

Developing the 'wider children's workforce'

Supporting staff working directly with families in non-professionally accredited roles

Context: What was the issue you wanted to address with this activity?

We wanted to develop a hybrid model, where learning as part of an accredited QCF qualification (e.g. Level 3 Diploma for Children's Workforce) could happen within a group setting (e.g. workshops for the mandatory and most of the optional units of the Diploma) as well as 1-1 (the remaining optional units), and which could offer APEL strategies and recognise prior learning (e.g. for people attending standalone workshops and doing the written tasks linked to each workshop). We also wanted the model to map the Level 3 requirements against the CYP Induction standards and national minimum standards for Children's Homes staff.

This was a workforce development initiative, but equally a method of developing an accredited skills and competencies framework. The worksheets linked to each workshop could have a wider use (e.g. improved supervision practice, peer support and reflective practice facilitated in the workplace/teams by people who have completed the qualification, or attended the workshops).

Approach

Consultations and conversations with managers before and after the marketing of the learning programme, and during and following the selection process; feedback from managers suggests that staff are positive and enthusiastic about this learning opportunity and understand its intended outcomes and potential impact on practice, as well as the potential for career development.

- screening the applicants, correctly evaluating the managers' level of support (e.g. study time) and the level of support tutors and assessors can offer to learners who struggle keeping the pace with the written assignments. The level of support which is missing is more around literacy and language skills, which suggests that we need to be more rigorous in selecting and screening the candidates. Equally, Colleges need to use a more creative assessment methodology (e.g. 1-1 discussions, written tasks, group discussions).
- The Level 3 Diploma for CYP Workforce will change from 1st September 2014, which will require us to review the model.

Who were the key players?

Workforce Development Managers, Advisers and Consultants, College tutors/assessors, Children's Home managers.

The Children's Home managers were key in raising concerns about the 1-1 level 3 Diploma delivery, which didn't offer good enough opportunities to test how learning is being applied to practice. The national minimum standards and Ofsted requirements for Children's Home staff makes it mandatory for all staff (whether permanent or relief workers) to work towards a level 3 Diploma and complete it within the first 18 month of employment, as well as to evidence the national minimum standards within their first 6 months. The lack of consistency across Children's Homes in relation to how the standards were evidenced in writing (e.g. workbooks or portfolio of evidence), together with the variable quality of the learning experience left members of staff unable to consolidate their learning, or see its relevance to practice.

The qualification, delivered in this way, became more attractive also to Children's Centre staff, especially to Support and Information Officers, who historically had less CPD opportunities and career pathways than family support practitioners working in Children's Centres. Children centres are embracing more holistic approaches to practice and staff development, capitalizing on staff with more transferable, integrated skills. In addition, community parent volunteers have become an asset and an extensively used resource, with Children's Centres wanting to retain their best volunteers. Offering high quality CPD is one way of retaining them for a longer period of time. Learning and development in general has increased its currency in the current economical/social and organisational climate, with staff wanting to invest more time and effort in developing skills and competencies formally recognised and accredited by awarding bodies.

Outcomes/results and impact

How has this initiative made a difference?

- What were the intended outcomes?
 - Support the workforce's access to employment and their CPD opportunities;
 - Provide the knowledge base for Children's Home staff to evidence the national minimum standards;
 - Support Children's Home staff in getting the written evidence for their minimum national standards;
 - Provide the foundation base for practitioners and selected volunteers to achieve a common core of skills, values and knowledge, and embed reflection into practice.

- What happens differently for service users as a result of this work?

- What happens differently for the staff as a result of this work?
 - We are still part way through the process so it is too early to assess the impact of this initiative on service users.

Learning points for others

- The group teaching element made the qualification more appealing to staff and community parent volunteers;
- The demand for this qualification has increased and the marketing was more successful, partly because of the combined learning approaches (workshops, group discussions, 1-1 learning and observation of practice).
- Mapping the qualification against the CYP induction standards (e.g. national minimum standards for Children's Home staff) and offering APEL routes for people only doing the workshops and the written pieces of work, have made the qualification even more attractive and rewarding.
- People were interested in doing the full qualification and not in the APEL route.

What could you have done differently?

Be informed by the evaluation of teaching, learning and impact on practice.

Next steps

Evaluating the teaching methodology, the learning and impact on practice and comparing it to the 1-1 delivery of the same Diploma; If successful, we will apply the model to the Level 3 Diploma in Health and Social Care, and from March next year to the Care Certificate which will replace the Common Induction Standards for Health and Social care. We also want to invest in developing a learning ethos with a solid APEL strategy that recognizes prior learning, so that people should not repeat learning.

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