

Appendix C: The Suffolk Integrated Apprenticeship Programme

Background

As Suffolk suffers a shortage of people to fill entry level social care positions in the area, the integrated Apprenticeship was developed with the aim to provide entry-level work experience in a variety of health and social care settings such as care homes, community settings and in hospital.

In 2015 work started to develop the integrated Apprenticeship programme. This was led by a range of organisations including the CCG, NHS Trusts and community and social care employers. It was devised that the programme would consist of three, four-month rotations to take place across social care, community healthcare and hospital settings. During the placements, apprentices were to work towards gaining a Level 2 Diploma in Health and Social Care and a Care Certificate. Funding was secured from HEE to cover the management fee to design, facilitate and evaluate the programme. In addition to the HEE funding, host employers were required to pay the cost of their apprentice (£6,800).

In order to recruit host employers, the CCG and Care Careers Suffolk with support from HEE, hosted design workshops with potential stakeholders. These stakeholders reported that inclusion in design encouraged participation and ownership. Initially social care employers were somewhat reluctant to take on apprentices as they were very busy and had few resources to take on any responsibilities. This however did change and towards the end of the programme the social care employers were very supportive. Health employers were quite keen to take part as they had available resources to support apprentices.

To ensure consistency in regards to terms and conditions and pay, as these can differ across the sectors, the programme steering group decided to use the National Skills Academy for Health's Apprenticeship Training Agency (ATA) to serve as the employer and issue standardised contracts for the apprentices.

Recruitment was led by the CCG who developed a value-based process. The Apprenticeship was advertised through Care Career Suffolk, social media, information days at schools and college and the CCG newsletter and website. To filter applications, screening conversations were held with potential candidates to ensure they understood what the programme entailed and that they had the required values or such a role. Following on from the screening process, host employers

became involved and candidates were put through value-based recruitment exercises to ensure that the apprentices held personal values and behaviours aligned with the core values of the sectors and programme. However candidates were not required to have previous experience of working in either sector.

Subsequently in September 2015, 10 apprentices started the programme. Out of these, seven apprentices completed the programme; four of these stayed in the social care sector, one person took up employment with an acute trust and one apprentice was committed to finding work across the sectors. A second cohort of three apprentices commenced in September 2016.

Having started the programme, apprentices were monitored by Suffolk Brokerage. The apprentices were assessed after two weeks in placement and then after six weeks with monthly progress reports provided by the training providers.

Challenges

Finding suitable candidates proved to be a challenge as Suffolk has a relatively small group of school leavers – in 2016, 7,500 students left school with only 367 entering an Apprenticeship.

Using ATA as the apprentices' employer was the initial approach to make it simpler for the apprentices and programme partners. However, apprentices reported feeling confused about who to contact in regards to various issues; it was therefore felt that a local apprentice training agency would be able to offer more support on the ground. Stakeholders also reported communication to be an issue as so many organisations were involved in the project. These issues were resolved by hosting tele-conferences rather than meetings which made it easier for people to attend. This also shortened the length of the meeting to merely 30 minutes yet there was still adequate time to share issues, concerns and good news on the progress of apprentices.

In the first cohort, off the job training varied depending on placement as some apprentices were supported by their employers whilst others were left responsible for their own development with little monitoring from the employer. This resulted in a mixed outcome and was then changed with the second rotation so that every other week, apprentices got a full day of learning which incorporated their assessors' visits. This resulted in much better engagement from apprentices.

The programmes had a steering group in place that met monthly, however a role was needed for apprentice support, in particular to facilitate their transition between

the sectors and help settle them in their new roles. Employers across both sectors had regular calls between them to ensure apprentices had as smooth of a transition as possible. Managing apprentices on an integrated programme was considered to be a resource heavy task.

Key achievements

Initially a number of apprentices were reluctant to work in social care due to negative views held about the sector compared to the NHS. However, by the end of their placement the apprentices spoke highly of the social care sector and were interested in finding employment there. The apprentices performed well and feedback received from the placements was very positive with host employers having expressed an interest in employing some of the apprentices.

Sustainability

There are plans to run the programme again but with increased numbers of host employers, including mental health and primary care organisations. However, lack of funding is making sustainability difficult as the programme requires a project lead from each employer as well as an overall programme lead. It is also hoped that further funding can be for apprentices' travel expenses.



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