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# NOT THE LAST RESORT: the impact of an interprofessional training care home on residents, care home staff, and students

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# NOT THE LAST RESORT:

the impact of an interprofessional training  
care home on residents, care home staff, and  
students.



University of  
**Salford**  
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University  
of Bolton



Manchester  
Metropolitan  
University



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## Foreword from Dr Mervyn Eastman

Back in the early 1970s when training to become a social worker we had to read Professor Peter Townsend's survey of residential institutions and "homes for the aged." It was called *The Last Refuge* (1962) and had a profound effect on me then and subsequently shaped and reinforced my perception and experience of later life residential care provision. Not *The Last Resort* exploring the impact of an interprofessional training care home on residents, care home staff, and students and my involvement with it brought back Townsend's seminal study.

Being on the Advisory Group of IPE was a privilege and it is no accident that the journey undertaken by participating residents, care staff and the professionals had a similar impact which is reflected and evidenced in this current study. The individual and collective reflections of the participants' own journey is telling, is honest and is revealing. It challenges both assumptions and presumptions as well as personal perspectives, not just about care homes and residents living within them, but how inter disciplinary engagement changes their professional practice and their own mindsets about long term care, dependency and vulnerability.

From shifting perspectives, to just how complex engagement and communication can be, to reflective practice, I was encouraged by the level of learning that was achieved - my own included! But that learning however, was rooted in the reality of residential institutional living and working. For many professionals and students, however long or brief their experience they took away from the learning process lessons that will last a very long time, hopefully throughout whatever direction their careers take them.

IPE was inevitably hard and demanding work for most that were involved, including those drawn from their various Universities in overseeing and managing the study, especially the leadership from the University of Salford and Dr Melanie Stephens the Principal Investigator.

In many ways it is indeed a work in progress, and as the report rightly concludes, "health and social care should harness but not romanticise the power of IPE." It will depend on our emotional intelligence what determines the lessons that have been learnt. As a Social Work student there were a number of experiences that were brief, but have remained with me to this day some five decades later. As an observer, participant and critical friend I found IPE both inspirational and instructive and in no small part an ongoing contribution to the transition of care home experiences being one of adventure and growth for residents, staff and students alike.

*Dr Mervyn Eastman*

March 2022

## Advisory Group Members

In January 2021, an advisory group was formed to help guide the progression of the IPE scheme. The group, made up of stakeholders, programme and placement teams, academics and health and social care leads, met monthly to collaboratively engage in the project design, development, planning and implementation process as well as to guide and advise on its evaluation. Members came from: University of Salford, Greater Manchester Project Management Office, Greater Manchester Health and Social Care Partnership, Greater Manchester Combined Authority, Skills for Care, Greater Manchester Training Hub, Care Quality Commission, the University of Bolton, Manchester Metropolitan University & University of Manchester:

<b>Principal Investigator: Dr Melanie Stephens</b>	Senior Lecturer & Head of Interprofessional Education at the University of Salford
<b>Siobhan Kelly</b>	Research Assistant at the University of Salford
<b>Lydia Hubbard</b>	Research Intern at the University of Salford
<b>Professor Andrew Clark</b>	Professor of Sociology at the University of Salford
<b>Professor Malcolm Granat</b>	Professor of Health and Rehabilitation Sciences at the University of Salford
<b>Dr Ruth Garbutt</b>	Head of Social Work at the University of Salford
<b>Dr Mervyn Eastman</b>	Co-Founder of Change AGENTS Network UK Co-operative & Co-Founder and President of the Practitioner Alliance for Safeguarding Adults
<b>Carol LeBlanc</b>	Head of Greater Manchester PMO MFT
<b>Julie Fletcher</b>	Faculty Lead for Practice Quality at the University of Bolton
<b>Deborah O'Connor</b>	Lead for Work-Based Learning at Manchester Metropolitan University
<b>Kevin Bayley</b>	Academic Lead for Practice Development at the University of Manchester
<b>Nathan Finnigan</b>	Placements Unit Manager at the University of Salford
<b>Lisa Littlewood</b>	Director of Placements at the University of Salford
<b>Sarah McRae</b>	Clinical Educator for Social Care at GM Training Hub
<b>Dr Lorna Chesterton</b>	Research Associate at Manchester Metropolitan University
<b>Samantha Roper</b>	Practice Learning Facilitator at the University of Salford
<b>Jane Hall</b>	Physiotherapist NHS
<b>Laura Hammond</b>	Lecturer at the University of Salford
<b>Marie Mathews</b>	Workforce Matron MFT NHS
<b>Carol Mitchell</b>	Northwest Locality Manager at Skills for Care
<b>Karen Heggs</b>	Lead Nurse for Pre-Reg Education – AHP Midwifery and Nursing MFT NHS
<b>Jo Finnerty</b>	Workforce Lead Social Care at GMHSCP
<b>Jez Ashdown</b>	Northwest Locality Manager at Skills for Care

## Abstract

Care homes are a fundamental part of the health and social care system, and with demand in the sector expected to increase, it is important to better understand how the sector can improve recruitment and retention, be sustainably staffed, and promote collaborative practice. While interprofessional training environments are increasingly seen as a key stage in advancing health and social care systems, little is known about interprofessional student training schemes in the context of the UK care home environment. This pilot study aimed to implement and evaluate a 6-week IPE student training placement scheme across three care homes across in Greater Manchester. Students (n=15) across a variety of disciplines - including nursing, physiotherapy, social work, podiatry, counselling, and sports rehabilitation - were placed within the homes to work in an interprofessional environment and address the goals of residents as a collaborative team. A total of 52 qualitative semi-structured interviews were undertaken with residents (n=10), care home staff (n=12) and students (n=30), over a period of 5 months. Quantitative data was collected by administering an AGEIN questionnaire to students pre and post placement (n=13). The questionnaire asked students about their perceptions of, and attitudes toward, working with older people. Our study suggests that care homes provide students with an ideal environment for interprofessional working and learning. Through better understanding the dimensions of difference perspectives and approaches, students felt the project improved their education and shifted their perceptions of aged care. Staff benefit from new ways of working, improving their knowledge and skills, which in turn enhances the care the residents receive. Findings also highlight the complex barriers that influence interprofessional learning in the care home setting. In this report we will discuss the benefits and challenges of implementing interprofessional education in care home settings, detail the positive and transformative impacts the experience had on residents, staff and students and consider the future direction of such schemes.

## Introduction

This report details the outcomes of a research project led by the University of Salford with partners at Manchester Metropolitan University, Bolton University and the University of Manchester, and core support from Greater Manchester Project Management Office. It has received external funding as part of a series of initiatives from the GM Enabling Effective Learning Environments workstream.

Historically, health and social care students are often educated in isolation from other professions, yet once qualified, are expected to work in interprofessional teams to deliver the best health and social care. Interprofessional training environments are increasingly seen as a key stage in advancing health and social care systems. Care homes are a fundamental part of the health and social care system and with demand in the sector expected to increase, it is crucial to better understand how the sector can improve recruitment and retention, be sustainably staffed, and promote collaborative practice. Improvement of interprofessional collaboration and communication can contribute to better outcomes in a variety of practice settings, yet there remains a limited evidence base regarding interprofessional student training schemes in the care home environment.

This pilot study developed, implemented, and evaluated the impact of a 6-week interprofessional student training placement scheme across three care homes across in Greater Manchester. Students from a range of professional health and social care programmes were placed within the homes to work in a collaborative inter-professional environment. Along with academics, residents, care home staff and practice staff, the students attended six weekly multi-disciplinary team meetings to address the individual goals of the residents.

This report explores:

- What beneficial impacts the IPE scheme had on students, staff, and residents.
- Barriers to effective interprofessional teamwork in the care home setting.
- The complex nature of setting up interprofessional placement schemes.
- Anticipations about delivering and implementing interprofessional student training schemes in care home settings in the future.

## Background

The population of the United Kingdom (UK) is rapidly ageing. There are currently as many people aged 60 and over as there are aged 18 and below and by 2024, more than 25% will be aged over 60 (ONS, 2019). Across Greater Manchester, it is estimated that by 2036 14% of the total population will be 75 and over, which is an increase of 75% since 2011. It is also anticipated that there will be an increase in the number of those aged 65+ requiring a care home place; currently this is reported to be 14,552 and it is projected to rise to 17,534 by 2028 and 21,648 by 2038 (Pegasus Group, 2020).

There are also growing concerns about the future of the care home sector. As Kings Fund (2022) suggest, the sectors' ability to continue with the current levels of provision for care home residents is under threat from workforce and funding crises that have been further compounded by the coronavirus pandemic. Further, the DEMOS Commission of Residential Care published a report in September 2014 stating that the brand of residential care is "fatally damaged" from significant negative media coverage revealing mistreatment and abuse in the care system, public perceptions linking independence with remaining in one's own home, and residential care seen as a "last resort". It is apparent that new solutions are needed to ensure adult social care services are enabled to provide high quality, person-centred care, and support.

The World Health Organisation (WHO, 2010) recognises Interprofessional Education (IPE) as a central component in strengthening health systems, responding to the increasing complexity within the health and social care sector (Stephens and Ormandy, 2018). Interprofessional education (IPE) consists of students from different health and social care related professions learning 'from, with and about each other to improve collaboration and the quality of care' (Freeth et al., 2005, p.17). When students recognise how to work interprofessionally, they are better prepared to enter the workplace as a member of the collaborative practice team.

First developed in Linköping University in Sweden, interprofessional [hospital] training wards (IPTW) have commonly been utilised as a key learning site for students from different disciplines, such as nursing, physiotherapy, podiatry, social work, and occupational therapy, to develop a mutual understanding, share knowledge and improve their interprofessional competencies in clinical practice. In performing both profession specific duties and interprofessional group tasks, students gain a more holistic viewpoint and appreciation of others professional's roles and remits whilst improving patient outcomes.

The care home environment is uniquely suited to IPE opportunities as the complex health and care needs of residents provide the ideal context for a collaborative experience (Bridges et al., 2011). Studies that have explored interprofessional training in care home settings highlight that they enhance students' knowledge of other professional approaches and the care home environment (Damsgård et al., 2018) and that this increased knowledge on the speciality of aged care practice has the power to increase the aged care workforce (Seaman et al., 2017).

However, the majority of interprofessional training initiatives focus their outcomes on student learning and disregard the impact these projects have on organisations, care home staff or residents (Lauckner et al., 2018). Further the evidence base is limited, and no studies explicitly focus on the impact of IPE in the UK care home environment. With the forecasted increase of care home residents from an ageing population and the strategic importance of care homes to the delivery of appropriate health and social care, this model of care offers an opportunity to improve resident outcomes, support holistic practice, enhance interprofessional competencies and challenge negative perceptions of aged care.



## Aims and Objectives

The scheme aimed to understand and assess the impact of a 6-week interprofessional student training experience within three care home settings in Greater Manchester. To do so, it looks to the experiences of three groups:

- Students
- Residents
- Staff members

The objectives which the study focused on are as follows:

**Objective 1:** To develop and evaluate an interprofessional learning environment in three care homes across Greater Manchester.

**Objective 2:** To assess the impact of delivering an interprofessional student learning environment on the residents' quality of life.

**Objective 3:** To assess the impact an interprofessional learning environment has on care home staff.

**Objective 4:** To explore the impact an interprofessional placement in a care home has on students.

**Objective 5:** To assess student's attitudes, values, and beliefs to careers in a care home pre and post their interprofessional care home placement.

## Project Implementation

This project utilised Heron's (1996) cooperative inquiry, a participatory research approach which promotes a group of people coming together to explore issues of interest and concern in order to (1) understand our world, make sense of our lives, and develop new and creative ways of looking at things and (2) learn how to act to change things we may want to change and find out how to do things better. At the heart of this approach is the notion that research should be done *with* people not *on* people to empower rather than exploit them. With this in mind, the advisory group, as well as care home staff were all involved in the 7-month project planning period across October – December 2021. Following this, fifteen students from Salford University, Bolton University and Manchester Metropolitan University were recruited and placed across three care homes in Greater Manchester. Students came from a mixture of different disciplines, including sports rehabilitation, physiotherapy, nursing, prosthetics and orthotics, counselling, and social work.



### Hilltop Court: Stockport

Counselling student (UoS)  
Podiatry student (UoS)  
Nursing student (MMU)



### Heathlands Village: Prestwich

Sports Rehabilitation student (UoB)  
Podiatry student (UoS)  
Nursing (Mental Health) Student (UoS)  
Counselling Student (UoS)  
Social Work Student (UoS)



### Lakeside: Wigan

2 x Physiotherapy students (UoB)  
Sports Rehabilitation student (UoB)  
Prosthetics and orthotics student (UoS)  
Nursing Student (UoB)  
Counselling student (UoS)

- Some students attended as part of their natural placement cycle, whilst others self-selected to join as part of a spoke learning opportunity. Accordingly, there was a mix of full-time and part-time students and their placement duration spanned anywhere from 16 weeks to 6 weeks.
- The IPE scheme was developed to take place at the 6-week 'overlap' period where all students were on placement within the home at the same time. During these 6-weeks, where possible, students worked the same shift patterns so that they had chance to learn from, with and about each other whilst caring for a small number of assigned residents.
- To enable interprofessional development and reflection, the students, along with care home staff, residents, academics, practice staff and practice education facilitators (PEF's) took part in weekly multi-disciplinary team (MDT) meetings whilst on their placement.
- In the MDT meetings, an action learning approach was adopted where the students worked with a small number of residents and engaged in a cycle of action and reflection to address their individual goals as part of an integrated team.
- A blended approach to learning was utilized to ensure those involved could engage with the process in the most suitable way; this was especially important given the scheme took place within the context of the Covid-19 pandemic.

## Research Design

A mixed-method evaluation package operated alongside the placement scheme. A total of 56 qualitative semi-structured interviews were undertaken with residents, care home staff, students, and advisory group members over a period of 5 months. Due to shifting Covid-19 guidelines during the research process, some of the interviews were conducted face-to-face and some virtually.

- **Students** were interviewed three times: before, during and after the IPE scheme.
- **Care home managers** were interviewed twice: before and after the IPE scheme.
- **Wider care home staff** were interviewed once at the end of the IPE scheme.
- **Residents** were interviewed twice: before and after the IPE scheme.
- **Advisory group members** were interviewed once at the end of the IPE scheme.

The interview data was analysed using qualitative techniques including thematic content analysis, and coding of text and annotations according to terms identified over the course of data collection.

Quantitative data was collected by administering an AGEIN questionnaire to students pre and post placement ( $n=13$ ). The questionnaire asked students about their perceptions of, and attitudes toward, working with older people. This data was analysed using descriptive statistics with the support of the SPSS software package.

## Ethics

Ethical approval was granted by the University of Salford School of Health & Society Ethics Panel (Ethics number: 2270). To preserve anonymity, this report does not use real names of individuals, reveal their gender nor detail the care home they work within. We understand the problematic nature of ensuring that individuals and groups are not recognisable to one another in studies that involve defined groups, though every effort has been made to protect their identity. The resident participants involved in the study had capacity to participate, were fully informed of the work, consented, and were identified and supported by care home managers/senior staff.

## Language

The labelling and classifying of individuals can be complicated. In this report we refer to individuals living within the care home as residents, though terms such as 'patient' are used to describe the same group by some of those involved in the scheme. We examine the complex nature of this in the discussion.

# Findings

## Qualitative Findings

From the qualitative interviews conducted four areas are reported on:

- How students experienced the IPE scheme.
- How staff experienced the IPE scheme.
- How residents experienced the IPE scheme.
- The nature of implementing IPE schemes in care home settings.

Table 1 below outlines themes discussed within each area:

Participants	Themes
1. How students experienced the IPE scheme	Preparation for the future Learning a holistic approach to care Shifting perceptions of aged care Complexities of engagement
2. How staff experienced the IPE scheme	Bridging the gaps Perceptions versus reality Looking to the future
3. How residents experienced the IPE scheme	Meaning and purpose Enriched care Social health Continued care
4. The nature of implementing IPE schemes in care home settings	Brick Walls Opening Gates

Table 1: Themes from the analysis of participants responses

### 1. How students experienced the IPE scheme

#### 1.1 Preparation for the future

The IPE scheme was reported to better equip students for future interprofessional and collaborative practice. Students spoke of the knowledge gained through the experience and felt they had generated a better understanding of diverse approaches, priorities, and perspectives to care. As well as giving them the room to develop a better awareness of other professional roles, students felt the scheme enhanced their own professional identity and enrich their sense of self.

Knowledge was recognised to be enhanced through their interactions with students, staff and residents, and they often appreciated that they could take this knowledge forwards and utilise it within their future job roles. The MDT meetings were reported to have a central role in how they gave

students the reflective space to effectively foster knowledge development, with the significance of having involvement across all levels in this was often noted in regard to their collective knowledge development.

*"It's made me aware that I've got quite a significant role."*

*[Interview: STPO2]*

*"There were some people there from different disciplines that I don't know much about, and it was interesting seeing and hearing the knowledge and skills they bring to the table that I maybe wouldn't have thought about before."*

*[Interview: STSW1]*

Students also reported that the scheme contributed to the development of skills which support their future employability. Improved levels of confidence often sat at the heart of their narratives. Confidence was reported as both a result of autonomous and interprofessional working in how the scheme enabled them to develop their communication understanding of professional terminology and learn how to adapt it effectively for residents. The students noted how interacting with care home residents is a new experience for them, and how, in turn, this developed their social skills as working with diverse groups broke down perceived barriers between young and older people.

*"The more we work together the more confidence I have."* [Interview: STSP2]

*I'd say it has definitely developed my skills in communication* [Interview: STPH1]

The scheme helped to develop the student's leadership abilities: **"Now I have been able to lead the team."** [Interview: STNU1]. Though students voiced initial fears of engaging with professions from different disciplines, better understanding their own role within the collective - as well as working to achieve a shared goal - were expressed to improve their ability to 'take charge' appropriately and proactively communicate their ideas.

Related to this, the care home as a learning environment was felt to help the students develop their autonomous practice and better embed their own learning. Such opportunities were valued in two key regards: (1) in how Covid-19 had limited their placement experiences more generally and (2) in how placements in fast-paced ward settings did not always allow as much space for them to reflect and stretch their individual knowledge and skills.

Two students, for instance, expressed that spending time at the home allowed them to develop their own clinical decision making, judgement and critical thinking. Their experience of working with a resident who had a stroke was found particularly poignant here, in how they felt that having the time and space to connect with the resident, consider his needs and research physiotherapy approaches – with the help of their long arm supervisor – developed their learning: **"We have been doing a lot of research into what we can do with [resident] because we've not really done any stroke physio before and we had to put together that presentation [...] and our treatment plan [...] so I think [student] and myself picked up a fair bit of knowledge about stroke Physio"**. [Interview: STPH2]

*"Everything in previous placements is overseen, to be involved a bit more is really interesting"* [Interview: STPO2]

## 1.2 Learning a Holistic Approach to Care

Students also valued that working as an interprofessional team enabled them to learn about holistic caring practices. The increased exposure to different aspects of care that they previously had not

encountered informed their knowledge of how to care for the ‘whole’ person. The care home setting in particular was felt to offer an opportunity for them to work with individuals in their own environment and better understand the lives, values, and aspirations of those they are caring for.

*“I’ve always worked in the hospital, and you know the hospital setting is quite different from a care home [...] the patient is staying there, it’s their home, their permanent” [Interview: STNU2]*

*“I can... go in the directions that the patient wants it to go [...] it’s got to be patient centred” stpr1*

The MDT meetings in particular were recognised to facilitate this process, and students valued having this time and space to learn about the residents’ lived experiences. Often, this was felt to interconnect with the involvement of all levels at the weekly MDT meetings. While at first, they could find it daunting to have academics, practice staff and PEF’s present, it was recognised post-placement that the layers of expertise in the room allowed them to explore and better understand the residents’ lives, values and needs, as well as the different avenues they might go down to explore goal resolution.

Further, the process of action learning, was connected to this in how it was felt to both foster and hinder the students experiences of developing personalised care plans. Some of the participants voiced an uncertainty in the value of action learning, expressing that they were not clear: **“why I’m here or what I’m doing” (stpo1)**, whilst others felt that **“...it was our project, really in a way, because we were presenting each week, feeding back” (stph2)** and **“it (continually feeding back to the group) helped me get to grips with them and their needs (the residents)” (stpo2)**.

### 1.3 Shifting Perceptions of Aged Care

The students had limited experience of being in, or working in, care homes. This was especially apparent given the pandemic had limited and restricted their placement experiences. Often prior to starting their placement, students expressed concerns that were reflective of negative societal attitudes toward care homes and care-home work: **“I’ve heard some horror stories, as you’ve probably heard yourself with care homes.” [STPH1]**. Students reported feeling discouraged, unsatisfied, and disappointed when initially told their placement was within a care home setting. Despite this, it was felt, among all students, that the scheme challenged these perceptions and shifted their understanding of working in the sector. Students voiced that they increasingly looked forward to interacting, getting to know, and providing care for the residents, and, in some cases, felt they would now consider the sector as a future site of employment.

*“When I got told I was going to get out in a care home, I was like... I felt like I drew the short straw a little bit. But since actually coming out here and being in the community [...] it is just really enjoyable.” stph2*

Over time, students therefore valued that they had been able to learn what the ‘reality’ of aged care looks like. This was particularly apparent in those who felt they had begun the placement with a different cultural understanding of this form of care: *I am coming from Nigeria, in Africa, people have a different perspective to see. We have different beliefs about dementia.” stnu3*

Although students were careful not to divulge their negative pre-conceptions of care-home work to the staff, the staff felt they could sense this change and enjoyed that the student’s involvement had informed a different – and less negative – perception of care homes: **“They just took a different view on care homes. I don’t know what they [students] were expecting, maybe everyone just lying-in bed” (cm2)**.

## 1.4 Complexities of Engagement

The students often discussed the emotional labour involved in working with older people, and the difficulties in adjusting to this aspect of the role. This was particularly apparent in their experiences of working with (1) residents who struggled emotionally to deal with their transition to living in a care home, and (2) those who were struggling with the isolating impact of the pandemic. Where residents struggled to set goals, students also struggled, particularly for those with cognitive impairments. The words from a student below: *'get goals from people'* [stpo1] demonstrates the students need to ensure that the residents were active participants in their care, but also highlights a lack of knowledge about how to effectively communicate with those who have cognitive impairment.

*"The most difficult part is working with a resident who we know isn't going to improve" stph2*  
*"It was really difficult to get goals from people who have cognitive impairment which some people [residents] in there had" stpo1*

Navigating power dynamics was also a significant challenge for the students. At times, students avoided querying aspects of practice, or suggesting the implementation of new practice, with the care home staff given they not only wanted to respect their "position on the ladder" but ensure they get their placement hours signed off and finalised with ease. These complexities were not just felt whilst on placement, rather where also apparent in their negotiations to take part in the scheme itself, which speaks to the significance of ensuring commitment, communication, and engagement across all levels.

*"It's a big challenge for me to implement or tell the carers what to do. They are working for money, and they think 'where are you coming from, why have you been telling us what to do'"*  
*[Interview: STNU1]*

*"I'm not based in any of the care home units, so I think maybe my boss didn't see the value...I was kind of having to sell it to her, to let me participate"*  
*[Interview: STNU1]*

Students also displayed an uncertainty around the input they will have in the collaborative team. Upon starting their placements, they voiced feeling nervous about the potential contribution they would have to the group: *"I was dead nervous before starting it, thinking why have I done this, I'm going to be rubbish, I don't know anything"* [Interview: STPO2]. This was especially apparent in those students who are either (a) not traditionally placed in a care home setting or (b) had limited experiences of being out on placement. The latter was perhaps more common given Covid-19 had disrupted students usual placement cycles.

This was also visible in their experiences of not only mixing with different professional groups but mixing with students outside of their own university: *"I feel like all these people are from Salford Unit. That's my feeling. I am from Bolton and feel like I am isolated, and I don't have allies"* [Interview: STSP2]. However, over the period of the scheme, this was often found to shift into a stronger sense of confidence in their contribution: *"The more we work together the more confidence I have"* [Interview: STSP2].

Care home staff often voiced an awareness and acceptance of the student's uncertainty, expressing their understanding that the care home is a new and uncertain environment for them to navigate. This empathetic approach from the staff, and their positive reinforcement of the students, was meaningful in how it supported the students to navigate the complexities of their shift from a silo to interprofessional mindset:



*"Sometimes the student nurse does get frustrated...it's having that understanding that in the care home is not like hospital where you go in ward, it's a totally different environment." cs11*

*"The staff in the care home kept saying 'you all know so much; you're doing really well'. So that was quite nice, getting that reinforcement." stpo2*

## 2. How Staff Experienced the IPE Scheme

### 2.1 Bridging the Gaps

Staff found that the scheme helped bridge the gaps in (1) their knowledge, (2) their ability to deliver the person-centred care they seek to provide, and (3) their capacity to *promote* this form of care to the next generation of health and social care staff. Firstly, the students developed their understanding of the latest evidence-based practice, and they were valued in how they contributed to treatment planning, problem solving and day-to-day resident care. For the staff, limited access to professional specific services or minimal provisions were a source of great frustration, and the scheme was therefore felt significant in how it could better address the needs of all residents. They reported gaining rich knowledge from the students – staff at one care home, for instance, learned about appropriate footwear from the podiatry student, and expressed that such insight could help prevent falls among residents. The knowledge gained was felt to both feed into their existing knowledge base and introduce new and unexpected insights into care. The latter was exemplified at one home where the particular reablement approach provided by the Sports Rehabilitation student introduced a new “way of thinking” into the home. Such insight into the latest professional practice was felt particularly significant given it was not a temporary benefit in how staff could continue to utilise it in practice and pass it on to others working within their home. For instance, one manager voiced that **“they’re (students) not just someone who appears and disappears” (cm1)** in regard to the lasting impact of their knowledge sharing.

*"They [student] will have an up-to-date knowledge on set things that we might not have an up-to-date knowledge on." cs12*

*"We've all learnt new ideas and refreshed our education around what our practice should be like." cm2*

*"I think it's been good because obviously it's furthered my knowledge so then I've been able to pass that knowledge on to my colleagues as well that are working more directly on the floor with the residents." Cs31*

The students were received as a welcome extra pair of hands: **“I think it benefitted them [residents], having somebody to look at different things for that person, where they've (staff) maybe not got the time to do it...having that extra support to help that person's [resident's] wellbeing” (cm3).**

Arguably more important than this though, was how the student's presence allowed them to implement the innovative person-centred care they already sought to deliver, an approach that was often deeply embedded into the culture and values of the care homes but was difficult to implement – particularly given Covid-19 and staffing issues were felt to restrict their abilities: **“I know how to wash and dress everybody, I know what meds they're on [...] I know exactly what all their needs are, and I know if something's different. And I want people to come in and see that, how important it is to know a person [...] but we're always rushing round, no matter what day of the week it is. So, I think it's win-win [...] it's really good to keep them (residents) stimulated.” (cm2).** In this way, for the staff, having the students on placement, along with the process of action learning, helped to ensure there was more focus on the individual goals of residents rather than their broader care needs.



As the above quote highlights, staff valued teaching and promoting holistic whole person care among the next generation. They sought to help the students develop and achieve confidence in their roles. This was connected with their desire to establish good practice in the sector more widely. They looked to embed the values of person-centred care not just in the home but hoped that this effect would ripple outwards to influence the values and practices of the future workforce.

*"There are a wide variety of areas where knowledge and experience can be disseminated. Not only into the home, but also outward." cm1*

Being part of a research project was also important for the staff in terms of promoting the sector itself as a positive potential workplace and widening the knowledge and skills that develop when working in the care home sector on a larger, more influential stage: **It's nice to have that involvement in the part of research and supporting the team of research, it is quite rewarding.**" (cs11) Prior to the project all three care home managers reported that their motivations to be involved was because of prior experience of facilitating student placements, being involved in care home research and one care home was part of the National Teaching Care Home project with the NHS vanguard programme (NHS England, 2014). One manager also wanted to use the opportunity to raise the profile of care homes, as it was reported that care homes are viewed as secondary to healthcare.

## 2.1 Perceptions versus Reality

From the outset most staff were positive towards the scheme, though many expressed initial concerns about how interprofessional education would 'fit' within their own care home. For some, these dissipated after the first MDT meeting, though for one manager such concerns resurfaced throughout the scheme and were reported in their final interview: **"I am currently rethinking whether we should continue with IPE or not."** (cp1) The manager voiced that they had received limited information at the beginning of the scheme and students 'abandoning' the MDT meetings within the care home impacted their decision.

On further examination of the elements that were influencing this perspective it was noted that the manager had been unable to attend the pre-pilot workshop which was an opportunity to learn more about the project and ask questions. One student (Counselling and Psychotherapy) had to leave the MDT group as their professional regulations and code of ethics meant they could not participate as part of an MDT; and another student who was self-selecting was struggling to balance, placement, assessment submissions and participation in the project. This highlights the importance of involvement and communication during the planning process, as well as a flexibility regarding the complex nature of student engagement. These initial concerns often centred around how the MDT meetings would function and benefit the group and residents. A recurring thread of feeling uncertain and vague about the process was voiced, however for two pilot sites once the MDT meetings commenced it was reported that **"it just clicked"** (cm3) and care home staff valued the process.

For one manager however, the concerns remained and in their final interview, they reported that the agreed weekly MDT meetings were **"spur of the moment"** and **"time consuming"** (cm1). This spoke to the importance of recognising the impact different perceptions of this learning model have in practice, given supporting, instructing, and teaching of students in the MDT meetings is in contrast to the proposed pedagogy of action learning.

*"It was something new, but when we'd done that first one and then second, it was like this is just how it is and it was routine then, you know, who wants to come in first, does [student] want to come in first or [student]. You know, the students doing their work and sharing it, yes, so it was really good, I have to say, it was brilliant..." cm3*

Prior to the placement cycle commencing, concerns around having enough time to effectively support the student cohort were voiced. This was particularly visible in those care homes that had not had students on placement previously or had limited experience of working with the student's professional group. Despite these concerns, on evaluation of the project the staff placed value on the students who did participate in the scheme and the impact they had.

*'My only problem I think, and I just hope I don't let them down by not having enough time for them [...] it's just keeping my eye on the ball as well really to make sure that they are okay and if they've got any questions or if it's not suiting them even. So, I need to be aware of that and, you know, and maybe have these daily chats.'* (cm2)

*'I think it's made me realise that – what should I say? Historically we've only had like a mental health student. So now that we've had three students from different disciplines, doing different degrees, it's made me realise how much value that brings, not only for the students, but for us as well, for our learning'* [cm3].

Questions around whether the duration of placement was long enough to foster a true understanding of the lived experience of the residents were raised, with reports of making the placement longer than six weeks. However, on reflection of the scheme post-delivery, six weeks was deemed appropriate; and what was considered more important was the provision of a rolling programme of different students into the home to maintain momentum of the scheme and allow for the continued support to the residents and staff which demonstrates the inextricable value, the students had.

Timing around the length of the MDT meetings were also considered at the start of the scheme, with a sense that if the MDT sessions ran too short the students didn't have the time to "dig deep" to get a rich understanding of the residents' goals and experiences. On evaluation it was recognised that the 2 hours worked better than expected, given the students spent time with the residents outside of the meeting. However, it was also voiced that meetings would be of benefit if they were longer to include more residents (three hours), were scheduled weekly or fortnightly in the afternoon (depending on the home). This was felt to allow the care-home staff - who would become the facilitators of the meetings in future iterations - enough time to attend to the needs of the residents and home, which speaks to the importance of ensuring schemes are not designed to be 'one size fits all'.

*'So, I would probably, going forward, suggest like an afternoon for MDT meetings and we, as managers, are generally quite busy in the morning. So, an afternoon probably would be better'* [cm3].

*'I think in hindsight, maybe two o'clock in an afternoon might be better'* [cs33].

Staff were also concerned at the beginning that communication would be complex in the MDT's due to the (1) the involvement of different professions and (2) that people had not met each other before. However, the IPE experience challenged this preconception. The blended approach of the MDTs (virtual and face to face members) was felt to constrain the natural flow of conversation, limiting to only one person talking at once, however as the fundamental characteristics of action learning include questioning, listening, and learning the space between each member speaking was reported to allow and support all participants to express their views and feelings.

Even though staff were involved in the placement process and chose the professional groups they felt would most benefit the team and residents, placement issues arose that impacted the availability of certain groups. This led care homes to consider the involvement of other 'non-traditional' professions, which generated uncertainties around their role at the start of the scheme.

The 'unknown' of having a student from a professional group they are not accustomed to working with could create preconceived assumptions of their value to the home, an uncertainty that was noticed

by one student: *“One of the team on the first meetings said, I’m wondering what sports rehab can do in the research and I was thinking they didn’t really know that we’re also an official therapy. We provide exercises to any of the outlets” (stsp2).*

Although, it was voiced by one member of staff at the end of the placement scheme that the process had enabled them to garner a richer understanding of the role of Sports Rehabilitation, noting that it *“complimented” (cm2)* the care home setting well.

### 2.3 Looking to the Future

At the end of the IPE scheme, staff felt the initiative had provided a future way of working and learning that they were keen to continue with.

*“It was definitely beneficial on team members, on staff, nurses’ team, our residents, so yeah overall I would say it’s had a positive impact.” cs11*

*“We look forward to another intake of IPE.” cm1*

*“it’s all about improving and how we can do things differently and I think the value of having students [...] it’s invaluable really.” cm3*

Staff believed that the experience had exceeded their expectations and impacted them and the care home in meaningful and long-lasting ways. For instance, staff felt that they not only gained knowledge that they can continue to implement in their practice, but that the scheme has helped them to connect with wider services in the community that they ordinarily feel isolated from. They had a strong desire to continue taking cohorts of interprofessional students and wanted to be involved in research moving forward, with continued and ongoing improvements in the sector being the driving force behind this passion.

For the staff, it was significant that “moving forward” did not just involve continuing to take students on placement. Rather, this was centred around ensuring the perspective shifting benefits that come from collaborative learning models can continue in their home. Often, staff recognised that significant change had come from being involved in one cycle of the scheme and highlighted that that involvement in future cycles could offer them and their residents more positive change than previously imagined.

*‘I think for me it was getting everybody together for one person, like I’d looked after both of these residents so I thought I knew them quite well but to get input from other disciplines, like I say, to look at things in a more holistic in-depth approach, I think that’s really helped me the look at things and residents in a more holistic fashion as opposed to what you see there. The reasonings behind it, how it’s developed into this, you know, how do we move forward. I think it’s just sort of changed my mindset on how I look after people.’ cs31*

Though, while staff felt the transformative nature of IPE had long lasting positive impacts on the home and those within it, the “tweaking” of elements was expressed as crucial to ensure it was as inclusive and as suitable as possible for that setting.

Consideration was often paid to who should make up the multidisciplinary team and what professions and programmes would most benefit the home. Staff were keen that complexities around placement provisions were “ironed out” so that they could access professions that they had hoped to have on board in the pilot: *“They [placement leads] couldn’t work out a system of how they [students] could have been supervised, long arm supervision. So that was a little frustrating, because it would have been so good to have had a physio...we are doing quite a bit of reablement work on site” (cm3).*

In addition, staff and students alike had a shared understanding that the doubling up of professions – having two students on site from one professional group - would help collaboration both in the MDT meetings but also in the delivery of care and decision-making processes, as is noted by one staff member: "(doubling up means) they can support each other but they can give each other ideas as well" (cs11). This was discussed at length by one manager who had two physiotherapy students placed together in their home. In having the two students working together, the manager reported that they were able to discuss assessment and care management decisions between themselves – with the support of their long arm supervisor – which allowed her to oversee their practice without getting "too involved" as such input might strain her capacity.

Further, managers voiced that the students should be more prepared prior to starting on placement in the care home, so they were clear of their role and that their expectations could be effectively managed: "Maybe, or even a half day, or not even half day, two-hour induction where they can sit in the home and just maybe observe" (cm2). In one home in particular, a student was reported by the manager as not really understanding their role in both the IPE scheme and the care home. It was also felt that care home staff should receive more preparation so that they too become immersed and well-integrated into the scheme, develop a solid understanding of the professions the students are from and what the students' roles are within the home.

This was linked to comments made by the care home staff in that they constantly feel isolated from wider community services available, so time and preparation were needed to get accustomed to the involvement of different groups. These feelings also resonated with some students who found it more difficult to get engaged with activities for the residents when care home staff were not engaged in the IPE scheme across all levels. Despite these perceived issues of a lack of preparation the reality of having students from across professions for one manager was encapsulated in her evaluation of the project: 'I was waiting for chaos and mayhem and in reality, it was great' (cm2).

Whilst blended learning could be regarded as a positive approach to the delivery of the MDT meetings and enabled the research team to respond to the ever-changing Covid 19 pandemic, staff also expressed the inherent complexities, particularly around communication, that came along with this form of facilitation. This was often regarded as a barrier in consideration of the residents, rather than the care home staff themselves. It was highlighted that for residents who were hard of hearing or who were not technologically literate it was seen as a barrier for full engagement in the MDT. However, one manager felt that the residents were used to the virtual world a result of the Covid 19 pandemic.

*'I think that's the way we go now anyway isn't it, this is the new norm. Luckily the residents came in and they sat through the MDTs as well and they're used to computers now, so I don't think it was any difference really, they did okay. It was fine.'* cm2

*'I think it caused some issues with hearing problems.'* cm3

It is also important to recognise that while wider issues within the sector connected with the staff feeling particularly appreciative of the student's presence, they also were expressed to still have an impact on their ability to engage with the scheme in the way they would in an 'ideal world'. Such constraints were often expressed in discussion of high-pressure workloads and time constraints.

*"That's social care for you, we're always stretched no matter how many people are in."* cm3

*"it's frustration on both sides, sometimes it can be too much for the nurse when they're trying to do their daily tasks, catch up with everything and they've got students to support."* cs11

### 3. How Residents Experienced the IPE Scheme

#### 3.1 Emotional Health

Residents not only decided to take part in the scheme because they wanted to learn from the students, but because they felt the students could learn from them, a contribution they sensed could help them gain an improved sense of meaning and purpose. Often, residents had struggled with the transition of moving to a care home and found it hard to come to terms with changes to their level of independence.

*" I never thought I'd finish up in a home. I've been on my own 12 years since my wife died and I was doing alright but suddenly I wasn't." rs22*

*"It's lacking walking...I never thought that would happen. I was involved in sport, boxing and football all my life" rs22*

A protracted period of isolation during Covid-19 was felt to compound this in regard to the impact it had on the resident's ability to engage in activities that enriched and fulfilled their lives, and in this way, the scheme was particularly valued in how it improved their emotional well-being.

Although, pre-placement residents could be found to express an uncertainty about their involvement. One resident participant, for instance, reported that they were not sure why they got involved and that they had been nominated by the care home manager. However, on evaluating their involvement post scheme the resident reported that the students had made an impact on not only the care they received - they had been provided footwear and a new heightened toilet seat - but that working with them had also cheered them up. Similarly, another resident was honest in their motivation to participate at the start stating: **"I'm probably a bit nosey, want to know what's going on"** (rs22). Though, at the end of the scheme the same resident reported how they had benefited from the students not only in regard to improvements in their mobility, balance and use of a walking aid, but how having the students work with them each week raised their spirits noting that **"Them two lads were so cheerful you felt better just in their presence"** (rs21).

*"It's the buzz [...] this excitement of new faces, new knowledge, people talking about themselves [...] having new faces, we all ... whether we have dementia or not, we all tend to usually respond positively to new faces."*  
Cm1

The scheme was also felt to cultivate an enlivened atmosphere in the care home that positively impacted the mood of the residents both involved in the scheme. As one manager noted: it's (the atmosphere) been so stale with no visitors, no family" (cm3). Often, this was spoken about in regard to the impact of having 'fresh faces' on site, which was felt to benefit not only the residents involved in the IPE scheme, but all of those living within the home. One manager referred to this as 'the buzz':

#### 3.2 Physical Health

Residents all spoke of a desire to improve their physical health and were keen for the students to help them with this aspect of their care. Staff often expressed frustration that long waiting times to access specialist health teams hampered their efforts to meet the needs of residents and spoke of feeling "cut off" from the community. In this way, the student's expertise was valued as the care home staff often recognised the beneficial impact the students had bringing valuable knowledge and skills from their professions.



*"Any form of exercise, anything going on, I look forward to... doing nothing is just not for me, I can tell you." rs32*

*"(I've been) balancing on one leg and lifting one leg and various things which I hadn't tried before." rs22*

Working on the residents' individual goals, students as a collaborative team assessed a resident's abilities (physical and cognitive) and determined interventions that focused on skills training, the introduction of assistive devices or equipment to support function or modification of the environment in which the resident needs to function. Residents often noted that presence helped to motivate the residents to stretch their abilities and test themselves, as well as inform them of new approaches to exercise and well-being.

The managers shared examples of some of the outcomes of the IPE project in the home that had positively impacted the resident's health, which included new activities, exercise programmes, footwear and the introduction of equipment such as toilet seats and exercise equipment. One manager highlighted how this inherently interlinks with improvements to their emotional health: *"The previous meetings I'd [care home manager] been in, he [rs32] was extremely depressed, very down and then the one I went in, when they'd [students] had been doing some exercise work with him, his mood was so different. And I [care home manager] commented on it, I said 'Crikey, that's really brilliant'" (cm3).*

### 3.3 Social Health

Key to the residents experience however was how the scheme not only benefitted their physical health - and provided activities that improved their emotional health - but improved their social connectedness. Residents could feel that others in the home had different needs and abilities to themselves, which led to experiences of them feeling being 'out of place' and disconnected socially, as one student spoke about: *"one of the residents is a bit lonely and he keeps saying 'I'm not in the right place'" (stsp2).*

In this regard, staff highlighted that it was not always easy to promote sociability among the residents and noted that having an interprofessional team focus on different aspects of the residents well-being can help to overcome these challenges: *"But (one resident) can be quite reclusive sometimes, as well, so I think especially working with (students) and his mood, I think that really helped him to sort of look at things from a different perspective and become more social" (cs31).*

Often, for the residents, having someone to listen and talk to about their concerns was important, and as rs31 highlights, could be regarded the highlight of their engagement: "I think the best thing about it was, I think that (the students) did come, and they did listen" (rs31). Staff also felt they could witness the benefits of this enhanced social interaction, and particularly valued this given they did not always have the ability to spend time socialising with the residents.

*"You can see in their body language that they are happy with them [students], they [residents] love having a chat with them." cs11*

*"We're sometimes too busy to just sit and actually chat with them sometimes". Cs21*

At the end of the scheme, residents expressed that they were keen for the students to continue their placement in the home and that they would miss the team of students. Staff also noted the importance of ensuring students continued to be placed within the home to maintain psychological and physical wellbeing of the residents and their development.

*“When they’d [students] finished, he’d (one resident) always ask when they were coming again.” (cm2)*

*“So, I think, you know, that’s why (rs31), they didn’t want it to end, they wanted it to carry on. And elderly people, you know, they want youth to come in. And because of lockdown, they’ve had that taken away, because they’ve not had – we’ve not had as much youth coming through the doors. Youth is a wonderful thing.” (cs33)*

## 4. IPE Implementation: Gates and Brick Walls

### 4.1 Brick Walls

With the pilot highlighting the significant potential IPE schemes have in improving adult’s social care services, those involved in the planning process were keen to ensure such initiatives can be implemented on a wider scale: **“I am looking forward to seeing its future incarnations really to see how having a bigger, deeper mix of professions and how that can feed in” (ad4)**. Often, importance was placed on overcoming the complex barriers – which were referred to as brick walls by the advisory group– that had been encountered in the planning process.

*“But it can be really difficult, I think, to get that investiture. Because at the moment, obviously, there’s no funding, it’s on goodwill and goodwill’s hard to come by during a pandemic.” Ad4*

There was often recognition that having an advisory group benefitted the implementation of a scheme: **“So I like the fact that there was loads of research done about it and there was loads of resources available [...] we were able to engage with a number of stakeholders across the board” (ad1)**. In this way it was felt that for the scheme to succeed there was a reliance on many people’s involvement, and their efforts to go above and beyond in search for solutions to overcome these complexities. The sustainability of this then was often voiced as a ‘concern’.

These barriers were particularly expressed in regard to the complexities of (1) recruitment and (2) sourcing the appropriate supervision requirements: **“So I think there are a few issues around how, how, when, where, who with allocations and supervision” (ad3)**. Placement leads in particular noted that future implementations of IPE require a development of policies that provide clear guidance on long-arm student supervision across all health and social care programmes. While care homes provide valuable learning opportunities related to achieving professional competencies, they do not always employ practitioners who have achieved the appropriate professional body requirements to supervise certain groups of students or are registered in the same profession as the students who may attend as part of interprofessional initiatives. This presented a challenge in the pilot scheme as ensuring that students receive appropriate supervision in relation to teaching and learning.

*“Finding supervisors to the non-traditional roles in the homes so the physiotherapists and the counsellors, podiatrists and things and sports rehabilitation and things like that. So, it’s, if you find the supervisor and the supervisor’s onboard then it works really, really well. But it can be really difficult.” Ad4*

The group also reflected on challenges involved in recruiting for the IPE scheme, especially as placement allocations were planned in advance and fixed in terms of calendar weeks allocated. As has been noted, care homes often expressed a desire to have certain professional groups as part of their IPE placement that could not be included: **“we had an occupational therapist down but then we were told we weren’t having one because of whatever reason” (cm3)**. Moreover, some care homes felt unable to take part in the scheme itself because of issues with indemnity and insurance provisions: **“Yeah, and I know that different care homes came forward and then couldn’t participate, and I think what was a real shame was about the indemnity obstructions that I encountered, if they were going to have students they would kind of pay for that in a way, through indemnity policies” (ad4)**.

### 3.3 Opening Gates

These barriers offered valuable learning opportunities in how to successfully implement IPE in care home settings moving forward. The advisory group described these experiences as searching for 'gates' that could be opened.

For instance, in one home where some students could not attend in person due to a Covid-19 outbreak, this was found to generate an understanding of how blended learning approaches can work well in some care home environments, as is discussed by ad4: *"But that's the whole point of a feasibility study and a pilot is to highlight issues that may come about. And actually, there were very well turned into positives in some respects. So, when students weren't able to attend and with COVID actually moving it virtually"* (ad4).

Student's and staff's experiences of feeling underprepared and overwhelmed allowed insight into the importance of developing a training module pre-placement to help support everyone's integration into this environment. Transitioning into a research project can create challenging situations for students and care home staff in how they are faced with competing demands. This requires the reframing of support mechanisms, for example students negotiating new roles within existing relationships at the university with personal tutors and academics and creating new supports/relationships with the research team, care home managers and staff and the IPE student group (McDonald et al, 2018).

*"For future things it would be good if it could be made clear to everyone what their part in it is in the very beginning. In the way that...because I came into it with level one sort of expectations and [manager] had a completely different set of expectations for me based on what he thought about it." Stcp1*

*"It wasn't really set up before we started". Stph1*

As has been discussed, complications around supervision hampered our ability to effectively support some student's participation in the scheme. However, this was expressed to allow us to understand the importance of developing policies that provide clear guidance on long-arm student supervision across all health and social care programmes moving forward.

Further, a mixture of feedback from care home managers and staff about what future implementations of IPE could and should look like pointed to the importance of ensuring the process is not designed as 'one size fits all', rather, is flexible to respect the diversity of care homes and lives of those within them. One manager rose this in regard to the need to adapt in-person MDT meetings to ensure they are inclusive for individuals living with dementia.

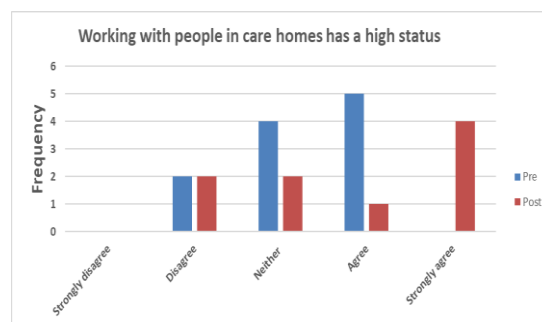
*"And there is also the fact that, as this is a home for dementia, and most dementia homes now people tend to be in the latter stages, not the early or middle, and therefore, for relatives, this can be very frustrating, because they can no longer have a conversation with an individual, chitchat may even be beyond them."*



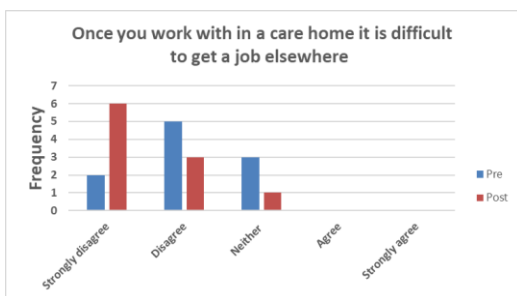
## Quantitative Findings

Students ( $n=13$ ) completed AGEIN questionnaires pre and post placement which asked about their perceptions of, and attitudes toward, working with older people. Results indicate that while there was little or no change in some of their perceptions, clear differences emerged between certain categories. These findings both support and add some nuance to the qualitative findings that have been considered in detail in this report, and highlight the significant potential IPE schemes have in challenging negative embedded preconceptions about care-home work.

Students displayed a change in perceptions around different aspects of the nature of care-home work. Pre-placement, the majority (45.4%) of students ( $n=5$ ) answered 'agree' to the statement **'working with people in care homes has a high status'** and none answered 'strongly agree'. However, we can see a shift post-placement, with less students responding 'neither' (22.2%) or 'agree' (11.11%) and most (44.4%) students answering 'strongly agree' ( $n=4$ ).



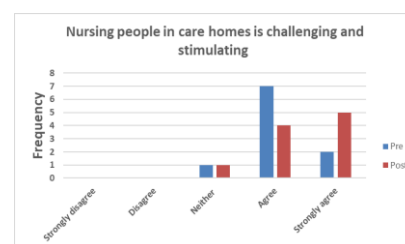
There was also a difference observed in how students responded to the statement **'the older you are the easier it is to have a good rapport with people in a care home'**. Pre-placement, 40% of students ( $n=4$ ) answered 'neither' and 30% 'strongly disagree' whereas post-placement 50% responded 'strongly disagree' ( $n=5$ ) and 30% 'disagree' ( $n=3$ ). This supports our qualitative findings that outline the enjoyment students experienced in spending time with, and learning about, the residents. Given qualitative findings highlighted that the value of intergenerational relations was identified as important pre-placement among residents, such findings allow insight into how the value of this for students is not recognised until they have spent time building relationships with older people.



Similarly, a change was observed in student's perceptions of the statement **'once you work in a care home it is difficult to get a job elsewhere'**. Pre-placement the majority (50%) of students ( $n=5$ ) reported that they disagree, 2 strongly disagreed and 3 answered 'neither'. However, post placement, 60% of students ( $n=6$ ) expressed that they strongly disagree.

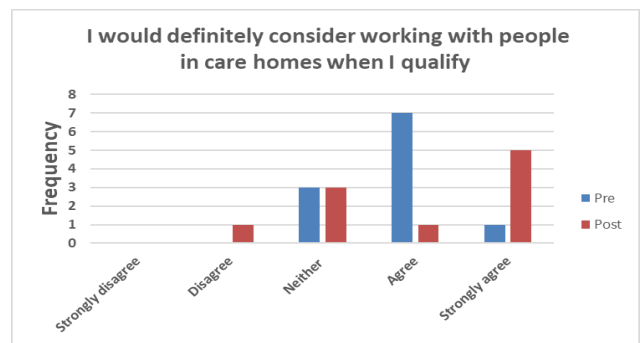
While there was little observable difference in students' responses to the statement **'working with people in care homes does not appeal to me at all'** (50% indicated strongly disagree pre-placement and 56% post-placement), students did display a more noticeable change in attitude around how challenging and stimulating they regard care-home work to be.

Pre-placement, 7 students (70%) reported that they agree and 2 (20%) that they strongly agree. However, at the end of the scheme 50% of the students ( $n=5$ ) answered strongly agree and 40% ( $n=4$ ) agreed. Similarly, while pre-placement 45.4% of students expressed that they **strongly disagree that professionals work in care homes because they cannot cope with hi-tech care'** ( $n=5$ ) this rose to 70% post placement ( $n=7$ ).



The majority (73%) of students reported strongly agreeing that they look forward to their placement; 34% strongly disagreed that they were anxious about undertaking the placement; and 44% disagreed. No difference was noted in the students' response to the statement **'I think people who live in care homes are really interesting to care for'** (70% of students answered 'strongly agree' both pre and post placement). Similarly, the majority of students did not report agreeing with the notion that **'caring for people in care homes provides little satisfaction as they rarely get better'** (50% of students ( $n=5$ ) answered 'strongly disagree' pre and post placement; 50% ( $n=5$ ) answered disagree pre-placement and 40% ( $n=4$ ) post-placement).

Though importantly a notable difference could be seen in how students perceive the care home setting as a possible future site of employment. Pre-placement 63.6% of students ( $n=7$ ) answered 'agree' to the statement **'I would definitely consider working with people in care homes when I qualify'**, and only one answered 'strongly agree'. However, post-placement, 50% of students ( $n=5$ ) strongly agreed.



These findings highlight that an interprofessional placement in a care home might not challenge *all* students' preconceptions or presumptions around care-home work, and indeed indicate that students might both begin and end their placement with positive attitudes toward working with older people. However, it is also clear that it has the potential to contribute to changes in certain perceptions of care-home work. Students reported that they, in a broader sense, did not view care-home work very negatively before or after their placement, and their answers suggest that they do not experience a change toward how they view older people. Rather, their responses illuminate that they perceive care-home work itself to be a more varied, stimulating, and attractive career than previously imagined, in a number of different ways, which, in turn contributes to students feeling more likely to consider a career in care homes in the future. Given our qualitative findings highlight how students' experiences of collaborative and dynamic team working were central to their time on placement, it can be suggested here that it was not just a placement in a care home itself that challenged and shifted their perceptions, rather an interprofessional experience within that setting.

## Discussion

The care home sector provided an ideal environment for interprofessional student placements. Having a diverse range of professionals allowed the team to address the often-complex needs of the residents more holistically, and students learned the value of working with a 'whole person' rather than focusing on a particular aspect of an individual's care. By promoting collaboration and fostering an environment of communication, IPE promoted knowledge sharing between staff and students that enriched the care of those within the home during the scheme and beyond, as existing staff could carry their new knowledge forward. With students becoming more ready to practice in an interprofessional manner and changing their negative views on social care during the process, IPE models offer a tangible solution to strengthen the future health and social care workforce. (See Svensberg et al., 2021; Seaman et al., 2014; Mason et al., 2021).

In line with Mason (2021), the study highlighted the need for reflective approaches to knowledge development, with space to reflect on their learning, progress and development often reported to be important in the student's ability to engage in - and enjoy - knowledge sharing, as well as build relationships with the residents and better understand their lived experiences. The care home environment being a place of residence assisted students to develop knowledge and understanding of the true meaning of person-centred care both as a concept and a reality, with students stating they have learnt the value of – and how to provide in practice – 'whole person' care (Lauckner et al., 2018). The experience for some students highlighted the possibility of a career in the care home sector which they had not recognised as possible prior to participating in the IPE scheme.

Action learning allowed students to explore the residents' lived experiences in depth and was often valued in how it promoted knowledge development and improved their professional skill sets. However, the process could also be regarded unnerving, particularly by those who struggled to set goals with residents who as a result of cognitive impairments found it more difficult to articulate their own needs – a barrier mirrored in a systematic review by Dutzi et al (2019). Though, in future evaluations of the IPE scheme, collaborative goal setting with residents who have a degree of cognitive impairment should not be avoided as their participation is the foundation of rehabilitation. Further, action learning could also draw attention to socio-political issues that could prevent, encourage, and transform the process of learning. This could lead to experiences of learning in action (learning to improve practice) or learning inaction (failure to act) (see Vince, 2007). This is related to how action learning stands in contrast to "traditional" modes of instruction, so that instead of being passive recipients of knowledge from an expert, students are expected to actively engage and take a lead in the process. In this scheme, the action learning sets were most effective when there were active resident participants in the group, there was a clear goal to be resolved / project to work on, or the care home staff understood and actively engaged in facilitating action learning.

For the students, effective participation in the scheme required a shift from a 'silo' to an interprofessional mindset. Their experiences were often characterised by uncertainty and - particularly at the start of the project - they grappled with their professional identity, their place within the collaborative team, action learning and their participation in an environment that was not considered a typical placement. To develop a new way of seeing, the students often had to learn to let go of professional preconceptions and assumptions, and conflicts could occur because of different approaches to, and interpretations of, the same challenge. For instance, given many students had predominantly worked in ward settings, they often referred to the residents as 'patients' at the start of the scheme. However, with the homes being a place of permanent residence, not a hospital they, were often reminded that 'residents' is a more appropriate term. This was occasionally a point of

contention, with some students agreeing that the care home is a place to focus on living, with others struggling to change their terminology; patient could be expressed to feel more appropriate given they were there to treat particular aspects of their health. From the literature the word “patient” invokes a picture of someone lying patiently in a bed waiting for a nurse, AHP, or doctor to come and bestow their skill, which speaks of an unequal relationship between user and provider (Neuberger & Tallis, 1999). However, the encounters students will have with residents in an IPE care home scheme is not one of healing but one of making choices about activities of daily life. The relationship shifts to become one of equals, with the student providing useful advice to an active recipient.

Such challenges were more broadly interconnected with their navigation of the often-complex power dynamics embedded in this setting to find a new way of working. Students, particularly those in homes where the wider body of staff were not involved in the scheme, could find it complex to lead on situations at the same time as avoiding ‘overstepping the mark’ – a difficulty the RCNi (2020) identifies as common among students on clinical placement. In this way, contradictions could arise if they were engaging in interprofessional education in a culture that was not *always* nurturing interprofessional practice in the everyday.

This study sheds light on the important role that IPE can have for care home staff. Staff benefitted from new ways of working and were exposed to the latest evidence-based practice which improved their knowledge and skills, which they could utilise within their own care home both in the moment and moving forward. It was also apparent that staff experienced a shift in perspectives, often reflecting that fostering a better understanding of the value of an MDT team - and individuals’ roles within it - will impact their own clinical practice (see Stephens and Ormandy, 2019). The challenges faced by the social care sector both prior to and during the pandemic, such as inadequate staffing, cutbacks and underfunding alongside increasing demand and complexity are significant factors which impact staff’s ability to deliver person-centred care. Indeed, staff participating in this study articulated the ‘moral distress’ encountered in the workplace, whereby organisational constraints such as inadequate staffing, prevented them from delivering the person-centred care (knowing what to do, but not able to do it) that was fundamental to their values and culture.

This research demonstrated that using an integrated student led approach, helped staff to strengthen and implement a model of working that they had often found difficult to make a reality. Having weekly meetings with the residents was recognised to be a new and beneficial format that harnessed expertise not usually available in the setting and ensured the values, preferences and experiences of the residents guided clinical decision making. As well as crafting a way to reinforce and re-establish their existing values, those involved felt the scheme had fuelled new aspects such as innovation, creativity and collaborative learning. One care home, for instance, found the scheme encouraged a better balance of autonomy and collective energy among the team by allowing them to align to a purpose whilst still think outside of the box. Better channels of communication were also found to open up that not only allowed the staff to learn about, and implement, new practices, but gave students the opportunity to strengthen their own professional identity by learning about the cultures and values of other groups.

Further, while staff found the scheme transformative, they stressed that supporting students was not always easy, and efforts to continue supporting collaborative learning would require a significant amount of time and effort. Barriers for the care home staff included preparing the students to work in the care home setting, concerns over the supervision of AHP’s and students from non-traditional programmes, the length and frequency of the MDT meetings and the blended learning approach. These findings resonate and have congruence with others who have delivered IPE projects within

care homes. The 'unknown' of IPE has been considered a common phenomenon and preplacement events, training sessions or online resources have been found to enhance the preparation of staff, students and residents (Svensberg et al., 2021; Damsgård et al., 2018). As part of this IPE scheme a pre-pilot workshop was delivered and despite an introduction to the project and action learning process at the beginning of the 6-week placement, for some participants this did not allay their concerns. Consideration around appropriate sessions and resources to support integration into IPE is therefore necessary. Moreover, work around AHP supervision is required to ensure the sustainability and scalability of the project so that a diverse group of students can be allocated care home placements, taking guidance from professions who already provide such supervision to incorporate this into future iterations.

The impact of the IPE scheme on residents was both positive and negative. Positive outcomes included providing renewed meaning and purpose in their daily life, receiving enriched person-centred care, and improved social health from the interactions and activities the students carried out with the residents. A systematic review by Oosterom et al. (2019) on interprofessional training ward programs show promising results in patient satisfaction rates. Similarly, a study by Lauckner et al (2018) on the impact of an interprofessional academic care home reported residents appreciating engagement with the students as it enhanced the care they received. However, this IPE scheme is the first study to ask residents directly for their feedback on a collaborative project in UK care homes and whilst overall the impact on residents was positive, an issue did emerge regarding continued care. For some residents and staff, there was a concern of who would replace the students once their placement ended, to continue their rehabilitation, reablement or support. Morally the sustainability and scalability of the IPE scheme in care homes is vital and reflected in the professional codes of conduct (HCPC, 2018; NMC, 2018). Since the end of the IPE scheme, work has been ongoing to ensure the care homes are assigned a steady flow of students from across the health and social care programmes of the four HEI's.

This study highlights that health and social care should harness but not romanticise the power of IPE - transforming practice will not happen overnight and change is dependent on the culture and context in which it is implemented. As the Kings Fund (2016) highlight, fostering innovation and cultivating collaborative practice is key, though it involves a challenging and complex process of embracing and working through new ways of thinking and working. The process is reliant on people and the active integration of all staff members into the learning environment is vital to running an effective interprofessional placement scheme where hierarchy is minimised, and interconnectivity is promoted. It is also important to take into account that there is no 'one way' IPE model that can be applied to all health and social care settings; different learning programmes and approaches to IPE are needed to ensure diverse groups can benefit from interprofessional education in meaningful and appropriate ways. While IPE offers a unique opportunity to prepare and strengthen the future workforce, it should not be pictured as the only solution to systemic and ongoing issues within social care; a strong infrastructure needs to be in place for such innovation to continue to grow and flourish (see BGS, 2021).

## Limitations

1. This study was based on a small cohort of students, and there was a relatively small number of individuals from each profession involved, which limits the generalisability of its findings.
2. There was a limited time frame for the IPE placement itself to take place given it had to be organised around fixed and pre-planned placement cycles across four HEI's. Although findings illuminate that six-weeks was a reasonable time to measure the impact of such initiatives, attention needs to be paid to the impact of a longer-term IPE placement.
3. The study included a small number of care homes, though the three involved were diverse in their set up so that we could test implementation in different contexts and assess the breadth of impact.
4. It was necessary to dedicate a lot of time organising and developing the scheme, which came at the expense of being able to offer longer or multiple placement cycles. However, given this was a pilot study it was inevitable to ensure the placement was set up correctly and that everyone could effectively contribute to the planning process. Further, this time has established the groundwork for what needs to be done to implement IPE schemes in care home settings moving forward.
5. There was a limited length of time available for evaluation. It was restricted in regard to the assessment of a longitudinal impact on participants and the numbers of residents and staff who could be involved. However, this is to be expected in a pilot study where the aim is to assess the feasibility of an initiative, not appraise its long-term success.
6. The Covid-19 pandemic not only severely impacted homes in regard to the virus, but also PHE's responses to it. However, this was outside of the research teams' control and many poignant lessons were learned in how to deal with the unexpected when undertaking such schemes.
7. We were unable to garner any understanding of a longer-term impact IPE schemes have on student learning and professional development. We might be able to do this with the homes through ongoing relationships, but this is harder to do with students (but here no different than many other schemes, or even standardised training programmes; we just hope the students take what they have learnt and apply it in their future careers once qualified).

## Key Learning Outcomes

- Different IPE learning environments are beneficial when considering the diversity of care homes, needs of those within in them and forms of student engagement.
- Engagement and communication across all levels of involvement is key.
- Implementing IPE schemes in care homes is complex and challenging; it requires equal power arrangements, mutual decision making, trust and frequent communication.
- Reflecting health and social care policy, projects like this require a reliance on good will and a collective sustained desire to see, implement and ultimately achieve change among those who deliver and receive care.
- Creative leadership fosters a culture of innovation and ambition and empowers teams to problem-solve and remain dedicated to the aims of IPE.
- IPE in care home settings can enhance students interprofessional competencies whilst also challenging their negative perceptions of aged care.
- The relationship between student and resident is one of equals and residents should be recognised as the *active* recipient of care.
- IPE allows students to focus on the needs of the resident, foster mutual respect and value uniqueness, difference and diversity, which promotes equality among the professions, care home staff and residents.
- An IPE scheme using action learning, delivered in a care home can act as a bridge to link the classroom (theoretical learning) and the clinical workplace (practice learning). Such schemes encourage the use of critical reasoning and self-reflection and provide students with opportunities to practice collaborative working and learning in a supportive learning environment.
- A stream of work around AHP long arm supervision is required to ensure the success of future implementations.
- Further work is needed to create spaces and learning resources on social care in some pre-registration or undergraduate programmes, with respect to what is being taught and how it frames the world of social care provision.
- Social care provides meaningful opportunities for students from both traditional and non-traditional programmes to participate in IPE schemes.
- It is important to ascertain the long-term impact of IPE in this context if we are to better understand the impact on those involved, how interprofessional relationships are built, the role of the facilitator within the MDT meetings, and how this pedagogical method assists in addressing the needs of residents.

## Conclusion

The purpose of this pilot study was to evaluate the development and implementation of an IPE scheme within three care homes across Greater Manchester. The foundations of this were built on the premise that care homes are a fundamental part of the health and social care system and should not be viewed as the last resort for those that live there and work there. Care homes proffer an ideal learning environment for student learning as residents are often those with complex and multidisciplinary needs; providing opportunity for understanding of the specialised knowledge and skills required in the care of older people and the true meaning of interprofessional collaboration. At the end of the IPE scheme our study demonstrated an impact on students, residents and care home staff which offered insight into a new model of practice that promotes active learning, positions residents as active recipients of person-centred care and care-home work as an exciting and rewarding career. Nevertheless, the scheme was not without challenges and limitations. Our study was a small feasibility project which limits the generalisability of its findings. It was recognised that preparatory educational materials are needed for participants to benefit optimally from this innovation, and further work around long arm AHP supervision is necessary to support the diverse group of students available. A longitudinal study is needed to evaluate multiple cycles of the IPE scheme. Only then can we adequately assess the impact on students, residents and care home staff and provide a robust undergraduate care home placement delivery model that improves resident outcomes, supports person centred care, enhances interprofessional competencies and continues to challenge negative perceptions of aged care.



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## References

British Geriatrics Society (BGS). (2021). Ambitions for change: Improving healthcare in care homes. Accessed online, March 23, 2022, from: <https://www.bgs.org.uk/resources/ambitions-for-change-improving-healthcare-in-care-homes>

Dutzi, I., Schwenk, M., Kirchner, M., Bauer, J. M., & Hauer, K. (2019). "What would you like to achieve?" Goal-Setting in Patients with Dementia in Geriatric Rehabilitation. *BMC geriatrics*, 19(1), 1-15.

Kings Fund [The] (2016). *Supporting integration through new roles and working across boundaries*. Accessed online, March 22, 2022, from: [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/Supporting integration we b.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Supporting%20integration%20we%20b.pdf)

Lauckner. H. M., Rak. C. N., Hickey. E. M., Isenor. E., and Godden-Webster. A. L. (2018). Interprofessional and collaborative care planning activities for students and staff within an academic nursing home. *Journal of Interprofessional Education & Practice*, 13. 1-4.

Mason. R., Hunt. R., 7 Kane. R. (2021). Inter- Disciplinary Student Work Placements within a Care Home Setting: Improving Student Employability and Developing Social Connections – A Qualitative Evaluation. *International Journal of Practice - based Learning in Health and Social Care*, 9 (1). 64 – 76.

Neuberger, J., & Tallis, R. (1999). We do need a new word for patients?. *British Medical Journal*, 318 (7200), 1756-1756.

Office for National Statistics (2019). Living longer: caring in later working life. Examining the interplay between caring and working in later life in the UK. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2019-03-15>

Pegasus Group (2020). Care Home Provision in Greater Manchester. Retrieved from <https://storymaps.arcgis.com/stories/0278acc2bdf34a50b6fe849ae27bab60>

RCNi. (2020). *Raising Concerns: it's rarely easy, but be brave, because it's the right thing to do*. Accessed online, March 23, 2022, from: <https://dev.rcni.com/nursing-standard/students/advice-and-development/raising-concerns-its-rarely-easy-be-brave-because-its-right-thing-to-do-157296?msclkid=502df02caabf11ec91c215a329f70d95>

Seaman. K. L., Bulsara. C. E., and Saunders. R.D. (2014). Interprofessional learning in residential aged care: providing optimal care for residents. *Australian Journal of Primary Health*, 21(3). 360-364

Stephens, M., & Ormandy, P. (2019). An evidence-based approach to measuring affective domain development. *Journal of Professional Nursing*, 35(3), 216-223.

Svensberg. K., Kalleberg. B. G., Rosvold. E. O., Mathiesen. L., Wøien. H., Hove. L. H., Andersen. R., Waaktaar. T., Schultz. H., Sveaass. N., and Hellesö. R. (2021). Interprofessional education on complex patients in nursing homes: a focus group study. *BMC Medical Education*, 21 (1). 504.

Vince, R. (2008). 'Learning-in-action 'and 'learning inaction': Advancing the theory and practice of critical action learning. *Action Learning: Research and Practice*, 5(2), 93-104.

## Appendices

**Appendix A:** Link to a presentation that has been delivered at a HEE webinar:

 [\\_Not The Last Resort The Impact of an Interprofessional Training Care Home Scheme \(1\).mp4](#)

The research team have also applied to present the project findings at the British Society of Gerontology Conference 2022; the International Nurse Education Today and Nurse Education in Practice Conference 2022; and the RCN International Nursing Research Conference 2022. We have also submitted the research to the RCN Nursing Older People Awards. A systematic review of IPE in care home settings has been sent to the *Journal of Interprofessional Care* and a paper focused on the implementation of IPE is about to be sent to the *Journal of Working with Older People*.

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