

Level 2 Certificate in Safe and Effective Practice

Impact Report

October, 2024

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1. Context

In 2020, the Department of Health (DoH) (Northern Ireland), Office of Social Services, set the following three deliverables for the Northern Ireland Social Care Council (Social Care Council) to return on:

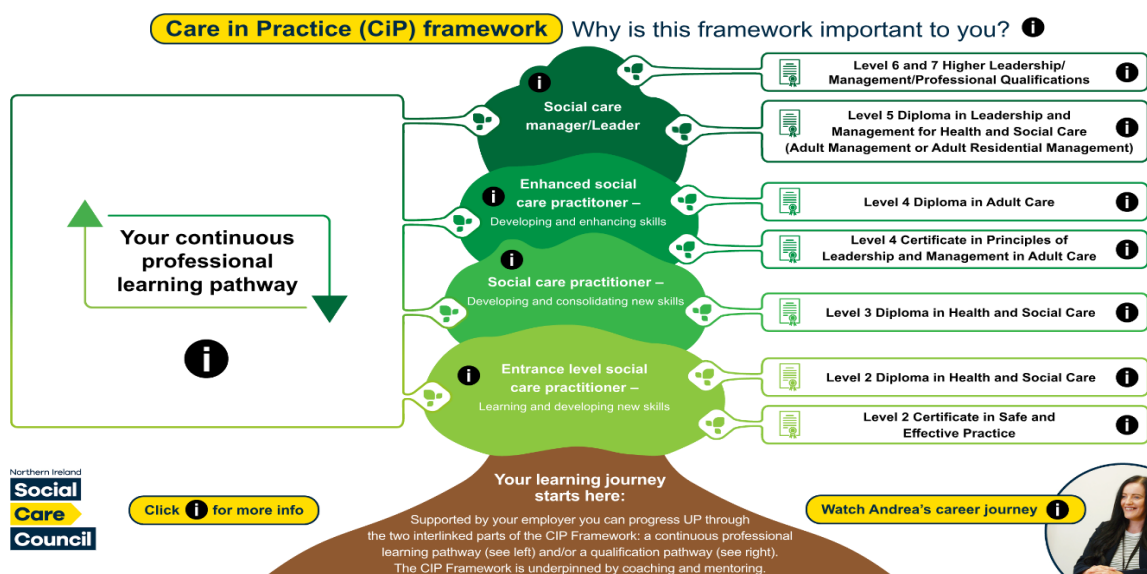
1. **Career pathway for social care** – to develop a career pathway framework for the registered social care workforce in Northern Ireland.
2. **Continuous learning framework** – to develop a continuous professional learning and development framework for the registered social care workforce, aligned to the Social Care Council registration requirements.
3. **Qualification-based register** - the introduction of a qualification-based register for the social care workforce register (the Register).

This resulted in the journey towards social care workforce reform, including the professionalisation of Northern Ireland’s social care workforce. As proposed in the ‘Health and Social Care Workforce Strategy 2026: Delivering for our People’¹.

“We will need to ensure that there is a sense that social care is a profession with clearly developed and recognised career pathways”

In the intervening four years, a design thinking methodology including the Double Diamond Design and Innovation Approach² has been employed by the Social Care Council. The Care in Practice (CiP) Framework³ developed presents a progressive ‘scaffold’ on which social care workforce registrants can build a career pathway and actively participate in their own continuous learning and development.

Figure 1: Care in Practice (CiP) Framework



¹ [hsc-workforce-strategy-2016.pdf \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/hsc-workforce-strategy-2016.pdf)

² [The Double Diamond - Design Council](#)

³ [Social Care Workforce Reform - NISCC](#)

An additional element of the Care in Practice Framework has been a revision and standardisation of job titles that acknowledges the diversity of social care practice settings and services, reflects the learning and career journey of the social care registrant and also 'better represent and promote **cohesion**, [professional] **identity** and emphasise the **value** of the social care workforce.'⁴

These standardised job titles, representing the social care workforce going forward, are as below:

- **Entrance level social care practitioner** – learning and developing new skills.
- **Social care practitioner** – developing and consolidating new skills.
- **Enhanced social care practitioner** – developing and enhancing skills.
- **Social care leader/ manager**.

As the Social Care Council moves towards the achievement of the third deliverable, a Qualification-based register, consistency in job title, function and role alignment should aid the sector, social care registrants and their employers.

2. Introduction

As a new, entrance level qualification on the Care in Practice (CiP) Framework, the Level 2 Certificate in Safe and Effective Practice was co-designed and developed by the Social Care Council in collaboration with the social care sector.

The Social Care Council worked in partnership with sector representatives to devise this new entrance level qualification, as part of the CiP Framework, that ensures consistency of the required training that all new social care practitioners across the sector would require when completing their induction.

The qualification provides the social care practitioner with a value base context across social care on which to build their learning, development and career and, further, aids transferability of knowledge and skills as the social care practitioner moves throughout the course of their career. Additionally, as an accredited qualification on the Regulated Qualification Framework, it aligns with the suite of developmental Social Care vocational qualifications, set out in the CiP Framework.

The Level 2 Certificate in Safe and Effective Practice sets a pathway for the registrant's 'journey' from induction through to leadership and management, mapping out a progression pathway aligned with individual and service needs – thus, building a succession plan for the sector which will also aid recruitment, retention and succession planning ...

⁴ [Care in Practice Framework: A framework to support career progression for the social care workforce - NISCC](#)

“... so that we have the workforce to match the very challenging nature of demand in that sector and the increasing levels of complex need in the community.”⁵

As an employment-based qualification, the Level 2 Certificate in Safe and Effective Practice has been developed for social care practitioners new to working in the field of Social Care and, indeed, to the Register. However, this does not exclude the possibility of existing practitioners in the sector availing of the opportunity to undertake this qualification, if funding and resources permit.

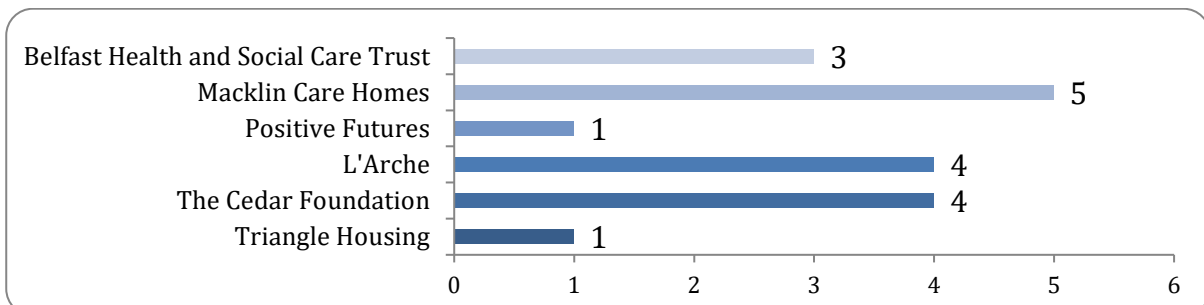
The Social Care Council developed a pre-accreditation pilot programme, based on the qualification specification, as an opportunity to test out the feasibility and viability of this qualification to meet individual learner, employer and sector needs before being fully deployed to the sector. The core objectives of this pilot programme being to:

- Establish the participant’s baseline knowledge of the topics which make up the new certificate.
- Track development of the participant’s knowledge and understanding as they progress through the certificate programme.
- Identify any areas of improvement required before the certificate is made widely available across Northern Ireland.

3. Methodology

The Social Care Council issued an expression of interest to employers and adopted a targeted strategy when selecting employers to participate in the *Level 2 Certificate in Safe and Effective Practice* pilot programme. This directed approach to employer engagement was a positive means of ensuring that the viability of this programme was tested on a cross-sector basis, with six employers being invited and agreeing to support their staff to participate in the programme.

Table 1: Employers



The training and assessment programme for this qualification was delivered, on behalf of these employers, by three training providers who were independently chosen by the

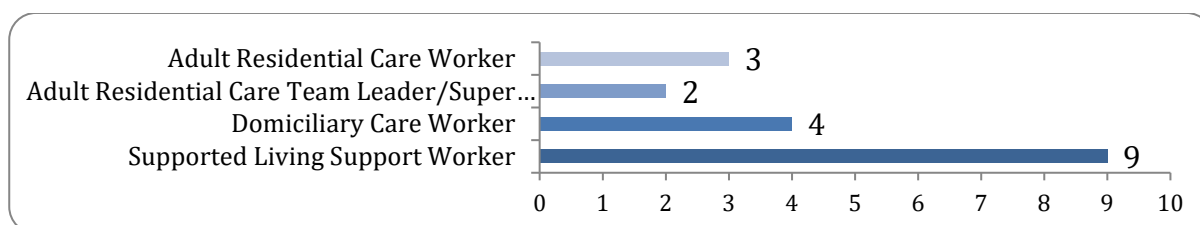
⁵ [hsc-workforce-strategy-2016.pdf \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/hsc-workforce-strategy-2016.pdf)

employers. In the case of the Health and Social Care Trust’s learners, its own Learning and Development team acted as the delivery agent for the training programme.

Learner demographics

In order to consider the applicability of this qualification for staff working in a diverse range of social care settings and/or services, this pilot programme was rolled out to nineteen⁶ social care practitioners in Northern Ireland, independently recruited onto the pilot programme following an expression of interest by their employers. These staff were employed, on a full or part time contract, to work as social care practitioners in either Adult Residential, Domiciliary or Supported Living services (see: **Table 2**, below), where they were supporting service users, of varying ages, with complex needs.

Table 2: Service settings



It should also be noted that (see: **Appendix 1**), the majority of the participants (twelve) had worked in their role for less than 15 months upon commencing the *Level 2 Certificate in Safe and Effective Practice* pilot programme, with the remainder (six) working in their role between 18 months and seven years.

Survey strategy

Two online surveys were administered to these eighteen learners, one at the start of the training programme (baseline survey) and the other at the end of their training and assessment period (end point survey).

A linear numeric Likert Scale, scored 1 – 5, was used in both the start and end point surveys to canvass participant’s own perceptions of their level of knowledge and understanding in relation to each of the below seven qualification topics/ units, with each individual being asked to score whether they considered their knowledge and understanding of each topic/ unit to be low (1) through to high (5):

- Topic 1 - Standards and Values**
- Topic 2 - Environmental Health and Safety**
- Topic 3 - Moving and Handling**
- Topic 4 - Individual Safety and Protection**

⁶ See Table 2: 18 out of 19 social care practitioners proceeded with the programme, one practitioner did not proceed

Topic 5 - Dysphagia and Food Handling

Topic 6 - Emergency First Aid

Topic 7 - Medication Practice

For the purpose of results analysis, learners individual perceived level of knowledge and understanding score for each topic/ unit was categorised in the following way:

- 1 = Low** perceived level of knowledge and understanding
- 2 = Low – average** perceived level of knowledge and understanding
- 3 = Average** perceived level of knowledge and understanding
- 4 = Average – high** perceived level of knowledge and understanding
- 5 = High** perceived level of knowledge and understanding

The number of learners who rated their perceived level of knowledge and understanding at each score was translated as a percentage of the total learners who participated in the pilot programme, at each of the survey point stages.

Note: Additional factors surveyed at baseline included the following (see: **Appendix 1**):

- **Participant age** – all pilot programme participants were aged between 18 and 40 years old
- **Qualification level attained (before undertaking this qualification)** – there was an approximate 50/ 50 % split between those who had attained a qualification at Level 3, e.g. A Level, or above, and those who had attained a Level 1 and/ or 2 qualification.
- **Standard of English language skills** – participants were asked to rate how strongly they agreed/disagreed with statements about their perceived level of written, verbal, reading, comprehension and communication skills. An average of approximately 75% of participants felt that they could function independently in the practice setting in relation to the stated areas, with the remaining 25% of participants stating that they felt that they require ‘occasional guidance from [their] manager or a colleague’.

In order to further test the efficacy of the qualification training programme in increasing the participants perceived knowledge and understanding as they progressed from the beginning to the end of their qualification learning journey, the following feedback strategies were employed:

- **Employer surveys.**
- **Training provider surveys.**
- **Round table discussions** – as an opportunity to gather more qualitative, subject feedback from learners, employers and providers based on their reflections of the programme. Structured questions were used to guide these group discussions (see: **Appendix 3**).

4. Results

Learner baseline survey

The purpose of the baseline survey was to establish a benchmark of learners' perceived level of knowledge and understanding about the seven, above stated, practice related topics/ units at the outset of the training programme. The information gathered at this stage of the pilot programme provided important quantitative data against which the later, end point survey results could be analysed - by means of conducting a comparison between learners' baseline score for each topic/ unit and their end point assessment score. In doing so, the intent was to test the efficacy of the qualification training programme in increasing the participants' perceived knowledge and understanding as they progressed from the beginning to the end of their qualification learning journey.

Baseline survey results indicated that the learners generally scored their knowledge and understanding to be highest in relation to the topic/ unit of *Safe Moving and Positioning of Individuals*, with 50% of learners scoring themselves with high (5) perceived level of knowledge and understanding in relation to this topic/ unit.

The topic/ unit of *Emergency First Aid* saw the least number of learners scoring themselves as having high level of knowledge and understanding, with 22% of learners awarding themselves the high score of 5. *Emergency First Aid* also had the most significant number of learners (17%) scoring themselves with a low (1) level of knowledge and understanding. Indeed, at the time of this baseline survey being administered, learners scores were widely variable across all topics/ units, with the majority of learners awarding themselves a score between 1 and 5 in relation to most topics/ units, with the exception of *Standards and Values*, *Health and Safety and Safeguarding* topics/ units.

This level of score variation may have been reflective of the learner's length of service in their social care role prior to commencing the *Level 2 Certificate in Safe and Effective Practice* pilot programme and completing the baseline survey. Due to the learners having such a varied duration of social care employment (0 months to 7 years of service), some learners had already received training on the topics/ units prior to starting the qualification pilot programme, as per induction requirements, and, therefore, had existing knowledge. Other learners, as new staff, had not received the social care specific training before participating in the pilot study and, consequently, had considerably less knowledge and practice experience in relation to the seven topics/ units.

The following section will present the findings of the end point survey, showing how learners perceived level of knowledge and understanding had changed, if at all, since the start of the pilot qualification training programme and following the delivery of topic/ unit focussed learning and development sessions facilitated by the training provider.

Learner end point survey

The learners were asked to complete the end point survey when they had finished their course requirements. As with the baseline survey, learners were asked to score their perceived level of knowledge and understanding about each of the seven programme topics/ units on a scale of 1 – 5, as per the linear numeric Likert Scaling system referred to above (see: **Methodology**).

Gathering the information contained within the end point not only facilitated the analysis of changes in the learners' perceived level of knowledge and understanding between the start and end of the pilot programme, but also evaluated other ways in which the pilot programme impacted on them as discussed below.

For the purpose of initial consideration, the changes between the learners' perceived baseline and end point knowledge and understanding of the qualification programme topics/ units were compared – with a significant increase in knowledge and understanding of the topics/ units being evident (see: **Table 3**, below)

Table 3: Baseline and end point survey scores

Topic	Survey		Baseline	Endpoint	Baseline	Endpoint	Baseline	Endpoint	Baseline	Endpoint
	1 (Low)	1 (Low)	2 (Low - Average)	2 (Low - Average)	3 (Average)	3 (Average)	4 (Average - High)	4 (Average - High)	5 (High)	5 (High)
1 - Standards & Values	0	0	11%	0	28%	6%	33%	38%	28%	56%
2 - Health & Safety	0	0	11%	0	33%	6%	22%	44%	33%	50%
3 - Moving & Positioning	6%	0	0	0	33%	6%	11%	13%	50%	81%
4 - Safeguarding	0	0	6%	0	33%	6%	28%	19%	33%	75%
5 - Food & Dysphagia	6%	0	6%	0	17%	6%	33%	25%	39%	69%
6 - Emergency First Aid	17%	0	6%	0	17%	6%	39%	25%	22%	69%
7 - Medication	6%	0	6%	0	33%	6%	28%	38%	28%	56%

Table 3 - shows the percentage of learners who scored their perceived learning and understanding, on a scale of 1 – 5, for each topic/ unit at the baseline and end point survey stages.

As can be seen from the above table, the most significant increase in knowledge and understanding, between baseline and end point survey, was seen in relation to Topic 6, *Emergency First Aid* – where there was an increase of 47% in learners self-rated scoring. This scored increase, between the beginning and end of their studies, could be attributed to the learner's lack of previous knowledge and experience in this area of study prior to taking on their role as a social care practitioner compared to their knowledge after completing the *Emergency First Aid* training required for the course and their job in order to support them to carry out their role safely and effectively.

In referring back to the baseline survey, there was also significant increase, by end point, in the learners perceived knowledge and understanding in relation to Topic 4, *Safeguarding* –

with 42% more learners scoring themselves with a high (5) level of knowledge at end point (75% of learners) compared to baseline (33% of learners).

However, there was also a noted increase in learners scores across all of the seven taught and assessed topics/ units of this qualification programme between the start and end of the pilot programme with the participants perceived learning and understanding increasing by an average of 33%.

Additionally, it should be highlighted that all learners scored their perceived learning and understanding for each topic to be average and above by the end of the programme, with all learners rating their knowledge and understanding as being average to high (3 – 5) and no learners scoring themselves with low knowledge and understanding (1 – 2) – indicating that the learning and development sessions delivered as part of the course programme were extremely effective in increasing learners’ knowledge and understanding overall.

Note: Additional factors surveyed at end point included the following (see: **Appendix 2**):

- **Completion timescale** – survey results indicated that the average completion period was between 3 – 6 months, depending on the learners ‘newness’ to the field of social care practice and on the model of programme delivery.
- **Taught session delivery** – with the majority (81.25%) of learners stating that these sessions took place as pre-arranged sessions at a training provider venue.
- **Practice assessment (direct observations of practice)** – with learners stating that these took place either when the right situation/ opportunity arose in the workplace, or as pre-arranged workplace assessments or as a mixture of both.
- **Frequency of training and assessment** – with the majority of learners responding that taught sessions and/ or direct observations of practice took place either weekly or fortnightly.

The learners who participated in the pilot programme and completed the *Level 2 Certificate in Safe and Effective Practice* shared their reflections of both during a later round table discussion:

Programme specific quotes:

- “The pilot has helped me to speak with my colleagues and even my family. I am able to educate my colleagues. Now I have a voice.”
- “I have been able to put my knowledge from the pilot into my work.”
- “It boosted my confidence.”
- “I am a better person, worker, with my colleagues and service users.”

Qualification specific quotes:

- “I have always wanted to progress in my career ... this will give me a chance to progress in my career and being able to go on to do the Level 4.”

- “The modules were all relevant and they go across all services.”
- “It has made me want to do more, learn more.”
- “I would like to continue my journey up to Level 5.”
- “A lot of training can put someone new off but this course goes into depth. It is so detailed; it is so good!”
- “The Certificate is the thing to do!”

Employer end point survey

This employer survey was sent to the employers/ managers of the learners who participated in this *Level 2 Certificate in Safe and Effective Practice* pilot programme.

In doing so, this survey focussed on gathering information from these employers/ managers about their views on the following:

- **Average time that it took the learner to complete the programme** – with the findings indicating that it took approximately 50 – 60 hours, with an additional 30 – 45 minutes support time being provided by supervisor and/ or management in the workplace. This time was noted to vary, depending on qualification delivery model and did not include any additional tutor support (Guided Learning Hours) provided outside of working hours.
- **Assessment of the overall knowledge and understanding of the staff/ learners, who completed the pilot at the end of the programme** - in relation to each of the seven topics/ units addressed in the programme (using the linear numeric Likert scale of 1 – 5, where Level 1 is the lowest level and Level 5 is the highest) – all employers returned a score of 4 (average to high) for all seven topics/ units, with the exception of Topic 5 (Food and Dysphagia) with a score of 3.
- **Impact of the pilot on social care workers and their practice** – employers were asked to indicate how strongly they agreed/disagreed with the following statements:
 - **Staff knowledge for their role has improved** – all respondents **agreed** with this statement – notably, that the learner’s knowledge had improved after undertaking the pilot programme.
 - **Staff skills for their role have improved** - all respondents **agreed** with this statement – notably, that the learner’s skills in their carrying out their job role had improved after undertaking the pilot programme.
 - **Staff have greater confidence in reporting risks or concerns about a service user** – the majority of respondents **agreed** that the learner’s confidence in reporting risks or concerns about a service user has increased as an impact of the pilot programme. One respondent neither agreed nor disagreed with this statement.
 - **Staff have greater confidence in their ability to do their job** – again, all respondents **agreed** with this statement and that since completing the pilot programme learners are more confident in their ability to do their job.

- **Staff awareness of the Social Care Council standards has improved** – all respondents **agreed** that the learner’s awareness of the Social Care Council standards has improved as a result of participating in the *Level 2 Certificate in Safe and Effective Practice* pilot programme.
- **Staff have better understanding of the values expected from social care workers** – those who responded agreed that, since participating in the pilot programme, the learners have a better understanding of the values expected from social care practitioners.
- **The programme has encouraged staff to remain working in social care** – the majority of those whose employers and/or managers fed back agreed with this statement, which is very positive in relation to the matter of staff retention in the sector.
- **The programme has encouraged staff to continue with further learning programmes** – all respondents **agreed** – which is an extremely positive finding, with one respondent going so far as to state:

“I feel motivated to dive into more advanced topics and build on what I’ve already learned. Overall, I’m committed to continuing this learning journey and am eager to see how I can apply these insights to make a meaningful difference in my role.”

Provider end point survey

As with the learners and employers, the three training providers were issued an end point survey after the *Level 2 Certificate in Safe and Effective Practice* pilot programme had concluded.

The training provider’s survey sought to canvas views on:

- **Time taken to deliver all of the programme** – with all of the providers stating that this was four months.
- **Assessment of the overall knowledge and understanding for the group at the end of the programme** – in relation to each of the seven topics/ units addressed within the programme, the providers were asked to score (using the linear numeric Likert scale of 1 – 5, where Level 1 is the lowest level and Level 5 is the highest) their perception of the groups overall knowledge and understanding at the end of the programme. In doing so, there was a consistent response, with all providers scoring the groups end point knowledge and understanding at 4 (average to high) or 5 (high) across each of the seven of the qualification and programme topics/ units.

Note: Additional factors surveyed at end point included those addressed above in the learner survey – including, completion timescale, taught session delivery, practice assessment (direct observations of practice) and frequency of training and assessment. The answers provided by the providers were consistent with those provided by the learners.

Further, during a round table discussion, both employers and training providers emphatically spoke about their support for the pilot programme and the *Level 2 Certificate in Safe and Effective Practice* when sharing such views as:

Programme specific:

- “The programme prepares staff for practice.”
- “For us, it has been a huge success ... leading to staff increase in confidence.”
- “The programme was very beneficial and meaningful. It covered a lot of induction and helped to introduce new staff to learning and the organisation.”
- “The pilot programme created a sense of community because of the in-person training. The learners who trained together are now a tight-knit group.”

Qualification specific:

- “The units enabled consideration of the link between learning and practice.”
- “The first unit, standards and values, really set the scene for the rest of the programme.”
- “We really liked that values were so embedded in the qualification.”
- “The link between mandatory induction and the Certificate really works well.”
- “The Certificate is a strong, robust experience that equips staff with knowledge and skills.”
- “It will raise the standard of care for service users which is better for everyone.”

Learner specific:

- “The staff member came on leaps and bounds. He applied his learning to practice.”
- “He was like a flower blossoming.”
- “The staff member is more knowledgeable of the Codes and Standards and has been able to share their learning with colleagues.”
- “The staff members have an increased sense and understanding of professionalism.”

With regard to the positive impact on the learning and development achievement of their staff member(s) who participated in the Level 2 Certificate Safe and Effective Practice pilot programme, one employer stated, very directly, that ...

“This [qualification] is a great way to start staff who may be uncomfortable about completing a qualification to make a start towards a Level 2 or Level 3 qualification, as it is less daunting to someone who is new to social care and/or has not completed a training certificate or diploma before.”

5. Impact Assessment

In consideration of the overall impact of the *Level 2 Certificate in Safe and Effective Practice* pilot programme, learner participants were asked to rate how strongly they agreed/disagreed with statements about the perceived effect of their qualification experience, through the pilot programme, on them as social care practitioners (see: **Table 4:** Impact Statements, below).

Table 4: Impact Statements

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
It has enhanced my knowledge of my role and responsibilities	0	0	0	5 = 31%	11 = 69%
It has helped me develop skills that are relevant to my role and responsibilities	0	0	0	9 = 56%	7 = 44%
It helped me settle in to my social care role	0	0	2 = 12%	7 = 44%	7 = 44%
It has helped me to do my job more effectively	0	0	0	8 = 50%	8 = 50%
It has improved my self-confidence as a social care worker	0	0	0	8 = 50%	8 = 50%
It makes me feel more committed to my social care role	0	0	0	8 = 50%	8 = 50%
It has encouraged me to continue working in social care	0	0	0	6 = 37%	10 = 63%
I think it will support me in my career progression	0	1 = 6%	0	5 = 31%	10 = 63%

As can be seen from the above table, a key theme is presented – notably, the effectiveness of the pilot programme.

The programme proved to be effective in developing learner’s knowledge and skills for practice, boosted their confidence in practice and, in turn, facilitated learner’s effectiveness in carrying out their job role. As the entrance level qualification for the new Care in Practice (CiP) Framework this *Level 2 Certificate in Safe and Effective Practice* pilot programme has supported learners to feel more committed to their job, to continued employment in the sector and to their future career progression.

Positives/ Benefits

It is evident that the *Level 2 Certificate in Safe and Effective Practice* pilot programme has been a positive experience for the learners, their employers and for training providers, which is encapsulated in the words of the programme participants themselves, below:

Learner perspectives

- “Being part of the pilot has significantly expanded my knowledge in key areas such as medication training, proper food handling, and understanding patients’ rights. This

has enhanced the quality of care I provide, ensuring that residents receive their treatments safely and effectively.”

- “I feel motivated and inspired in continuing to the Next level of the Safe and Effective Practice Certificate. Completing the Level 2 certificate has truly been an inspiring experience for me. It’s not just been about the formal learning, but also about how it’s ignited a genuine passion for furthering my knowledge.”
- “Taking part in the pilot for the Safe and Effective Practice Certificate has been an enriching experience for me. Personally, it’s been a journey of growth and learning that has made me more confident in my role. I’ve gained new skills, like more precise medication administration and better food handling practices, which have really made a difference in how I care for residents. What’s been most rewarding is seeing how these new approaches positively impact their lives and feeling a greater connection to their well-being.”
- “I have been thinking a lot on how much this course has helped me learn. I have learnt so much and I have been able to pick up on services user with swallowing difficulties and report them for a salt (sic) assessment to which they have all come back and are now different levels. I feel like I don’t want to stop now. I feel like I should push myself and go on to do more learning.”
- It has really helped me be more relaxed with service users, do tasks and follow care plans and have good communication with service users.”

Employer perspective

- “Staff had greater confidence and knowledge (especially newly started staff).”
- “It was a good team building exercise for our new staff - they had a lot of interaction and discussion and got to know each other well.”
- “New staff in particular are more skilled and were able to fully take up their duties more fully.”
- “Helps staff with better understanding in their role and that they are providing valued care to individual people.”
- “Staff have better understanding of their role and after completing this course it has improved their work performance.”
- “The course provides a framework of the standards of conduct and practice in which to measure good practice.”
- “The flow of qualification development in the CiP is really beneficial. It helps present a career pathway for individuals.”

Provider perspective

- “For a pilot, we felt it went really well, majority of learners were very engaged and we could see improvement in knowledge (especially with some folk who had been in H+SC for a while ie around minimum standards).”

- “Completion of the pilot and having it assessed against the qualification standards, by default, offers some degree of quality assurance about the quality of mandatory training that the learner has received.”
- “The Level 2 Certificate incorporates mandatory training, is standardised and portable.”

6. Challenges

Despite all of the undeniable positives about the *Level 2 Certificate in Safe and Effective Practice* pilot programme, this does not mean that it was without its challenges. Indeed, some of the key challenges identified by programme participants, through the survey process and round table discussions, primarily related to the matter of time.

Some challenges identified by **learners** included:

- “Finding the time to complete assignments for submitting my units.”
- “Time to complete assignments due to work/ life balance demands.”

From an **employer** perspective, challenges included:

- “Balancing the course with learning a new job role and working shifts.”
- “Freeing up staff to participate in training sessions.”
- “Releasing staff to attend the training due to staffing levels.”

And, from a **provider** perspective, the identified challenges included:

- “The demands of work schedule balanced with personal life meant that staff being in a room all at the same time was difficult.”

However, in order to overcome these challenges, participants also proposed the following (possible) solutions:

- “The right attitude and right ethos of staff and their service manager helped to overcome the challenges.”
- “Tying the Certificate to induction will really help overcome the challenges around competing demands and completing induction.”

7. Suggested improvements/ recommendations

As part of the surveys administered, participants were asked to identify any recommendations and/ or improvements to the Level 2 Certificate in Safe and Effective Practice pilot programme. Below are the proposed recommendations and improvements for future programmes delivery:

Learner perspective

- “More collaborative projects for the group to do together. Group work works.”
- “The workbook should have more space for answers and instead of meeting every two weeks I think it could be every week.”
- “I suggest, we should add over the counter medication training to the course if it possible.”
- “Allocating more time for the work booklet so we do not rush to submit.”
- “Maybe offering [the course] online for people that can’t drive as a zoom maybe.”

Employer perspective

- “Improved resources eg workbook.”
- “More time needed to complete workbook.”
- “Make individual unit certificates available as proof of mandatory training completion for RQIA.”
- “Ensure protection of training time so that contracted hours can still be met.”
- “Have staff complete the training together if at all possible, as this is a good team building opportunity and leadership staff can save time by supporting learners together rather than on an individual basis.”

Provider perspective

- “Review the workbooks – they are quite long and need more time to complete in taught sessions.”
- “Moving forward we would introduce professional discussions along with the written work (As our process for other vocational quals) and we would observe practice in the workplace.”
- “More use of direct observations would be good eg food hygiene.”

8. Conclusion

At the outset of the Level 2 Certificate in Safe and Effective Practice pilot programme the core objectives were:

- Establish the participant’s baseline knowledge of the topics which make up the new certificate.
- Track development of the participant’s knowledge and understanding as they progress through the certificate programme.

- Identify any areas of improvement required before the certificate is made widely available across Northern Ireland.

Through the preceding impact report and evaluation of the pilot programme, all of the above objectives have been seen to be met and, as such, the qualification and programme are ready to be fully deployed to the sector as part of the Care in Practice Framework, with the following advice from a learner ...

“Thinking about the Safe and Effective Practice Certificate for your team? I would definitely recommend it. The training not only boosts staff skills and confidence but also positively impacts the quality of care they provide. Investing in this certificate can lead to a more engaged and knowledgeable team, which benefits everyone—both the staff and the patients. I think it’s a step worth taking for the long-term success and well-being of your organization.”

Learning from this pilot will be useful for prospective learners, employing organisations and training providers, including regarding guidance and implementation. It is evident from the pilot that the *Level 2 Certificate in Safe and Effective Practice* will provide benefits for new social care workers and the people they support and, additionally, could be of benefit to those staff further into their careers.