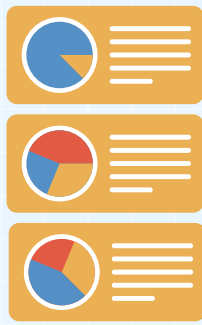




From Values-Based Recruitment to Cultural Confidence

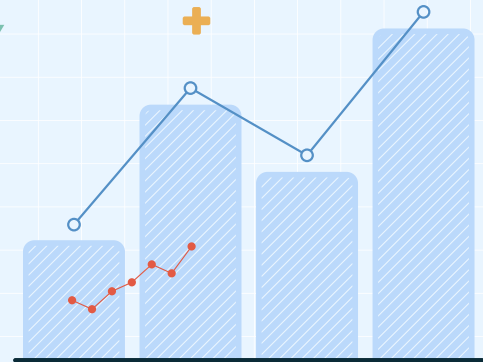


Innovating workforce development
in homecare

Dr Liz Wands-Murray



UNIVERSITY
of York





Disclaimers

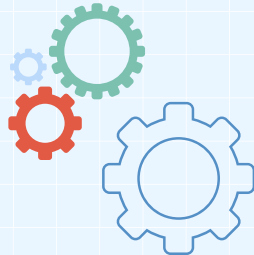
The Doctoral research and the Career Development Award were funded, but are not endorsed by, the NIHR School for Social Care Research.

Curious about Care was funded by NIHR Research Programme for Social Care. The views expressed are those of the Curious about Care team and not necessarily those of the NIHR or the Department of Health and Social Care.

Curious about Care Team: Dr Mark Wilberforce, Rowan Jasper, Dr Liz Wands-Murray, Laura Haviland, Alannah Friend, Professor Paul Tiffin, Professor Tracy Finch, Dr Eppie Leishman & Michelle Reynolds (Leicestershire County Council)



Funded by
NIHR | National Institute for
Health and Care Research





social care sector

National picture: Landscape politically complex and shifting

Costs: Total expenditure by LAs increasing, fair pay funding devolved & not ringfenced

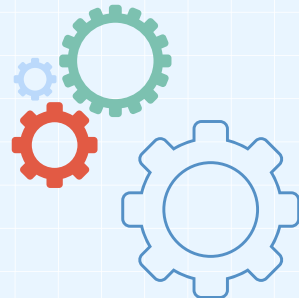
Key legislation: fair pay, employment rights etc

● **Range of provision:** 19k employer, 42k settings

Pay & conditions: low pay levels, 21% zero-hours contract, 43% less than full-time, 38% SSP

Diversity of workforce: only 8% under 25, international & british workers declining

Demand: need 500k more care workers by 2040



Values Based Recruitment using situational judgement tests

Specific 'values' (enduring beliefs or principles that steer behaviours) highly sought by care recruiters

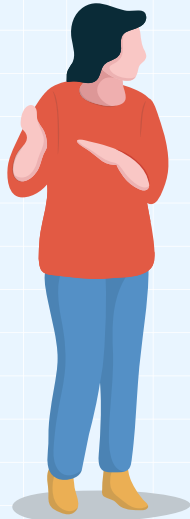
Difficult to objectively define and measure

Adoption of values based recruitment may reduce recruitment costs & staff turnover & positively impact on learning role-specific skills

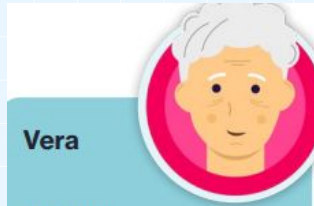
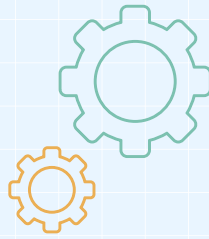
Reliably predict long-term workplace performance & professional behaviour

Avoids 'social desirability' trap

Lower likelihood of adverse impact - levels playing field



Curious⁺ about care



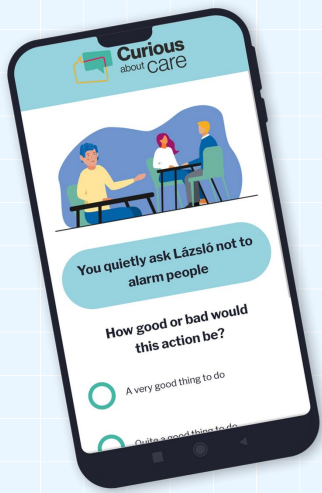
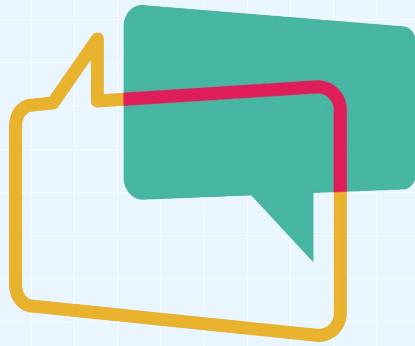
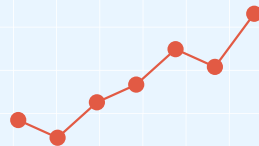
Vera

Vera has quite advanced dementia. She is someone who has always taken pride in her smart appearance. She is in need of a bath, and her personal hygiene is suffering. However, she refuses to have a bath because she is enjoying being with "her baby" (a doll).



Mrs Gupta

Mrs Gupta is very angry that the care worker has brought a beef sandwich into her home for lunch. She believes her religious views have been disrespected.



Citizens Jury - development of framework of 'values'

VBR Tool - scenario based situational judgement tests

Intervention tested in range of organisations

Mechanisms of action of SJTs?





Sample considerations

18 Care Providers



Organisations characteristics

Single office - Local - National

Country-wide

Inadequate - Requires Improvement - Good - Outstanding

Self funders - Local Authority - Mixed

Private - Franchise - Charity

<25 staff to >300 staff

Sponsorship of overseas workers - No sponsorship



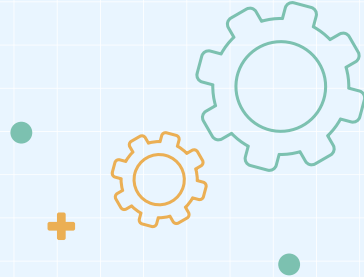
Sample

Broad demographics across quantitative data

More restricted for qualitative - varied but limited numbers



Unable to recruit any applicants who were not hired



Methods

Quantitative

 Demographic data of candidates

 Data collected from quiz completions

Supervisor ratings

Re-tests

256 test results

205 ratings

35 test results

Qualitative

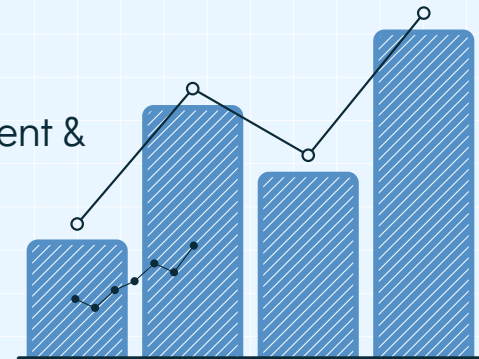
Demographic data of participants

Interviews

Interviews/follow-ups

23

Roles including organisational leadership (8), HR, recruitment & training (5) and care workers (5)



Evaluation – Qualitative

+ Varied fidelity

Used in a variety of ways

+ Positive

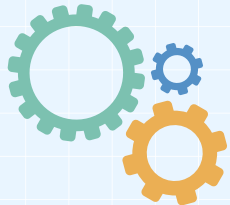
Was viewed positively by providers and recruits

+ Two way

Impressions for both parties

+ Instincts

Providers felt it gave insight into instincts



⚙️ What care workers/recruiters said....

*"If it happens back at home, I would've done [the care task] and then people who are there around me, they would come and help, because I'll seek help as well. So, if they come in - they will always offer help to come and help people. But reading the scenarios that are in here especially, since for me, it'll be like a **culture shock**...because I'm in a new environment, in a new country. So, I wouldn't know...how would people react on it" (Interviewee 20, Care Staff).*

*"There were areas where I didn't have as much experience, like I said. **It gave me an idea of what to expect.** So, I'm not going into the interview or the job role blind and then thinking after a couple of shifts, oh no, this isn't for me - so it definitely helped with that"*

(Interviewee 18, Care Staff).



Repurposed & Recontextualised



Used primarily for **induction, training, supervision** and as an assessment tool for training needs

Used as a **debate and discuss tool**



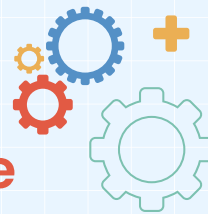
International care workers identified a role in **contextualising care delivery norms in the UK** - providing cultural orientation





Doctoral findings

Inclusivity & cultural competence for older LGBTQ+ people



Disclosure

Not being asked about identity

Staff **not confident**

Value/purpose of knowing unclear

Signals

Clear markers of inclusion used for decision making about services

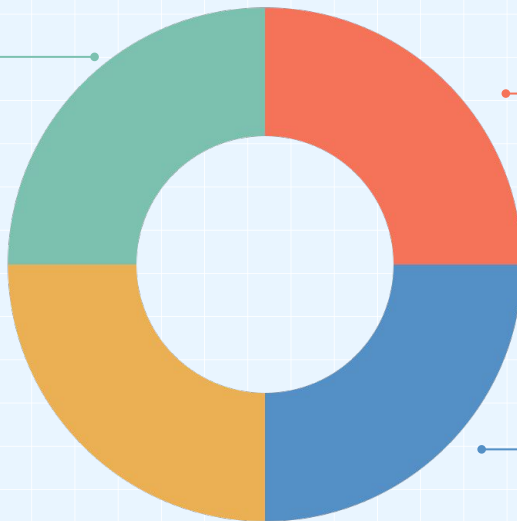
Staff training

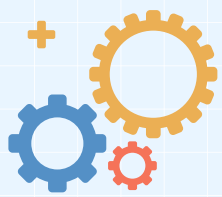
Felt to be crucial but **lacking**

Responsibility felt by people themselves

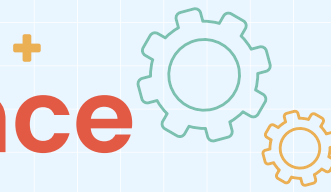
Knowledge

Some understanding of minoritised lives helpful
Listening & asking





Competence to confidence



Cultural Competence

- Implies acquisition of specific knowledge, language & skills sets
- Static competence reduces identity to rigid stereotypes, ignoring intersectionality & normative assumptions

Cultural Humility

- Lifelong self-reflection, critical self-awareness, intentional disruption of power dynamics
- Challenging to evaluate & operationalise

Cultural Competility

- Cultural humility through technical & relational competence

Cultural confidence

- Active ability to validate & support unique beliefs & navigate unfamiliar cultural norms through reciprocal, skill-based behaviours of compassion & curiosity



Context of delivery



- Operationally complex environment
- Training on practical compliance prioritised eg meds, moving & handling
- Often unpaid or in worker's own time
- Lack of shared learning
- Range of educational starting points & learning styles

Programme Theories

PT 1 (PRACTICE): BUILDING STAFF INCLUSIVE PRACTICE



Staff engage in realistic, scenario based dilemmas



Empathetic inquiry & self-reflection without fear of judgement



Confidence to have open, identity-validating conversations

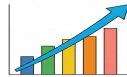
PT 2 (EXPERIENCE): ENHANCING CARE EXPERIENCES



Care workers consistently apply skills in daily routines



People feel heard, respected & safe to be their authentic



Higher satisfaction & better care experiences for marginalised groups

PT 3 (SUBJECT SCALABILITY): EXPANDING TRAINING TOPICS



Accessible micro-learning & dialogue prompts prove effective for soft skills

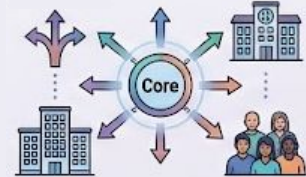


Same architecture can be used for other topics eg safeguarding, dementia

PT 4 (SETTING SCALABILITY): ADAPTING CARE SETTINGS



Successfully co-produced intervention in highly fragmented domiciliary care



Framework adapted & scaled to other settings such as residential care, primary care or supported living



Thanks for listening! Questions?



Dr Liz Wands-Murray

OSCaR, University of York

liz.wands-murray@york.ac.uk



<https://www.linkedin.com/in/liz-wands-murray/>

www.curiousaboutcare.org.uk

