THE SKILL EXPERIENCE

/08

A Report on the Participation of
DFI Member Organisations
in the Skill Project

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SKILL

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DISABILITY FEDERATION OF IRELAND

Contents

Introduction

chapter 1

DFI has for many years highlighted the need for voluntary disability organisations to be integrated into existing capacity building measures on offer to State agencies. When in mid 2006 DFI was offered the opportunity to be involved in the SKILL Project Training Programme and avail of the training placements for our member organisations we did not hesitate in taking it up. Staff of voluntary disability organisations offer vital support services to service users and clients throughout Ireland. Their dedication has provided the foundations upon which organisations continue to develop and increase their standards in service provision to people with disabilities. Recognition of and adequate upskilling and training support to staff has always been a priority for organisations. 'Towards 2016' has given

a national commitment to this programme, to enhance the role of support staff and meet "the needs and aspirations of Porters, Catering Assistants, Home Helps, Family Support Workers, Laboratory Aides and other similar grades".[1] Through SKILL DFI Member organisations are supported for the first time to participate on a national accredited training programme for support staff in the Irish health sector.

When DFI initially became involved in SKILL our time frame was extremely tight. It was only through close working relationships between ourselves, our member organisations, SKILL and SKILLVEC that we managed to successfully recruit participants onto the initial year of SKILL Project Training. SKILL provides an opportunity for

organisations to address critical training needs within a context where funding of services is increasingly contingent on proof that staff are fully equipped and trained at addressing clients needs in a increasingly professional manner.

Through SKILL Project the key role of support staff in providing such a professional service to clients / consumers is being acknowledged in a tangible and resourced way. Accredited training is provided free to participants, and funding is delivered to organisations to meet the backfill costs incurred by the release of staff for training. Staff have the unique opportunity to participate on training with colleagues from other service providers and the HSE. The training and experience received will be brought back to organisations to both

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[1] 30.5 Implementation of Improved Skill Mix: 115

challenge and strengthen the day to day service provision of voluntary disability organisations.

In 2007, as staff of member organisations participating on SKILL entered into their second year of training it was timely to carry out our Listening Exercise to document our experience to date and plan for how we could strengthen our commitment and participation in Skill in the future. DFI welcomes this opportunity for our members and will continue to support their participation on SKILL.

I would like to take this opportunity to thank Winifred Jeffers, the Independent Consultant Researcher on this report for her extremely professional and flexible approach to working with us. Thanks to all those who participated in questionnaires, focus groups and or interviewees during the making of this report. The consistent excellent support of the National SKILL Project Steering Committee and the SKILL Project Team is something DFI is extremely grateful for. Their support to DFI has, in conjunction with SKILLVEC and OTC been integral to the success of participants from our sector.

I would like to thank all DFI member organisations and staff participating on the exciting SKILL Project Training Programme. I hope SKILL brings for both learners and organisations an increased awareness and understanding of how our training can better serve whom we are dedicated to serve namely people with disabilities.

Finally, we should be in no doubt that the service achieved to date in the name of DFI has been hugely built on the capacity, commitment and skill of the two key staff involved namely Cathy Mc Grath and Martin Naughton. I wish to thank them both. My thanks also to those who responded to the challenge particularly the participants who undertook the training and the line management staff in the organisations who supported them. At the centre of this was the DFI SKILL Project Steering Group which has consistently provided critical guidance and direction to the work of DFI on SKILL.

The SKILL Project Steering Group

John Dolan
Chief Executive
Disability Federation of Ireland

Disability Federation of Ireland

Disability Federation of Ireland (DFI) is the national support organisation for voluntary organisations dealing with disabilities in Ireland. Its work encompasses all areas of disability and disabling conditions (hidden, intellectual, mental health, physical, sensory and emotional disability). DFI aims to ensure that Irish society is fully inclusive of people with disabilities and disabling conditions so that they can exercise fully their civil, social and human rights. In pursuit of this vision, DFI acts as an advocate for the voluntary disability sector, and supports organisations to further enable people with disabilities. The role of DFI is to provide a range of supports to voluntary organisations that will enable them to deliver the best possible range of services to people with disabilities.

DFI represents and supports over 150 voluntary disability organisations and groups. 71 of these constitute its National Council with a further 42 as Associate Members. Allied to this, it works with and supports more than 200 other organisations and groups around the country that have a significant and growing interest in disability. These latter work in both the statutory and voluntary sectors.

DFI provides:

- Information
- Training and Support
- Organisation and Management Development
- Research and Policy Development
- Advocacy and Representation
- Networking

DFI also supports the broader voluntary and disability sector through its representation of the disability strand with the Community and Voluntary pillar of the Social Partnership process, as a social partner at the National Economic and Social Forum, HSE Coordinating Committees and other fora at regional, national and European level.

Training

For many years voluntary service providers, in particular organisations in the physical and sensory disability field, operated against a background of inadequate training funds. Some organisations had sought and received Government grants for training. However, there was no guarantee of continuation of funding.

Early in 2006, DFI personnel became aware of SKILL Project, a training initiative for support staff throughout the Health Services. DFI sought access for staff from DFI member organisations and received

an allocation of 450 places for 2007 / 2008. In order to facilitate participation, DFI allocated the services of two staff members to develop and administer the SKILL Project for its members.

DFI member organisations describe the SKILL Project as providing an opportunity to "raise the level of practice and reflection", and meet the training needs of staff members. For some, a critical factor in deciding to participate was the certification accompanying the Programme. One organisation had a very good experience with the SKILLnet Training Programme for managers and eagerly welcomed the SKILL Programme as providing a great opportunity for the organisation and its staff.

Other organisations came on board as a result of DFI promotion of the Programme and encouragement to participate,

"we were approached by DFI who made the point about the value and robustness of the Programme. So, through our participation in DFI we wanted to look more into it, it's a partnership driven decision".

While some organisations opted for the maximum number of places available, others involved only a few staff members. This allowed them to make the decision to get involved quickly and avoid subsequent replacing and rostering consequences.

Listening Exercise

In order to discover how the participants and their parent organisations were experiencing SKILL Project, DFI decided to engage an independent facilitator to engage in a 'Listening Exercise'. The purpose of the exercise was to discover the challenges posed to organisations and participants by their

participation in the SKILL Project Programme.

Purpose

DFI wished to hear the views of the participant organisations in order to:

- gauge the appropriateness of the Programme for the particular needs of the physical, sensory and social disability sectors
- hear the experiences of Programme participants
- learn about the effects of the training on the participants and their parent organisations
- consider the value of training provided by external organisations
- reflect on the implications for in-house training.

Methodology

The listening exercise commenced in September 2007. The exercise had three phases: 'Discovery'; 'Conversations'; Data Compilation.

The purpose of the 'Discovery' phase was to gather information concerning

- level and continuity of participation in SKILL Training
- perceived strengths / shortcomings / challenges of Programme
- willingness to continue engagement in Programme.

A short questionnaire was sent to the HR departments of all DFI member organisations participating in the SKILL Programme. The survey was administered by means of an on-line survey tool, Survey Monkey. This meant that respondents were able to access a web site and quickly complete the questionnaire on-line.

During the second, 'Conversations', stage it was hoped to:

- facilitate learners and their organisations to reflect on the personal and organisational value of participation in SKILL Training
- explore the views of training providers
- gather the observations of key DFI personnel

For this phase a DFI staff member organised participant focus groups in Carlow, Roscommon and Dublin. The facilitator, along with the DFI staff member, led the groups through guided conversations to elicit their views.

Participants prepared for the focus groups by talking to colleagues and gathering their views to bring with them. Some arrived with typed pages from those who wished to contribute to the process.

Following the focus groups the researcher conducted interviews with staff members from six DFI member organisations. Four of the interviewees work in the Human Resources or training departments of their organisations. The other two work for small organisations that do not have discrete HR or training functions. Three of the interviews were conducted by phone, the others were face-to-face. In all cases, the researcher sent a conversation guide to the interviewees via email in advance of the conversation. The focus groups and interviews took place during November and early December 2007.

The final phase of the exercise was Data Compilation. This report is the result of this final phase. The purpose of the Data Compilation was to:

- identify themes
- name strengths, constraints and challenges of the Programme for learners and their organisations
- discover (where possible) critical considerations for the future involvement of DFI in the Programme

A draft report was delivered to DFI for consideration in December 2007.

Structure of Report

The next chapter of the report details the development of the SKILL Project. Chapter three shows the results of the on-line survey. Chapter four examines the data to emerge from the focus groups and the individual interviews. Chapter five contains conclusions and identifies key emerging points. Conversations with SKILL and SKILLVEC representatives inform the entire report but most especially Chapter two.

SKILL
chapter 2

SKILL Project
History

The Report of The Commission on Nursing: A Blueprint for the Future, (1998) recommended the effective utilisation of the professional skills of nurses and midwives. The Department of Health and Children subsequently established a working group to set standards for the training of Health Care Assistants (HCAs). The Working Group made recommendations related to the education and training of HCAs.

The Department convened a further Review Group,

"to examine and recommend on standard criteria for the entry requirements, educational qualifications and training for Care Attendants, Ward Attendants and other relevant non-nursing personnel across the health service".

This Group comprised of employer and union representatives reported in December 2001. The Review Group agreed that a National Council for Vocational Awards (NCVA)[2] Level 2 qualification should be the preparation required for employment as a HCA. It agreed that a national Programme of training for HCAs should be introduced on a pilot basis in Autumn 2001. It also proposed that the development of the role of the Health Care Assistant would be addressed as a consequence of the agreement under parallel benchmarking.

FETAC[3] in conjunction with key stakeholders developed a pilot Level 2 Training Programme, specifically for HCAs. This Programme was evaluated by a team from the University of Ulster and reported in November 2003.[4]

At the INO Conference in May 2003, Minister Micheál Martin said,

"It is anticipated that the recommendations derived from the evaluation will influence the extension of the Programme on a national basis. The evaluation will be completed within a matter of weeks, and I intend rolling out the training Programme in September."

In 2003, the Report "Recognising and Respecting the Role" documented a development

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[2] The functions of the National Council for Vocational Awards were incorporated by FETAC on its formation in 2001.

[3] FETAC is the national awarding body for further education and training in Ireland, the Further Education and Training Awards Council (FETAC) gives people the opportunity to gain recognition for learning in education or training centres, in the work place and in the community. The Minister for Education and Science established FETAC as a statutory body in 2001 under the Qualifications (Education & Training) Act, 1999.

[4] Evaluation of the Irish Pilot Programme for the Education of Health Care Assistants, McKenna, H., Keeney, S., Hasson, F.; November 2003 Department of Health and Children

and re-structuring agreement between employers and unions regarding support staff in the Health Services. The Report identified gaps in the provision of education, training and development opportunities for support staff working in the Irish health and personal social services.

Regarding staff training and development the agreement stated,

"… it is proposed to establish a central training fund which will be accountable for the development, implementation, delivery and evaluation of a comprehensive training initiative spanning the support service staff. The fund will ensure, through a partnership approach with individual health sector employers, the provision of a standardised approach to and of training requirements encompassing best practice suitable for the future success of the health Sector."[5]

Following this Report the Health Service Executive established a Steering Group and appointed a Project Team. The Project Team manages the project and is accountable to and governed by the Steering Group under the chairmanship of William Attley and the HSE governance arrangements agreed for the project. The project title is SKILL, an acronym for **Securing Knowledge Intra Lifelong Learning.**

SKILL in Action

The SKILL Project Team is responsible for the overarching strategic planning, monitoring, financial control, evaluation, marketing and communication strategy for the SKILL Project.

The Project mission is to educate, develop and train support staff in the health services to the optimum of their abilities in order to enhance their role in the provision of quality services to patients and clients.

The purpose of the Project is to address the identified gaps by providing education, training and development initiatives to around 32,000 support staff and support service managers throughout the statutory and voluntary health services including healthcare assistants, porters, catering assistants, household staff, home supports workers, community carers, family support workers, general assistants, therapy assistants, speech and language assistants, laboratory aides and laundry staff.

The aims of the Project are to:

- Provide an opportunity to return to learning
- Update and extend knowledge, skills and to improve job efficiency and effectiveness, and consequently improve services to patients / clients
- Enhance satisfaction and motivation in order to contribute more fully to the attainment of the organisational mission
- Develop areas of expertise to progress the "skill mix" requirements of the health services having regard to workforce and succession planning issues
- Assist in reaching full potential
- Guide personal development and career planning

Following their successful participation it is hoped that learners will have:

- Greater clarity regarding their roles and functions
- Enhanced their career opportunities
- Been up-skilled to fulfill higher level duties where appropriate
- Increased their morale, mobility and flexibility
- Acquired educational accreditation for their achievements

During the start-up phase, the SKILL Project Team distributed a training and learning needs questionnaire to support staff. Focus Groups were formed to research and identify the knowledge, skills, attributes and motivation required of support staff and their supervisors to carry out their roles and duties. This research enabled the Team to develop competency frameworks to inform the content of the Programmes. SKILL then invited education providers to submit tenders to deliver the Programme.

University College Dublin, the Open Training College and a consortium of the Vocational Education Committees (VEC) led by City of Dublin VEC, submitted successful tenders. The bulk of the training was awarded to the VECs who then established **SKILLVEC** to devise and deliver two, sector-specific, FETAC-certified courses / awards to health service support staff nationally. A Level 5 award **Health Service Skills** is aimed at support staff and the Level 6 award **Advanced Certificate in Supervisory Management Skills** caters for supervisors. As some participants returning to learning after a long absence may need extra support in the area of Literacy, Language and IT, they will be referred for that support at level 3 or 4. When ready, they will begin the FETAC Level 5 or 6 Programme.

The Open Training College (OTC) delivers two specialist modules on 'Intellectual Disability Studies' and 'Person Centred Focus to Disability'. U.C.D. delivers two radiography modules, 'Introduction to Imaging' and 'Introduction to the Imaging Department'. The Centres of Nursing and Midwifery Education also deliver the FETAC Level 5 Training Programme to 1,000 Health Care Assistants per annum.

Following a public tendering process the National Steering Group appointed independent business psychology consultancy, Pearn Kandola to conduct an ongoing evaluation of the Project. Initially, the consultants appraised the learning modules to ensure they met the competencies identified in the framework and carried out a health system wide strategic level evaluation. The objective is to look at the readiness of the 'Health Family' to allow transfer of learning back into the workplace. The on-going evaluation aims to establish if there is a return on investment in terms of improved services to patients / clients.

Funding

The Department of Finance directly funds the SKILL Project. The Report Recognising and Respecting the Role states:

"a discrete training fund will be established. This fund will be a set amount (not indexed linked) and will cover the years 2004 – 2008. Thereafter a fund of €12m (indexed linked) will be provided on an annual basis."[6]

The Department of Finance made €60million available for education, training and development interventions to 2008. An additional funding of €12 million p.a. (index linked) will be available from 2009 onwards, subject to the return on investment findings of the independent evaluators.

The training is provided free of charge to participants and their organisations. The SKILL initiative provides employers with a designated sum of money towards the associated costs of replacing staff participating in the Programme. The current grant (December 2007) per participant is €3,500.

SKILL maintains an up-to-date interactive website containing information for providers, participants (learners) and their employers as well as other interested parties.

SKILLVEC

SKILLVEC is the organisation established by the VECs to develop and deliver the Training Programme throughout the country. SKILLVEC also functions as a support to the VEC colleges and course tutors in the delivery of the Programme. For administration purposes, SKILLVEC divides the country into five regions, each with a Regional Coordinator. There is a SKILLVEC coordinator in each participant college. The Regional Coordinator compiles information concerning the participants gathered at the Pre-Learning Advice session (PLA) and proceeds to schedule classes to suit participants' needs. The College coordinators liaise with the tutors and participants at local level and with the Regional Coordinator as necessary.

Starting Out

Initially SKILLVEC brought together a group of subject matter experts, people who had previous experience in writing health modules and experts in writing FETAC modules as well as people from the VECs who are experienced in the area of adults returning to learning. This group considered the competency frameworks developed by SKILL and the existing FETAC healthcare modules. The group matched the existing modules against the competencies. This enabled them to identify the areas not covered by existing modules. They then started to write new modules to fill the gaps identified.

The Level 5 award **Health Service Skills** consists of eight modules in total. Five modules are core and must be completed by all learners.

They are:

- Communications
- Care Support
- Infection Prevention and Control
- Legislative Procedures and Quality
- Work Experience

In addition, each learner is required to complete three further modules. Learners may choose from forty elective modules. Learners are encouraged to sign up for modules which are role specific such as Care Skills, Occupational First Aid or Person Centred Focus to Disability.

The Level 6 award **Advanced Certificate in Supervisory Management Skills** consists of nine modules in total. Eight are core and must be completed by all learners. They are:

- Planning for Personal Development
- Conflict Management

- Supervisory Management Skills
- Managing People
- Communications
- Health and Safety at Work
- Computer Applications
- Information Technology Skills

In addition Learners must complete one role specific elective module, to be chosen from the range of modules within the **Health Service Skills Award**.

Course Delivery

There are sixty-four VEC colleges delivering SKILL Programme modules. Generally, learners participate in the Programme for one year. The year is divided into two semesters. Four modules are completed in the first semester and four in the second. Twenty hours delivery time is allocated to each module.

SKILLVEC, informed by the principles of adult education, offers five hours of tutor-learner class contact, and an additional two hours for student supports. Within the two 'extra' hours, CPR training is delivered as part of the requirements for the Care Support module, tutorials and extra tuition is provided if needed. Individuals or groups may use this time to work on assignment preparation.

Survey Report
chapter 3

Introduction

A survey of the thirteen participating Member Organisations participating in the SKILL Training Programme within the first year of training was the first stage of this 'Listening Exercise'. The survey consisted of a short questionnaire.

Purpose

The questionnaire was designed to invite all the DFI member organisations to take part in the SKILL Project Listening Exercise. It was also intended that the results would highlight areas that could be explored further in the planned focus groups and one-to-one interviews.

Questionnaire

The questionnaire was developed using the 'Survey Monkey' internet tool. Participating Member Organisations were alerted to the questionnaire by

email on 21st September 2007 and requested to respond by 8th October. The person with responsibility for the Human Resources function in each organisation was asked to complete the questionnaire. Due to the low number of responses it was decided to repeat the request. On 15th October member organisations were given a revised end date of 22nd October for completion of questionnaires. By this date, all organisations responded.

The questions were designed to elicit mainly qualitative data concerning the participation of staff in SKILL Training. Respondents were invited to add comments following each question, if they so wished. For five of the seven questions, respondents added comments. Many of these comments assisted the facilitator to develop discussion topics and

guides for the focus groups and one-to-one conversations.

Data Analysis

1 Organisational Training Needs

Does SKILL Project Training as currently provided appear to meet the training needs of your organisation?

Yes	12/13
No	0/13
Unanswered	1/13

It is the view of all the respondents who answered this question that the SKILL Project is meeting the training needs of the care staff in their organisations. This 100% positive response can be read as a resounding vote of confidence in the training initiative. It may also reflect a perceived need for a generic training Programme provided by an outside agency.

Comments

Respondents made the following additional comments:

It meets some of the training needs.

Yes and NO - some staff commented that modules were irrelevant to their job or they had already covered same in staff induction - Health and Safety.

Yes, majority of modules covered are role specific and will prove to be of benefit to the participant and the organisation.

Very apt, increases knowledge, introduces new methods of supervision.

It is a great opportunity for Staff to upskill to a set standard. It will raise the standard of care provided in our service.

It meets many of the basic requirements for Care / Support Staff.

These comments, while mainly positive, suggest that in order to meet the specific organisational staff training needs, some adjustments or additions to the Programme may be necessary or it may mean that participants were inadequately prepared for SKILL. It is critical that participants choose the relevant modules in consultation with their managers in advance of the Pre-Learning Advice session.

2 Challenges

What challenges are specifically faced by you in supporting participating staff on SKILL Project Training?

	Transport to training	Financial implication	Organising relief	Supporting staff learning	Monitoring attendance
Most significant	2	3	10	2	1
Fairly significant	2	5	3	2	0
Somewhat significant	3	2	1	5	5
Not very significant	1	0	0	4	3
Least significant	4	2	0	0	3

Ten respondents indicate that organising relief staff to facilitate participation in training poses significant difficulties for their organisation. It would be an unfortunate, unintended side-effect of the project if an organisation was forced to reduce services.

It is critical that each organisation at least maintains its current level of service while involved in the SKILL Project. Organising relief cover in order to 'free' staff to attend class has, therefore, to be an organisational priority. It may be necessary to employ extra staff.

Comments

Respondents made the following additional comments:

As we have not asked our line managers about monitoring attendance I am unsure of the correct answer here.

Finance causes us some worry as we will not know whether we will receive monetary aid until four modules are successfully completed by the participants as we are now paying the individuals full pay for training from our own service budget.

These are our own issues, we need to work on awareness and create greater clarity around participants supports. Communication internally is being reviewed at present.

The promised local delivery of modules is not as "local" as we expected. OTC modules are single location which is a problem for us as a national agency.

One staff member due to start the SKILL Project training this October cancelled due to the travel required to the training centres. One member has stopped attending the training and I was not aware until I looked on the SKILL Project webpage. Neither the college nor the staff member informed me that he decided not to complete the training.

The respondents elaborated on the challenges facing both the organisations and the Training Programme participants in these comments. From an organisational point of view, finance is a concern. The role of the employer in supporting staff during training may not have previously been an organisational issue. The necessary level of involvement for line managers or supervisors in the Training Programme may require further exploration. Questions such as the extent to which a participating organisation or DFI may influence the Training Programme and the appropriate level and form of support for participating staff from their employing organisation may need consideration by participating organisations. It is interesting to note that whileorganisations highlighted 'organising relief' as the greatest challenge, it was issues of support for participants and funding that were raised in the subsequent comments.

3 Non-Completion

How many did not complete the training Programme?

One	Two	Three	Four	Five	Six	Nine	Twenty
1	2	2	1	1	1	1	1

Ten of the respondents indicated that some of their staff had discontinued their involvement in the Training Programme. It is not clear from the data if an organisation's staff members attended at the same location or not. The numbers leaving are particularly worrying for two **organisations**, one that indicated that nine staff members had ceased participation and the other that responded that twenty staff members discontinued training. It is important to identify whose role it is to monitor staff attendance and performance.

4 Reasons for Non-Completion

Can you identify the reasons for non-completion?

	Lack of time	Lack of subsistence costs	Negative impact on client	Distance to travel to training	Unsuitability of training	Personal Reasons
Most significant	4	1	0	2	1	7
Fairly significant	0	1	0	3	0	1
Somewhat significant	2	5	1	3	2	2
Not very significant	1	0	1	1	2	2
Least significant	1	0	4	0	3	0

Ten respondents indicated that personal reasons caused or contributed to some of their staff members withdrawing from the Training Programme. The distance to the training location impacted adversely on the staff of eight of the participating organisations. Lack of time contributed to staff from six member organisations ceasing their participation.

Comments

Respondents made the following additional comments:

One Staff member had a family bereavement, which led to major time and availability restrictions for them. The second Staff member elected to go abroad with their Client for over three months, which meant they could not complete the course.

I am delighted to say that all individuals that didn't start the Programme had valid personal reasons for doing so and have frozen their details with the VEC until next year when they then can fully commit to the Programme.

Lack of one to one support.

Our organisation is starting the Training this year for the first time.

Lack of clear complaints procedure within local VEC issues handled unsatisfactorily.

Fallout is very low. General commitment and enthusiasm for the Programme is high.

In addition to monitoring attendance and performance, it may be important to design and implement feedback mechanisms to assist communications between participants, trainers, training providers and participating organisations. It is reassuring that 'negative impact on client' did not contribute to drop-out from the Programme. This data does highlight the personal commitment required in undertaking the Programme. This issue could be addressed in pre-commencement preparation between line managers and potential participants.

5 Deciding to Continue?

In deciding to continue your organisation's participation in the SKILL Project Training which of the following is the most significant factor for you?

	Value to client	Value to organisation	Value to participating staff	Quality of training	Availability of relief	Availability of funding
Most significant	9	7	6	6	8	8
Fairly significant	1	2	3	3	2	2
Somewhat significant	0	2	1	0	1	1
Not very significant	0	0	0	1	0	0
Least significant	2	1	1	2	0	0

Seven respondents considered all the factors as significant or fairly significant in continuing their involvement with SKILL Training. For one organisation, availability of relief and funding are the most significant factors. Another respondent considered funding the most significant while also considering the value to staff and the organisation as important. The availability of relief and funding were significant for all but one of the respondents. One respondent did not answer this question.

Comments

Respondents made the following additional comments:

Value to client- all training has to be of value to clients but large numbers of our staff work in day care centres with a number of clients.

The availability of this type of certified training is a tremendous benefit to all stakeholders involved; the major negative implication has been the delay in being reimbursed for financial outlay, e.g. paying for relief cover.

Very important to me that staff morale and job satisfaction is boosted which in turn will have a positive affect on the service user.

Covering of absences within 24 / 7 services is a major challenge to us.

Two of the comments emphasise the on-going challenges facing participatingorganisations, namely, funding and providing relief cover. The other comments focus on the value of the training to both client and staff member. It would be interesting to discover whether the size and resources of organisations that focus on the long-term value of the training differ from those that highlight the shorter-term challenges.

6 Impact of Training

In your opinion has the training affected your participants' work performance in any of the following ways either positively or negatively?

	General Professionalism	Time Management	Knowledge of disability	Knowledge of dealing with clients positively	Admin.
Negative	0	1	0	0	0
Somewhat negative	0	0	0	0	0
No significant change	2	6	3	2	7
Reasonably positive	4	3	6	5	4
Positive	7	3	4	6	2

Regarding the training aspect of this question it is particularly interesting to note that ten respondents observe that the knowledge of disability among their staff has improved and eleven respondents consider that the knowledge of dealing positively with clients has increased since commencing training. Eleven respondents consider that the general professionalism has improved following their staff's participation in SKILL Training. This is interesting when viewed with the fact that six respondents note that there has been no significant change in time management. However six respondents also observe some degree of positive change in staff's time management skills. One respondent noted a negative impact on staff time management practices.

Comments

Respondents made the following additional comments:

Our staff mentioned greater awareness of their role and greater awareness of being part of wider health care team.

As I have outlined above, it is clear, and welcome that such a course exists, and it is also acknowledged that this course is of great benefit to all the stakeholders involved, however there is a 'medicalised' slant to the modules available on the course, which should be addressed in future emulations of it.

Feedback (albeit anecdotal) on performance improvement is good so far.

Our care staff work directly in the homes of members.

These comments raise interesting issues including the role of the care worker as a member of a large team and the model of care informing the development of the training curriculum. Theories of curriculum development suggest that the psychology of learning and the philosophy of the organisation inform learning Programmes. (Tyler, R.W., (1949) Basic Principles of Curriculum and Instruction Chicago: University of Chicago Press) This implies that the contribution of the participating DFI organisations to curriculum and Programme development is essential in order to achieve real and lasting benefits for client, care worker and organisation. Of particular concern is the favouring of a medical model for training purposes. The majority of organisations in the disability sector operate in social and community settings. The culture, values and ethos vary considerably from the medical model, this needs to be reflected in the curriculum.

7 Respondents Concerns

The final question invited respondents to make additional comments. The following comments were received:

1 Many staff mentioned that lack of computer skills prior to commencement of course caused them difficulties in completing assignments.

2 Time constraints and funding are the main worries of our organisation but we remain very positive for our staff and the positive impact that the training will hopefully have on the organisation as a whole.

3 I believe there is a need for more one to one support for participants in a familiar setting, possibly the appointment of a specific one to one tutor.

4 The organisational support and input from SKILLVEC could be improved and consistency of administration across the country addressed. Location of module delivery is critical - local delivery should mean as reasonably local as possible to where staff are located.

5 Our participating care staff have reported that they did not receive any feedback from the courses directly themselves.

These comments highlight the support needs of participants on the SKILL Training project. In order to optimise benefits from the Training Programme it is important to cater for staff support needs. Training providers may have difficulty accessing resources for support provision. Research on adult education and second chance learners emphasises the importance of adequate support in achieving successful outcomes from participation in education and Training Programmes. Organisations may need to consider what supports can be provided within the working environment.

Conversations

chapter 4

Cultural Change

The SKILL Programme represents a step towards a cultural change within the health sector that recognises the concept of lifelong learning and the normality of continuing personal and professional development for all staff. Prior to the SKILL Programme the learning needs of care and support staff in the sector were not catered for in a coherent manner. When the SKILL Programme was initiated, the disability sector, through its representative organisation DFI, embraced the opportunities the Programme proffered.

Programme participants who attended the focus groups highlighted key Programme strengths. It is significant that participants considered their personal and professional development opportunities as well as addressing the importance of their increased knowledge

and skills for the client groups of their sponsor organisations.

Course Participants

In each focus group learners spoke of their excitement at doing the course. They identified a greater understanding of their roles and jobs as of particular importance. Many spoke of connecting the classroom learning with workplace practice,

"When you are doing assignments you realise what you can improve in your work, it's like writing a story and seeing what you could have done differently"

The Programme supports the development of best practice and provides participants with a theoretical foundation for their work. This facilitates interested participants to assess their own practice as well as the policies and procedures of their organisation.

"We have a lot of structures established in our work place, for example health and safety, communication policies and procedures. A lot of other people in the class don't, so you appreciate what you have in your own job"

One participant spoke of changing her practice as a result of training and finding it difficult to reconcile the traditional methods still used by her untrained colleagues. Others spoke of challenging colleagues' practice,

"Recently, at a staff meeting she challenged the manager and quoted law. She had learned that at the course. It's what it's all about, empowering people".

Support

The participants acknowledge that they find the Programme challenging. To participate successfully they require consistent support from a

variety of sources including their family, supervisors, fellow learners, tutors and work colleagues. At work and at home participants welcome and appreciate recognition and affirmation of the effort and commitment demanded by the course. Support and encouragement are particularly critical at the start of the Programme when a new learner can feel overwhelmed by the extent of his / her undertaking: travel, classroom situations, coursework assignments etc. A long period of absence from the formal classroom situation may cause a participant to doubt their ability to learn and undertake coursework to the required standard. Some participants may require additional learning supports. The participants in one focus group remarked that they would appreciate access to support between classroom sessions perhaps through a telephone help-line. The participants spoke

of the importance of preparation for the course. In order to reap maximum benefit from the Programme, participants suggest that following the briefing session they, with their supervisors, allocate sufficient time to clarify the participant's job title and to identify the most appropriate module choices. The participant and SKILLVEC personnel can then focus on appropriate scheduling and identifying necessary learning supports at the Pre-Learning Advice session.

While participants agree that the training Programme is an important opportunity, they point out that there are some difficulties and disincentives also. In particular, they report that the amount of coursework and the time frame for completion can be difficult to manage while fulfilling work and home responsibilities. The financial cost of participation is a worrying

burden for some. Some participants incur considerable travel and child-care costs. This is particularly irritating for participants from the disability sector because their HSE sponsored training colleagues receive travel and subsistence allowances.

A number of participants indicated they did not want to participate in formal training but their line managers insisted they enrol in the SKILL Programme. Their participation has suffered as a result, due to feelings of resentment and duress. Some participants who already have third level qualifications in Social Care and allied disciplines were obliged to enrol in SKILL training.

As participants become familiar with the course, they become aware of and comment on both its virtues and its inadequacies.

The participants express concern about the Programme's lack of attention to the context of disability. In particular they consider modules on independent living and dementia care and support as essential for care and support workers in the disability sector. As the physical and sensory disability sectors were not involved in the development of the competency framework, current participants observe that they would appreciate the opportunity to contribute to the on-going development of the SKILL Programme.

Focus group participants spoke of their new found confidence in their competencies. They suggest that their sponsoring organisations offer their newly trained staff opportunities to share their learning with their work colleagues. They acknowledge sensitivities regarding relations with supervisors and line-

managers but urge their organisations to gain maximum benefit from the Programme by utilising their trained staff to the full.

Employers

Management representatives identified several additional strengths of the SKILL Programme. Firstly, they view it as a means to recognise and value the role of care and support workers in the disability sector. The fact that the organisations facilitate their employees to attend the training during paid working time underlines their commitment to their workers while also demonstrating a dedication to constantly improving service to their clients. They regard the Programme as well structured and meeting the learning needs of their employees. They point out that the Programme is strengthened by its link to certification and

through being informed by principles of adult learning. Successful completion of the Programme facilitates interested participants to explore progression options. In addition, they accept that the Programme identifies and sets a standard for care practice. Especially important, according to one interviewee is that the Programme helps identify the centrality of the role of the care worker within a multi-disciplinary team. The Programme assists the care worker develop the teamwork skills necessary to fulfil this role.

The countrywide availability of the Programme is very important for organisations in this sector, many of which have services dispersed over wide areas. The availability of funding permits organisations to release staff for training. The interviewees emphasise that their organisations' chief concern is the provision of a quality

service to their clients. Up to now, many of the smaller organisations have not been able to afford a budget for training. Those that do allocate funds for training, focus on the particular needs of their client group. The advent of the SKILL Programme means that participant organisations can direct their training budgets to the philosophy and ethos of their own organisations as well as to meeting the unique needs of their client group. Managers in less well-resourced organisations can concentrate on service provision confident that their staff training needs are catered for through SKILL.

The majority of participants are following the Level 5 Programme, however, the interviewees point out that the Level 6 'Advanced Certificate in Supervisory Management skills' is critically important, as the cost of training supervisors is extremely expensive.

Benefits

The interviewees notice the advantages accruing from their staff members meeting and learning with staff from other voluntary and statutory organisations. They report that staff members discover the wider context of their jobs, they learn from their colleagues. In particular, the mingling appears to generate creativity.

"Our staff members now talk of their job in a wider context. The inter-organisational experience is very useful. The wider experience facilitates new ideas."

Participants return to their workplaces with new ideas. In addition, the organisations are coming together in a new way and realising that they can learn from each other.

Many SKILL participants have long experience as care and support

workers; the Programme endorses their abilities and challenges them to develop their knowledge and skills further. The Programme also assists participants develop new knowledge and understanding that is of strategic importance to their sponsoring organisations. Several interviewees stressed the importance of certain modules, such as Infection Prevention and Control, to developing the quality of their service provision.

"Infection Prevention and Control has pushed forward an agenda our organisation had anyway. We are now actively engaged in developing infection policies and procedures. We were already working on it but now the frontline staff members are pushing the agenda also."

Interviewees are aware of the challenges of meeting and staying ahead of the imminent HIQA standards.

"We have been looking at the HIQA draft standards for eldercare in residential settings. Standard 26 recommends FETAC Level 5 as desirable for at least a percentage of the care workers employed."

Challenges

Interviewees advise that some staff members find the Programme very challenging. They have found that if the organisation can support and encourage participating staff during the first couple of months, there is a much greater chance of successful completion. They advise that a minority of participants may need on-going support. The interviewees notice that lack of computer skills, literacy difficulties, lack of confidence, poor time management and personal

organisation skills are the chief hurdles faced by their staff members who participate in the SKILL Programme.

From the organisations' point of view, funding remains problematic. The cost of sending staff members to SKILL is considerable. As well as funding replacement staff, participants may require funding for resources or to cover the cost of extended travel.

"Financially, doling out paper and other miscellaneous study requirements for example, relevant information from the internet is costly. There have been questions as to why the photocopying has increased so much".

Releasing, replacing and rostering appear to present the greatest challenges to organisations. Replacing personal assistants and home care staff is especially difficult. Some

organisations have used volunteer assistance to facilitate participation in SKILL.

"Getting relief staff is not easy. We need good, qualified staff for shift work. Relief staff usually do not know the clients and they may not be well trained. That is a big difficulty for us".

Respondents express hope that as the number of trained staff increases, there will be a larger pool of staff available and replacement will become less problematic. Some interviewees observe that their participation in SKILL has highlighted infrastructure weaknesses within organisations such as insufficient or inadequate policies and procedures.

As with the participants, the issue of greatest concern to the management representatives relates to the neglect of disability

issues within the SKILL Programme. It is of vital importance to the work of disability organisations and their client groups that care and support staff have the knowledge, skills and competencies to deliver a quality service.In general, disability organisations deliver services in social rather than hospital settings. As presently delivered, SKILL Programme emphasises the hospital or medical model to the detriment of the social model. In addition, modules relating to certain essential subject areas do not exist. These include: a rights approach to disability; abuse awareness; administration of medication in social care settings; dementia awareness and care and physical disability. One of the interviewees points out that with the increase in the incidence of dementia, all care and support personnel in the health services would benefit from training in caring for people with dementia.

"In home care and in general, the care worker may be the only professional with an understanding of dementia and its associated behaviours dealing with older people. For example, the carer knows the importance of focused communication, such as using pictures, with people who are losing language skills. Without this understanding the person with dementia is further disadvantaged".

The respondents point out that it is imperative that tutors are aware of the values, culture ethos and needs of the disability sector.

Confronting the Challenges

All the interviewees emphasise the benefit of SKILL to the disability sector as well as to the participants. They look forward to their continued participation in

the Programme. Some suggest that it would be useful for organisations to come together to discuss and exchange views regarding the challenges posed by the SKILL Programme. Topics for such a forum could include the issues of releasing, replacing and rostering staff; supporting participating staff; supporting line managers; preparation staff to participate in SKILL etc. They stress the importance of line managers and staff members working together in advance of the PLA to identify the most appropriate module choice.

The participant organisations would welcome the opportunity to collaborate with SKILL to develop further modules essential for the disability sector. They suggest that the specialist training staff from the disability organisations could be involved in both module development and Programme delivery.

The respondents forecast that their newly trained staff members will be to the fore in advocating for their clients and urging the development and updating of the organisations' policies and procedures. They suggest that DFI increases its attention to organisational development and building capacity within the organisations.

Finally, the respondents express hope that their partnership with the HSE will continue to develop and deliver training within the disability care sector and that many more DFI member organisations will avail of the training opportunities presented by the SKILL Programme.

DFI SKILL Project Steering Group[7]

On the first DFI SKILL Project Information Session held on Wednesday 13th September 2006, DFI Member Organisations proposed the development of an internal DFI SKILL Project Steering Group to work together with DFI with the following focus:

1. To be a voice within DFI for the SKILL Project training as well as other training interests;
2. To lead in the development and the growing of the project over the 3 years;
3. To have active involvement in the evaluation of the SKILL Project, as set out by the HSE SKILL Project Management team as well as an internal evaluation to measure the benefits to the DFI Membership.

At the time this Group consisted of five DFI members, three coming from the larger organisations and two coming from smaller organisations. At this meeting Cheshire Ireland, Irish Wheelchair Association and The Alzheimer Society of Ireland agreed to participate in the Group. In follow up to this meeting the Centre for Independent Living also joined.

This Group has been integral to the ongoing direction and activity of DFI in regard to SKILL Project. The work of the Group has largely been defined around the two key areas[8]:

1. DFI SKILL Project Development
2. Human Resource Development

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[7] Membership of this group consists of Chair - Niall Byrne- Cheshire Ireland, Anne Mescal- Alzheimer Society of Ireland, Gerry Phelan- Irish Wheelchair Association, Sarah Dixon – Centre for Independent Living, Martin Naughton and Cathy McGrath - Disability Federation of Ireland.

[8] See Terms of Reference for further detail.

The Group meets on a regular basis and provides significant input around the following SKILL Project activities:

– Ongoing representation of the DFI Membership in relation to SKILL Project
– Development of SKILL Project Terms of Reference & Workplan
– Development of Submission on SKILL Project Training
– Development of Health Care Assistant definition for the purpose of SKILL Project Training
– Guidelines to Line Management
– Critical Reader to modules being delivered by the Open Training College – namely the Person Centred focus to Disability and Intellectual Disability Module.
– Ongoing SKILL Project Evaluation and Monitoring

Interviewees agree that the Steering Group is useful in a number of ways; it has the potential to influence future developments of the Programme, it facilitates networking with other SKILL participants such as the National Federation of Voluntary Bodies and it provides an internal forum for DFI members. Some of the issues discussed include the controversial topics of study leave and travel allowances,

"it gave us an opportunity to discuss the right thing to do".

The topics of staff release and replacement as well as progressing the development of new modules, were also aired at Steering Group meetings. Others indicate that they find the space for listening very valuable,

"the experience has helped generate issues and we are gaining an awareness and appreciation of working cooperatively."

They regard it as a forum for testing the commitment to training. In another respect, the information shared could be valuable as feedback to SKILL and to SKILLVEC, the Steering Group could relate the learners' experiences from the organisations' viewpoints.

As a possibility for the future, they propose that the Steering Group undertakes some outreach work with hitherto uninvolved DFI member organisations to encourage their participation in the SKILL Programme.

Conclusions and Key Emerging Points

chapter 5

1. The evidence suggests that the SKILL Programme is
    of real benefit to the participants and their sponsoring
    organisations. The majority of participants welcome
    the challenges and recognise the opportunities of
    the Programme. In addition to the primary goals of
    upSKILLing and certification, the participants are
    benefiting from sharing their learning experience
    with colleagues from other organisations.The DFI
    sponsoring organisations also benefit from their joint
    participation in the Programme. They are working
    together to maximise the opportunities presented
    by the SKILL Project, in doing so they are able to
    interrogate practice and procedures leading to the
    identification of other needs and new goals.

2. The SKILL Project required the cooperation of major
    organisations from two different sectors, Health and
    Education. Such initiatives necessitate both traditions
    demonstrating understanding and a willingness to
    compromise in order to achieve the stated goal. One
    compromise in particular, affects SKILL participants
    and impacts negatively on their participation in
    the Programme. Module delivery time is limited to
    twenty hours. This means there is 160 hours class
    contact time for the entire Programme. In addition,
    participants are required to complete a substantial
    amount of course work while continuing to meet the
    demands of their working and personal lives. This can
    lead to highly pressurised conditions for participants.

3. The SKILL Project was already underway when
    DFI negotiated the participation of its member
    organisations.Therefore, staff members in voluntary
    organisations catering for people with physical,
    sensory and social disabilities had no input into the

development of the competency frameworks which informed the development of the two awards.

4. Participants report that while they are gaining in knowledge, much of the course delivery reflects a medical model and overlooks the social and community models.

5. Some participants state that certain critical aspects of their roles are not catered for within the suite of modules available to them. This deficit is of great concern to management representatives also. In particular, the absence of modules dealing with dementia care and support, physical disability and the philosophy of person centred care are serious omissions for participants and DFI member organisations.

6. Information and communication technology (ICT) Skills were not identified as relevant skills during the development of the competency frameworks. Participants cited their lack of computer skills as a significant disadvantage in their efforts to achieve maximum benefit from the Programme.

7. SKILL Project is catering for large numbers of learners from many different organisations throughout the country. SKILLVEC is due congratulations for the smooth organisation of the course delivery. To cater for such numbers, VEC colleges deliver modules that, in general, come within their traditional capacity and facilities. This means that participants have to travel between colleges in order to complete the Programme. One advantage is that they meet a wider group of colleagues than if they attended one college only. However, it does mean increased travel time, extra expense and additional

stress. From the point of view of Programme delivery, it means that tutors deliver the modules as discrete entities rather than in an integrated manner. It also means that it may not be possible to integrate assignments. This means that participants may have to complete more course work than if they attended a single college.

8. Participants who work in DFI member organisations are at a disadvantage compared to their SKILL counterparts employed in HSE organisations. The HSE employees have more extensive supports than those working in the voluntary sector. HSE staff get travel and subsistence allowances and study leave. The voluntary organisations cannot afford to fund these costs. This causes frustration, friction and tension between the employees from voluntary organisations and their managers. In some instances it impacts negatively on the learning experience.

9. The need for more information was a striking feature of the Focus Group participants. The hunger for information and reassurance reveals the anxieties and fears that adults returning to learning often display. Sometimes the information sought is very basic, "Who / What is FETAC", "Who knows about our marks", "Who is SKILL / SKILLVEC", "What happens if we fail", "Why do we have to do this". It is likely that these questions were answered on various occasions, but not in a way that allayed the participants' concerns. Participants' concerns may be dispelled by clarity, consistency and confidence on the part of the information giver. Participants expect their supervisors, managers and tutors to be in a position to answer accurately all questions relating to the SKILL Programme.

10. Some participants report that curriculum content and guidelines for completing assignments may differ substantially from tutor to tutor. This causes serious concern for learners, especially those who may have completed their formal education early.

11. In order to support their participating staff members, line managers need to be fully briefed about the requirements and demands of the Programme. Specifically, they need to be able to assist their staff members choose modules designed for the particular role.

12. It is essential that potential participants and their line managers or supervisors work collaboratively and consistently following the briefing session and in advance of the PLA in order to identify accurately the staff member's correct job title and then to discuss the relative merits of different modules in order to secure the most appropriate module choice for each participant.

13. It is not clear if all the sponsoring organisations offered their staff members the choice of participating in the SKILL Programme. Some employees indicate that they were told that if they did not participate in the Programme they would not get pay increases due under benchmarking agreements. Reluctant learners do not learn as well as motivated learners.

14. The majority of participants are motivated and excited about their learning. They talk about the SKILL Programme as an incentive for their personal and professional development now and in the future.

Acronyms

Abbreviations used in this report

CPR	Cardiopulmonary Resuscitation
DFI	Disability Federation Ireland
FETAC	Further Education and Training Awards Council
HCA	Health Care Assistant
HR	Human Resources
HSE	Health Services Executive
INO	Irish Nurses Organisation
NCVA	National Council for Vocational Awards
NQAI	National Qualifications Authority of Ireland
OTC	Open Training College
PLA	Pre-Learning Advice
SKILL	Securing Knowledge Intra Lifelong Learning
UCD	University College, Dublin
VEC	Vocational Education Committee

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