

The landscape of opportunity for nursing careers

Speakers

Lucy Gillespie, Michael Fullerton, Caron Sanders-Crook

Lucy Gillespie 00:01

Lucy, so welcome everybody. My name is Lucy Gillespie. I am a national professional lead, and I focus on the nursing portfolio here at skills for care, for Adult Social Care, and today's webinar is all about the land of opportunity. So around careers for registered nurses and nursing associates in social care. Today's webinar will look very briefly at the nursing workforce itself in social care, but also some of the things that make that up in terms of what a social care approach to nursing might be. We'll then go on to explore with some panellists who are key nursing leaders in social care settings, some of the knowledge and skills and what you might expect from a role that that happens in social care, as well as contemporary professional practice, how people access career development and also the wider social care workforce, and how social care is actually A place for nursing across that whole career span. So in terms of our nursing workforce and social care, our adult Workforce Data Set tells us that we've got around 33,000 nurses in posts, primarily within the independent sector. We also have another around 7000 nurses working in other roles within the sector. The majority of those nurses work in CQC care homes with nursing, but there are nurses as well, working in care home only, non residential or other settings such as day centres and day services. It collects quite a traditional view of nursing, I would say, in social care. And we know that that landscape is changing. We know that people are choosing, very much wherever possible, to have their care within their own homes. So as that changes, then nursing and those posts change too. And in terms of our turnover, our turnover rate is down this year, quite significantly. It was 42% last year, down to 32% so still really high. And hence the importance of these webinars. So we did a consultation a few years ago here at skills for care with nurses in the sector about what is it that's different about nursing in a social care model as opposed to that medical model. And one of the things that came through from that was that it absolutely is about that person centred, strengths based approach. It's about working with people, often developing quite long term relationships with people and their families, and working very much in people's own home, or a place that they might call home. Nurses also described managing the

interface for your health and social care needs and across the system and the complexity of multiple long term conditions, as well as managing and organising nurse led services within the sector to meet the needs of the individual. So without further ado, we're going to now meet the nurses who are going to be talking to you about their careers today, so if they can join me. So what I'm going to ask you to do is to introduce yourselves, to start with, and just tell us a little bit about your current role and the setting in which you are working. Michael, can I come to you first? Please? Yeah.

Michael Fullerton 03:25

Thanks, Lucy. My name is Michael Fullerton. My title is director of wellbeing strategy and collaboration, which bit of a long winded title, but it's overseeing wellbeing support in a large social care provider organisation, we support adults with learning disabilities across different parts of England and Wales in residential care over supported living and I oversee the well being of people supporting and also focused on the welfare of workforce as well. And I'm a learning disability nurse.

Lucy Gillespie 04:02

Thank you. I knew that bit had been coming in there somewhere. Thanks Michael. And Karen.

Caron Sanders-Crook 04:10

Hi everybody. My name is Caron Sanders-crook. I am a nurse with a queen's nurse title. I'm proud to say. I'm an operations manager for a medium sized group of care homes across mainly south east, London, south coast and around the Kent area. And we look after older people. And my role is, really is to to oversee, guide, coach, the managers, help keep them on track with compliance. Get involved in complaints and safeguardings and investigation and to help with maintenance of the overall governance of the homes.

Lucy Gillespie 04:52

Brilliant. Thank you. So that leads us nicely on to our first question, which is about. The knowledge and skills that you might need to work in the nursing profession. So is there anything about the knowledge and skills for nursing that are unique to social care nursing practice? And Michael, I'll come to you first.

05:17

Yeah. So since, since I qualified and worked in in Adult Social Care, within community settings, and when I started, so I've been qualified for quite a while now. When I qualified, we were a closing the last of the long stay hospital. So so that was largely the beginning of smaller community settings. So So I worked firstly in NHS, run community home for young people with learning disabilities and who are autistic. And from there, I sort of realised that in terms of the skill set I had as a learning disability nurse could sort of like really make a difference in terms of supporting people directly. So I think in terms

of skill sets, it's that ability to work directly with people every day, with the challenges that those individuals will face, and interact in a really proactive and positive way with their families, and that interface with with other statutory agencies. So in terms of skill sets, sort of that ability to link in closely, in a sort of really informed way with other people. But a key part of the focus for me is around that ability to skillfully assess people's needs, people's the risks in people's lives, in order to ensure that they're getting the right support at the right time, every time, and within social care, then You're following people on their journey, so you're able to implement strategies and plans to support people, allow a team to hopefully do that in a consistent way, and then just follow that person's journey. So I've had the benefit in the organisation I work of still seeing people that I have known for 20 odd years and the benefit of just just enjoying their journey, that the challenges that they face it and overcome, but a lot of the skill is in assessing and coaching and mentoring social care staff, who are largely unqualified, In order to ensure that the skills and the knowledge and the confidence to do their job well. So in my opinion, we need nurses in all provider organisations to have that breadth of expertise to allow for good social care support. Sorry, I'm potentially rambling now, so don't I like take up too much time? Is there anything else you wanted me to add on that? And now, I

Lucy Gillespie 08:08

think we'll pick things up as we go along. But it's good to hear that kind of passion. And we we hear that a lot from nurses in social care settings, is that they're very autonomous, but also can be quite isolated in terms of those nurse other nursing professionals around them. So Karen, coming to you, what's your experience and what do you think those knowledge and skills are?

Caron Sanders-Crook 08:32

I think you've got to be aware of your own professional boundaries and your scope of practice, because as as mentioned just now, very often you're working alone and making very complex decisions. There is a huge regulatory framework that we work to so you need to have knowledge, working knowledge, of the regulations and the frameworks that you're working in. You need to be prepared to challenge and be prepared to be challenged, because it is a challenging role, but it is very rewarding. You need to have confidence and knowledge in the decisions that you're going to make, and everything is around, sort of, tell me, show me in our sector. So you also need to be prepared to be kind of, you know, working with evidence based and and recording every step of the way, really. So it sounds quite daunting, but actually it is very, very rewarding. There's a lot of responsibility, I think, certainly in the nurse led units, to some of the decisions that we make, but having the ability to be able to negotiate and and have those relationships with external professionals, as Michael mentioned earlier, is is great. You know, when you sit back and you kind of reflect on on what you can do in the conversations that you have and the knowledge base that you have, you suddenly.

Realise that working in social care is not what it used to be, and it's not the misconception that everybody thinks it is. You know that it's, it's something that you do at the end of your career, or it is definitely something that you can make a very rewarding career out of.

Lucy Gillespie 10:18

Yeah, yeah. And, you know, I think sometimes as well, people think that that the people we care for at the end of their lives, and yes, they may well be but you know, social care nursing reaches, really across the whole lifespan, and we have nurses who are learning disability, nurses like yourself. Michael, mental health nurses, adult nurses. We've got our nursing associates now working in the sector, and we also have children's nurses, because that relationship that people have built has sometimes learned that they've transitioned with people into adult services, and their provision has transitioned, and they've stayed with the people through their lifetime. So some really strong drivers in terms of the nursing passion and all of that. So some of the things you touched on there are around person centred practice, which we talk about a lot when we're talking about social care nursing. And the other thing that I think Michael you mentioned was around some of the moral and ethical decision making and positive risk taking we make in social care settings that's very different to some of those other settings. How important is all of that, in terms of the people who draw on that care and support

11:35

critical? So I obviously, I'm working with a people with learning disabilities, also people who are autistic and our our aim is obviously for people to enjoy a fulfilling life and an ordinary life. And in order to do so, it's about sort of paying attention to what individuals want from for their life, but lifestyle they want to adopt. But we're also mindful within that context that we're dealing with sort of quite a diverse population in terms of degree of learning disability, other health complications, neurological conditions. We know from the leader reports in the learning disability sector that people with learning disabilities are typically dying quite a lot younger than the general general population. So so with sort of nursing head on, we need to ensure that we are focused on health promotion and and risk management for people within four people, but but also making sure we are actively listening and coproducing their support with them and with their network. So for those people who perhaps don't have the capacity to make particular decisions, we can involve their circle of support and their families, but it's ensuring that whatever we're doing, it's as much as possible, is coproduced, and we are sort of focused on what that person's aspirations are and helping them work towards that. If that includes positive risk taking, then all the better. So it's about us making sure that we are working in a sort of forward thinking way with individuals. Unfortunately, my role, where one of my key focal points is overseeing our coproduction team, so that involves people that we're supporting, so they've got a voice in the organisation. But then we're also looking

at what's happening more widely, more nationally, for people with learning disabilities, so it's very much at the forefront of our minds, like every single day.

Lucy Gillespie 13:50

Yeah, thank you. And Karen,

Caron Sanders-Crook 13:56

Yeah I agree with everything Michael says. And I think you know, if we're looking at individualised care planning, there's gotta be a lot of partnership working and flexibility in in the decision making. And I think it's also really important to involve, you know, all the people that are significant in that individual's lives as well, to contribute to that process, if, if they if they wish for that, or if they're not able to, to voice, you know, kind of habits or things that they used to do to bring them pleasure and that used to make them happy. So it is about positive risk taking, and it's about evidence in that. Because obviously, when we're regulated, or if external professionals are coming in, they don't know that individual as well as we do who care for them or as well as the families that are involved in their care. So it's important to add as much information as possible, to build the context and the understanding around you know what we're doing in partnership with delivering care with that individual. But again, you know you can. You can have a long. One around it, because some of the things that may be taken for granted before they transition into our care have to be accommodated for because of the fact that we're in community living. So it's about, how do we all make those adaptations and make the lived experience for that individual as good as we can possibly make it. And yes, there will have to be some compromises along the way, but I think as long as everybody communicates openly and honestly, you know, the things can still can still be achieved, brilliant.

Lucy Gillespie 15:34

And both of you there have talked a lot about the opportunities for health promotion and well being and and often when people are thinking about social care settings, they're thinking of us as that the bucket that catches those things that come out of secondary and primary care. But actually, our role within health promotion and prevention of illness is really quite important, is that something that you feel is a big part of your roles,

16:03

yeah, so certainly for me, and I'm part of a wider nursing team, so in the organisation, we have other learning disability nurses, adults and mental health nurses. So so sorry, and just to make sure we got the right skill set in order to meet the complex needs of people. But just like today, one of my colleagues is running sort of health and healthy lifestyle, of course, for people. So they're focused on weight loss, smoking cessation, healthy eating, etc. So a lot of our energy is devoted to health promotion, health prevention activities. This year, a big focus for us is on health screening, because we

know with this population of people accessing health screening programmes, less so than the general population. So a massive drive this year in order to help overcome some of the anxieties that people face when it comes to those sort of clinical interventions, and making sure that sort of externally, health organisations are making the reasonable adjustments they need to make. So so there's a strong advocacy role for us in adult social care, or social care generally, in order to make sure that people sort of don't face inequalities. A lot of our time is also focused in interacting with hospitals and other clinical settings to make sure that people get equal treatment and that they're not being discharged too early from hospital, etc. So so a lot a lot of our work is also then sort of like interacting with health professionals to get the right levels of support for people.

Lucy Gillespie 17:58

Thank you, Karen, did you want to add anything there?

Caron Sanders-Crook 18:03

Yeah, I think as well, there are, there are obviously, you know, as you know, more and more conditions that people are aware of now, because there's more information available. So I'm thinking of things you know around maybe NMD is kind of a hot topic in the in the media at the moment. So it's also about providing accessibility to some of those areas of support and advice that people may not have had the opportunity or been able to access before, maybe because they didn't know or they didn't know where to go so very often. You know, we've got links as professionals into some of those associations and other professional colleagues that we can, you know, bring, bring into the care setting. They can have meetings, they can gain additional support and maybe adapted equipment and things like that. So there's that side of it, but I think there's also the flip side of it is we can help them make an informed choice so they still have the choice not to follow the Health Promotion advice that's being given to them, as we all do in in everyday society. So I think you know, what we can bring to the table is the ability for them to have support in their decision making process. Yeah, brilliant.

Lucy Gillespie 19:23

Thank you. And it leads nicely into talking about professional development and and how you've managed to kind of meet your needs in terms of what you might want to do in practice and that professional development you want to achieve. What's that been like from a social care perspective, because it's one of the things I think that people worry about. I think for me, benefit from, from an organisation that I really wants to promote nursing within social care. So so really supportive of my i. On the other nurses professional development. So I've been quite fortunate over years in order to be able to access all sorts of conferences and events in order to, you know, enhance my learning. A few years ago, got a PG dip in mental health and learning disabilities because of recognition that obviously lots of people with learning disabilities have secondary mental

health issues. So in order to expand my expertise around that, a lot of work, a lot of sort of training around supporting people with learning disabilities who are at risk of offending, and then sort of, like, quite differently, sort of focus on people with profound and multiple learning disabilities and those involved in helping to develop a national set of standards around how you support people with profound and multiple learning disabilities. So quite fortunate that I got an understanding and supportive organisation. But these days, a lot of my learning is through webinars, free webinars, cheap webinars, Twitter, LinkedIn, so those are my main source of learning today, and what one area of concentration for me at the minute is around a condition called autistic catatonia, and really because it's largely misunderstood, misdiagnosed and a lack of research. So we support three people that we know of that condition, so So therefore, sort of digging quite deep into understanding that condition a bit more. So then in turn, I can educate the families. So I'm working closely with a person's family around that and our support teams in order so that they understand and appreciate why this person is presenting in the way that they do and it's not, and it's linked directly with that condition, so constantly learning. But yeah, there's lots of opportunities. You're on mute Lucy very much driven by what it is that you want, as well to learn and what you can see, though, in your knowledge. Yeah,

Michael Fullerton 22:22

it's spotting the gaps.

22:24

And I've been lucky, as well as Michael said, to be working on organisations that really kind of, you know, want to support and help you progress. I think a lot of my professional development has been not only driven by the areas in which I've worked, where there's been, you know, identification of development needs, where you you find a case that's interesting, as Michael just described, and then you think, I want to know more about that, but also, there's a lot of self reflection and opportunities provided throughout networks and people that you meet and visiting different different areas of work and different environments. I think one of the things that that I've invested in from an early stage in my career is a good mentor and a good coach, because they can really help to to challenge you and bring things to you from a different perspective. And then that's kind of helped drive my passion, really for further learning and development. So as you say, mostly self seeking. But there are lots of lots of opportunities out there,

Lucy Gillespie 23:38

and you've kind of led me to my next question as well, which is about your champions and role models. Because, I think often in social care structures, and certainly you know roles and titles, the nursing title is missing, so finding sometimes those nursing professionals in social care, particularly when you're at the beginning of your career and trying to understand where it is you might go. How have you sought those kind of

champions? And I know not all your role models will be nurses, but But where do you find that inspiration from those other people who are working in the sector?

24:18

But for me, yeah, well, the biggest role model is my father. So my dad was a learning disability nurse and worked well well before me, at the same hospital I worked at. So this is Saint Davidson Hospital in Epsom which was a big, long stay hospital. So so my father worked there a few years before me. So that was my introduction into the sector. So he's my biggest role model. Then over the years, the number of people know, particularly learning disability nurses, who have really positively impacted on me in that i. Am early career as a student, and then since then. But there's, there's people that I work with today who are either have a learning disability or autistic that I've known for 20 plus years, and I turn to them when I want to, sort of like, sort of seeking some some inspiration or advice, or where we need to go to next. So, so, so those people that I've sort of like been on this journey with have been really important. So I think that one of the first slides about relational care, and for me, it's all about the quality of the relationships that you build with people. And yeah. So, so those are my main role models. I've got other role models in different parts of the sector, in the PBS world around sort of supporting people with finding multiple learning disabilities, etc. But there's, there's too many to mention individually.

Lucy Gillespie 25:58

Thank you. Karen,

25:59

yes, Yeah, mine's not too dissimilar. Actually. I came from a family of nurses. I had nurses general, nurses mental health nurses and nurses in learning disability within my family. So I kind of, I was really quite lucky, because I got, you know, I could draw from all of that to decide where I wanted to go with my career. I always knew I wanted to be a nurse, but I kind of got drawn into general adult nursing, and then, and then went and joined the military for a while. So there's a number of various people, obviously, I've got to mention Florence Nightingale, because I might get shot down in flames if I don't so but also people like, you know, Mary Seacole is another inspiration, because she kind of challenged the barriers of prejudice and and used lots of herbs and things in her therapies, and I did complementary therapies alongside my nursing. So it was kind of integrating those two things. A person that stands out for me throughout my military career that I kind of also hold close to my heart. God rest her soul She's recently passed was one of our deputy matrons and major Bridget mceverly, and what I loved about her was she was she was a nurse in a man's world. Let's face it, then back in the 80s, when the military was a man's world, but she still did her job with all authority and compassion and kindness and respect. And I thought she had a really great combination of skills and abilities that made her an authority to aspire to but still be kind and compassionate in

what she did. And I thought that was quite a difficult combination to be able to display at that time. I think more recently, obviously, has got to be Professor Deborah sturdy, you know what she's done for social care has been amazing in the time that she's been imposed, first ever Chief Nurse, civil servant working for the government. And I think what she's been able to open up for social care since she's been imposed is we've never had anything like it before. So I think, yeah, she's definitely my my recent one. And I can't, I can't, kind of leave that point without mentioning the people that I've worked alongside and the people that I've looked after as well have also been a source of inspiration and development, because every day is a school day, I learn something new every day. So I'm kind of really grateful for every interaction, really that I've had

Lucy Gillespie 28:40

brilliant thank you. So thinking about nursing in social care settings across the career span. And I think, Karen, you mentioned the myth that it's for people at the end of their careers. What is the to attract, you know, nurses in early careers into social care settings. You know, what should we be doing as a sector? And what are the, what are the narratives around social care across that career span? Do you

Caron Sanders-Crook 29:08

want me to start with that one? Okay, the narratives, there is a career path now. There is a defined career path within within social care. I think what we need to do is do more to promote it and promote the accessibility to it. There are lots of different fields that you can that you can go into. So, you know, starting off with working within your training within the social care sector, I think people that come into the sector need to really reflect on where they are when they start and their journey throughout it, and then decide where they want to go. Because I think if they do that, they're going to be able to see the skill set that they've been able to build along the way, which isn't very often obvious until you step into a different field. So. For example, our context of working is very different to some of our making decisions alone, or we have to reach out to be able to get input into those decision makings. Whereas, you know, in the NHS, there's a lot more people around you in a more, I won't say, protected environment, but there are more colleagues to be able to collaborate with. But I think in relation to scope, you know, there's areas of there's community mental health, there's there's leadership and development and management and education. There are nurses working in correctional facilities and substance misuse. So the scope is wide so you know, my advice to anybody would be, keep a journal, use your reflective practice to be able to navigate your way through through the sector and what you want to do and ask and learn from everybody that you come into contact with, because there's So much expertise in our sector that it's amazing

31:06

for me. It's such a rich and varied with this so many career opportunities. It's like the world is your Oyster within within my journey, and also the journey of other nurses that I know, there's a lot of autonomy and the ability to, yeah, just ensure that you are constantly sort of seeking to embed research evidence based practice in everything that you do, and strongly influence that unqualified social care workforce who then sort of rely on you for your wisdom and guidance. So there's a real sense within social care of getting that buzz from from making a difference to people's lives every single day, and using that wider nursing knowledge and skill in order to do that and have that influence. But there's so many career opportunities. I don't know if that's a part of this question or a further question, but in terms of the organisation I work with, so there's me and my role, and then we have nurses who take on a role of just training people so constantly, sort of training and competency assessing around the more sort of clinical issues, no complex epilepsy, use of VNS, midazolam, administration, etc, etc. We've got nurses who take on health promotion roles. So then they're working directly with managers and support teams and people that we're supporting around health promotion, health prevention, health planning. We've got other roles around sort of forensic mental health support. So there's a variety of roles. We also then within our nursing led support, we oversee the more health related policies and protocols. So then we sort of help direct the vision for the future in terms of support. So we take a role as nurses as constantly learning, constantly reading and looking at what's happening nationally, so engaging in regional and national networks, just to absorb what's going on more widely, nationally, internationally, and then sort of looking to see how we embed that in our organisation. So, so there's lots of scope to, you know, if people are ambitious and want to make a difference, there's lots of opportunities in social care.

Lucy Gillespie 34:08

And I think that what you've both described around the person centred nature of social care, roles can be very attractive, because it is, you know, it's a bedrock of nursing, isn't it, across all fields. Karen, I'm going to come to you, and then we're going to take a couple of questions from the audience, if that's okay,

Caron Sanders-Crook 34:31

yeah. The other thing I just wanted to say, just to echo what Michael was saying, is, I think in social care as well, we are very good at creating opportunities because of the fact that, yes, we know we've got, you know, legislation to work with it, because we're working with people every day, and we are autonomous in what we do if we see an area where there was a need, we're really good at creating opportunities and finding people that that want to take that further. So I. You know, if you see something that can be changing, don't be afraid to mention it, because it might be that you're creating something new. Yeah,

Lucy Gillespie 35:07

and actually, there's a question in the chat about apprenticeship opportunities, and how do we create more of those apprenticeship opportunities, especially in light of some potential funding that's coming out later this year. Do you see apprenticeship opportunities in your organisations?

Caron Sanders-Crook 35:29

Should I start? Yeah, yes, yes, the answer, short answer to that, lots of opportunities around apprenticeships. And I know we kind of, we've had them a while now, and they keep kind of moulding and changes. It changing as we as we go through time. But I think there are, there are people within our sector and in the environments that we work in that are really, really skilled and have some some key talents that maybe they don't realise that they have. And not everybody wants to go on and do you know, nurse training and then go into management. So I think what it does is create another opportunity to value the people that that, that we're working with, and for them to be able to have some credibility and recognition and enlargement for the skills that they have got.

Lucy Gillespie 36:23

Michael anything to add yeah,

36:24

I think for us, I think apprenticeships probably sort of less advanced, although, to be fair, I'm not directly involved in that, so, so I'm not, not sure I can speak in an informed way, but I think there's a lot more we can, we can do around, apprenticeships, but we do, we do have a strong focus on for a lot of most of the people that we support are of working age. We do support people who are older age, and then obviously supporting people to hopefully have a good death. And so we're sort of supporting people through that age spectrum, but a lot of people are working age. So we, within my team, CO production team, we have somebody who's dedicated to helping people sort of seek active employment. Again, we know for people with learning disabilities and autistic people, Access to Work is much more difficult, so we're sort of seeking employment and internships and apprenticeship opportunities for those people as well,

Lucy Gillespie 37:29

brilliant. And there's a really good question, actually in the chat that I'm going to put to you, and somebody's asked, but do you still feel like a nurse? I've often thought of social care, but worried that you might lose this sense of identity when you're not working in health.

Caron Sanders-Crook 37:47

I think I feel I've worked in the NHS, and I've worked in different environments, and I think I've never felt more a nurse than working in social care. I think there are, if I'm

having a bad day, you know, as operations, I'm out there. I'm supervising. I'm kind of got a number of you, a number of you of what's going on, but in the facilities that I go into, I every time I go in, I make the effort to go in and speak to families and speak with residents. I do work alongside carers. I was working along some beside somebody yesterday that's working through her assistant practitioner. So we were doing her practice document. And if I'm having a bad day, then I am the first person to turn up my laptop and go and spend time with the residents. And they, they kind of ground me and bring me back to what I know. So I think I've, I've I've never felt more a nurse than I have working in social care. So I don't feel like I've lost the identity I feel within social care. There may not be the recognition for the autonomous practitioners that we are, but, but that's a different, different story altogether. Brilliant.

Lucy Gillespie 38:58

Thank you. Michael,

39:01

Yep, yeah, never lost that sense. But first and foremost, I'm a nurse and using skills every day. In fact, obviously my sort of career has moved on, hopefully more influential in terms of my nursing role, so in terms of the vision and the strategy for the organisation, then I collaborate with other people, but using my skill set and knowledge base in order To drive forward how supporting people, around behavioural support, around complex epilepsy, around enteral feeding, around postural management, whatever it might be, making sure that I'm using my knowledge base, using the evidence and research based practice available in order to influence. Audience, how the organisation thinks and acts. Yeah, it never leaves. So, so then, in terms of like, also, then clinical governance, then have responsibility for, for monitoring and managing risk, a clinical risk issues, a wide range of issues around epilepsy or choking, dysphagia, etc. So it's all there.

Lucy Gillespie 40:26

Yeah, it sounds like nursing

40:32

a tomorrow. I could be going out fishing with somebody as part of a therapeutic process with them. So it's funny, involved in lots of football and athletics and all sorts, so it's a lot of fun.

Lucy Gillespie 40:51

So fun, but complicated and certainly having impact on people's lives. So this is part of a series of career stories that we're developing, and Karen and Michael have kindly contributed their stories to that, and you will be able to see that on our website. We'll post the links after the webinar. I'm going to close it there because we've run out of

time. But thank you very much to our panellists, and to the supporting people in the background as well.