

IT Skills Pathway Social Care Pilot Interim Report 2015

Spring 2015

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1 Executive Summary

From June 2014 until March 2015, the IT Skills Pathway (ITSP) team at HSCIC undertook a pilot project with a small number of Social Care organisations. The purpose of the pilot project was:-

- To measure the level of demand that exists for a generic, end-user IT Skills training programme amongst Social Care staff and their partners
- To assess how having better generic IT skills can increase the productivity and efficiency of Social Care staff
- To assess whether the current IT Skills Pathway learning would need to be adapted for a Social Care audience
- To gain a better understanding of Social Care - its remit, ways of working and interfaces
- To be able to present the findings of the pilot to the Management Board of the HSCIC to inform and shape future plans for Social Care provision

Having undertaken the pilot, the ITSP team have identified that there is a **clear need** for a generic IT Skills training programme within Social Care and that the current ITSP products are (with some adaptations and new developments) suitable for the intended audience.

The recommendations based on the pilot outcomes are:-

- That the next stage in this process should be to allow current Social Care pilot sites to continue providing the ITSP to their staff
- That we also allow new sites to have access (subject to these new sites demonstrating that they can robustly meet technical expectations and offer suitable support to learners)
- A new learning/hosting solution (already in development for healthcare) should be tested in Social Care settings with a view to rolling out further from 2016/17.

2 Introduction

The purpose of this report is to provide an update on the progress made to date with the IT Skills Pathway (ITSP) Social Care pilot project, highlighting the successes and lessons learned to date.

3 Objectives

The Objectives of the pilot were:-

- To measure the level of demand that exists for a generic, end-user IT Skills training programme amongst Social Care staff and their partners
- To assess how having better generic IT skills can increase the productivity and efficiency of Social Care staff
- To assess whether the current IT Skills Pathway learning would need to be adapted for a Social Care audience
- To gain a better understanding of Social Care - its remit, ways of working and interfaces
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4 Pilot Sites

4.1 Criteria

Pilot sites were chosen based on the following criteria:-

- Ability to provide local support to their learners
- Willingness to assist with the production of case studies
- Ability to attend training in how to administer the online learning
- Ability to market the initiative within their organisation and partners
- Ability to provide updates on progress and issues to the IT Skills Pathway team

4.2 Identifying and Selecting Potential Sites

Potential pilot sites were identified with a great deal of assistance from Skills for Care who, through their regional network leads, generated significant interest from a number of sites across the country. Each potential site was contacted and details of the pilot scheme was explained in more detail. A table of all potential sites and the outcome of each is provided below.

4.3 Pilot Site Details

Site Name	Progressed with Pilot?	Reason for not progressing (if appropriate)	Other Comments
Future Directions (Oldham)	Yes		
Staffordshire County Council Care Match	Yes		
Shropshire Partners In Care	Yes		
Thurrock Council (Essex)	Yes		
Vibrance (Ilford, Essex)	Yes		
St Giles Hospice (Lichfield)	No	Training for centre never undertaken	Eligible to access the Pathway as a Hospice without the need to access via Social Care pilot. Set up as centre.
Choices Housing (Newcastle under Lyme)	No	Poor response from organisation's staff - decided not to progress	
DiPSU (Mansfield)	No	No follow up from centre after initial phone call	
Sandwell College (West Midlands)	No	Issued over who would be accessing the materials - unable to progress	
Trafford Council (Manchester)	No	Already has a provider of IT Skills for their internal staff - would be duplication	
The Grace-Eyre Foundation (East Sussex)	No	No follow up from centre after initial phone call	
My Life Social Enterprise	No	Required funding for learning administrator - unable to proceed	

Site Name	Progressed with Pilot?	Reason for not progressing (if appropriate)	Other Comments
Person Shaped Support (Liverpool with other sites across UK)	No	No follow up from centre after initial phone calls	Significant initial interest from Christine Barker (Director of Services)
St Anne's Community Services (Leeds)	No	No follow up from centre after initial phone call	
Stoke City Council	No	No follow up from centre after initial phone call	

4.4 Induction, Training and Support

Following the initial conversation with each potential site, a more detailed conversation (with a full explanation of what was required) was undertaken with each site that wished to progress with the pilot. Full training in the IT Skills Pathway Tracking System was undertaken and ongoing personal telephone support was provided to each site. Any issues were raised direct with the IT Skills Pathway team (as opposed to the normal procedure where sites raise service tickets direct with the supplier).

Competing demands on the time available to the local teams implementing the solution (with the coinciding implementation of the Care Act) have significantly affected the original timescales predicted for sites to get learners up and running.

5 Monitoring Progress

The table below shows the progress made by each pilot site as of 17 March 2015.

Centre	No. of Delegates	Course Registrations	Course Completions	Assessment Attempts	Assessments Passed	Learning Time (hours)
Future Directions	20	15	0	13	10	8
Staffordshire CC Care Match	22	19	2	29	9	7
Shropshire Partners In Care	47	60	16	285	215	63
Thurrock Council	11	13	1	13	10	1
Vibrance	37	46	18	185	124	11

Shropshire Partners in Care stand out as the centre with the highest figures. Their case study at Appendix 1 highlights some of the reasons why this is.

6 Evaluation

Evaluation of the pilot is judged against the first four original objectives set out in [Section 3](#):

6.1 Is there a demand for IT Skills training?

The need for an IT skills training solution across Social Care is hugely evident from the conversations that have taken place with Social Care providers as part of this exercise. Even where sites did not pursue the pilot they clearly identified a need for IT skills training within their organisations.

With the confirmed pilot sites, this is evidenced by the outcomes of the case studies produced. The case studies also demonstrate that it is still very much “early days” in terms of implementation - with many of the sites restricting access to just small portion of their overall user base.

6.2 Can productivity and efficiency be increased via the IT Skills Pathway?

The case studies produced provide evidence that (as is the case within healthcare) using the products from IT Skills Pathway leads to increased productivity and efficiency. Specific examples are highlighted within the case studies.

6.3 Does the IT Skills Pathway learning require adaptation for Social Care?

The case studies provided at Appendix 1 are typical of the comments received from learners taking part in the pilot - the confidence gained for inexperienced users of IT being a particularly key point.

Prior to the launch of the pilot there had been concern that the materials may have been too specifically health focussed. In an attempt to mitigate this, a speedy revision was made to the Entry Level materials. This revision had the desired effect with no negative feedback received on health specific content.

There is however some work to do in terms of the administration side of the system. Additional suitable job roles need to be added for delegate registration and also amendments made to the questions posed on the completion survey.

Whilst not one of the original objectives, the problems encountered with Adobe Shockwave in Social Care settings have confirmed the need to change the development of

future (and some of the current) learning materials to a new system utilising HTML 5. This is covered in more detail in [Section 8](#).

6.4 Do we now have a better understanding of Social Care?

It is acknowledged that, prior to the launch of the pilot, the IT Skills Pathway team had very little experience of working with Social Care partners. As is outlined elsewhere in this document, the organisational structures, infrastructure and technical capabilities are many and varied. The pilot has greatly increased the team's understanding of these areas and has also helped to shape the options and recommendations for the future.

7 Issues

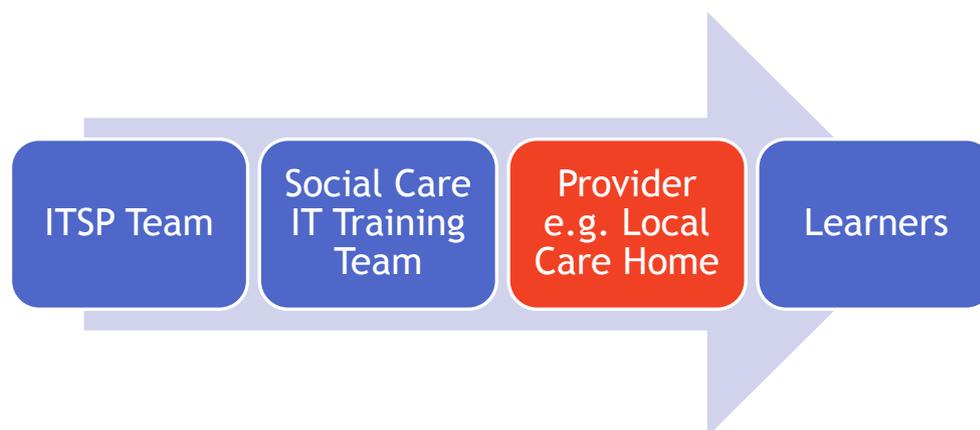
7.1 Organisational Structure

Whilst it was apparent that there would be different models of working within Social Care, the way in which training is administered and supported adds an additional layer between the ITSP team and the learner (compared to the current method of delivery being implemented across the NHS). The administrators of the learning also often have no direct influence on the learners. The diagrams below demonstrate the additional layer that typically exists.

TYPICAL NHS DELIVERY MODEL



SOCIAL CARE DELIVERY MODEL



This extra layer also creates further challenges due to the lack of a consistent model of working within the supported organisations. This is particularly noticeable in terms of technical support detailed further in section 7.2

Typically within the NHS, the IT Training department or function can implement a suitable solution of the ITSP that fits their whole organisation as they have the knowledge of how they operate. Within Social Care and with multiple providers often being separate legal entities, this single solution does not exist.

7.2 Technical

The lack of direct control and extra layer already discussed has led to an increase in technical issues compared to the delivery of the service within the NHS.

Whilst it is true that new NHS centres often lack the experience to adequately support their learners in the early days after implementation, this problem was exacerbated in the Social Care pilot settings.

Despite having a clear set of technical specifications for the learning, this message often did not reach the intended learner. This, coupled with unpredictable levels of IT support from different providers and varying technology configurations (desktop, browsers, Office versions etc.) led to an often frustrating experience for learner and trainer function alike.

It is worth noting that the model adopted by Shropshire Partners in Care (where learners that with no previous IT skills attended a facilitated enrolment session) reduced, but did not eradicate, these problems. It is also important to acknowledge that future sites will often not have the necessary resource to copy this model.

8 Lessons Learned

The table below highlights the main lessons learned from this pilot and how, dependant on the final decision made about the future they would be mitigated in the future.

Lesson	Description	Future Mitigation
Technical problems higher than encountered with NHS deployments	The extra layer in the Social Care delivery model has often meant there has not been enough clarity around what the technical requirements are for learners	<ul style="list-style-type: none"> • Site induction training to be altered to place greater emphasis on technical requirements and the consequences of not ensuring adequate support is available to learners • Additional documentation for learners to explain in simple terms technical requirements • Development of a new learning development and hosting solution utilising HTML 5
IT Skills in Social Care are significantly lower than within the NHS	The demand for our Entry Level learning has been markedly higher than that now accessed with the NHS	<ul style="list-style-type: none"> • Greater emphasis on training in Entry Level products • Removal of technical obstacles to allow learning to easier access on a variety of devices • Encourage new sites to hold induction sessions with learners new to IT (subject to future option chosen)
Local resources to deploy ITSP are scarce	None of the pilot sites had a dedicated IT training function. Most participants were from a Learning and Development background with wider responsibilities	<ul style="list-style-type: none"> • Utilise external resources to provide additional necessary support (subject to future option chosen) • Removal of technical obstacles to allow learning to easier access on a variety of devices
Variety of delivery models across the country	Decisions made locally on provision of Social Care vary greatly from place to place. Charities a Not for profit company and a direct council provision all featured in the pilot project	<ul style="list-style-type: none"> • At initial interest phase, more work to be done by ITSP team to identify “where is the learner?” i.e. develop a workable solution with the prospective centre (subject to future option chosen)
External, private ICT provision seriously delaying deployment of necessary non-standard software (Shockwave)	Thurrock Council have outsourced their ICT support to a private company. Any changes to their standardised desktop involves lengthy and costly change control processes	<ul style="list-style-type: none"> • Removal of technical obstacles to allow learning to easier access on a variety of devices • Development of a new learning development and hosting solution utilising HTML 5 • At initial interest phase, more work to be done by ITSP team to identify how IT support is provided to an organisation and what the process is for adopting additional software/settings if required

9 Options Appraisal, Recommendations and Next Steps

9.1 Options

Option	Advantages	Disadvantages
1. Close down the pilot and stop provision to Social Care	<ul style="list-style-type: none"> • No additional resource required by HSCIC 	<ul style="list-style-type: none"> • No provision of IT skills training to Social Care • Inequality of provision between Health and Social Care Partners • No national standard of IT skills training provision
2. Open to all Social Care and offer fully supported HSCIC solution whereby learners deal direct with HSCIC staff for all queries and learner support	<ul style="list-style-type: none"> • Direct and high quality support to learners (which was required as part of the pilot) • Potential for full provision of IT skills training across Social Care 	<ul style="list-style-type: none"> • Could require significant increase in team resources (this is, however untested as this is not the model we currently use within the NHS)
3. Train Skills for Care, hand over to them to promote and directly support Social Care learners	<ul style="list-style-type: none"> • One point of contact/training/support for HSCIC team to all of Social Care • Potential for full provision of IT skills training across Social Care 	<ul style="list-style-type: none"> • Lack of control over centre recruitment • No resources within Skills for Care to currently support the solution • Skills for Care does not have a training remit
4. Open and promote to all Social Care. Train centres (in exactly the same way as the service is currently offered to the NHS)	<ul style="list-style-type: none"> • Potential for full provision of IT skills training across Social Care 	<ul style="list-style-type: none"> • Potential for HSCIC team to be “swamped” with requests and additional resource may be required

Option	Advantages	Disadvantages
<p>5. Undertake a phased roll-out to include:</p> <ul style="list-style-type: none"> a) Allowing current sites (part of the pilots) to continue b) Recruit new sites that can meet technical expectations and offer suitable support to their learners 	<ul style="list-style-type: none"> • Controlled roll out at a pace that is manageable within the confines of current HSCIC resources 	<ul style="list-style-type: none"> • Limited provision of IT skills training across Social Care • Inequality of provision between Health and Social Care Partners
<p>6. Undertake a phased roll-out to include:</p> <ul style="list-style-type: none"> a) Allowing current sites (part of the pilots) to continue b) Recruit new sites that can meet technical expectations and offer suitable support to their learners c) Test new learning/hosting materials with suitable sites 	<ul style="list-style-type: none"> • Controlled roll out at a pace that is manageable within the confines of current HSCIC resources • Controlled test of new learning materials development and delivery method 	<ul style="list-style-type: none"> • Limited provision of IT skills training across Social Care at first (though this will improve as the new solution is developed/rolled out) • Inequality of provision between Health and Social Care Partners

9.2 Recommendations

The recommended option from this list option 6. The reasons for this are listed below:-

- No additional resources are required to support this option at this time
- This option allows the ITSP team to test the development of new learning/hosting materials in a controlled way
- It allows current sites Social Care sites to continue with their learning programmes which are still gathering significant momentum
- It allows us to offer the ITSP to new Social Care sites (subject to meeting technical and support requirements)

9.3 Next Steps

Based on the assumption that the recommended option is agreed, the following table highlights the actions required with approximate timescales.

Action	Indicative Date
Switch current pilot sites to Business as Usual model (support, communications etc. to mirror that offered to existing sites)	April 2015
Social Care representative to join IT Skills Project Group	April 2015
Communicate outcome of report to Skills for care	April 2015
Undertake promotional activities (in conjunction with Skills for Care) to recruit additional suitable sites	April 2015 - March 2016
Identify suitable Social Care sites to test new learning/hosting solution	May 2015 - October 2015

10 Acknowledgements

The success of this pilot would not have been achieved without the input, enthusiasm and support of the following people and organisations.

- Sue Johnson, Project Manager - Standards, Learning and Qualifications, Skills for Care
- Regional Skills for Care staff
- Claire Smout, Project/Care Liaison Officer, Shropshire Partners in Care
- Catherine Brewster, Learning & Development Manager, Vibrance
- Eileen Pople, Training & Staff Development Office, Thurrock Council
- Julian Cragg, Learning Development Coordinator, Staffordshire County Council

11 Appendix 1 (Case Studies)



David Trousdale -
final.pdf



Debbie Wallace -
final.pdf



SPIC Case Study -
final.pdf



Staffs Care Match
Case Study - final.pdf



Vibrance Case Study
- final.pdf



SPIC Combined Staff
- final.pdf