

# The Joint Apprenticeship Programme: An Evaluation

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## March 2024



## Introduction

The Joint Health and Social Care programme was implemented in 2022 to provide a regional, integrated, work-based learning opportunity for individuals to enter the Health and Social Care sector. Hywel Dda University Health Board (HDdUHB), along with Carmarthenshire, Pembrokeshire and Ceredigion County Council supported the development and design of the programme, and it was agreed that Pembrokeshire County Council would host the pilot, administered in partnership with the Health Board. Having one pilot has provided learning to refine a model that can be replicated across all counties.

The central aim of this project was to provide the local population with employment opportunities to experience different roles within Health and Social Care settings to support widening access into the different pathways. The programme also aimed to support the Local Authority with challenging recruitment into the Social Care sector. Moving towards a 'Healthier Mid and West Wales' requires a transformation of services, including a greater emphasis on prevention and community-based care.

The project was able to support apprentices in working with a variety of population groups which included people with dementia, people with learning difficulties including neurodevelopmental and people with emotional and mental health wellbeing needs. The project also contributed towards the support of children and young people with complex needs by providing an apprenticeship opportunity to an individual experiencing homelessness and someone who has been in the care system.

There are a range of development options that those who complete the Joint Apprenticeship Programme could progress onto including Social Services Pathways, Management in Care and Clinical Nursing.

The main objective of the programme was to create a sustainable pipeline of local people to enter the sector by providing opportunities to the local communities. .

## Aims and intended outcomes

The programme aim was to recruit 15 apprentices and retain a minimum of 86% after one year, and to recruit 1 WTE Band 5 Joint Apprenticeship Officer to support with placement communication, collaborative working between the Health Board and Local Authority and support the apprentices with pastoral needs.

The academic aims were to support apprentices to have 20% of their time studying by attending the Level 2 in Health and Social Care qualification with Pembrokeshire College. In addition to the formal training, the aim was to provide additional training opportunities alongside to support the development of practical skills.

Three placement rotations, two in Social Care and one in Health, were intended throughout the first year to give a broad experience in Social Care particularly as this

aligned with the intended progression outcome. The rationale was for two thirds of the cohort to progress into Social Care positions, and one third into the Health Board apprenticeship pathway at the end of the first year.

In terms of collaboration, the aim was also to develop an integrated professional brand for Health and Social Care workers that was attractive to young people and draw the future workforce into this sector. The programme hoped to enhance the number and quality of new entrants into the Health and Social Care support worker roles.

## Attraction and Recruitment

As part of the initial launch of the Joint Apprenticeship programme campaign, online marketing was used via social media to promote and advertise virtual information events and in-person information drop-in sessions. These were held within the local community for potential candidates to attend to gain more information and guidance of the new programme before applying for the role.

For the recruitment process, each candidate was required to complete an application form and successful applications would then be invited to an initial assessment day. 19 applicants were invited to the assessment day with 14 attending.

Initially, there was an intention to recruit 15 apprentices, however only 10 candidates were successful following the assessment day. Despite advertising, the intended numbers were not recruited and there were several contributory factors. The salary was very low (National Apprenticeship Wage), there were barriers in relation to travel and a conflicting programme launching in Carmarthenshire (Care Academy) with higher rates of pay offered. Although the initial number was not met, it was extremely important that candidates were able to meet the essential criteria of the job role and to ensure they were ideally suited for the role. A 'quality over quantity' approach was taken to support the retention of candidates during the programme and enhancing the number of quality new entrants into the health and social care sectors.

## Demographics

Of the 10 apprentices who enrolled on the programme, all were female compared to the Health Boards 79%. 60% were under the age of 20 compared to the Health Boards 1.5%. 10% were aged between 21-25 compared to the Health Boards 5.8%. (Health Board data taken from the PODCC report in February 2024).

50% of the candidates were school leavers under the age of 18, and the Joint Apprenticeship Programme was their first full-time position. These 5 apprentices were retained throughout the programme; however, they did require a higher level of

pastoral support in relation to absence management with additional training provided around professional behaviours and standards.

20% of the Joint Apprentices disclosed that they had a disability on application. This allowed the Apprenticeship Academy to work with training providers and placement managers to ensure individual needs were met. Additional individual support was provided during study days in college, as well as allowing for extra time and support during assessments and exams. Occupational Health were able to support reasonable adjustment recommendations such as time off to attend appointments or allowing for additional short rest breaks where required.

There were no fluent Welsh speakers in the cohort of Joint Apprentices. However, all apprentices were given the opportunity to attend a Welsh Language Skills training workshop. This workshop proved extremely beneficial with all apprentices in attendance and showing commitment and enthusiasm to improve their vocabulary and confidence. This aligns with the Health Boards commitment and policy in ensuring that everyone who receives or uses the Health Boards services can do so through the medium of Welsh or English, depending on their personal choice. Apprentices reported their confidence had increased after training, and they were able to greet and, in some cases, use conversational Welsh to support patients and clients.

## Placement rotations

Overall, the programme had a total number of 9 different placements, delivered on a rotational basis. Each apprentice was allocated 3 different rotations throughout Year 1, with the expectation that all apprentices would have work experience across 3 different services providers – Provider Services, Adult Social Care and Community Health Care.

The Provider Services placement with the Local Authority offered work experience based in two residential homes, two day centres and one reablement service. The apprentices were able to gain a wide variety of skills and experience ranging from working with older individuals and people with learning disabilities. These placements allowed the apprentices to have an insight into the Social Care sector and how carers can support different individuals in different ways from 24-hour care in residential homes to respite care working in adult day centres.

The placements offered by the Health Board included a Community Care at Home team providing care and support to individuals within their own home and a ward-based team within South Pembrokeshire Hospital providing reablement and end of



life care to individuals. These placements offered the apprentices the opportunity to work alongside Health Care Assistants and qualified nurses to provide daily routine care and check-ups including personal care and routine observations.

Initially, the Adult Social Care placement was based directly with the Social Care Team with the Local Authority. However, this placement was considered unsuitable during the first rotation due to the sensitive nature of the work, thus restricting the amount of work and experience the apprentice could get within the service. The Joint Apprenticeship Officer was able to work with the Local Authority to ensure an alternative placement was offered to the apprentices. The new placement, in Norman Industries, allowed the apprentices to work with clients with learning disabilities within a service offering supported employment.



## Pastoral support

The demographic of applicants for apprenticeship opportunities meant that pastoral needs were higher. For example, for 50% of the cohort, this was their first time in employment. Understanding roles and responsibilities within large organisations can be challenging. Being school leavers, their expectation was shaped by their most recent school experiences which provided high levels of support in all areas of their lives.

A collaborative approach to pastoral support between the Health Board, Local Authority and learning provider meant the apprentices had an abundance of services and support that they could access when they felt necessary.

Feedback from apprentices indicated that prior to the commencement of the Joint Apprenticeship Officer, they were unclear on who they could refer to as they were employed across two organisations. Some apprentices disclosed that this confusion led to higher absence rates as they would call in sick rather than approach anyone for support. Once the Joint Apprenticeship Officer was in place, apprentices were able to openly discuss concerns and the Joint Apprenticeship Officer signposted them to relevant services depending on their query. For example, if health and wellbeing related, an Occupational Health referral (via the Health Board) would have been completed, Staff Psychological Wellbeing Service, Financial Contingency Fund (via the college), Youth Workers (via the college), Learning Support Assistants (via college) or external signposting such as PATH (Pembrokeshire Homelessness Charity).

It should be noted that apprentices generally require additional support compared to non-apprentice employees. Apprentices have a dual role where they are learners and employees, which can blur boundaries for some, and reinforcement of expectations is required. There is often a significant transition period for school leavers in particular, this requires pastoral support to help apprentices cope with the challenges experienced while adjusting into the workforce. Most apprenticeship programmes within Health and Social Care require structured support mechanisms such as mentoring and regular check-ins to clarify expectations for the workplace and academically. There is also a need to recognise that pastoral support will vary among individual apprentices, and non-apprentice employees alike. Providing adequate support can positively impact retention across apprenticeship programmes.

## **Case Study: Apprentice X**

*Apprentice X joined the programme with low previous academic achievement and was living in homeless accommodation having previously been in the care system. They applied for this programme with the aspiration to progress into the Social Care sector and with a personal outcome to grow in confidence, succeed in education and to give back to the service that helped them in so many ways.*

*During Year 1, Apprentice X was allocated 3 different placement rotations. These included experience with the Social Care Teams and Provider Services with the Local Authority and the final rotation based on a rehabilitation ward within a local community hospital. Apprentice X was able to complete all three rotations successfully and complete all academic work to a good standard, despite recognising the need for additional support. Due to their experiences with the Care sector themselves, this was a difficult rotation to take part in, but the communication and support provided enabled the apprentice to continue to have the full experience.*

*“I enjoy knowing that the work I do on the ward is benefitting the patients and helping them on their recovery.” – Apprentice X.*

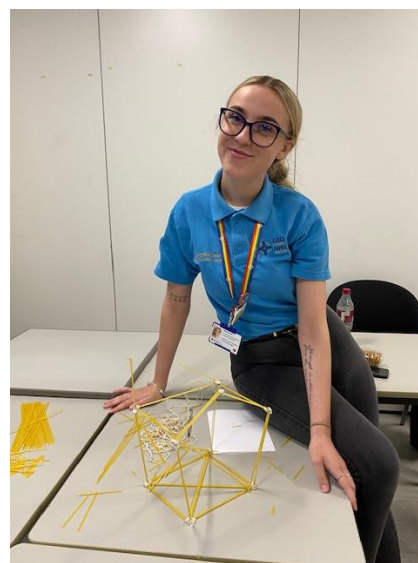
*Mid-way through the year, Apprentice X was able to successfully secure living accommodation after signposting to external support services and regular check in*

and accountability conversations. Apprentice X now feels confident to lead an independent lifestyle. Apprentice X has a great attendance record and has been extremely committed and enthusiastic in both the work and education environment. This Joint Apprenticeship programme has allowed Apprentice X to gain invaluable skills and experiences and provided a full-time work-based learning opportunity to hopefully allow for a future career within the Social Care Sector. Feedback received from Local Authority and Pembrokeshire College highlighted this apprentices' "tremendous participation" and they were described as "a real pleasure to train".

## Achievements & Celebrations

**Bespoke training and workshop opportunities** - Apprentices were given the opportunity to attend additional training courses and workshops which were held both virtually and face to face. These sessions, in addition to their study days in college were specifically chosen to build on their skills and confidence. The opportunities included:

- Communicating with others at work – accredited Agored unit
- Developing Personal Confidence and Self Awareness – accredited Agored unit
- Welsh Awareness – accredited Agored unit
- Introduction to Sign Language
- Mental Health and Wellbeing
- Relationship Management – getting the best out of working with others
- Establishing Personal Resilience
- Presentation and Interview skills
- Personal Statement Writing workshop



Each apprentice was also required to complete compulsory training modules online as part of their employment with the Health Board. These included; Moving and Handling, Fire Safety, Infection Prevention and Control, Adult & Child Safeguarding and the Paul Ridd Learning Disability Awareness to name a few.

**Positive placement experiences:** Apprentices and all organisations involved expressed several positive examples of excellent practice.

### Ward based in Community Hospital (Health Board rotation) – Apprentice A

Despite Apprentice A aspiring to progress into the Social Care sector, they excelled during their placement based on a ward within a community hospital as part of their rotation with the Health Board. This demonstrated Apprentice A's adaptability to work well in different environments and evidenced their commitment to the programme

and passion to succeed. The Apprenticeship Academy received excellent feedback from different staff members working alongside and observing Apprentice A during their time on the ward. Apprentice A worked alongside Health Care Support Workers and Nurses to provide quality care to patients, assisting them with daily tasks, providing personal care and undergoing vital observations daily. This rotation allowed Apprentice A to build professional relationships with both the team and patients, and they felt this placement was able to provide them with a breadth of confidence and additional skills and knowledge to take forward into Level 3.

### Supported employment for individuals with Learning Difficulties (Local Authority rotation) – Apprentice B

Apprentice B spent their third and final rotation within a supported employment service for individuals with learning difficulties, providing day to day support to numerous participants. Working alongside other support workers, Apprentice B worked with individuals with a range of disabilities including autism, mental health, physical and sensory disabilities, and work limiting health conditions such as epilepsy, cancer and arthritis. Apprentice B took the time to learn sign language, as there were some deaf and hard of hearing clients, to ensure they could communicate with all participants. Midway through this rotation, both managers within the service stated that they would be extremely happy and willing to offer Apprentice B employment on the completion their apprenticeship. This example shows the proactive approach and willingness to go the extra mile to connect with clients.

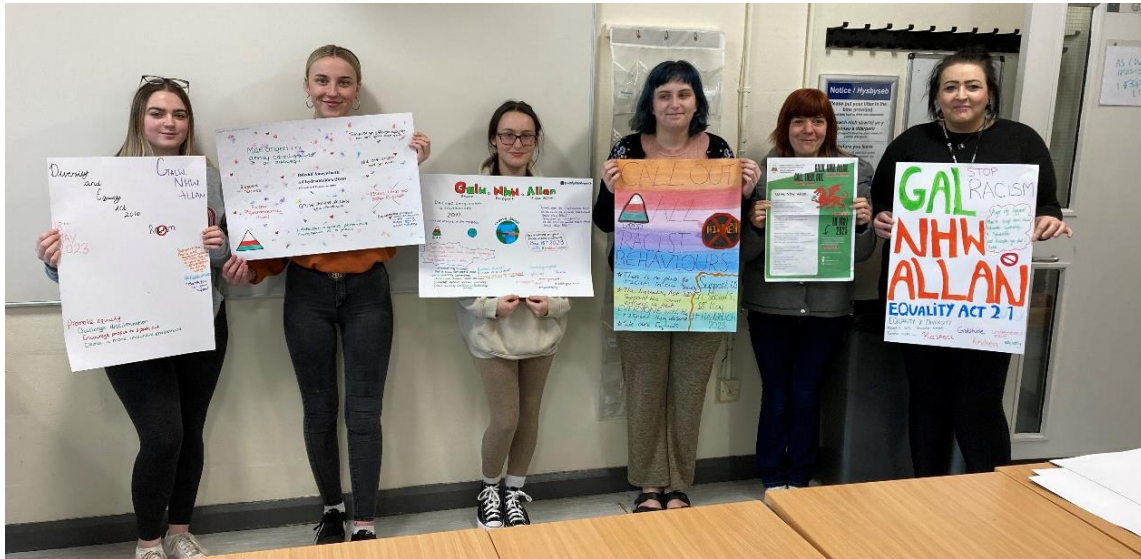


### Community based Care Team – Apprentice C

Apprentice C received excellent feedback during their third and final rotation with the Community Care Team within the Health Board. Again, the health care route was not the first choice for this Apprentice, however they continued to show excellent motivation and determination to successfully complete all rotations. During this rotation, Apprentice C had the opportunity to shadow numerous different teams and clinics including catheter clinic, leg ulcer clinic, the fall's team and in the community supporting the health care support workers. *“Apprentice C was very attentive and even made a list of questions and asked the staff when we left the patients home to keep learning!”* - Feedback received from colleague within the Physiotherapy team.

### Urdd Peace and Goodwill Campaign – College feedback

During the 2023 Urdd Peace and Goodwill campaign, the Joint Apprentices focused on anti-racism within health care. They created posters through the medium of Welsh which were judged by the Welsh Language Development Officer, Janice Morgan. The posters were then used as part of the Urdd display.



### **Collaboration across organisations**

Another achievement to recognise is the collaboration between the organisations. Regular meetings were established between the leads across the rotational placements, Pembrokeshire County Council, the Health Board and Pembrokeshire College. During these meetings, each apprentice would be discussed in terms of their performance, experiences gained, celebrations and challenges and ways to mitigate any risks and future plans. The Joint Apprenticeship Officer, Bethan Feetham, played a pivotal role and was able to support the alignment of the organisations. The meetings improved collaboration between the organisations as Health Board staff met with Local Authority staff to share practices and understand the holistic nature of what the apprentices would be exposed to during each rotation across health and social care sectors. This also provided the organisations with insight into operations to consider how we could work more collaboratively in the future to improve patient care and experience.

The programme has enabled closer working relationships between the Local Authority and Health Board staff. Collaboration supports the understanding of the patient journey from hospital to community care and staff involved in the project discussed having a better understanding of discharge routes for patients as a result. This was noted during collaborative meetings where similarities and differences in practice were highlighted. The staff also disclosed their own learning in working with younger employees, and reverse mentoring opportunities that unfolded.

### **Joint Apprenticeship Officer role**

Reference to Bethan, Joint Apprenticeship Officer, was also made in several pieces of feedback from apprentices, as outlined in the Apprentice Voice section. Bethan was also nominated by several joint apprentices during Apprenticeship Week for exceptional levels of support.

In addition to the apprentice's positive feedback, the following was received from the college at the end of the Joint Apprenticeship Officer role:

*"Your dedication and support in aiding the learners and acting as a conduit between us and the employers have been nothing short of amazing. Both Alex and I want to take a moment to express our deepest gratitude for your hard work and collaboration. The way you effortlessly navigated the intricacies of our dynamic work environment and built bridges between learners and employers is commendable. Your presence has been a source of inspiration, and we have been fortunate to have had the pleasure of working alongside someone of your calibre."*



The Local Authority manager added:

*"Without you, the project could not come to the ending that these apprentices have achieved. During your time and especially in the challenging situations you kept a proactive approach to support for these apprentices. I hope your next chapter will bring you success and happiness."*

The Joint Officer role was successful in supporting the collaboration between organisations and centrally held information about operational processes impacting the apprentices and their pathway. This supported all parties to foresee and mitigate risks and challenges as well as learn from best practice from each site.

## Apprentice Voice

At the start of the apprenticeship programme, apprentices were sent a survey to complete as a baseline, this was repeated at the end of the programme. 63% of respondents at the start of the programme indicated their interest was with nursing and health care. However, on completion of the programme, 75% of candidates progressed into a Health Care role.

The survey asked a series of questions to evaluate the qualitative apprentice experience. Most responses stated that they were 'Somewhat Happy' with the variety/choice of work placement options provided. Satisfaction may have been improved through providing a more suitable Adult Social Care placement option or by limiting the number of residential home placements on offer. Despite this, when asked how likely they would be to recommend this Apprenticeship Programme to a friend, the findings found an average rating of 4 out of 5 would recommend. This is a very positive response and for the future workforce within the Health and Social care sectors.

When asked what has worked well on the programme, responses included:

- *“Being on this apprenticeship has given me the opportunity to work with a variety of people. It is an honour to be able to support vulnerable individuals at such a young age.”*
- *“This apprenticeship has given me the opportunity to gain confidence and communicate with many people. I am learning on the job, gaining experience from different settings, and understanding the work world better.”*
- *“Bethan (Joint Apprenticeship Officer) has been a massive help and is always there for us. She has helped me a lot and that’s why I’m still on the course.”*
- *“The assessors are exceptional and provide brilliant support during the qualification.”*
- *“There have been so many opportunities for additional training and increasing my skills. This has really helped me.”*
- *“The support and advice when needed has been great”.*
- *“I am grateful the placements are close to my house which helps me get to and from work easily as I don’t drive”.*

When asked what the biggest challenges during the programme were, the responses included:

- *“Being very young and not being able to do many things, for example, personal care on my own.”*
- *“College work and not settling in well during the first two placements due to short duration there.”*
- *“Confidence issues, going to new environments and trying to juggle family life with work commitments.”*
- *“I feel we aren’t treated the same as other staff, we aren’t spoken to very nicely.”*
- *“When applying for the apprenticeship I thought we would have more placements in the hospital to be honest. I really enjoyed the one I had but it was too short.”*

When asked what should be done differently for future programmes, the responses included:

- *“The wage needs to be higher. I would have liked a choice of placements”.*
- *“Higher pay, placements also need to take apprentices more seriously”.*
- *“There needed to be a more careful selection process because some apprentices are not serious”.*
- *“All placement lengths should be the same”.*
- *“Apprentices are looked down on and spoken to differently, this makes people want to leave”.*
- *“I would have preferred to do more hours in a day and less days a week”.*
- *“Definitely better pay, we are doing the same as the qualified staff next to us, sometimes even more as they gave us jobs and watched us”.*
- *“I would have liked more experience in a hospital setting, not as much Social Care”.*

When learning from this feedback, apprentices were paid National Apprenticeship Wage for the duration of year 1 of the programme. This changed from £4.81 an hour to £5.28 an hour in April 2023. There were 2 leavers very early on in the programme, and one cited the inability to commit to this salary as they had a family, but also that they were a carer, and the programme was inflexible. Pay and working conditions such as flexible working should be considered in future models to support retention and apprentice satisfaction.

The feedback around the Joint Apprenticeship Officer role confirms that pastoral support and signposting is a significant factor in the retention of apprentices, and that to achieve best outcomes, pastoral support needs to feature heavily.

## Placement Feedback

Each placement provider was given the opportunity to complete an end of programme evaluation survey to express their views and thoughts which has provided opportunity to develop any further programmes.

All respondents agreed that the apprentices were able to have a well-rounded, valuable experience within their services, with an average rating of 4.5 out of 5.

When asked if they felt that the apprentices had the ability to undertake all tasks and duties that were required of them within each service, an average rating of 3 out of 5 was obtained. With room to expand, some placement providers felt that the age of the apprentices proved limiting to their role within the service during some placements. It was also indicated that school leavers lacked in confidence and assertiveness, impacting their ability to carry out certain tasks.

All respondents stated that it is *likely* they would host an apprenticeship programme again in the future. When asked what they felt went well during this apprenticeship programme, responses included:

- *“The ability to help support the apprentices to develop and progress into their chosen career choice.”*
- *“Providing workplace experiences, embedding learning and bringing it to real life.”*

When asked what they felt did not go so well during the programme, themes such as poor communication from apprentices, lack of understanding for safety, inability to drive for some apprentices limited where and what they could do during the placement.

- *“It is great to see the apprentices progressing and achieving their outcomes.”*
- *“I think the programme was good. We are aiming to invest in the workforce of our future care workers so need to be open minded and mindful that as young people ages 16/17 will need nurturing to make that stepping-stone from school to work to embed good core work ethics, understanding, core values and work cultures.”*

There was also discussion of reverse mentoring, and that apprentices provided opportunities for staff to learn by sharing discussion around other placement processes. In addition, it was shared that the collaborative meetings enhanced understanding of discharge pathways for patients moving through Health and Social Care sectors. This type of interprofessional learning is key in supporting patients' best outcomes.

## Learning Provider Feedback

Pembrokeshire College delivered the Level 2 in Health and Social Care and worked with both the Apprenticeship Academy and the placement managers to organise visits to assess apprentices on the job. The Curricular Area Manager quoted that this programme has been *"a tremendous success with great outcomes"*.

**Placements** – For the qualifications, feedback stated ideally placements need to be based in residential care homes and domiciliary care rather than reablement to prevent any issues surrounding planning observations.

**Age** – Feedback included there have been numerous restrictions surrounding learners not being able to undertake certain duties unattended such as intimate personal care due to being under the age of 18. Naturally clients would prefer to have limited people involved in intimate personal care and this resulted in adaptations to assessments and observations to meet the criteria.

**Communication/ catch up sessions between Local Authority, Health Board and Learning provider** – Pembrokeshire College report that these sessions/meetings were proven to be invaluable and a highly effective way to communicate any updates including any issues and celebrations. Despite these sessions being beneficial, at times it was difficult to discuss all issues surrounding individuals due to the complex nature and confidentiality.

**Direct communication with Local Authority and Health Board lead contacts** – Pembrokeshire College report this was effective throughout the programme, proving imperative to the smooth running and communication of the programme. However, they did note that there were some inconsistencies across the responsiveness of placements, in particular a Social Care placement. This raised challenges as the key contact was changed 4 times within this placement, making communication a challenge here specifically.

**Qualification – Classroom based** – The College explain this has worked extremely well and learners have been engaged throughout. All learners were keen and often asked for more classes. Half of the learners requested additional 1:1 sessions to ensure successful completion of the qualification due to additional learning needs. *"Both myself and James were impressed with the level of engagement and enthusiasm for this session. Every learner from this cohort attended the session and*

*took part in group work, worked well together and all engaged in classroom discussions, it was great to see.”*

## Challenges

There were several challenges and learning opportunities identified throughout the duration of the Joint Integrated Apprenticeship Programme.

**Maturity** - It has been a joy to observe the progress of each individual and continue to see their skills and confidence grow. Maturity, particularly those joining the apprenticeship programme straight from school, at times has been somewhat of a challenge. This presented through responsiveness to tasks and responsibilities as part of the programme and professional behaviours. Feedback from placement hosts and learning providers suggest that a handful of apprentices who joined this programme who have come straight from school lacked a general work ethic to begin with. This resulted in higher absences, and more professional behaviour conversations. When this issue was raised, additional training was implemented to mitigate, including communication at work, resilience and working with others. This did improve through the duration of the programme and absences reduced significantly.

**Age related barriers** - Apprentices under the age of 18 are required to be supervised when undertaking intimate personal care. This was misunderstood as *all* personal care needed to be supervised and this posed a challenge to the learning provider in relation to assessing competencies. Information was shared across all organisations to support this, but for clients, having under 18s would mean more people observing which can impact dignity. Therefore, the college were able to utilise different criteria to assess the apprentices to minimise impact on the patients.

**Placement rotation durations** - Placement rotations were of differing durations, this meant that apprentices may have spent 9 months of the programme in an area they did not enjoy. Feedback from apprentices divulged a theme that those in the residential care homes for the longer rotation, were more likely to express a negative experience overall. Feedback demonstrated within the Health Board and Adult Social Care sector, duties differed each day to provide multiple learning opportunities, but this was restricted in residential care homes who operate on routine for residents.

**Suitability of placements** - The suitability of placements also posed a challenge in that initially a Social Care placement was built in, however due to the complex and sensitive nature of this work the Local Authority revoked this placement as an option during the programme. This resulted in apprentices needing to change placements and academic units to successfully complete the module. This was disappointing as all apprentices had expressed their excitement to experience this placement. Prior consideration of the risks associated with each placement should have indicated this prior to the programme running.

**Travel** - Some apprentices were not expecting travel as part of their rotational placements and expected the organisations to provide this. Most apprentices did not have a driving licence at the beginning of the programme; particularly for community care roles, this is imperative. One apprentice was unable to attend the community care team due to rurality and lack of public transport, limiting the rotational experience. Improving the depth of information at recruitment stages would support candidates understanding in the breadth of the apprenticeship offer.

**Organisational culture** - Cultural issues were reported from apprentices during feedback sessions where some apprentices felt they were treated differently to substantive staff within each rotation. Some apprentices reported being “*left in the corner*” as staff were unsure what they could or could not do within the initial rotation due to inexperience in hosting an apprentice. Other apprentices reported feeling like they were drawn upon to do the “*jobs no one else wanted to do*”, rather than having a well-rounded experience. The Apprenticeship Academy worked with the apprentices to build confidence to ask for a variety of duties to support their experience.

**Academic challenges** - 70% of apprentices stated that they found the academic side of the programme difficult or found that they struggled with the work provided. All apprentices were provided with one day a week paid study in college to allow them to work towards completing criteria for their qualification. Those who did struggle with the academic work were happy to ask for support which was able to be provided in the form of additional one-to-one time or an in-class learning assistant.

**Financial challenges** - Feedback from apprentices suggested that financial struggles were one of the biggest challenges for them throughout the programme. Households across the UK are struggling due to the cost-of-living crisis and apprentices are no exception. Although the apprentices recognise that they are earning whilst they are learning and that there are no academic fees for completing their educational journey, many were facing significant hardship and as a result and 40% of the joint apprentices accessed the Financial Hardship Fund through the college to support their financial situation. In addition, support has been provided by the Apprenticeship Academy team through listening and signposting to additional services including third sector organisations including food banks.

**Pastoral support requirements** - 80% of apprentices within the programme have reached out for guidance and support regarding their mental health and well-being during the 1-year pilot. The support and guidance that has been provided to them, either through the Psychological Wellbeing Service, informally through the Joint Officer, their learning provider and other external support methods. This enabled the apprentices to continue the programme and successfully achieve their Level 2. This was somewhat a limitation to their learning experience, as due to the nature of the programme, most apprentices have had to overcome anxieties to continue working in community-based environments. Having resources and support available to the apprentices has been imperative to their growth and development throughout the programme.

**Policy and Terms & Conditions** - Recognising both host organisations have very different policies and processes, it was a challenge initially to agree processes linked to employment terms and conditions and managing behaviour. Health Board processes were utilised to support employee relations management and this collaboration was successful through regular meetings and the support of the Joint Apprenticeship Officer.

## Measuring output

When measuring the output in relation to the intended outcomes, there are successes and challenges to be noted. It is important to consider the qualitative, community benefit to this programme in addition to the output in relation to workforce.

The aim was to recruit 15 apprentices, 10 were offered positions in October 2022 which is 33.3% lower than intended. It is important to highlight that there were applicants who were unsuccessful at recruitment stage, and this is due to a separate aim of ensuring high quality entrants and a solid retention rate.

Although the initial retention aim for the programme was set at 86%, after Year 1 the final retention figure stands at 80%. Although this figure is below the expected aim, one candidate withdrew from the programme before the induction process began and another candidate withdrew in January 2023 due to external factors. Since the recruitment of the Joint Officer in January 2023 who was able to provide structure and guidance and be a link between the health board and local authority, all 8 apprentices remained on the programme providing a final retention rate of 80%.

The Joint Apprenticeship Officer was appointed and started their role in January 2023 as planned. All apprentices received 1 paid study day per week to attend college and work towards the Level 2 qualification as intended.

Significant additional training opportunities were provided from the Health Board and Local Authority using a hybrid learning approach as intended. Programmes included accredited courses such as Introduction to Sign Language, Welsh Awareness, Developing Personal Confidence and Self Awareness and Communicating with Others at Work. All apprentices also completed the mandatory ESR learning via the Health Board platform. Apprentices also completed 2 development programmes with the local authority with guest speaker Jos Andrews, former BBC producer, which included presentation and interview skills.

90% of the cohort were provided opportunities to experience 3 different placement rotations across Health and Social Care. One apprentice was unable to commit to the Health Board rotation due to transportation issues. Alternatives were explored but it was not possible for the apprentice to commit to the locations available.

75% of the cohort opted to continue their apprenticeship in Health Care, with 25% opting for Social Care. The apprentices who joined the Health Board currently work for the Community Nursing Teams in line with the joint Health and Social Care

working, and have continued on to Level 3 Health and Social Care. Two apprentices maintained their work with the Local Authority and were offered positions within Residential Care Homes.

Please see Appendix 1 for an overview of intended outcomes and achievement.

## Funding

The original RIF (Regional Integrated Fund) request estimated the total costs of the pilot would be **£224,633** which includes £170,700 for employment costs of the cohort of apprentices. As part of RIF funding, match funding is a requirement, 90% of the staff salary costs are claimed as part of the RIF programme. The remaining 10% of the staff costs are provided as a match contribution: 33% by the Health Board and 67% Pembrokeshire County Council to reflect the intended employment destinations. Some of the Health Board matched costs were absorbed by apprenticeship funding.

The project funding was planned based on financial year but was based on academic year which resulted in two financial years. The original funding planning was as follows:

Funding allocation proposal	Fin Yr 22/23	Fin Yr 23/24	Total
15 Apprentices @ £9405 per apprentice plus oncosts	£99,575	£71,125	£170,700
Band 5 – Training and Pastoral Officer – Integrated Post	£31,533	£0	£31,533
Equipment & staff set up costs	£1,000	£0	£1,000
Travel costs for site visits	£3,000	£0	£3,000
Training courses	£8,400	£0	£8,400
Integrated Apprentice Budget (Equipment, room hire, etc)	£1,000	£0	£1,000
<b>Total</b>	<b>£144,508</b>	<b>£71,125</b>	<b>£224,633</b>

Below is the original cost schedule as outlined in the RIF project plans against the actual costs:

Actual spend	Fin Yr 22/23 Actual costing (RIF funded)	Fin Yr 22/23 Actual costing (RIF funded)	PCC Match Contribution	HDUHB Match Contribution
Apprentices @ £9405 per apprentice plus oncosts (planned 15)	£39,893	£45,923	£6,360	£3,175

Band 5 – Training and Pastoral Officer – Integrated Post	£6,271	£28,359	£2,556	£1,281
Equipment & staff set up costs	£10,967	£0	£813	£406
Travel costs for site visits				
Training courses				
Integrated Apprentice Budget (Equipment, room hire, etc)				
<b>Total</b>	<b>£57,131</b>	<b>£74,282</b>	<b>£5,505</b>	<b>£4,862</b>

The total cost of the 12 month pilot was **£141,780**, an underspend on the original proposal of £82,853. This was due to the number of apprentices recruited being lower than originally planned, attrition of 2 apprentices relatively early on in the pilot and a delay in recruiting to the Band 5 role initially.

## Conclusion

The programme as provided a proof of concept for future joint apprenticeship models. It has highlighted the barriers in terms of HR policies and how these can be overcome, with examples of successful practice. The scheme has provided the apprentices with a broader skill mix, which will embed integrated ways of working and promote multi-disciplinary team working. The opportunity for multiple Health and Social Care opportunities has been maximised throughout.

The Joint Integrated Apprenticeship Programme is the first of its kind in Wales. The project was set up as a way of attracting apprentices within the social care sector, recognising the success of the Health Board in recruiting Healthcare Apprentices and Local Authorities receiving less interest in their posts and apprenticeships in comparison. The joint approach gives candidates the opportunity to try both areas to support their plans for a career, all whilst earning and learning.

The changes within Health and Social Care have enabled staff to work with younger apprentices, which has supported reverse mentoring in some cases, which has supported generational differences. From a population perspective, the apprentices have been able to provide support within their placements as they were supernumerary which included playing games and befriending activities. Managers have demonstrated their knowledge and experience to manage young people within their teams on a learning pathway. The programme has created the environment for greater collaboration between Local Authority and Health Board teams, who work together to drive success and quality continued care.

There has been significant increased awareness within the Health Board of integrated working and interprofessional working across Health and Social Care. For front line staff, it has supported staff to consider the wider Health and Social Care agenda including discharge pathways and multi-disciplinary working. By providing a multi-partner and multi-discipline approach, employees of both the Health Board and Local Authority can identify the cross over in disciplines for each patient and view a holistic view of Health and Social Care.

Another success is the impact on Corporate Social Responsibility, by providing opportunities within our communities to experience the careers within the Health and Social Care sector. By working collaboratively, the opportunities afforded to the apprentices in this pilot provided them with tangible experiences and employability skills for the future.

The most notable success is for the apprentices themselves; they have gained confidence and experience in both the Health and Social Care sectors. They have undertaken a considerable amount of learning in a short time and have improved their employability skills. The qualitative case studies demonstrate the difference and impact that the project has had on their lives which is immeasurable. The project has provided a true widening access proof of concept for which future collaborations could adopt.

## Recommendations

The Joint Integrated Apprenticeship Programme was a RIF (Regional Integrated Fund) funded pilot. The pilot provided stakeholders with a financial baseline to trial the collaborative programme. There has been significant learning from the pilot:

- Recruitment timing to be carefully considered against competing programmes
- Consideration of pay scales to provide a more attractive offer
- Placements to be risk assessed by all parties to ensure suitability for programme
- A variety of placement types to be provided across organisations to build apprentice interest and experience in sector
- Increase in mentorship for placements who host apprentices
- Legal agreement to be in place prior to programme commencement
- Continuation of Joint Apprenticeship Officer role as proved to be a success

Future programmes could be collaboratively run, funding dependent. Without funding, the financial aspects of a joint endeavour could be complex due to varying destinations of apprentices and the organisational investments. With funding applied, programmes like this could be supported with different local authorities with a view of providing a varied and rich experience to the future workforce of the Health and Social Care sector.

## Appendix

### Appendix 1

Intended Outcomes	Achieved
Recruit 15 apprentices	x
Retain a minimum of 86% after one year	x – 80%
recruit 1 WTE Band 5 Joint Apprenticeship Officer	✓
1 paid study day per week	✓
Additional training opportunities	✓
Three placement rotations, two in Social Care and one in Health	✓
Two thirds of the cohort to progress into Social Care positions, and one third into the Health Board apprenticeship pathway	x
Develop an integrated professional brand for Health and Social Care workers that was attractive to young people and draw the future workforce into this sector	✓
Allow apprentice to try several aspects of health and social care, before choosing a career to suit their aspirations	✓
Contain Welsh Language skills developments	✓
Rotational placements that allow apprentices to experience various areas within community and social care	✓
Weekly college attendance, working towards qualifications relevant to Health and Social Care	✓
Employability Skills development workshops and support resources to support independence	✓
Quarterly skills development workshops, including team building skills	✓
Shadow opportunities within community, domiciliary and third sector organisations	✓
Bespoke training courses	✓
Reverse monitoring to shape the future of health and social care	✓
Bi-monthly visits	✓
Pastoral support mentor – providing supervision, pastoral support, link between H&SC	✓
Monthly action learning sets	✓
Well-being programme build into programme	✓