senior staff in social care organizations and aims to improve the quality of life for service users with dementia by training staff. This course is being developed as a 20-credit, level 4 module, and the first learners are likely to start in January 2010. It is also supporting the development of some continuing professional development for allied health practitioners around enhancing their skills to manage acute illness.

Key Points

- This research project explored higher education learning and development in the care home sector in one county of the UK.
- A variety of methods were used including a systematic literature review and interviews. This summary is focused on the interviews.
- Themes that were explored included barriers to learning and development and solutions to those barriers.
- As a result of this research, the Lifelong Learning Network (LLN) with its partners are exploring a number of opportunities, for example, a project provide information, advice and guidance to residential and nursing care home staff and managers across the region.

Additionally the LLN has developed and accredited a 15-credit, level-4 module called Study Skills for Higher Education in collaboration with colleges and universities across the region. This module is specifically aimed at learners who are undertaking or have completed their NVQ level 3 which aims to equip them with the confidence and study skills they need to progress onto

higher education courses.

There are a number of ways the LLN could help alleviate the barriers to learning and development, many of which have engagement with learning and development at their core, mainly around improved information, advice and guidance. For example, information about funding available, progression routes, flexible learning opportunities, study and IT skills and case studies. These methods may help demonstrate to staff and management the value of learning and development in terms of improved service, improved business and improved career progression.

Conclusion

As a result of this research, the LLN and its partners are exploring a number of opportunities, for example, a bid for funding to provide information, advice and guidance to residential and nursing care home staff and managers across the region, aiming to increase their knowledge of learning and development opportunities available to them. This will include a route map of progression through education and case studies to illustrate the impact of learning and development. The LLN is also working with local universities, Skills for Care and social care employers to develop a foundation degree on long-term conditions for social care employees.

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