Manchester Metropolitan University

e-space

Manchester Metropolitan University's Research Repository

**Please cite the Published Version**

Jack, Kirsten, Jones, Louise and Hamshire, Claire (2021) An educational initiative to support the development of communities of practice in older people's care home settings. International Practice Development Journal, 11 (1). ISSN 2046-9292

**DOI:** https://doi.org/10.19043/ipdj.111.007

**Publisher:** Foundation of Nursing Studies

**Version:** Published Version

**Downloaded from:** https://e-space.mmu.ac.uk/628093/

**Usage rights:** CC BY-NC Creative Commons: Attribution-Noncommercial 3.0

**Additional Information:** This is an Open Access article published in International Practice Development Journal.

**Enquiries:**

If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines)

© The Authors 2021 International Practice Development Journal 11 (1) [X]
fons.org/library/journal-ipdj-home

International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)

ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

# An educational initiative to support the development of communities of practice in older people's care home settings

**Kirsten Jack*, Louise Jones and Claire Hamshire**

*Corresponding author: Manchester Metropolitan University, England
Email: k.jack@mmu.ac.uk

Submitted for publication: 29th July 2020
Accepted for publication: 12th April 2021
Published: 19th May 2021
https://doi.org/10.19043/ipdj.111.XX

**Abstract**

*Background:* It is predicted that care home provision for older people will need to increase significantly over the next 30 years, requiring a skilled workforce that expands to meet this growing need. Innovative practice development strategies are required to support the existing workforce and provide incentives to help recruit new staff.

*Aim*: This article aims to explore the use of the peer-assisted learning model to support the development of communities of practice in care home settings in an area of England.

*Method*: Care home teams were invited to university-based workshops and their experiences of using peer-assisted learning were elicited through narrative telephone interviews undertaken with care home managers.

*Findings*: Three overarching themes were identified relating to practice development: context, process and impact. Through peer-assisted learning, staff were empowered to share their expertise and knowledge with colleagues, resulting in enhanced communication, respect and person-centred resident care. Managers viewed peer-assisted learning as a sustainable, low-cost investment in staff development.

*Conclusion*: This article contributes to practice development by presenting reflections on an innovative initiative to facilitate the use of peer-assisted learning in educational practices in the care home workforce. Combining the philosophies of community of practice and peer-assisted learning provides a model that can foster practice development in the care home setting. Further, this work can support the development of communities of practice that operate across care homes on a national/ international basis.

*Implications for practice*:

- This article describes a sustainable practice development model that can be used in the care home setting
- Grounding practice development in the philosophies of peer support and communities of practice can promote a climate of mutual respect and enhanced communication
- Improved communication and sharing of expertise within care home teams offers the potential for improved resident-centred care provision

**Keywords**: Care homes, communities of practice, development, nurse education, older people, peer-assisted learning

**Introduction**

The proportion of over-65s in the global population is predicted to more than double by 2050 (Organisation for Economic Co-Operation and Development, 2020), so developing a workforce to meet the needs of this ageing population is a key global priority (World Health Organization, 2016). Care homes (with or without nursing provision) are major providers of long-term care for older people in the UK; in 2017, this sector was worth around £15.9bn a year, with care provided for around 410,000 older residents across some 11,300 homes (Competition and Markets Authority, 2017). Internationally, the need for formal care services in low- and middle-income countries will increase in future years (Centre for Policy on Ageing, 2014). However, workforce recruitment and retention in this setting is challenging, based on the view that the work is difficult and unrewarding (Kydd et al., 2014; Algoso et al., 2016). The UK NHS typically offers better pay, terms and conditions than the social care sector, which further hampers the efforts of care homes to attract staff (Beech et al., 2019). In 2018/19 the turnover rate for registered nurses employed in care homes was 34.2% (an estimated 11,500 leavers); the figure was 36.9% for care workers (non-registered staff who provide direct care), equating to approximately 52,000 leavers (Skills for Care, 2019a).

High-quality care provision for older people requires adequate numbers of appropriately qualified staff and an ethos of caring values. A focus on these essentials has been central to the success of many care providers rated 'good' or 'outstanding' by the Care Quality Commission, the independent regulator of health and social care in England (Skills for Care, 2018). The most successful care homes – those with a staff turnover of less than 10% – invest in workforce development, a factor ranked close to pay rates in terms of positive impact on recruitment and retention (Skills for Care, 2017). In the social care sector, around 5% of roles are regulated professionals – for example, nurses, social workers and allied health professionals (Skills for Care, 2019b). Most of the workforce, however, falls under the description 'care workers' – skilled but non-registered staff – who make up more than half of all jobs. Care workers require no formal qualifications to work in the care home setting but need to develop significant skills to do their job well (Beech et al., 2019). Most of these skills can be developed during employment, with good care home employers prioritising values, behaviours and personal attributes above experience and qualifications when recruiting (Skills for Care, 2017).

Following registration, social care nurses can find they receive minimal training in the care home setting (Ousey et al., 2016). In addition, when training is provided it can be unsuitable, with a focus on acute, rather than long-term care (Jack et al., 2019). Therefore, there are opportunities for the development of bespoke educational models in this setting (International Longevity Centre UK, 2017). Flexible and sustainable models of practice development can ensure that the educational needs of care home teams are met, now and in the longer term. The need for such models is heightened by the complex care needs of the growing population of older people. One overlooked method of educational development is to maximise the opportunities for education and development within the care home setting itself, without the need to access external training (Jack et al., 2019).

Successful organisations invest in professional development models that use and develop the existing talents and skills of their staff, and prioritise knowledge sharing, respect and the promotion of organisational values (Skills for Care, 2017). Informal communities of practice have the potential to be valuable by offering opportunities for development through sustained mutual support. These communities are an integral part of nurses' working lives, providing a space for social support and to develop knowledge and skills. Wenger (2000) describes such communities of practice as spaces for people to pursue shared enterprise over time and engage in learning and development together.

Exploring innovative models of education and development that are empowering for staff and sustainable for organisations is important and timely. This article reports on the evaluation of one such practice innovation, which used a peer-assisted learning (PAL) approach to develop communities of practice in five older people's care homes in the North West of England. It presents a summary of learning, which can help teams to promote flexible, inclusive and sustainable education in the care home setting.

**Background**

The PAL approach has been widely used across educational settings on an international basis and has been defined as:

> *'The acquisition of knowledge and skill through active helping and supporting among status equals or matched companions. PAL is people from similar social groupings, who are not professional teachers, helping each other to learn and by doing, learning themselves'* (Topping and Ehly, 1998, p 1).

PAL is grounded in theories including Vygotsky's social constructivism, defined as learning that takes place in social settings and through the development of a shared culture (Atwater, 1996). It is supported by social interactions and assisted by the relatively slim knowledge gap between student teacher and student learner, compared with the gap between student and academic staff (Williams and Reddy, 2016). PAL schemes therefore provide opportunities for participants to gain skills and knowledge through the social support provided by peers or matched companions (Topping, 2005). In the higher education setting, PAL involves students, typically from the year above, facilitating sessions for the development of skills, knowledge and discipline-specific working practices. It has been demonstrated that such schemes can enhance participants' levels of confidence (Hilsdon, 2014) as well as benefiting academic attainment in certain subject areas (see for example Duah et al., 2014). The ability of peer learning schemes to improve student retention means they are cost-effective to implement (Congos, 2001). PAL has been used in nursing in both theoretical and clinical settings (Williams and Reddy, 2016; Carey et al., 2018) and can be beneficial for interdisciplinary learning and support involving nursing and medical students (Christiansen and Bell, 2010; Saunders et al., 2012; Furmedge et al., 2014).

Careful planning and effective peer-to-peer interaction is required if learning is to occur. Johnson and Johnson (2002) outline certain basic elements needed to achieve this:

- *Positive interdependence*, where learners working together in small groups, share resources, provide mutual support and celebrate joint success. Peer learning promotes collaboration, rather than competition, in the learning environment (European Centre for SI-PASS, 2020)
- *Interaction*, where individuals encourage and facilitate each other's efforts to complete tasks in order to reach group goals
- *Reflection,* on how well group members function and plan how to improve their work processes, is a condition for effective cooperation

Such relationship building is a core element of a community of practice and enables learning from each other (Wenger, 2000). In care homes, creating communities of practice has brought positive outcomes in terms of residents' quality of life (NHS England, 2016) and as a way to invest in nursing student education in older people's care settings (Grealish et al., 2010).

**The peer-assisted learning programme**

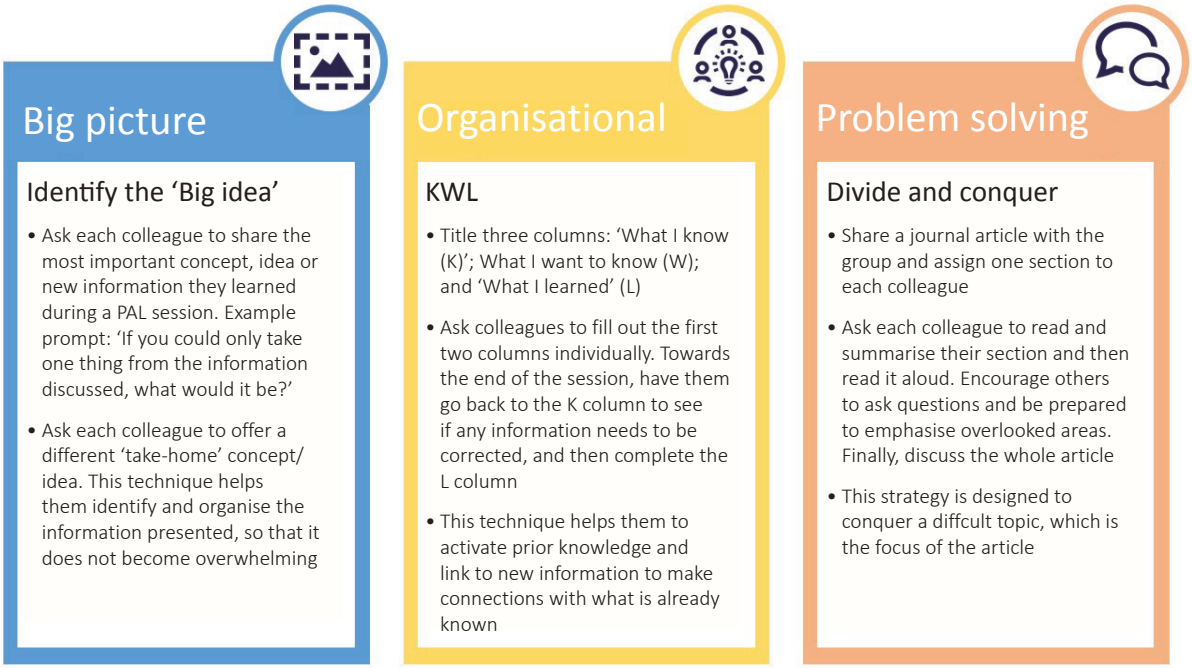
The purpose of the practice development intervention set out in this article was to explore how PAL techniques could potentially be adapted to create communities of practice and thus enable learning and development of staff working within older people's care homes. The research team had established links with 20 care homes (with and without nursing care provision) in the North West of England, as part of a project aimed at raising care quality in this setting. All were invited to take part in two full-day PAL workshops on the university campus. Six of the home managers responded and attended the first workshop, either alone or with a colleague from the home.

The first PAL workshop was designed to equip the managers and staff with the techniques to work with their teams to develop communities of learning that would in turn support their skills development to implement PAL. The workshop was facilitated by the university's PAL lead (LJ), who introduced the concepts of peer-assisted learning and key facilitation techniques to the group and, with members of

the research team, identified how the ideas could be adapted to the care home setting. The participants ended the day by action planning how the PAL concepts could be facilitated in their places of work, and also considered the most appropriate topics and subject areas for exploration in PAL sessions, such as record keeping, practical skills and communication with residents and families.

The second workshop was designed to provide a space for the care home teams to share and reflect on their PAL experiences. Due to staffing pressures the workshop was attended by three care home representatives, although a total of five homes had implemented PAL in the three months since the first workshop (one home having dropped out of the project). During the second workshop, the care home teams were introduced to 'facilitative prompt' cards, which had previously been used with health and social care students within the university setting (see Figure 1). The prompts were developed to support the growth of communities of practice, using ideas such as problem solving, seeking experience and knowledge mapping (see Wenger, 2000). The cards were adapted for practice development in the care home settings and worded in inclusive ways, designed to value and build on existing knowledge. Ways in which these could be adapted to encourage PAL in the care home setting were discussed.

**Figure 1: Facilitative prompt cards**




## Methods

### *Aim*

The aim of this evaluation was to explore how PAL techniques were adapted and used by the care home teams to create communities of practice that could enable learning and development within older people's care homes.

The two main objectives of the evaluation were to explore the impact of the training on staff development and to investigate the perceptions and experiences of the staff who participated in the PAL schemes. Evaluation of practice development work is important as it improves understanding of the drivers that enable it (Wilson and McCance, 2015).

To achieve these aims and objectives, a narrative inquiry approach was used. This methodology concerns stories of individual experiences, which provide researchers with an opportunity to investigate how people experience the world (Webster and Mertova, 2007). Such narrative methods are typically used

in research to address 'real-life' issues, such as long-term illness, as they reflect an individual's lived perspective (Carter, 2008) and provide an opportunity to view and discuss experiences as they change over time.

***Participants***

The target population for the study was the care home managers who had taken part in the PAL workshops and led the implementation of PAL techniques in the homes. The managers were all female; they had a range of experience of care home management but all had been in post for a minimum of 12 months.

***Data collection***

Data were collected using unstructured narrative telephone interviews (n=5) with the care home managers one month after the second PAL workshop. Narrative interviews enabled the managers to tell the stories of their experiences, beginning wherever and however they felt was most appropriate (see Gubrium, 1993).

Each interview started with the open-ended question: '*Tell me about your experiences of using the peer-assisted learning techniques in your home, beginning wherever you like*'. Each interview was recorded and transcribed verbatim. They lasted between 20 and 50 minutes, and consent to record the interview and use the verbatim quotes in future publications was recorded at the start of each one.

***Data analysis***

The data were analysed thematically using a descriptive approach, with elements of framework analysis (Ritchie et al., 2013). The process of analysis was inductive and data were read repeatedly until themes emerged; these were then organised into contextual and process-related issues, with a view that organising the data in this way would be most beneficial to others wanting to replicate this process. Finally, data relating to the impact of PAL were analysed. The transcripts were analysed and discussed within the research team to ensure no hasty conclusions were drawn, and a mutual consensus about the meaning of the data was reached. The care home teams were at varying stages of implementation of the ideas, and the data reflected these differences.

**Ethics**

Ethics approval was obtained from the university research ethics committee (Project ID 7643). An information sheet was made available to all participants in the PAL workshops and they were given one month to decide whether to take part in the research. Informed consent was obtained from the participants and they were assured of anonymity in the reporting of the study results, and told they could withdraw from the evaluation at any time without needing to give a reason.

**Findings**

During the interviews, the care home managers talked at length about their experiences related to the implementation of PAL. These stories detailed the experiences, successes and challenges of introducing the techniques within their workplaces. At times the narratives digressed into specific detail of workplace environments, but analysis of the data resulted in the emergence of three overarching themes in relation to the PAL scheme: context, process and impact.

***Context***

Providing a physical space for learning within a care home and creating time for self-development within a busy shift can be challenging. A space for reflection in which ideas can be shared and grown within a community is not easily found and the managers spoke at length about the difficulties of finding a time when all members of a small team could be free to meet, within the constraints of their working and personal lives. One manager detailed the careful planning required, as there was no overlap of staff during the working day: as one team ended their shift another started, which raised practical challenges:

*'It's getting a balance really, because obviously the staff that are working are very busy within the home, so we would have to look how we were going to work with that, if [the meeting involved] staff that were working. Otherwise, staff would have to come in to do a session, which again is fine, but it's working through the problems of childcare issues for the people on nights'* (Manager, home 1).

Despite such logistical obstacles, the managers recognised the value of creating a community of practice for their staff in which peer review and self-reflection could be used to enhance skill development. The importance of a space for sharing knowledge and related experiences to facilitate staff development was appreciated and they described how they worked flexibly to support the PAL process:

*'We've done this before for staff meetings, bring them in (night staff) half an hour to an hour earlier, or the day staff stay behind but bring all the night staff in at the same time, so that's just coordinating when nobody´s on holiday! … So we would probably only have four people discussing it … it would be small groups'* (Manager, home 4).

For some managers there was an inevitable need to balance the financial cost of additional staffing against the perceived learning benefits of the PAL sessions. However, the unique opportunity for staff to step back, reflect and review their practice created by the discussions among peers was considered so beneficial that it was worth the additional cost:

*'What we do is just ask somebody to stay on for that extra hour … It does come at a cost 'cause you've got one person staying on for an extra hour where you wouldn't normally, but we've seen the benefits. The benefits outweigh the cost of that one person's wage for us'* (Manager, home 2).

The initial set-up of the PAL sessions was described by some managers as the biggest obstacle, as it necessitated a culture change within the homes. Therefore, promoting a culture of trust and respect in which staff would feel comfortable asking for help was an essential first step. Once this initial challenge had been overcome, the managers were positive that the scheme would facilitate personal and professional development:

*'It's getting it up and running … There will be ways round it, I'm hopeful that it will work for us and I think it's a great idea'* (Manager, home 5).

***Process***

A significant benefit of the PAL approach described by the managers was that it had facilitated a sense of teamwork and ownership over the direction of learning among the staff teams, leading to shared empowerment:

*'I think PAL has given them [the staff PAL leads] the opportunity to sit down with small groups of staff and it's not overbearing and overpowering for them to actually sit down and talk about their role. It is empowering and a way of developing their leadership skills'* (Manager, home 2).

In addition, several managers believed PAL facilitation techniques enabled staff to feel empowered to share their expertise and knowledge with colleagues. The managers described how their teams showed greater confidence to suggest new ideas in ways they had not done previously, and how this had provided a space for the quieter members of the team to contribute:

*'With the PAL training, the opportunity is there to wait for their input and their answers and just give them that opportunity, because you get some people that say "Oh I can´t do that, can´t do that" – that´s the speak, but they do, with the techniques that you've learned and a bit of prompting, they do come forward with things, because they have got ideas. I think the crux of it is you take a step back yourself and allow that opportunity for others to come forward'* (Manager, home 4).

One care home manager also described how a small number of staff had used the PAL approach to share learning from external courses, leading to dissemination of the information across staff teams. This is an important benefit, as using PAL in this way adds value and promotes a sustainable way of learning:

> *'They learned quite a lot from that [the formal course] so when I did a reflection session with them I just said, "You know, this'd be a really good session to do using PAL", 'cause unfortunately we only had selected places [on the course] … "there's staff members that would really benefit from it, so let's cascade that knowledge. A good way to do that would be via PAL". So, I think this way, by doing something like PAL, they are cascading their training knowledge down'* (Manager, home 2).

One participant provided a practical example about how learning about record keeping had been facilitated using the PAL techniques, demonstrating how members of a community of practice are ultimately involved in the design of their own learning, as they decide what they need to learn. This had a positive effect on learning in the home:

> *'It is good to bring the staff back to looking at what we're already doing, but making staff aware that, actually, we can be doing it a bit better. For example, filling out the actual record form. The staff that are participating in it, I think they do like it. One of them said, "Oh, I really enjoyed that. Will we be doing it again?" I said, "Yeah, absolutely. It's kind of a new thing now that we'll be doing. It's embedded into our practice".'* (Manager, home 5).

One participant described how undertaking the PAL training had completely changed her perspective on adult learning and how she subsequently felt empowered to promote partnership approaches to learning:

> *'But we don't know everything … They think you do [know everything] but I think that is where you have got to say, "Well I don't but I'll find out".'* (Manager, home 3).

She went on to discuss how engaging with the PAL training had enabled her to develop her active listening techniques when communicating with staff:

> *'The way they put it across made you realise you don't have to sit there and preach … it's a case of getting them engaged and standing back a little bit and waiting for their response… Sometimes I do, sort of, be quiet and get my head round things first rather than babble on … standing back and thinking about it before you speak and waiting for students or staff to ask questions, rather than keep firing them at them'* (Manager, home 3).

***Impact***

Ensuring all staff are kept abreast of important information can be difficult in a busy care home setting. However, it is important that changes in policies and procedures are implemented, and an open forum for discussion can help staff understand the rationale for change. The participants shared the value of PAL for improving communication between staff and raising awareness of current issues. They described this as leading to empowerment of staff and improvements in efficiency and, ultimately, as important for improving care provision.

> *'It does help people communicate more … I think that's quite important in making people more respectful … knowing (other colleagues) are knowledgeable and passing on information, I think that's a good idea'* (Manager, home 1).

*'It's helping the actual person-centred approaches … it's improving efficiency, awareness. All the staff know what's going on and I think that empowers staff. When you empower staff, they feel more valued and they want to take on more responsibility, which is all great'* (Manager, home 3).

*'It's worth it because it improves communication between the staff members on the floor. They are working more efficiently and because the floor is working more efficiently, the residents are receiving more, staff are aware of what's going on. Their awareness has improved and it all benefits the residents'* (Manager, home 5).

It can be difficult to recruit and retain social care nurses to work in care homes in the UK, so initiatives that promote a positive workplace culture are important (Skills for Learning, 2017). The participants suggested the PAL sessions had supported the development of a happier and more confident workforce, which promoted collegial relationships grounded in respect and empathy. PAL had built confidence in staff and enabled them to question current ways of working and suggest alternative practices. This had led to improvements in standards of care:

*'It´s basically a happier environment across the board, a more open environment where people do speak out. Nobody´s frightened of saying, "Would it be better to do it this way?" … whereas in the past, I think people lacked confidence'* (Manager, home 4).

*'But I think more so on the peer-assisted learning, letting them talk and see what they know, what their thoughts are and how we can improve on each standard would be far better because it´ll give them the opportunity to actually speak'* (Manager, home 5).

The cost of continuing professional development can be prohibitive, especially for homes with restricted budgets for staff education. The following participant described PAL as a low-cost way to support staff development:

*'We took it and ran, developed it and modified it to fit into our home and it's working. The costs are minimal … it's one or two staff members staying on an extra hour but you'd have to pay for training anyway so it's nothing major'* (Manager, home 2).

Finally, the same participant described how being aware of staff activity was essential for quality improvements. PAL was a way for her to remain aware of issues and it also facilitated the development of staff relationships:

*'If you want to become an outstanding care home you've got to be aware of what's going on … with these groups … we change them each month, it's building relationships as well between the staff, which is always beneficial. So, it just works well to be honest'* (Manager, home 2).

**Discussion**

Participants in this study had embraced the philosophy of PAL and were able to articulate its impact on practice development and resident care provision, for example through improved communication. However, what also become evident through the data was the transformation of the participants themselves. Practice development had moved beyond the technical aspects and become emancipatory in that it had influenced social change. Manley and McCormack (2003) describe emancipatory practice development as taking place when individuals and teams become empowered and a transformational culture emerges. Participants in this study described staff as being more active in seeking information and sharing leadership, which had led to feelings of empowerment and being valued. Using PAL had supported the development of communities of practice, leading to a sustainable change in culture over and above technical practice development. The benefits of cooperation and collaboration presented significant learning opportunities beyond what individuals could achieve by themselves

– learning from the experiences and skills of peers through facilitated interactions (Topping et al., 2017). Creating positive and transformative cultures is important in a sector that struggles to recruit and retain staff, often due to the perception that there are few continuing professional development opportunities (Spilsbury et al., 2015) and that financial security can be uncertain. The PAL philosophy lends itself to the development of communities of practice, fitting in with the ideals of relationship building, ongoing support and sustainability (Wenger et al., 2002). This initial evaluation explored PAL within individual homes, although there are opportunities for practice development to take place between homes using such an approach. Communities of practice draw on sociocultural theories of learning, which view development not just as an individual endeavour, but also one that happens across communities (Nisbet et al., 2013). This is important from a quality improvement perspective, as it affords opportunities for homes who are further on with education and workforce development to form communities with those who are less developed in this area.

***Practice development***

Based on this initial work, we have developed a conceptual overview grounded in the philosophies of PAL and communities of practice, alongside the initial research findings presented in this article (see Figure 2). The aim of this overview is to provide a point of reference to enable care home teams to develop supportive educational practices, and it is considered at micro and macro levels.

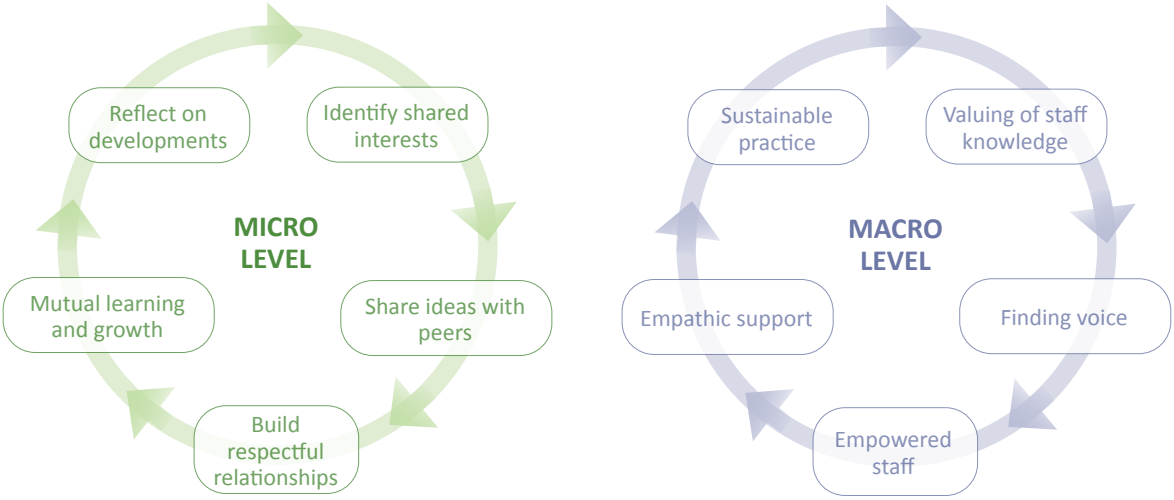
*Micro level*

The micro level summarises the practical stages of PAL. At this level, staff are encouraged to build relationships through sustained interaction, a process that begins when staff identify shared interests and a focus for the PAL sessions. In our study, this identification took place during the initial workshops when participants discussed suitable topics for the focus of the learning. Findings from this study reveal that learning from external courses could be shared and consolidated through the PAL sessions. Senior colleagues who have an overview of the differing levels of knowledge of individual staff members can help in this respect, promoting a culture of growth for all staff at all stages of learning. Our data reveal that engagement in the PAL process can support mutual learning and growth within a team, as evidenced through comments related to the empowerment of staff and promotion of open and honest communication. The data show that PAL helped staff to find their voice and speak out during the sessions, reflecting on their growth and development through more open communication channels.

*Macro level*

The macro level of this overview provides a summary of the benefits that can be achieved when combining the philosophies of PAL and communities of practice, as suggested by the views of participants in this study. The social organisation of PAL enables all staff knowledge to be valued, which in turn helps staff to find their voice. No contribution is valued more greatly than another, enhancing confidence and empowerment among colleagues. Teams become more willing to share and support others in pursuit of collegial and empathic relationships, which are sustainable and add value to an organisation.

**Figure 2: The practical stages (micro) and benefits (macro) of PAL**




**Limitations**

Data collected in this initial study were restricted to the perspectives of the care home managers. This was due to the evaluation being undertaken during the Covid-19 pandemic, which placed physical and emotional strain on the social care workforce, leaving them little time to engage with the researchers. Further research is required to gain a holistic view from the multiple stakeholders involved in social care – for example, the care workers who make up most of the workforce in this sector and residents. Further understanding of practice development priorities could underpin continuing co-development of the PAL model to ensure it meets requirements.

**Conclusion**

This early work has identified that combining philosophies of PAL and communities of practice can provide an effective way to support empancipatory practice development in the care home setting. Developing communities of learning and practice within and between homes has the potential to provide a sustainable way to promote quality and improve resident care provision. It is hoped that others can draw on these ideas to support practice development, which values and celebrates the voice of care home staff, to develop transformational and empowering social cultures.

**Implications for practice**

To build and support an effective care home nursing workforce to meet the future needs of the sector will require innovative, flexible and sustainable models of education and development. This article describes one such model, designed to develop practice and promote positive learning cultures, grounded in respect, sharing of ideas and effective communication. Findings from this pilot practice development project show evidence of changes in the social system as well in as individual technical practice development. Building on such asset-based approaches affords opportunities for further development in this area and has the potential to strengthen recruitment and retention of staff, which will be of particular value given the challenges of an ageing population.

**References**

Algoso, M., Peters, K., Ramjan, L. and East, L. (2016) Exploring undergraduate nursing students' perceptions of working in aged care settings: a review of the literature. *Nurse Education Today*. Vol. 36. pp 275-280. https://doi.org/10.1016/j.nedt.2015.08.001.

Atwater, M. (1996) Social constructivism: infusion into the multicultural science education research agenda. *Journal of Research in Science Teaching*. Vol. 33. No. 8. pp 821-837. https://doi.org/10.1002/(SICI)1098-2736(199610)33:8<821::AID-TEA1>3.0.CO;2-Y.

Beech, J., Bottery, S., McKenna, H., Murray, R., Charlesworth, A., Evans, H., Gershlick, B., Hemmings, N., Imison, C., Kahtan, P. and Palmer, B. (2019) *Closing the Gap: Key Areas for Action on the Health and Care Workforce*. London: Kings Fund. Retrieved from: tinyurl.com/KF-gap. (Last accessed 12th June 2020).

Carey, M., Chick, A., Kent, B. and Latour, J. (2018) An exploration of peer-assisted learning in undergraduate nursing students in paediatric clinical settings: an ethnographic study. *Nurse Education Today*. Vol. 65. No. 1. pp 212-217. https://doi.org/10.1016/j.nedt.2018.03.014.

Carter, B. (2008) 'Good' and 'bad' stories: decisive moments, 'shock and awe' and being moral. *Journal of Clinical Nursing*. Vol. 17. No. 8. pp 1063-1070. https://doi.org/10.1111/j.1365-2702.2006.01942.x.

Centre for Policy on Ageing (2014) *Rapid Review: The Care and Support of Older People – An International Perspective*. London: CPA.

Christiansen, A. and Bell, A. (2010) Peer learning partnerships: exploring the experience of pre-registration nursing students. *Journal of Clinical Nursing*. Vol. 19. Nos. 5-6. pp 803-810. https://doi.org/10.1111/j.1365-2702.2009.02981.x.

Competition and Markets Authority (2017) *Care Homes Market Study: Summary of Final Report*. London: CMA. Retrieved from: tinyurl.com/CMA-care-market. (Last accessed 12th June 2020).

Congos, D. (2001) How Supplemental Instruction (SI) generates revenue for colleges and universities. *Journal of College Student Retention: Research, Theory and Practice*. Vol. 3. No. 3. pp 301-309. https://doi.org/10.2190/KUTE-ERFN-XTG4-TE7W.

Duah, F., Croft, T. and Ingliset, M. (2014) Can peer assisted learning be effective in undergraduate mathematics? *International Journal of Mathematical Education in Science & Technology*. Vol. 45. No. 4. pp 552-565. https://doi.org/10.1080/0020739X.2013.855329.

European Centre for SI-PASS (2020) *Benefits from SI-PASS*. Sweden: Lund University. Retrieved from: tinyurl.com/Lund-SI-PASS. (Last accessed 28th July 2020).

Furmedge, D., Iwata, K. and Gill, D. (2014) Peer-assisted learning – beyond teaching: how can medical students contribute to the undergraduate curriculum? *Medical Teacher*. Vol. 36. No. 9. pp 812-817. https://doi.org/10.3109/0142159X.2014.917158.

Grealish, L., Bail, K. and Ranse, K. (2010) Investing in the future: residential aged care staff experiences of working with nursing students in a 'community of practice'. *Journal of Clinical Nursing*. Vol. 19. Nos. 15-16. pp 2291-2299. https://doi.org/10.1111/j.1365-2702.2009.03133.x.

Gubrium, J. (1993) *Speaking of Life Horizons of Meaning for Nursing Home Residents*. New York: Aldine de Gruyter.

Hilsdon, J. (2014) Peer learning for change in higher education. *Innovations in Education and Teaching International*. Vol. 51. No. 3. pp. 244-254. https://doi.org/10.1080/14703297.2013.796709.

International Longevity Centre UK (2017) *A Teaching Care Home Pilot*. London: ILC. Retrieved from: tinyurl.com/ILC-pilot. (Last accessed 12th June 2020).

Jack, K., Tetley, J. and Chambers, A. (2019) The education of nurses working in care homes for older people: an appreciative inquiry. *International Journal of Older People Nursing*. Vol. 14. No. 2. pp e12223-e12223. https://doi.org/10.1111/opn.12223.

Johnson, D. and Johnson, T. (2002) Learning together and alone: overview and meta-analysis. *Asia Pacific Journal of Education*. Vol. 22. No. 1. pp 95-105. https://doi.org/10.1080/0218879020220110.

Kydd, A., Touhy, T., Newman, D., Fagerberg, I. and Engstrom, G. (2014) Attitudes towards caring for older people in Scotland, Sweden and the United States. *Nursing Older People*. Vol. 26. No. 2. pp 33-40. https://doi.org/10.7748/nop2014.02.26.2.33.e547.

Manley, K. and McCormack, B. (2003) Practice development: purpose, methodology, facilitation and evaluation. *Nursing in Critical Care*. Vol. 8. No. 1. pp 22-29. https://doi.org/10.1046/j.1478-5153.2003.00003.x.

NHS England (2016) *The Framework for Enhanced Health in Care Homes*. London: NHSE. Retrieved from: tinyurl.com/NHSE-care-homes. (Last accessed 15th April 2021).

Nisbet, G., Lincoln, M. and Dunn, S. (2013) Informal interprofessional learning: an untapped opportunity for learning and change within the workplace. *Journal of Interprofessional Care*. Vol. 27. No. 6. pp 469-475. https://doi.org/10.3109/13561820.2013.805735.

Organisation for Economic Co-operation and Development (2020) *Elderly Population (Indicator)*. Paris: OECD. https://doi.org/10.1787/5f958f71-en.

Ousey, K., Kaye, V., McCormick, K. and Stephenson, J. (2016) Investigating staff knowledge of safeguarding and pressure ulcers in care homes. *Journal of Wound Care*. Vol. 25. No. 1. pp 5-11. https://doi.org/10.12968/jowc.2016.25.1.5.

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2013) *Qualitative Research Practice*. London: Sage.

Saunders, C., Smith, A., Watson, H., Nimmo, A., Morrison, M., Fawcett, T., Tocher, J. and Ross, M. (2012) The experience of interdisciplinary peer-assisted learning (PAL). *Clinical Teacher*. Vol. 9. No. 6. pp 398-402. https://doi.org/10.1111/j.1743-498X.2012.00568.x.

Skills for Care (2017) *Recruitment and Retention in Adult Social Care: Secrets of Success. Learning from Employers What Works Well*. Leeds, UK: SfC. Retrieved from: tinyurl.com/SfC-adult-care. (Last accessed 12th June 2020).

Skills for Care (2018) *Guide to Safe Staffing*. Leeds, UK: SfC. Retrieved from: tinyurl.com/SfC-safe-staffing. (Last accessed 12th June 2020).

Skills for Care (2019a) *Workforce Intelligence Summary. Care Homes with Nursing in the Adult Social Care Sector 2018/2019*. Leeds, UK: SfC. Retrieved from: tinyurl.com/SfC-homes-nursing. (Last accessed 12th June 2020).

Skills for Care (2019b) *The State of the Adult Social Care Sector and Workforce in England*. Leeds, UK: SfC. Retrieved from: tinyurl.com/SfC-state-adult. (Last accessed 12th June 2020).

Spilsbury, K., Hanratty, B. and McCaughan, D. (2015) *Supporting Nursing in Care Homes*. London: RCN Foundation.

Topping, K. and Ehly, S. (Eds.) (1998) *Peer-Assisted Learning*. Mahwah, US: Lawrence Erlbaum Associates.

Topping, K. (2005) Trends in peer learning. *Educational Psychology*. Vol. 25. No. 6. pp 631-645. https://doi.org/10.1080/01443410500345172.

Topping, K., Buchs, C., Duran, D. and van Keer, H. (2017) *Effective Peer Learning: From Principles to Practical Implementation*. Abingdon, UK: Routledge.

Webster, L. and Mertova, P. (2007) *Using Narrative Inquiry as a Research Method: An Introduction to Using Critical Event Narrative Analysis in Research on Learning and Teaching*. London: Routledge.

Wenger, E. (2000) *Communities of Practice: Learning, Meaning and Identity*. Cambridge, UK: Cambridge University Press.

Wenger, E., McDermott, R. and Snyder, W. (2002) *Cultivating Communities of Practice*. Boston, US: Harvard Business School Press.

Williams, B. and Reddy, P. (2016) Does peer-assisted learning improve academic performance? A scoping review. *Nurse Education Today*. Vol. 42. pp 23-39. https://doi.org/10.1016/j.nedt.2016.03.024.

Wilson, V. and McCance, T. (2015) Good enough evaluation. *International Practice Development Journal*. Vol. 5. Suppl. Article 10. pp 1-9. https://doi.org/10.19043/ipdj.5SP.012.

World Health Organization (2016) *Global Strategy and Action Plan on Ageing And Health (2016–2020)*. Geneva: WHO. Retrieved from: tinyurl.com/WHO-ageing-plan. (Last Accessed 11th June 2020).

**Kirsten Jack** (PhD, RN), Professor of Nursing Education, Manchester Metropolitan University, Manchester, England.

**Louise Jones** (MA), Peer Assisted Learning Manager, Manchester Metropolitan University, Manchester, England.

**Claire Hamshire** (PhD), Professor of Higher Education, Faculty Head of Education, Faculty of Health, Psychology and Social Care, Manchester Metropolitan University, Manchester, England.