Inspirative ARTS

# Supporting Homeless People Towards Employment in Social Care: Report from a pilot project funded by Skills for Care

June 2018

Funded by skillsforcare

YMCA

# Table of Contents

## Summary

This report presents findings from a pilot project designed to bring ten people who have experienced homelessness into education, training and employment opportunities in social care. Delivered in partnership by Inspirative Arts, our training arm Inspirative Development, and Derby YMCA, the project aimed to address issues in recruiting, caring for, and retaining social care staff; whilst also meeting the specific needs of homeless participants.

The project comprised three phases: building individual resilience through therapeutic arts based personal development workshops; gaining knowledge and skills through a level 2 BTEC course; and work experience supported by facilitated reflective practice to enhance self-awareness and self-regulation.

Two out of nine participants who commenced completed the whole programme. Despite this high drop-out rate, the programme still appeared to offer value for money, compared to the yearly costs of supporting homeless people.

Findings include exploration of key personal attributes for effective social care staff and correlation with systemic failings in social care. Recommendations include essential components for programmes intended to broaden participation in social care, underpinned by wider recommendations for essential personal development and training for all staff, changing culture to raise standards and improve quality of care.

## Introduction

In July 2017 Skills for care, working with Department of Work and Pensions, Job-Centre Plus and Health Education England funded four pilot projects nationally, aiming to identify good practice in supporting people from marginalised groups into education, training and employment opportunities in social care. This report captures the learning from one of these pilots.

Drawing on established knowledge about the social care workforce, psychological and educational theory, and the needs of homeless people; the objective was to design, deliver and evaluate a phased personal and professional development programme for ten people who have experienced homelessness, bringing participants closer to employment in social care.

The project was delivered by a partnership of three specialist third sector organisations based in the Midlands:

- A work-based learning provider with expertise in supporting 'non-traditional' learners
- A community interest company which delivers therapeutic arts and arts therapies for vulnerable people
- A charity which provides specialist support and accommodation for homeless people

Project specific outcomes, recruitment and diversity targets were agreed with Skills for Care (annex 1).

## Ethical implications

In accordance with the terms of the programme, this project was grounded in existing practice, thus did not constitute original research (Kothari, 2004) or require specific ethical approval (Hutchinson, 2013). However, project planning adhered to good ethical practice, protecting the rights, dignity, safety and privacy of participants (Hutchinson, 2013). In compliance with the Safeguarding Vulnerable Groups Act 2006, and the Protection of Freedoms Act 2012 (CQC, 2017), all staff and participants likely to be in contact with vulnerable people during the project were DBS checked.

This created tensions as many homeless people have a history of offending (Homeless Link, 2014), thus it was unlikely all participants would receive clear reports. Receiving a DBS report detailing past offences can be damaging, as individuals feel unable to move on from past problems; whilst offers of work might be withdrawn (Skills for Care, 2018). Thus, a person-centred risk management approach was developed to overcome potential difficulties (Skills for Care, 2018) (Annex 2).

## Project Aims and Rationale

The project aimed to address identified issues in recruiting and caring for social care staff, and the specific needs of homeless participants.

### Meeting Workforce Needs

With an increasing number of older people in the locality, stakeholders anticipate significant challenges for Adult Social Care (ASC) services. Data indicates the number of people aged 85 and above will rise by 40% by 2020 (Centre for Local Economic Strategies, 2014). Thus, the social care workforce must grow to meet demand (Economics of Social and Health Care Research Unit, 2011).

The shared ambition of leading stakeholders is to develop social care practitioners with the skills to enhance health improvement through nurturing therapeutic partnerships, thinking creatively, and developing innovative ways of working (Health Education East Midlands, 2013). 'Co-production' is prized, empowering people who use services to actively participate in developing and delivering services for themselves and others.

Sadly, national data shows 43% of staff do not hold any relevant qualifications (Skills for Care, 2015). Raising motivation and aspiration through training and development is essential for raising the quality of care (Skills for Care, 2017). Government targets for minimum qualification amongst social care staff (HM Government, 2000) are integrated with local commissioning (Department of Health, 2011), with providers asked to prove most staff hold relevant qualifications at academic level 2 or 3 when tendering for local authority contracts.

Thus, this project was intended to widen participation in the social care sector, identifying

ways to increase the number of employees in the sector, attracting people who might previously have been considered service users into the workforce and enabling them to gain accredited qualifications and skills to deliver high quality care.

**Meeting Needs of Homeless People**

People experiencing homelessness frequently contend with multiple barriers to employment. These include mental and physical ill-health, substance misuse (NEF, 2009; Homeless Link, 2014), learning difficulties, experiences of domestic violence, low self-confidence, low self-esteem and inhibited ambition (NEF, 2009). Homeless people are stigmatised, suffer difficult interpersonal relationships, often acquire criminal records, and become institutionalised (NEF, 2009). Without the ability to process traumas, build self-esteem and develop greater personal resilience; people experiencing homelessness will find sustaining employment in emotionally challenging roles incredibly difficult. Unfortunately, traditional employment support programmes fail because they do not generally tackle the underlying contributing factors and impacts of homelessness (Brown, 2013). Thus, it felt essential to enable project participants to access therapeutic interventions before embarking on learning or work experience. This became the first phase of the project.

Numbers of homeless people in employment vary. Eight per cent of St Mungo's service users work (St Mungos, 2016) whilst just two per cent of Crisis' clients are employed full-time and five per cent part-time (Pleace & Bretherton, 2014). The majority of homeless people want to work now or in the future (Singh, 2005; Batty et al, 2015), however, lacking a stable, settled home makes finding and maintaining employment very difficult.

A significant number of homeless people lack basic skills (NEF, 2009), have low or no qualifications (Dartington Service Design Lab, 2018) and lack access to computers and the internet (NEF, 2009). Thus, it felt essential to build learning opportunities, study support, access to learning tools (books, computers, internet etc), and the chance to gain an accredited qualification into our programme. This, then, became the second phase of the project.

**Meeting Workers' Needs**

'Emotional labour', the work of managing emotional interactions, has long been considered an integral part of care work (James, 1992), and a significant cause of stress (Mann, 2005 (1)). Stress is the biggest single factor affecting workers' decision to leave social care (Coffey et al, 2004). Developing personal resilience is key to mediating this stress, as inter- and intra-individual competence enhances wellbeing (Kinman & Grant, 2011).

Teaching emotional skills in innovative ways is key to protecting workforce wellbeing (Mann, 2005 (2)). McAllister & McKinnon (2009) recommended resilience theory should be taught to staff in a way that promotes reflection and application, to give learners strength, focus and endurance in the workplace. Training approaches which increase participation in decision making and problem solving, increase support and feedback, and improve communication within the workplace improve psychological health and reduce levels of sickness (Michie & Williams, 2003). Work-based programmes teaching recognition of and strategies for personal resilience enable critical reflection, experiential learning and creativity. This increases self-confidence, self-awareness, communication and conflict resolution skills; strengthening relationships between colleagues and enabling staff to build helpful support networks in the workplace (McDonald et al, 2012). Clinical supervision-type support increases participants' self-awareness, skills, knowledge and self-efficacy, and thus improves client care (Wheeler & Richards, 2007; CQC, 2013(A)).

Austin (2002) and Jansen & Burton (2011) explore the concept of 'wounded healers': identifying significant numbers of people drawn to caring professions because they themselves have experienced difficulties or trauma. Such 'wounded' people have an enhanced capacity for empathy and understanding because of their own experiences. However, Pearlman & Mac Ian (1995) highlight potential dangers when people carrying their own wounds are exposed to the suffering of others, emphasising the importance of clinical supervision to enable practitioners to identify and process difficulties. Self-care amongst social care staff and students is also vital, yet it takes a level of emotional awareness to recognise when support is needed. Vulnerable people in places of work and learning will not necessarily recognise or declare themselves (Jansen & Burton, 2011). Thus, visible, accessible pastoral care, incorporating confidential, non-judgmental wellbeing services and

specialist disability and mental health support are crucial (Royal College of Psychiatrists, 2011; QAA, 2014; IES & REAP, 2015).

Particularly considering the vulnerable nature of project participants, it felt essential to include elements of personal resilience training and reflective practice groups (akin to clinical supervision) in the programme, providing ongoing support as participants put their skills in to practice. This became the third phase of our project.

## Project Structure & Methodology

Many existing programmes designed to bring socially excluded people closer to the work-place enable participants to undertake accredited qualifications and gain work experience. However, they are often too generic to meet the specific needs of homeless people (Sanders et al, 2013), failing to address the underlying causes and impacts of homelessness (Brown, 2013). Thus, this pilot adopted a three-phased approach, designed to equally meet the needs of the workforce, individual workers, and homeless people. The three phases were underpinned by continuous, holistic support from a key worker specialising in supporting homeless people, including providing safe accommodation.

**Phase 1 – Building Personal Resilience**

Participants took part in a series of 12 personal development workshops (one per week), facilitated by skilled therapeutic arts practitioners, under the clinical supervision of a senior supervisor.

Therapeutic arts practice uses non-verbal, verbal and creative means of expression and exploration, with engagement mediated through the arts (Cattanach, 1999). Practitioners build rapport and nurture therapeutic relationships with participants in enjoyable and accessible ways (Nind & Hewett, 2005). Using the arts as mediator enables participants to work in metaphor, using image, dramatic characters, movement or sound to explore material which is too difficult to confront directly (Cattanach, 1999; Rodgers, 2000). Thus, practitioners can maintain physical and psychological safety, conducive to creativity and exploring emotional material (Rogers, 2000). The approach enables participants to safely reflect on their issues and explore psychological, emotional and social changes they wish to make (Cattanach, 1999).

**Phase 2 – Gaining Knowledge**

In phase 2 of the project participants took part in 12 weekly taught sessions, enabling them to achieve a BTEC level 2 Award in Supporting Activity Provision in Social Care.

Participants were encouraged to create a learning community to enhance their sense of belonging (Dzubinski et al, 2012), independently meeting between taught sessions to research, share ideas, and explore educational resources. Such learning communities create mutual reciprocity, overcoming negative tensions within groups, as sharing discoveries and valuing individual knowledge builds individual self-esteem (Renzulli & Dai, 2011; Silfen, 2011).

Portfolio-based assessment, including formative assignments to build confidence (Black & Williams, 1998), was used in the belief that creative, coursework would feel less stressful than 'tests', increasing the likelihood of long term learning (Conway et al, 1992). Participants submitted small projects each week, enabling tutors to provide detailed feedback and encouragement after each submission (Hattie, 1987; Torrance, 2007). Torrance (2007) argues that including too many submissions in courses risks assessment dominating the whole learning experience, with 'criteria compliance' replacing 'learning'. However, in this instance the benefits of frequent, reassuring feedback for non-traditional learners lacking experience and confidence (Peart, 2014) outweighed the risks.

Tutors took an individualistic, low-power approach (Nelson, 2000), using comfortable, informal room layouts to dispel the sense of being in a classroom and encouraging learners to speak out, discuss ideas, and actively participate in learning (Freire & Macedo, 1995; Kadi-Hanif, 2009). Using creative, participatory techniques was intended to encourage learners to innovate, problem-solve, think creatively, take risks, and open up to new ideas (Eastwood et al, 2009). These dialogic, participatory learning techniques are encouraged in contemporary literature (Kadi-Hanif, 2009; Silfin, 2011) as they build participants' critical thinking skills (Biggs & Tang, 2007) in line with sector aspirations (Department of Health, 2011).

**Phase 3 – Applying Skills & Building CVs**

In phase three, participants undertook twelve weeks work placement in a social care setting, supported by a facilitated reflective practice group, which enabled learners to apply knowledge and skills gained during phase 2of the project.

Work experience helps participants to clarify career aspirations and enhances the likelihood of employment. However, securing appropriate opportunities is often reliant on an individual's social network, their ability to be proactive and persistent, and having financial support which facilitates unpaid working. Optimally, learning providers will broker appropriate opportunities for students to undertake both paid and unpaid work experience to complement their studies (Purcell & Tzanakou, 2016).

## Project Participants

Participants were recruited via an information event delivered by the specialist homelessness support provider. Fifteen people expressed interest at this event, taking part in an initial informal interview to establish their values and reasons for wanting to engage. However, three subsequently decided not to proceed as they felt their lives were too chaotic to enable them to commit (Annex 3). Thus, twelve participants registered for the programme. Most participants were white; average age 31; presenting a complex mix of social, emotional and learning needs (Annex 3). Unfortunately, despite registering, three participants failed to attend any sessions, thus in reality nine people participated.

## Data Collection

Demographic data for equalities monitoring purposes was recorded when participants completed enrolment into the programme. Project monitoring and evaluation data was captured via a Likert scaled self-efficacy tool (Annex 4) at the start, mid-point, and end of each phase of the programme. Facilitators captured feedback from reflective discussions at the end of each session, recording these in their own reflective logs.

Final thoughts were captured during one to one verbal interviews, opportunities to feed-back via email and an anonymous survey monkey questionnaire, and a facilitated creative reflection for staff and participants at the end of the programme.

## Project Delivery and Results

### Phase 1 – Building Personal Resilience

The original intention was to bring all participants together into one therapeutic group for the first phase of the programme. However, due to the complex needs presented (Annex 3) and depth of therapeutic work required, the group was split into two, allocating six participants to each therapeutic group (Stewart et al, 2009).

All clients who participated in more than one personal development session indicated increased confidence, self-awareness and assertiveness in their self-efficacy scores; feeling more able to explore, reflect and resolve feelings, and improve relationships with themselves and others (annex 5).

Focusing on positive aspects of self (both physically and mentally) enabled participants to recognise their individual strengths and full potentials (Jennings, 1992), even if they did not feel ready to proceed into accredited training at this time (annex 3; annex 5).

### Phase 2 – Gaining Knowledge

Learners were offered a choice of qualifications, from a selection of BTEC modules offered at levels 1, 2 and 3, in a range of social care topics. All learners chose BTEC 2 in Supporting Activity Provision in Social Care, which perhaps indicates the personal benefits they gained from participating in creative activities during phase 1 of the project.

Allender (2001) emphasises the importance of acknowledging each student's position, listening to their needs (Allender, 2001). All learners in this pilot needed significant amounts of individual coaching, support and reassurance to overcome their negative feelings about their ability to learn, and use learning technologies – computers, the internet etc (Merriam, 2001; Peart, 2014).

Biggs and Tang (2007) argue that "non-academic" students need to be highly engaged in learning before their attainment matches that of "more academic" students. This appeared to be the case, as learner achievement increased as the phase progressed.

Regardless of academic attainment, tutors embraced learners with 'humanistic optimism' (Good & Brophy, 1990); valuing their past experiences and empowering them to identify their own learning needs, wishes and styles (Zukas & Malcolm, 2007; Silfen, 2011). However, participants fed back that this approach felt challenging at times. It took considerable time for individuals to identify and acknowledge their own innate wisdom and understanding, born out of personal experiences.

Enabling participants to reframe their own past difficulties helped their learning; transforming feelings of passive receipt of service and victimhood into feelings of sectoral expertise and personal understanding of positive, person-centred practice.

By the final taught session participants reported significant personal growth, enhanced coping strategies, increased knowledge, practical skills and greater self-esteem (annex 5).

**Phase 3 – Applying Skills & Building CVs**

Work-based learning, and indeed most care roles, demand core self-management skills (reliability, time management etc) (Skills for Care, Accessed 2018). These skills take time to develop for people who have experienced significantly chaotic lives. They are especially difficult for people struggling with poor mental health, creating tensions when an organisation or client is reliant on the worker's regular, punctual attendance (Becker & Drake, 2003).

The original intention was to place learners in a variety of social care settings to gain work experience, however the complex needs of participants prompted a change in strategy: offering all learners placements with the therapeutic arts provider. When difficulties, misunderstandings and crises of confidence hit, many traumatised people's first instinct is to disengage and hide; lacking the self-confidence to calmly express their feelings and needs, and fearful of suffering further traumatic consequences (James & Brookfield, 2014). Thus, continuity of support was essential, building participants' roles gently and ensuring they were adequately supported to grow in confidence and skill as their placement progressed.

Participants fed back that this phase of the programme was incredibly helpful, enabling them to consolidate learning and establish self-perception as potential care professionals rather than recipients of care.

The supervisory space was essential, facilitating a safe space to identify and address reactivation of participants' own wounds when exposed to clients' difficulties (Pearlman & Mac Ian, 1995). Participants valued this opportunity to explore issues arising from different viewpoints (Brookfield, 1995), increasing insight and understanding (annex 5).

Participants noted that supervision and facilitated reflective practice enabled them to reframe their experiences and regulate their emotional responses, giving them a new sense of agency in their lives. This new skill proved transformational in their work, academic and home lives (annex 5).

## Participant Outcomes

Five participants left the programme during the first phase of the project, citing social, emotional and health difficulties (annex 3). Their cases illustrate the vicious circles of homelessness described by Reeve & Batty (2011). It is possible these clients were not yet ready to make significant personal change (Norcross et al, 2011). Their disengagement might also have been influenced by the unexpected departure of the project key worker from the supporting organisation during this phase of the programme (Trevithick, 2003). Two further participants left early in the second phase (annex 3), however two participants completed the programme, gaining the BTEC2 Award.

Data captured throughout the project evidences the positive impacts on participants at all stages, however people who completed the whole programme demonstrated improved scores across the whole range of self-efficacy measures (annex 5).

Data collected highlights that this was not an easy journey. Participants worked hard and experienced fluctuating feelings and confidence levels as they progressed between phases of the programme.

Thoughts shared during the final facilitated reflection described the highs of receiving excellent feedback on assignments; the lows of grappling with new concepts and flagging confidence; the fight for personal development and recognition; and the joy of uncovering hidden talents within themselves. Staff who supported learners through the programme also described the personal and professional development they had achieved through reaching out and supporting this group of learners.


*Figure 1: Visual images created to reflect participants' journey through the programme*

Both participants who completed the whole project secured places on further work and learning programmes in the social care sector.

## Costs and value for money

The total cost of the project was £32,611.90. This included £29,011.90 investment from Skills for Care, an additional £1,800 worth of time commitment from the therapeutic arts provider when delivering the second therapeutic group, and a £1,800 donation from a philanthropic supporter to provide additional one-to-one therapy beyond the programme for several participants. Averaging this investment across the programme means approximately £10,870 was spent on each phase of the project. Dividing this between the number of participants in each phase enables us to estimate investment per head:

£10, 870 / 9 = approximately £1208 investment per person during the therapy stage of the programme

£10, 870 / 4 = approximately £2,718 investment per person during the BTEC training phase of the programme

£10,870 / 2 = £5,435 investment per person during the supported work placement phase of the programme

Thus, approximately £9,361 was invested in each of the participants who progressed through the whole programme.

Pleace & Culhane (2016) estimate that people who experience homelessness for three months or longer cost on average £4,298 per person to NHS services, £2,099 per person for mental health services and £11,991 per person in contact with the criminal justice system (a total of £18,388 per person). On average, preventing homelessness for one year would result in reduced public expenditure of £9,266 per person (Pleace & Culhane, 2016). The longer someone is homeless, or the more often they experience homelessness, the more they will cost the taxpayer. Preventing and quickly resolving single homelessness is much less expensive for the public sector than allowing people to experience homelessness for sustained periods or on a repeated basis. (Pleace, 2015). Investing in preventative services would avoid both financial and human costs (Pleace & Culhane, 2016).

Whilst the accredited qualification, skills and experience people gained from this programme increase participants' chances of securing paid employment in social care; the personal development gained may well prove more valuable (annex 5). The self-efficacy, emotional regulation, and agency which make individuals valuable employees in the care sector will also equip them for coping better with wider life. Increased coping skills mean they will be less likely to succumb to repeated homelessness. In this context, the cost per person seems a worthwhile long-term investment, broadly equivalent to savings made in preventing homelessness for just one year.

## Discussion

### A Whole Person Approach

This project took a whole person approach to empowering socially excluded people, equipping them to join the social care workforce. Maslow's (1943) model of individual motivations and needs proved useful when determining inputs project participants were likely to need to achieve this 'self-actualisation':

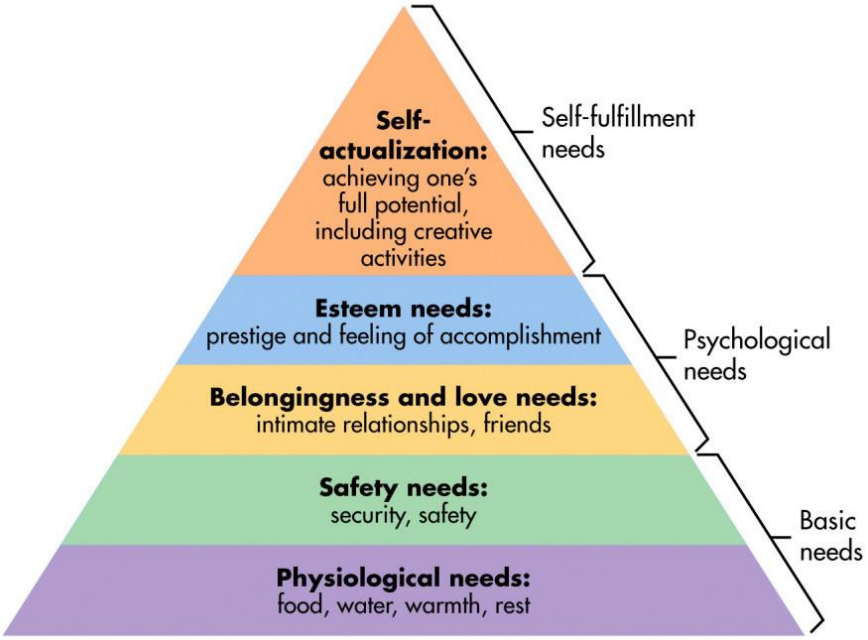



*Figure 2 – Maslow's (1943) Heirarchy of Needs – image credit: https://www.simplypsychology.org/maslow.html*

Maslow's (1943) model enables positive exploration of human potential, identifying the impacts of deficits in an individual's life, and opportunities for growth. Whilst the initial structure implies hierarchy, the order is flexible, based in individual differences and external circumstances (Maslow, 1987). Most human behaviour is multi-motivated, determined by several needs at once (Maslow, 1987); thus, a programme which enables participants to meet needs at all phases and levels is most likely to succeed. Maslow's phases were used to inform both programme design and the organisations selected to deliver the project, ensuring participants' holistic needs were met.


*Figure 3 – Team Around The Client Model, inspired by Maslow. Buchanan 2018.*

The project leadership team recognised that failure in any part of the system would hinder participant's ability to engage.

**Motivators and Barriers**

Weiner (1999) suggests adults do not simply enrol in training courses for career progression. For many wounded people it also offers the possibility of validation, personal healing, and new beginnings (Jansen & Burton, 2011). Enrolling in a course might enable someone to achieve inclusion (Dougherty et al, 1996), acceptance (Lawrence, 2004), enrichment, fulfilment and pleasure (Weiner, 1999). This complex mix of motivations (Maslow, 1987) was illustrated by project participants (annex 3).

Whilst participating in adult education can be therapeutic (Dougherty et al, 1996; Weiner, 1999; Lawrence, 2004; MacCulloch & Shattell, 2009) it also risks exacerbating trauma (Lawrence, 2004). Social flourishing is a key determinant of academic success (Ajam, 2016), whilst illness, learning difficulties and social isolation all increase the risk of poor educational and vocational outcomes (Bryan, 1991; Maslow et al, 2011). It is unsurprising, therefore

that significant numbers of homeless people experience disrupted education and poor outcomes (Reeve & Batty, 2011). This was certainly true for project participants.

Re-engaging with education felt understandably risky and inherently unsettling (James & Brookfield, 2014); especially for people troubled by past difficulties, fear of failure (Meriam, Mott and Lee, 1996; Silfen, 2011) and anxieties about their relative ability (Nicholls, 1989). Thus, vulnerable people may avoid or retreat from opportunities (James & Brookfield, 2014). There was a sense that people needed a certain level of personal resilience before they could even contemplate engaging on a programme containing accredited training (Norcross et al, 2011). This confirmed the importance of placing personal development and therapeutic support ahead of academic learning in the programme.

Discussion with participants revealed fear was a significant barrier to taking part or progressing. Participants noticed their fear resurfaced whenever change occurred within the programme, whether changes of staff, changes of participants, or changes of phase in the work. Thus, it was crucial to maintain psychological safety; using group-building, facilitative techniques to nurture each individual's sense that they belonged on the programme (Wharam, 1992; Van Woerkom and Poell, 2010). Adults learners are most likely to learn, thrive, and remain in programmes, when barriers to learning are removed, and activities build their self-esteem, sense of inclusion, and self-worth (Silfen, 2011). Feelings of belonging positively impact student outcomes (HEFCE, 2016).

*Figure 4: A participant uses objects to express the barrier created by increased fear between each stage of the programme: "even though I can clearly see what the benefits will be, and I know I've got support, each step feels like a massive scary hurdle to overcome."*

Fears named include fear of discovering awful things about self – especially revelations about not being good enough or capable of success; fear of failure; and fear of negative life changes – especially the risk of benefit sanctions.

Batty et al (2015) found one fifth of homeless people became homeless because of benefit sanctions, whilst people who are homeless are more than twice as likely to suffer benefit sanctions than the general population (Batty et al, 2015). Homeless people with more complex needs such as those with mental ill health, dependency and poor literacy issues, are more likely to be sanctioned than homeless people who do not experience these vulnerabilities (Batty et al, 2015).

Many participants in our project had experienced benefit sanctions. For some it took more than a year to re-establish claims for money to cover even basic needs. Thus, their fears emanated from the lived reality of their recent circumstances. Despite explicit support and collaboration with Jobcentre Plus at both national and local levels, and significant levels of reassurance from staff and other participants, some participants felt too scared to discuss their participation with job coaches for fear they would be deemed either unavailable for work (if claiming unemployment benefits) or too capable and ready for work (if claiming disability benefits). They were unwilling to let project staff contact Jobcentre plus on their behalf, even when appointments clashed with programme sessions. Ultimately this led to at least one person disengaging from the programme, and one person declining the offer of additional work experience.

On reflection, fears about benefits might have been exacerbated by the referral route in to this project. Participants were directly referred to other pilot programmes by Jobcentre Plus, however these participants were recruited via a voluntary sector specialist homelessness support provider. Whilst this enabled the project to reach its' specified target group, it did not give participants direct, personally experienced reassurance that Jobcentre Plus supported the programme. Were the programme to run again it would be advisable to take referrals through Jobcentre Plus, even if signposting comes via specialist support agencies.

**Developing A Transformational Paradigm**

In caring roles, use of self is integral to the service offered to clients (Lishman, 2002), thus self-awareness (Freeth, 2007), and empathetic understanding of both self and others are crucial (May & Kilpatrick, 1989; Christie & Weeks, 1998; Matthews, 1998; Miehis & Moffatt, 2000). However, Karpman (1968) observed that many people, especially those with difficult life experiences, fall into unhelpful and damaging inter-relational patterns, operating as either rescuers, victims, or worryingly, oppressors. Practitioners who lack self-awareness and recognition of their inter-relational states may ultimately harm both service users and themselves (Matthews, 1998; Freeth, 2007).

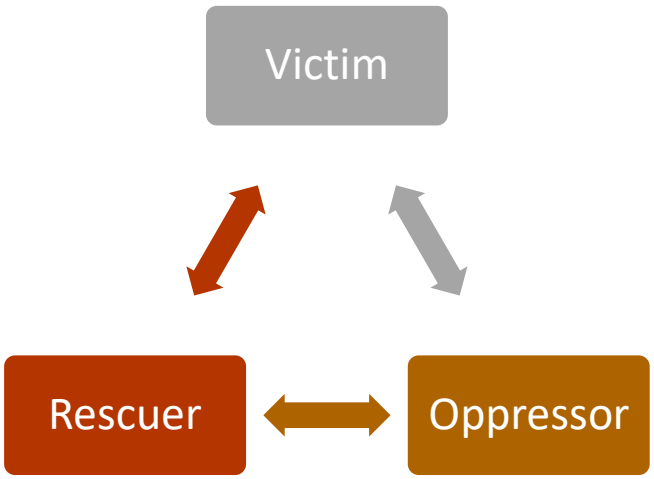



*Figure 5: Karpman's (1968) Triangle*

The rescuer role aligns closely with that of 'wounded healers' (Austin, 2002; Jansen & Burton, 2011), and the sense that people might be attempting to save themselves by caring for others. Unfortunately, the victim and oppressor roles are also familiar within social care. The Winterbourne View Hospital Serious Case Review (Flynn, 2012) and Francis Report into Mid-Staffordshire NHS Foundation Trust (Francis, 2013) revealed systemic failings in the UK health and social care sectors. Cavendish (2013) identified many care workers feel their role lacks value, and do not see caring as a career with progression opportunities. Equally, Freire (2005) argues that people who are systemically devalued and deprived of routes to self-actualisation feel victimised, and then dehumanise others. In this context Karpman's (1968) triangle potentially describes a core issue within the social care sector.

Given the significant traumas participants in this project had suffered, it is unsurprising that the majority identified strongly with Karpman's (1968) roles. This, and the possible damage

inhabiting such roles might cause in a social care context, emphasises the importance of enabling people to move beyond these states if they are to seek careers in care. Equally, if the significance of Rescuers, Victims and Oppressors in the wider sector is to be believed, the learning gleaned from this project potentially illuminates wider solutions for the social care sector than simply how to recruit a wider range of workers.

Cavendish (2013) believed introducing minimum standards of training for all health and social care staff was key to resolving issues. However, whilst the health sector has visibly described roles, responsibilities and qualifications (Gopee, 2010), social care lacks clarity. Role descriptions differ, and qualifications are not generally prescribed (CQC, 2013 (B)). Whilst adherence with competency frameworks is mandatory within the NHS, occupational standards are merely seen as good practice in allied sectors (NHS Health Scotland, 2012). A plethora of voluntary standards, many of them for specialist subsectors have developed in this void (Association for Nutrition, 2012; PBS Coalition UK, 2015; Macmillan Cancer Support, 2017). The closest social care has to National Occupational Standards, is the non-mandatory Care Certificate (Skills for Care et al, 2015), and Skill's for Care's (accessed 2018) Core Skills for Care. This outlines key employability skills, including the ability to work in a team, problem solve, work responsibly, plan one's own learning and development and manage one's own health and well-being. The ability to self-regulate, self-efficacy, and a sense of agency might then, be described as 'threshold concepts' for care (Cousin, 2006): the skills needed for professional practice, ongoing learning and adaptation in a dynamic, responsive social and healthcare system (Department of Health, 2011).

There is significant alignment between these aspirations and the personal transformations experienced by participants in the project, suggesting a developmental paradigm which is relevant for all social care practitioners:

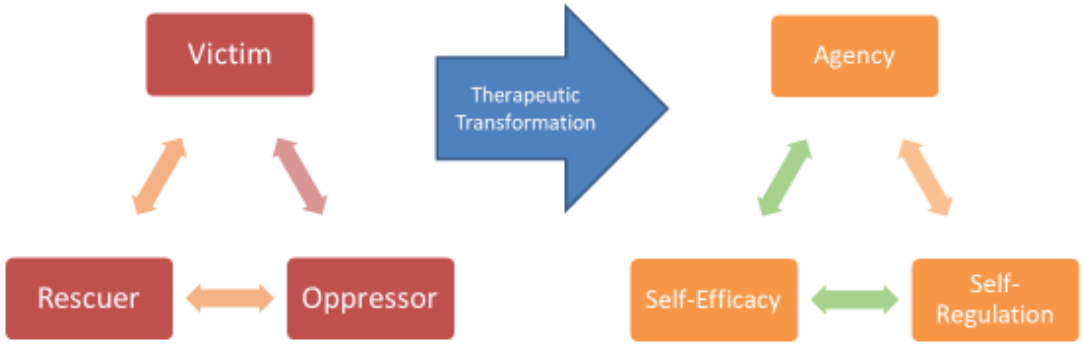



*Figure 6: Therapeutic Transformation: Proposed development of Karpman's (1968) Triangle, achieving core skills in social care. Buchanan 2018.*

Achieving such transformation through a personal development and training programme supports Cavendish's (2013) assertion that training is key.

**Changing Learning Cultures – Taking Time To Grow**

However, Howarth & Morrison (1999) describe the tendency of social care training towards surface level learning, aiming to teach practical skills as quickly as possible. Taking the time needed to nurture critical thinking and individual growth will require a significant change in learning culture within the sector. Matthews (1998) believes only courses which, like this project, are specifically designed to promote growth and wellbeing succeed in developing healthy and well-adjusted practitioners. Shaull (2005) argues that individuals require transformation, building self-worth, self-confidence, creativity and critical thinking skills to achieve their full potential. However, achieving such transformation takes time.

Feedback from project participants (annex 5) emphasises that programmes like this cannot be rushed. This programme spanned 36 weeks, however participants would still have liked more therapy as part of a longer process, with opportunities for one to one therapy as well as group work. Participants also wanted more direct teaching, especially introducing new key terms and concepts. Project time constraints added to assignment pressures, and students felt they might have achieved an even higher standard given more time. Participants who did not complete all parts of the programme felt they needed more space between developmental phases, giving them time to accept changes made through

therapeutic support: practicing, integrating and embedding their newly developed personal insights and skills before feeling ready to embark upon the next phase of academic and career development. For many of these participants there was a sense of 'I am going to do this, but I can't do it all right now'. Project staff also felt taking more time to recruit the right participants, and to assess individual needs on a one-to-one basis would have improved retention rates in the programme. It is reassuring that, acting on this feedback, Skills for Care have secured a two-year funding cycle for their next developmental project-based sectoral outreach work.

**The Importance of Personal Development and Reflective Practice**

Jansen & Burton (2011) argue for the intentional incorporation of personal development into training for all social care practitioners, given the essential link to professional development, achieving a sufficient level of competence to enter and continue practice.

Findings from this project endorse this suggestion, as participants felt the personal development and reflective practice phases of this programme were fundamental to its' success (annex 5).

Reflective practice, reflexivity (Finlay & Gough, 2003) and self-awareness are inherently linked. If individuals can learn to recognise and challenge their own accepted, habitual ways of thinking and doing things (James & Brookfield, 2014) they begin to recognise previously unseen aspects of self (Luft & Ingham, 1955). Thus, they are more able evaluate their practice from a variety of perspectives, and effect personal or professional change (Finlay & Gough, 2003). This is an essential skill for care practitioners if the sector is to improve, which this project proves even the most disadvantaged people can achieve, given time, support, and opportunities for growth.

## Conclusions

This innovative programme gave equal weight to building personal resilience, gaining knowledge, and applying skills. The unique mix of therapeutic intervention, training programme and supported work experience enabled people to address their underlying issues, regain a sense of agency, increase self-efficacy and improve self-regulation, whilst also gaining an accredited qualification; thus, developing the knowledge, skills and personal attributes needed to sustain effective employment in the social care sector (Department of Health, 2011).

The therapeutic phase of the programme identified specific issues and barriers for each participant, providing opportunities to process and resolve difficulties and trauma before embarking on training or work experience. This increased personal resilience and improved chances of success during the subsequent phases of the programme.

The creative, expressive, participatory approach to teaching used during the learning phase of the programme is highly likely to build the optimum workforce: with confident, skilled, innovative staff who feel capable of changing and developing practice; able to nurture therapeutic relationships, improving health and futures for recipients of social care (Health Education East Midlands, 2013; Skills for Care, 2015 & 2017).

The reflective practice group which ran alongside work placement enabled participants to identify, explore and resolve the interplay between personal and work issues, developing new insights, increasing personal and client safety, and improving the quality of care (CQC) (2013 (A)).

The issues faced, and developmental journeys undertaken by participants in this project have resonance with systemic failings and calls for improvement in the wider sector (Flynn, 2012; Cavendish, 2013). Thus, learning from this project has wider relevance for multi-disciplinary professional practice, particularly in developing a workforce equipped to deliver safe, safe, responsive person-centred care (CQC, 2013; Skills for Care, accessed 2018). This, however, will require significant commitment and cultural change (Howarth & Morrison, 1999).

## Recommendations

1. A whole person approach, effective partnerships and referral routes which are fully integrated with JobCentre Plus systems are essential when seeking to empower disadvantaged participants.
2. Participants with difficult pasts need significant amounts of nurture and support to overcome embedded fears and reactivation of trauma.
3. Achieving the transformational paradigm from rescuer, victim or oppressor to self-regulation, agency and self-efficacy is essential for a healthy, safe career in social care.
4. Adopting a new learning culture, giving employees time to develop and grow will be vital to achieve desired transformations.
5. Personal Development, including increasing self-awareness and Reflective Practice should be incorporated into all learning and development programmes for the social care sector.

## References

Ajam, A.A. (2016) The Predictors of Academic Self-Efficacy Through Social Well-Being of Students At University of Medical Sciences, in *Educational Strategies in Medical Sciences*, Vol 9, Issue 1, pp 71-78

Allender, J.S. (2001) Teacher Self: The Practice of Humanistic Education, Lanham, Rowman & Littlefield

Association for Nutrition (2012) Workforce Competence Model in Nutrition for Health & Social Care available online at http://www.associationfornutrition.org/Default.aspx?tabid=209 [accessed 28/06/2018]

Austin, D. (2002) The Wounded Healer, The Voice of Trauma: A Wounded Healer's Perspective in Sutton, J.P. (Ed.) Music, Music Therapy and Trauma: International Perspectives, London, Jessica Kingsley Publishers, p231-259

Batty, E., Beatty, C., Casey, R., Foden, M., McCarthy, L. & Reeve, K. (2015) Homeless people's experiences of welfare conditionality and benefit sanctions. London: Crisis

Becker, D.R. & Drake, R.E. (2003) A Working Life For People With Severe Mental Illness, Oxford, Oxford University Press

Biggs, J. & Tang, C. (2007) Teaching for Quality Learning at University- Third Edition, Maidenhead, Open University Press / McGraw Hill

Black, P. & William, D. (1998) Assessment and Classroom Learning in *Assessment in Education*, Vol 5, issue 1, pages 7-74

Reference: Brookfield, S. (1995) Becoming a Critically Reflective Teacher. San Francisco: Jossey Bass.

Brown, C. (2013) Work Programmes Failing Homeless, available online at https://www.insidehousing.co.uk/home/home/work-programme-failing-homeless-35738 [Accessed May 2018]

Bryan, T. (1991) Social Problems and Learning Disabilities in Wong, B.Y.L. (Ed.) Learning About Learning Disabilities, San Diego, Academic Press, pp. 195-229.

Care Quality Commission (CQC) (2013) **(A)** Supporting information and guidance: Supporting effective clinical supervision available online at https://cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf [accessed 21/6/17]

Care Quality Commission (CQC) (2013) **(B)** Supporting Information and Guidance: Qualifications and Continuing Professional Development Requirements for Registered Managers and for the Practitioners They Supervise, Available online at http://www.cqc.org.uk/sites/default/files/documents/20130625_800743_v1_00_supporting_information_-_qualifications_and_cpd_for_registered_managers_for_publication.pdf [accessed 28/06/2018]

Care Quality Commission (CQC) (2017) Disclosure and Barring Service (DBS) checks (formerly criminal record (CRB) and barring checks) available online at https://www.cqc.org.uk/sites/default/files/20171218_100646_Disclosure_and_Barring_Service_checks_guidance_v6.pdf [accessed 25/06/2018]

Cattanach, A. (1999) Links Between the Arts Therapies in Cattanach, A, (Ed.) Process in the Arts Therapies, London, Jessica Kingsley Publishers, pages 191-197

Cavendish, C. (2013) The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings, London, Department of Health. Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf [Accessed 26/06/2018]

Centre for Local Economic Strategies, 2014, A Summary Of Austerity In The East Midlands And A Case Study Of Derby City Council, available online at https://www.tuc.org.uk/sites/default/files/East%20Midlands%20Final%20Report_1.pdf [accessed June 2017]

Christie, A. & Weeks, J. (1998) Life Experience: A Neglected Form of Knowledge in Social Work Education and Practice in *Practice*, Vol 10, Issue 1, pages 55-68

Coffey, M., Dugdill, L. & Tattersall, A. (2004) Stress in Social Services: Mental Wellbeing, Constraints and Job Satisfaction in *British Journal of Social Work*, Vol 34, Issue 5, pages 735-746

Conway, M.A., Cohen, G. & Stanhope, N. (1992) Why Is It That University Grades Do Not Predict Very Long Term Retention? In *Journal of Experimental Psychology: General*, Vol 121, issue 3, pages 49-57

Cousin, G. (2006) An Introduction To Threshold Concepts in *Planet*, Vol 17, available online at http://www.neillthew.typepad.com/files/threshold-concepts-1.pdf [accessed 10/6/2017]

Dartington Service Design Lab (2018) *Employment Pathways at Crisis Skylight Coventry & Warwickshire.* London: Crisis.

Department of Health (2011) Social Care Workforce Research Initiative: Initiative Overview: Executive Summary, available online at http://www.kcl.ac.uk/sspp/policy-institute/scwru/dhinitiative/projects/scwri-execsum.pdf [accessed 14/6/2017]

Derby City Council, 2013, Census 2011 Briefing Paper Basic Demographic Overview available online at http://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/reports/DerbyCityCouncil-Population-Profile-April-2013.pdf [accessed June 2017]

Dougherty, S., Campana, K., Kantos, R., Fores, M., Lockhart, R. & Shaw, D. (1996) Supported Education: A Qualitative Study of the Student Experience in *Psychiatric Rehabilitation Journal*, Vol 19, Issue 3, pp 59-70

Economics of Social and Health Care Research Unit, 2011, Projections of Demand for Social Care and Disability Benefits for Younger Adults in England, available online at http://www.pssru.ac.uk/pdf/DP2880-3.pdf [accessed June 2017]

Dzubinski, L, Hentz, B, Davis, K and Nicolaides, A *(2012)* Envisioning an Adult Learning Graduate Program for the Early 21st Century. *Adult Learning*, Vol 23, Issue 3, Pages 103–110.

Eastwood, L., Coates, J., Dixon, L., Harvey, J., Ormondroyd, C., Williamson, S. (2009) A Toolkit for Creative Teaching in Post-Compulsory Education, Maidenhead, Open University Press

Finlay, L. & Gough, B. (2003) Prologue in Ed. Finlay, L. & Gough, B. Reflexivity: A Practical Guide for Researchers in Health and Social Sciences, Oxford, Blackwell Science Ltd.

Flynn, M. (2012) Winterbourne View Hospital – A Serious Case Review, South Gloucestershire Safeguarding Adults Board, available online at http://sites.southglos.gov.uk/safeguarding/adults/i-am-a-carerrelative/winterbourne-view/ [accessed 28/06/2018]

Francis, R. (chair) (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary, London, The Stationery Office, available online at http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/sites/default/files/report/executive%20summary.pdf [accessed 28/06/2018]

Freeth, R. (2007) Humanising Psychiatry and Mental Health: The Challenge of the Person-Centred Approach, Milton Keynes, Radcliffe Publishing

Freire, P. (2005) Pedagogy of the Oppressed, 30th Anniversary Edition, New York, Continuum International Publishing Group

Freire, P., Macedo, D. (1995) A Dialogue: Culture, Language, and Race in *Harvard Educational Review*, vol. 65, no. 3, page 379.

Good, T.L., Brophy, J.E (1990) Educational psychology: A realistic approach, 4th edition. New York, Addison Wesley Longman

Gopee, N. (2010) Practice Teaching in Healthcare, London, Sage Publications Ltd

Goyer A. (2001) Intergenerational Shared Sites and Resource Programs: Current Models. Washington, DC, Generations United

Hattie, J.A. (1987) Identifying The Salient Facets Of A Model Of Student Learning: A Synthesis Of Meta-Analyses in *International Journal of Educational Research,* Vol 11, pages 187-212

Health Education East Midlands (2013) East Midlands Workforce Strategy 2013 to 2018 available online at http://em.hee.nhs.uk/files/2013/09/Workforce-Strategy-May-2013-FINAL-interactive-.pdf [accessed November 2016]

HM Government (2000) The Care Standards Act available online at http://www.legislation.gov.uk/ukpga/2000/14/introduction [accessed 14/6/2017]

Higher Education Funding Council for England (HEFCE) (2016) Tackling Inequality Policy Guide, available online at http://www.hefce.ac.uk/sas/inequality/differential/ [accessed December 2016]

Homeless Link (2014) The Unhealthy State of Homelessness available online at https://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf [accessed May 2018].

Howarth, J. & Morrison, T. (1999) Effective Staff Training in Social Care: From Theory to Practice, London, Routledge

Hutchinson, J. (2013) Guidance Notes for the Implementation of the University Research Ethics Policy and Code of Practice, University of Derby, available online at https://www.derby.ac.uk/media/derbyacuk/contentassets/documents/ethics/GUID-Implementation-Research-Ethics.pdf [accessed 25/06/2018]

Institute for Employment Studies (IES) and Researching Equity, Access and Participation (REAP) (2015) Understanding provision for students with mental health problems and intensive support needs, HEFCE, available online at www.hefce.ac.uk/media/HEFCE,2014/Content/Pubs/Independentresearch/2015/Understanding,provision,for,students,with,mental,health,problems/HEFCE2015_mh_.pdf [accessed 23/2/18]

James, N. (1992) Care = Organisation +Physical Labour + Emotional Labour, in *Sociology of Health & Illness*, Vol 14, Issue 4, Pages 488-509

James, A. & Brookfield, S. (2014) Engaging Imagination: helping students become creative and reflective thinkers. Jossey-Bass, San Francisco

Jansen, S. & Burton, M. (2011) Recognising and Supporting Wounded Would-be Healers in Higher Education: A Literature Review, University of Worcester Students as Academic Partners Projects 2010/11, available online at http://www.worc.ac.uk/edu/documents/Maddie_Burton_and_Sally_Jansen_Wounded_Healers.pdf [accessed 25/09/2017]

Jarrott, S.E., Schroeder, A. & Perkins, O. (2008) Intergenerational Shared Sites: Saving Dollars While Making Sense An Analysis Comparing Operational Costs of Intergenerational Shared Site Facilities, Available online at http://www.gu.org/LinkClick.aspx?fileticket=dc3e14Cu3dQ%3d&tabid=157&mid=606 [accessed June 2017]

Jennings, S. (1992) Drama Therapy with Families, Groups & Individuals: Waiting in the Wings, London Jessica Kingsley Publishers

Kadi-Hanifi, K. (2009) Using Critical Pedagogies From Adult Education To Inspire And Challenge Higher Education Students in *Learning and Teaching* Volume 2, Issue 1, pages 80–103

Karpman, S. (1968) Fairy Tales and Script Drama Analysis in *Transactional Analysis Bulletin*, Vol 7, Issue 26, Pages 39-43.

Kinman, G. & Grant, L. (2011), Exploring Stress Resilience in Trainee Social Workers: The Role of Emotional and Social Competencies in *British Journal of Social Work*, Vol 41, Issue 2, pages 261-275

Kothari, C.R. (2004) Research Methodology: Methods and Techniques, 2nd Edition, New Delhi, New Age International

Lawrence, J. (2004) Mental Health Survivors: Your Colleagues in *International Journal of Mental Health Nursing*, Vol 13, Issue 3, pp 185-190

Lishman, j. (2002) Personal and Professional Development in Adams, R., Dominelli, L., & Payne, M. (Eds.) Social Work: Themes Issues & Critical Debates, 2nd Edition, New York, Palgrave

Luft, J. & Ingham, H. (1955) The Johari Window, A Graphic Model of Interpersonal Awareness, Los Angeles, UCLA

MacCulloch, T. & Shattell, M. (2009) Reflections of a "Wounded Healer" in *Issues in Mental Health Nursing* Vol 30, Issue 2, pp 135-137

Macmillan Cancer Support (2017) The Macmillan Allied Health Professions Competence Framework for those working with people affected by cancer available online at https://www.macmillan.org.uk/_images/allied-health-professions-framework_tcm9-314735.pdf [Accessed 28/06/2018]

Mann, S. (2005) (1) Emotional labour and stress within mental health nursing in *Journal of Psychiatric & Mental Health Nursing* Vol. 12, Issue 2, Pages 154–162

Mann, S. (2005) (2) A health-care model of emotional labour: An evaluation of the literature and development of a model, in *Journal of Health Organization and Management*, Vol. 19, Issue: 4/5, pages 304-317

Maslow, A. H. (1943) A Theory of Human Motivation in *Psychological Review, Vol 50, Issue 4,* pages 370-96.

Maslow, A. H. (1987) *Motivation and Personality (3rd ed.)*, Delhi, India, Pearson Education.

Maslow, G.R.; Haydon, A.; McRee, A-L.; Ford, C.A.; Halpern, C.T. (2011) Growing Up With A Chronic Illness: Social Success, Educational / Vocational Distress in *Journal of Adolescent Health*, Vol 49, Issue 2, pp 206-212

Matthews, C. (1998) Integrating the Spiritual Dimension into Traditional Counsellor Education Programs in *Counselling & Values*, Vol 43, Issue 1, pp 3-18

May, L. & Kilpatrick, A. (1989) Stress & Self-Awareness in Clinical Practice: Are Students Prepared? In *The Clinical Supervisor*, Vol 6, Issue 3/4, pages 303-319

McAllister, M. & McKinnon, J. (2009) The importance of teaching and learning resilience in the health disciplines: A critical review of the literature in *Nurse Education Today*, Vol 29, Issue 4, Pages 371-379

McDonald, G., Jackson, D., Wilkes, L., Vickers, M.H. (2012) A work-based educational intervention to support the development of personal resilience in nurses and midwives in *Nurse Education Today*, Vol 32, Issue 4, pages 378-384

Merriam, S.B. (2001) Andragogy and Self-Directed Learning: Pillars of Adult Learning Theory; *New Directions for Adult and Continuing Education*, no. 89, pages 3-13

Merriam, S. B.; Mott, V. W. & Lee, M. (1996) Learning That Comes from the Negative Interpretation of Life Experience in *Studies in Continuing Education*, Vol 18, Issue 1, pages 1-23.

Michie, S. & Williams, S. (2003) Reducing work related psychological ill health and sickness absence: a systematic literature review in *Occupational & Environmental Medicine*, Vol 60, Issue 1, available online at http://oem.bmj.com/content/60/1/3 [accessed 21/6/17]

Miehls, D. & Moffatt, K. (2000) Constructing Social Work Identity Based on the Reflexive Self in *British Journal of Social Work,* Vol 30, Issue 3, pages 339-348

NHS Health Scotland (2012) Competency Framework for Healthcare Support Workers, Edinburgh, NHS Health Scotland

Nelson, G. (2000) Individualism-Collectivism and Power Distance: Applications for the English as a Second Language Classroom, The CATESOL Journal 12.1 pages 73-91

New Economics Foundation, commissioned by Business in the Community, (2009), Work it out - barriers to employment for homeless people, available online at https://s3-ap-southeast-2.amazonaws.com/www.yooyahcloud.com/MOSSCOMMUNICATIONS/p57s4/WORK_IT_OUT_-_Barriers_to_employment_for_homeless_people.pdf [accessed May 2018]

Nicholls, J.G. (1989) The Competitive Ethos and Democratic Education, Cambridge MA, Harvard University Press

Nind. M & Hewett. D (2005) Access to Communication: Developing Basic Communication with People who Have Severe Learning Difficulties. Oxon: David Fulton Publishers

Norcross, J. C.; Krebs, P. M.; & Prochaska, J. O. (2011), Stages of change in *Journal of Clinical Psychology*, Vol 67, pages 143-154.

Pearlman, L.A. & Mac Ian, P.S. (1995) Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists, in *Professional Psychology: Research and Practice*, Vol 26, issue 6, pages 558-565

Peart, S. (2014) Equality and Diversity in Further Education, Northwich, Critical Publishing

Pleace, N. (2015) At what cost? An estimation of the financial costs of single homelessness in the UK. London: Crisis

Pleace, N. & Bretherton, J. (2014) Crisis Skylight, An Evaluation: Year One Interim Report. London: Crisis

Pleace, N. & Culhane, D.P. (2016) Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England. London: Crisis.

Positive Behavioural Support (PBS) Coalition UK (2015) The Positive Behavioural Support Competence Framework available online at https://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf [accessed 28/06/2018]

Purcell, K, & Tzanakou, C. (2016) Assessing the impact of unpaid work, work experience - and paid and unpaid internships - on early graduate careers, presented to *British Sociological Association Annual Conference 2016* : *Global Societies, Fragmenting and Connecting*. Available online at https://warwick.ac.uk/fac/soc/ier/research/pathways/event/kpct_bsa_aston.pptx [Accessed May 2018]

QAA (2014) UK Quality Code for Higher Education, available online at www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code [accessed 25/2/18].

Reeve, K. & Batty, E. (2011) The hidden truth about homelessness: Experiences of single homelessness in England, London, CRESR & Crisis. Available online at https://www.crisis.org.uk/media/236815/the_hidden_truth_about_homelessness.pdf [accessed May 2018]

Renzulli, J.S., Dai, D. Y. (2011) Abilities, Interests and Styles as Aptitudes for Learning: A Person-Situation Interaction Perspective in Perspectives on Thinking, Learning, and Cognitive Styles, Sternberg, R.J. & Zhang, L. (Ed.), New York & Abingdon, Routledge, p23-46

Rogers. N (2000) The Creative Connection: Expressive Arts as Healing. Ross-on-Wye: PCCS Books

Royal College of Psychiatrists (2011) CR166. The Mental Health of Students in Higher Education available online at https://www.rcpsych.ac.uk/publications/collegereports/cr/cr166.aspx [accessed 21/04/2018]

Sanders, B., Teixeira, L. & Truder, J. (2013) Dashed hopes, lives on hold Single homeless people's experiences of the Work Programme. London: Crisis.

Shaull, R. (2005) Foreword in Freire, P., Pedagogy of the Oppressed, 30th Anniversary Edition, New York, Continuum International Publishing Group, pages 11-27

Silfen, R. (2011) Teaching the Adult Learner, Bloomington, Xlibris

Singh, P. (2005) Off the Streets and into Work: No home, no job, moving on from transitional spaces, available online at http://www.scie-socialcareonline.org.uk/no-home-no-job-moving-on-from-transitional-spaces/r/a11G00000017qX8IAI {Accessed February 2018]

Skills for Care (2015) The state of the Adult Social Care Sector and Workforce in England available online at http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/NMDS-SC/State-of-2014-ENGLAND-WEB-FINAL.pdf [accessed November 2016]

Skills for Care (2017) Qualifications, available online at http://www.skillsforcare.org.uk/Learning-development/Qualifications/Qualifications.aspx [accessed April 2017].

Skills for Care NMDS-SC [Accessed 2017] Derby City Current Workforce Attributes – Generated Report, available online at https://www.skillsforcare.org.uk/NMDS-SC-intelligence/NMDS-SC/Discover-NMDS-SC.aspx {accessed June 2017].

Skills for Care (2018) Learn from Others: Taking An Individualised Approach to DBS Checks: Inspirative Arts, Leeds, Skills for Care

Skills for Care [Accessed 2018] What Are Core Skills in Social Care? Available online at https://www.skillsforcare.org.uk/Documents/Learning-and-development/Core-skills/What-are-core-skills-in-social-care.pdf [Accessed 28/6/2018]

Skills for Care, Health Education England & Skills for Health (2015) The Care Certificate available online at https://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx [accessed 28/06/2018]

St Mungo's (2016) Stop the scandal: Can people living in homelessness accommodation access mental health services? Available online at https://www.england.nhs.uk/wp-content/uploads/2016/07/stop-the-scandal.pdf [Accessed February 2018]

Stewart, L.; Usher, A. & Allenby, K. (2009) A Review of Optimal Group Size and Modularisation or Continuous Entry Format for Program Delivery, Ottawa, Research Branch, Correctional Service of Canada. Available online at http://www.csc-scc.gc.ca/005/008/092/005008-0215-01-eng.pdf [Accessed May 2018]

Torrance, H. (2007) Assessment As Learning? How the use of explicit learning objectives, assessment criteria and feedback in post-secondary education and training can come to dominate learning, in *Assessment in Education: Principles, Policy & Practice*, Vol 14, issue 3, pages 281-294

Trevithick, P. (2003) Effective relationship-based practice: A theoretical exploration, in *Journal of Social Work Practice*, Vol 17, Issue 2, Pages 163-176

Van Woerkom, M. & Poell, R. (2010) Implications for Research and Practice in Workplace Learning: Concepts, Measurement and Application, Ed. Van Woerkom, M. & Poell, R., New York, Routledge

Wharam, T. (1992) The Building Blocks of Dramatherapy in Dramatherapy: Theory and Practice 2, Ed. Jennings, S., Abingdon, Routledge. Pages 82-96

Weiner, E. (1999) The Meaning of Education for University Students With A Psychiatric Disability: A Grounded Theory Analysis in *Psychiatric Rehabilitation Journal* Vol 22, Issue 4, pages 403-409

Wheeler, S. & Richards, K. (2007) The Impact of clinical supervision on counsellors and therapists, their practice and their clients: a systematic review of the literature in in *Counselling and Psychotherapy Research*, Vol 7, Issue 1, pages 54-65

Zukas, M. and Malcolm, J. (2007) Learning from Adult Education, Academy Exchange, Issue 6: pages 21–22

## Annex 1 – Agreed Outcomes, Recruitment and Diversity Targets

### Recruitment Target

Project specific recruitment target:

1. To recruit 10 people who have recently experienced homelessness, who show they have the right values, behaviours and attitudes to meet current and future social care workforce demands.

### Outcome Targets

Specific programme outcomes sought:

1. Enabling people who have experienced homelessness and social exclusion to achieve personal growth, qualifications and employment opportunities.

2. Challenging perceptions and widening participation in social care by providing flexible, accessible employment tools, case history evidence and good practice guidance; resulting in an increase of high quality employment opportunities for people who have experienced homelessness.

3. Improving experiences of cared for people by widening the pool of people caring for them: bringing additional skills, role modelling empowerment and inclusion, and creating opportunities for 'interdependent care'.

4. Promoting economic inclusion and reducing reliance on benefits for people currently experiencing homelessness or social exclusion.

Additional project specific outcome targets:

2. For all participants who complete at least one phase of the programme to increase in self-efficacy by an average of at least one mark (measured using YMCA's "I Matter" tool – Annex 1).

3. For all participants who complete all three phases of the programme to achieve the BTEC Level 2 Award in Supporting Activity Provision in Social Care (accredited and externally verified by Pearson Education).

### Diversity Targets

Data reveals a mismatch in BAME representation in the localitiy's social care workforce: 11% of the region's workforce are from BAME communities (Skills for Care NMDS-SC,

accessed June 2017), yet 25% of the locality's population is BAME (Derby City Council, 2013).

Intergenerational services which bring together participants of different ages benefit older participants through improved physical and mental health; enhanced socialization; improved sense of self-worth; increased personal independence; lowered levels of agitation for participants with dementia; improved attitudes about other generations (Goyer, 2001) and delayed entrance into nursing homes (Jarrott et al, 2008). However, 20% of the current social care workforce is aged 55 or over, (Skills for Care, 2015).

Harnessing the skills and attributes of a more diverse range of people would be hugely beneficial to both carers and cared for people.

Thus, specific diversity targets agreed:

1. To recruit at least 25% of participants from BAME communities.
2. To recruit at least 50% of participants from the 18-25 age group.

## Annex 2 – Person-Centred Risk Management Protocol

Each participants' placement should be risk assessed on a case by case basis. The process should be led by the organisation's safeguarding officer, in consultation with other staff, including specialist colleagues in partner organisations.

The following should be considered before reaching decisions:

- The historic nature of offending behaviour. How recent are the incidents disclosed in reports?
- The openness of the participants. How honest have participants been about what is likely to appear on their DBS reports. Is there any sense of anyone trying to hide problem behaviours?
- The context of the offending. What has the participant shared about other influencing factors in their life at the time of the offending? This contextualisation enabled us to truly understand what had led to historic incidents and begin to properly assess the likelihood of it happening again.
- Our own knowledge of the participants. Capture observations from professionals who have known the participant prior to the placement: have they observed any behaviours which would suggest the individual is not fit to work with vulnerable people?

If it is decided a placement will progress, put the following measures in place to protect everyone's safety:

- Supervised working. No placement students in support worker roles should ever left unattended with clients. New staff and students are always buddied with an experienced mentor.
- Effective work-based support. All participants should be given weekly support through reflective practice / clinical supervision to help them identify and develop best working practice, processing any issues which might arise for them.
- Ongoing training. Ensure the participant continues to engage in appropriate learning programmes, enabling them to continue learning about and reflecting on good practice, developing their self-awareness and increasing understanding about how their behaviours impact on others.
- Using our normal safeguarding policies and practice. All staff engaged in the programme should ensure optimum communication and effective case management to quickly identify any safeguarding risks to anyone involved.
- Proactively supporting staff wellbeing. Students on this programme must have already participated in a therapeutic group to process and deal with difficulties in

their earlier lives. As with our practice for supporting all our staff, we would all be mindful of the opportunity to signpost participants back to therapeutic support if we were concerned for any reason.

Recommendations

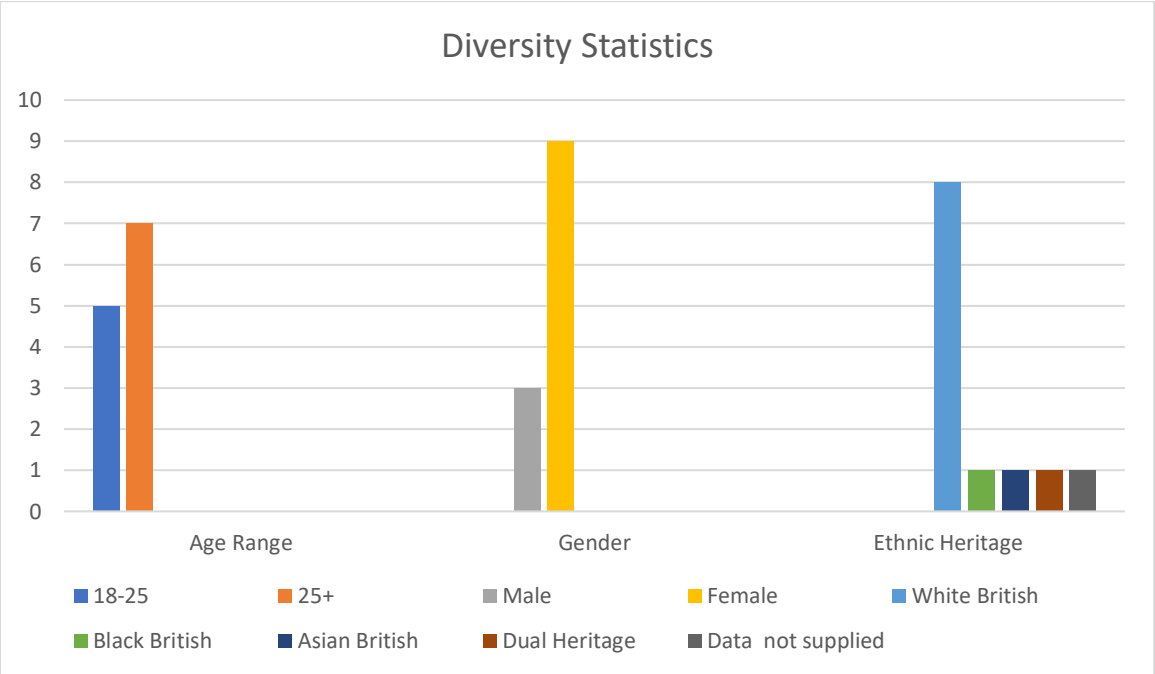
Based on our experiences we would advocate a person-centred, individualised approach to risk management should a potential staff member's DBS present challenging information. We suggest the following issues be considered when making decisions:

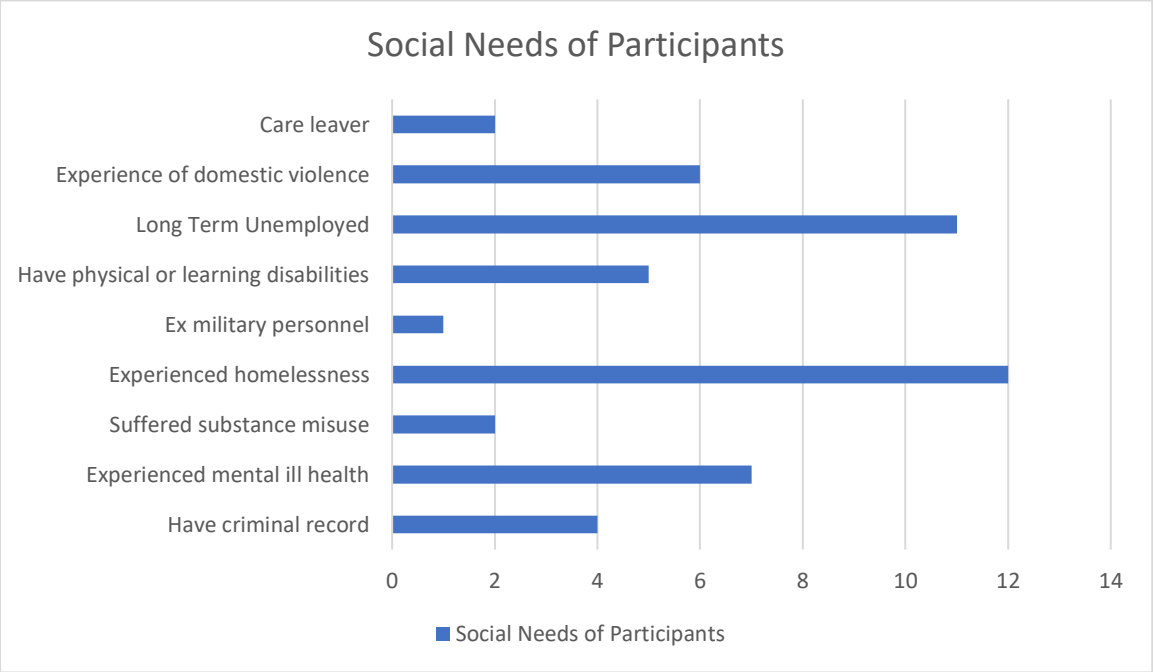
- The historic nature of offending behaviour.
- The openness of the applicant.
- The context of the offending.
- Your own knowledge of the applicant, or the knowledge of others willing to give them a reference to work in your organisation.

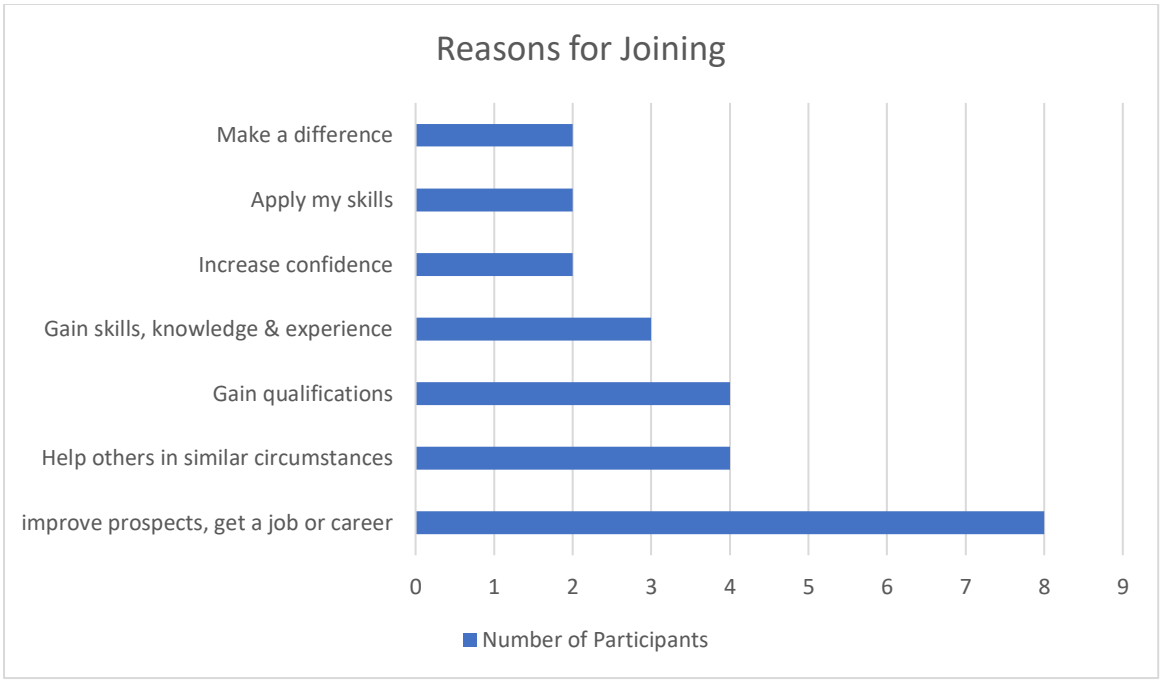
And the following steps taken to mitigate risks of any new or existing staff member causing harm to clients:

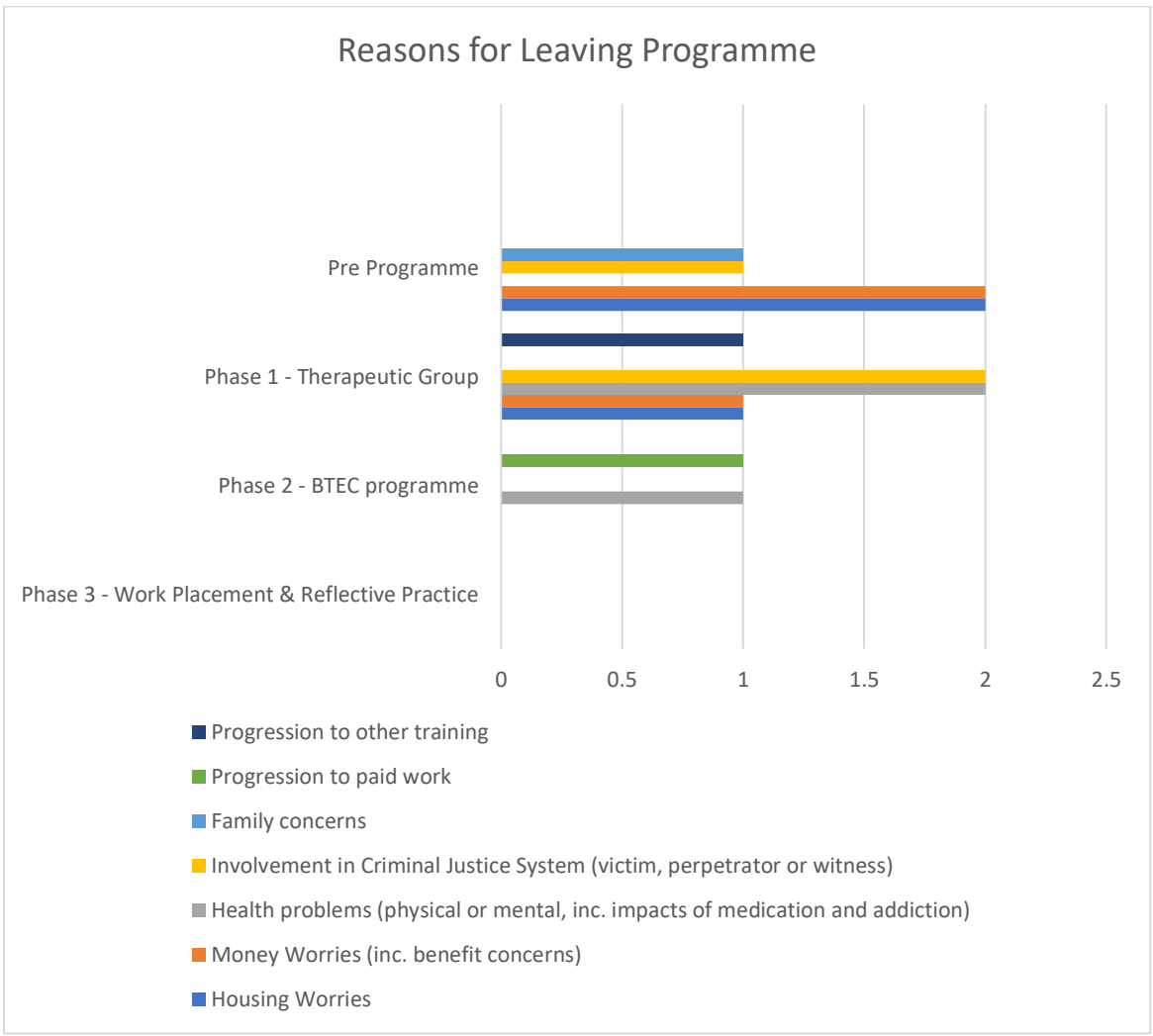
- Supervised working, buddying or mentoring.
- Effective work-based support.
- Ongoing training.
- Using your normal safeguarding policies and practice.
- Proactively supporting staff wellbeing.

## Annex 3 – Participant Data




Reasons for Joining
Make a difference
Apply my skills
Increase confidence
Gain skills, knowledge & experience
Gain qualifications
Help others in similar circumstances
improve prospects, get a job or career
0
1
2
3
4
5
6
7
8
9
Number of Participants


Reasons for Leaving Programme
Pre Programme
Phase 1 - Therapeutic Group
Phase 2 - BTEC programme
Phase 3 - Work Placement & Reflective Practice
0
0.5
1
1.5
2
2.5
Progression to other training
Progression to paid work
Family concerns
Involvement in Criminal Justice System (victim, perpetrator or witness)
Health problems (physical or mental, inc. impacts of medication and addiction)
Money Worries (inc. benefit concerns)
Housing Worries

## Annex 4 - Self Efficacy Measure Tool

### Strengths Questionaire

**Name:**

**Todays date:**

**Stage of programme**: start ☐ middle ☐ end ☐

This questionnaire is not a test and is for your personal reflection. The data will be anonymised and used to check the programme's effectiveness at the end of the course. By completing the questions, you are giving your consent for the data to be used in our final report. Please complete the form as honestly as you can, with 10 being the highest strength and 0 being the lowest.

**Housing**

How would you rate your housing strengths on a scale of 0-10? Please circle your answer. House strengths might include a sense of belonging, being able to find and keep your home, and knowing that you have future housing options.


**Personal Development**

How would you rate your personal development strengths on a scale of 0-10? Personal development strengths re things like motivation, confidence, ability to organise yourself, a sense of responsibility for yourself, you stuff and your home, being able to commit to and achieve goals, being able to review your progress


**Money**

How would you rate your financial strengths on a scale of 0–10? Financial strengths are not just the amount of money you have, but your ability to create and stick to a budget.

**Connections**

How would you rate your social skills strengths on a scale of 0-10? Social skills strengths are about having positive friendships, knowing good people, helping other people, and having a sense of belonging.


**Health**

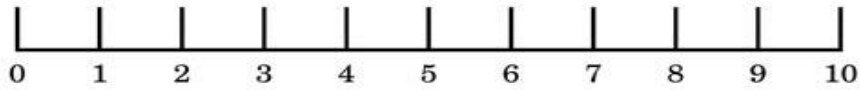
How would you rate your health strengths on a scale of 0-10? Health strengths are about cooking and eating healthily, taking regular physical exercise, and feeling a sense of emotional well-being.


**Working**

How would you rate your working strengths on a scale of 0-10? Working strengths are the employment, enterprise, volunteering and apprenticeship experiences you have had, wanting to work, having a job.


**Learning**

How would you rate your learning strengths on a scale of 0-10? Learning strengths are not just your qualifications, but your sense of your ability and willingness to learn, your knowledge of the skills you have, and your ability to promote these to others.



**Please indicate how true each of these statements is for you at present:**

1. I can always manage to solve difficult problems if I try hard enough

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

2. If someone opposes me, I can find the ways and means to get what I want

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

3. It is easy for me to tick to my aims and accomplish my goals

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

4. I am confidence that I could deal efficiently with unexpected events

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

5. Thanks to my resourcefulness, I know how to handle unforeseen situations

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

6. I can solve most problems if I invest the necessary effort

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

7. I can remain calm when facing difficulties because I can rely on my coping abilities

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

8. When I am confronted with a problem, I can usually find several solutions

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

9. If I am in trouble, I can usually think of a solution

| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

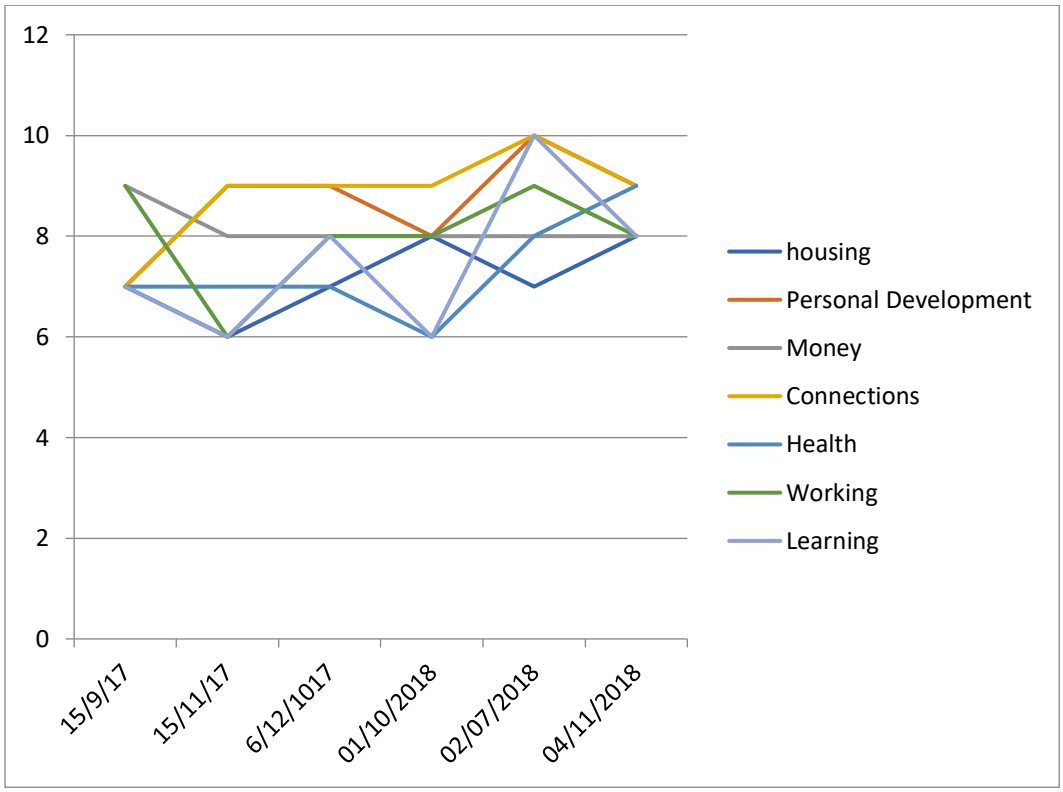
10. I can usually handle whatever comes my way

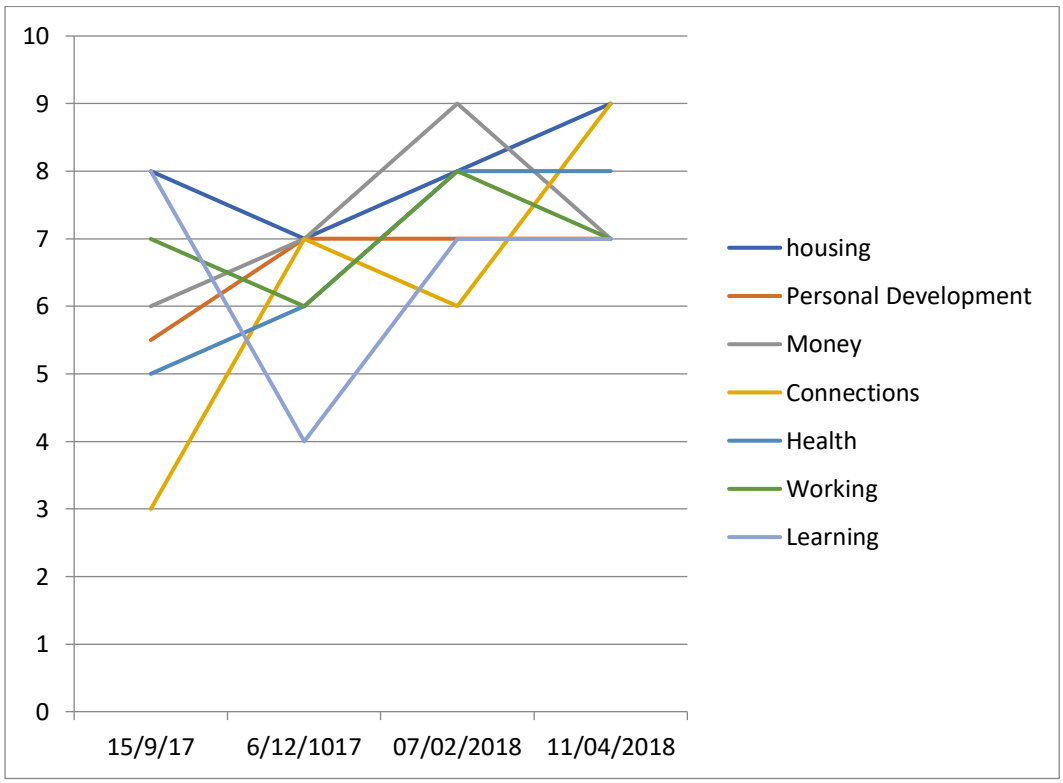
| | | | |
|---|---|---|---|
| Not at all true | Hardly true | Moderately true | Exactly true |

Thank you for your time ☺

## Annex 5 – Outcome Data

Client Self-Efficacy Scores:



Participant's verbal feedback on benefits gained from programme:

- Learning from role models but also feeling confident enough to develop own style
- Feeling confident in themselves, beginning to trust their own skills and abilities
- Coping with new situations and things which don't go as expected or hoped
- Developing career aspirations and setting realistic action plans to reach goals
- Study skills and learning through reflective practice
- Finding appropriate ways to explore and manage difficult emotions
- Developing social skills and finding positive ways to interact with other people
- Increased knowledge, practical skills and self-esteem.

Verbal and written reflections on effectiveness of programme:

From the staff team:

- Take the time to have a longer recruitment process – ensuring the programme is right for people, and people are right for the project will aid retention rates.
- Recruit more initial participants, accepting many will be lost because of the realities of chaotic lives.
- Undertake individual one to one therapeutic assessments to identify specific fears and confounding factors which might impede each person's progress.
- Ensure continuity of staff. Therapeutic relationships are crucial, and the departure of a staff member might trigger the departure of project participants if not carefully planned for and handled.
- Adopt a proactive person-centred risk management approach when considering DBS reports.
- Work closely with JobCentre Plus, providing optimum reassurance for participants that they will not suffer sanctions for participating in personal and career development programmes.

From participants:

- The therapy sessions were hugely valuable, increasing participants' insights into themselves and their relationships with others, enabling them to learn positive techniques to regulate their emotions, and building personal resilience.
- The opportunity to gain work experience and work directly with clients was very important, as this enabled participants to put their learning into practice, consolidating their understanding.
- The opportunity to gain an accredited BTEC qualification felt significant, as this gave credibility to the course and boosted participants' CVs. Participants felt proud of their achievement and appreciated that the course was free.

- High quality support and mentoring from established staff members in placement providing organisations is crucial for building confidence in the work place.
- Teaching reflective practice skills and providing work-based supervision makes a huge difference to participants, building their sense of efficacy and autonomy as practitioners and enabling them to contribute to continuous improvement in client care.
- Participants were listened and responded to at every stage of the programme. It is vital that individual concerns are heard and taken seriously, as stress and fear inhibit participation.
- Programmes like this cannot be rushed. Participants would have liked more therapy as part of a longer process, with opportunities for one to one therapy as well as group work. Participants also wanted more direct teaching, especially introducing new key terms and concepts. Programme time constraints added to assignment pressures, and students felt they might have achieved an even higher standard given more time. Participants who did not complete all parts of the programme felt they needed more space between developmental phases, giving them time to accept changes made through therapeutic support: practicing, integrating and embedding their newly developed personal insights and skills before feeling ready to embark upon the next phase of academic and career development. For many of these participants there was a sense of 'I am going to do this, but I can't do it all right now'. We would certainly endorse Skills for Care's suggestions that future programmes be delivered over a two-year funding cycle.
- One to one support for is essential for participants, especially people coping with complex issues and experiencing high levels of anxiety and need.
- It would be good to see this programme embedded into a wider range of learning and career development opportunities. Participants wanted more support to consider a range of options after completing the course, and specifically called for the development of an apprenticeship in therapeutic activity provision.