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Skills for Healthcare:

For Now and the Future

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Craven College | 2015

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Skills for Healthcare: for Now and the Future

Executive Summary

Working in partnership with Selby College, Craven College has conducted research into the training needs of the Health and Social Care sector throughout the Local Enterprise Partnership (LEP) area of York, North Yorkshire and East Riding District. This has been invested in by the LEP's Local Response Fund (LRF) funded by the European Social Fund (ESF), and overseen by Grimsby Institute for Further and Higher Education (GIFHE).

The significance of the sector

Alongside its rapidly expanding customer base – a product of the UK's ageing population – the Health and Social Care sector's workforce is comprised of a relatively mature demographic, the average age of which is 43 in both Yorkshire and Humber and across England.[1] Compounded by the high rate of staff turnover and decreasing funding within the sector, there is a growing need to attract new employees and innovate and update the skillsets of current and future workforces.[2]

Simultaneously, an ageing demographic and the increasing number of those with complex care needs (who are reliant on the Health and Social Care sector), underscores the importance of creating a full and qualified workforce – confident and capable in addressing service-users' multiple needs.

Moreover, the necessity of the sector denotes its status as a vital part of the UK economy: it has the capacity to provide a large volume of jobs and does not tend to have specific entry requirements – enabling anybody with a caring nature and a clean criminal record to access employment opportunities. This further highlights the important role of quality training in developing skills and expertise for people working within the sector.

Research aims and objectives

The central objective of the research was to contribute toward the development of the sector by identifying skills demands and needs, suggesting where funding would best be invested in order to boost skills. In doing so, it has aimed to:

- Identify current and future sector training needs
- Map existing training provision (including funded provision, capacity and nature of training)
- Identify barriers in accessing existing provision
- Provide funded training to meet identified need throughout the project, evaluating success
- Provide recommendations for the development of curriculum and funding provision in order to meet needs

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[1] *Adult social care sector and workforce in Yorkshire and Humber,* Skills for Care (2015) p.20
[2] *The Cavendish Review: An independent review into healthcare assistants and support workers in the NHS and social care settings*, Camilla Cavendish (2013)

Methodology

Research was predominantly undertaken via Training Needs Analyses (TNAs). These took the form of questionnaires, which asked respondents to detail:

- The nature of their businesses
- Pipelined plans or projected growth
- Skills and training requirements and training areas of interest

The TNAs were completed through interviews and discussion with care managers or senior staff from a range of small to medium care providers that catered for older people or those with disabilities. An example of the TNA format is provided in Appendix A.

During the TNA process, companies that took part were made aware of opportunities to access funded training (which was designed to meet their identified needs) and many subsequently booked course places for themselves and their employees.

Contacts were comprised of existing Craven College and Selby College clients, alongside employers that were new to both colleges. Existing customer databases allowed the colleges quick access to employers where relationships were established and open conversations could be held. New contacts were also identified using online resources provided by the Care Quality Commission and CareHome.co.uk, as well as local care networks of which the colleges hold membership, e.g. Care Alliance for Workforce Development (CAWD) and Independent Care Group (ICG).

Additionally, a map of training provision in and around the LEP area was collated through online research, discussions within the above networks and information generated through the completion of TNAs in order to indicate training availability across the area and identify gaps.

Findings

The research produced several key findings, both in terms of the make-up of the sector and the training requirements that were identified. Findings from the 90 TNAs were as follows:

- All businesses experienced barriers to accessing training. Commonly cited issues were financial restraints, releasing staff, shift patterns and operating in rural areas – there was an associated preference for training that was local to businesses or held on their premises
- The majority of respondents indicated that they had specific training requirements for staff. These included updates in essential training, whilst dementia awareness, infection control and equality and diversity also ranked highly
- Around half of respondents reported high staff turnover rates, which is consistent with other research findings. Relatedly, approximately 75% of businesses stated that they needed to recruit staff in order to meet goals – which impacts on continuous training needs and appetite for investment

- Over four times as many respondents stated that they were willing to hire an apprentice as those that specified that they currently employed one. Many cited inadequate support in providing training and mentoring as a barrier to this
- There is clear need and demand for Level 2 Diplomas
- Businesses requested Level 5 Management qualifications (Health and Social Care specific), which are currently not fundable. It is clear that the sector would benefit from improved management capacity, but this is rarely afforded from training budgets, with preference given to legislative training requirements

Response to needs

Based on prior knowledge of the sector and the needs identified in the TNAs, the partnership has delivered a variety of training interventions to 279 learners:

- Infection Control (L2 Units)
- Dementia Awareness (Distance learning - L3 Units)
- Safeguarding (Distance learning - L2 Units)
- Assessing Competence in the Work Environment and Applying the Care Standard (L2 Units)
- One day Health and Safety, Food Safety in Catering and Emergency First Aid at Work, specific to Care Sector needs

In addition, we will be developing new training interventions in response to research findings.

Recommendations

This section of the report suggests areas in which funding should be invested and training interventions devised in order to meet requirements. These have been developed in response to the skills gaps and barriers to training identified through TNAs.

- Where possible, training interventions should be deliverable in short time slots (for instance of up to three hours), either on a business's premises or locally
- A greater number of distance learning and blended packages should be made available with care specific knowledge and competencies
- The sector would benefit from funded/subsidised Level 2 Health and Social Care qualifications, although the majority of the workforce are not eligible for SFA funding
- Support should be provided to businesses in planning and delivering training and mentoring for apprentices
- High quality training interventions should be developed and promoted as a means for companies to recruit and retain staff who are interested in professional development or gaining specialised knowledge in relevant areas
- Review of funding models and / or unitised approaches to support L5 Management training to support sector development and planning
- The sector continues to prioritise mandatory training from their limited training budgets. To engender change and innovation in management and service delivery, relevant training packages will need to be funded or heavily subsidised in order to attract attendees

Study Aims and Objectives

The project's central aims and objectives applied to Small to Medium Enterprises (SMEs) throughout the York, North Yorkshire and East Riding (YNYER) Local Enterprise Partnership (LEP) region and were as follows:

Aims

- To identify current and future sector training needs
- To map existing training provision in and around the region (including funding provision and capacity)
- To identify barriers to accessing existing provision
- To produce recommendations for curriculum/provision development in order to meet needs within the sector

Objectives

- To specify useful recommendations as to where the LEP should invest future funding
- To focus FE and training providers on solutions needed for now and future in order to meet demands and help to create a well-qualified workforce
- To develop new provision or innovate existing provision that meets specific needs identified

The project was commissioned in March 2015 with all research and training activity undertaken and delivered by 31st July 2015.

Methodology

Partnership – Interests, resources and employer engagement

The project was delivered collaboratively between Craven College's commercial training arm, Tyro Training (which has centres in Skipton and Scarborough) and Selby College. The partnership enabled the project to gain comprehensive coverage of the LEP region, as each college engaged with SMEs within their localities.

Craven College and Selby College are both founding members of the Care Alliance for Workforce Development (CAWD), which was formed in 2009 as one of the Skills for Care sub-regional partnerships. CAWD engages with a broad base of employers and training providers in Health and Social Care, including key organisations such as Independent Care Group (ICG), which represents around 80% of independent care providers in North Yorkshire, including Wilf Ward Family Trust, Avalon and Joseph Rowntree Charitable Trust. Selby College currently hold the Vice-Chair position within CAWD and both colleges take an active part in leading quarterly meetings, giving support and guidance to employers across York and North Yorkshire. As such, both colleges are well known to Heath and Social Care SMEs across the LEP region, providing a great deal of existing workforce development provision.

As both colleges are well-established within the sector, business development staff at each of the colleges were able to quickly engage with the sector through strong relations held with established customers. Additionally, the colleges identified and connected with new clients by consulting service provider registers on the Care Quality Commission and carehome.co.uk websites, as well as contacting North Yorkshire information commissioners.

These networks also acted to promote the research making employers within the sector aware of the opportunities that it presented – circulating relevant emails and outlining the project at meetings.

Completion of Training Needs Analyses

The research project's core findings were generated through the completion of Training Needs Analyses (TNAs). These took the form of a comprehensive, but suitably condensed questionnaire (see appendix 1), which enabled the collection of detailed responses to a variety of key areas, without causing participants to lose interest through the tedium of lengthy questioning. The questionnaire was designed to address research aims by asking questions pertaining to the following themes:

- The nature of the business – *size, structure, type of care provided and staff appraisal system*

- Projections for the business – *staff retention levels, recruitment methods, plans to develop new services or work with new client groups, utilisation of training and support from external organisations*

- Skills and training requirements – *attitudes toward apprenticeships, specific training requirements (curriculum-related or practical considerations), barriers to accessing training, preferred methods of training*

- Training areas of interest – *checklist provided*

- Agreed training proposal – *arrangements for partaking in training funded through the project, and delivered by Craven College or Selby College*

TNAs were completed by business owners, care managers or senior staff with a good knowledge of their respective organisations. Whilst several respondents specified that they would rather complete a TNA independently, staff from each of the colleges supported the majority of respondents in doing so during face-to-face interviews, on SMEs' premises. This was a successful data collection method, as it enabled college staff to probe salient points in order to extract more detail and advise respondents on any questions that they found unclear.

As anticipated in project plans, the TNAs that were undertaken satisfied research aims, generating detailed data on all criteria. The 70 respondents represented just below 20% of CQC registered services across North Yorkshire (Skills for Care, 2015), a core part of the LEP region's sector provision, and a considered sample given the

length of project activity. Furthermore, whilst the majority of the questions included in the TNA asked open questions that encouraged rich, qualitative data, this could be coded in order identify and quantify the prevalence of particular themes. Thus, TNAs enabled the collection of robust and varied data.

Whilst collected through less comprehensive or systematic methods, qualitative data was drawn from methods including: feedback from training sessions; discussions with Health and Social Care assessors and trainers; discussions with other stakeholders; case studies - completed with a sample of learners regarding their participation in the project. This information was used in order to supplement TNA data.

TNAs were collated and analysed in order to identify salient themes embedded within the data. This was achieved by entering responses into an Excel spreadsheet, under categories defined by questions within the TNAs, which facilitated comparison between responses. In turn, key themes could be identified, which were then quantified and used to construct charts that visualised the data – a useful method in illustrating patterns within findings.

In addition, secondary data was gathered in order to broaden research findings. Here, training providers within the LEP region were researched and mapped in terms of their geographic location and provision – both in terms of curriculum and funding. Internet research was undertaken, which enabled some assessment of the profile of the companies and the information readily available to care providers. We also obtained information from TNA respondents, regarding their use of external training providers. These were mapped geographically in order to demonstrate the availability of training throughout the region.

Further desk research was conducted, investigating the background of the sector, both nationally and within the LEP region specifically. Centrally, research was conducted using publications released by the Government and Skills for Care. This serves to contextualise the research undertaken by this project, and will be reported in the following section.

Project Outputs

Project outputs, including TNAs completed, learners enrolled on one day courses and higher credit value (generally longer, or higher level skills) courses were altered due to changes in demand. A breakdown of changes to project outputs and final delivery is included in Appendix 2. At all points, changes made to the profile of outputs were based on employer needs and demand, and discussed with GIFHE, the lead contractor.
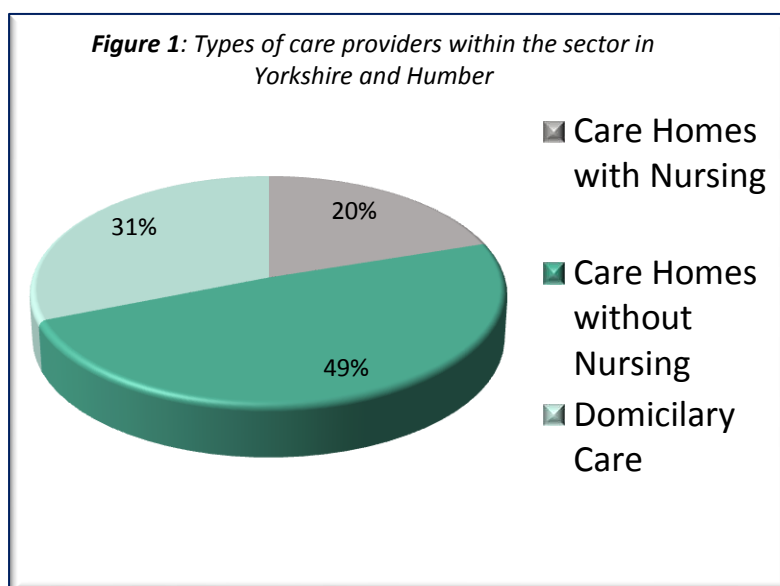
Background

Overview of the sector – nationally and regionally

Nationally, the Health and Social Care sector is expanding, with the YNYER LEP region also following this trend.[3] The UK's ageing population is central to this expansion, as implied in the Government policy document 'Integrated care and support: Our shared commitment'.[4] The background to the document states that 'over the next twenty years the percentage of people aged 85 or over will double'. This shift is likely to be accompanied by an increase in the number of people with 'complex health needs', or 'more than one health problem' – an issue that will need to be managed through a 'combination of health [services] and social care services'.[5] The 'Caring for our future' White Paper echoes these sentiments, indicating that '76% of older people will need care and support at some point in later life'.[6] In providing data specific to half of the LEP region, and seemingly, reflective of the nation as a whole, Skills for Care stated that 'North Yorkshire has an estimated population of 138,100 people over the age of 65', which is projected 'to increase to 155,400 people by 2020', similar increases are anticipated in East Riding, from 81,200 people over the age of 65 to 91,700.[7, 8]

Provision with the sector

Currently, within the estimated 39,000 establishments involved in providing or organising adult social care throughout England, there are approximately 150,000 adult social care jobs in Yorkshire and Humber, 145,000 of which are filled, with 77% of these roles are centred on the provision of 'direct care'.[9]

Skills for Care provide an overview of the sector, which can contribute to an understanding of the context in which this research project has taken place. This is visualised in Figure 1.

Figure 1: Types of care providers within the sector in Yorkshire and Humber

- Care Homes with Nursing — 20%
- Care Homes without Nursing — 49%
- Domicilary Care — 31%

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[3] Adult social care sector and workforce in Yorkshire and Humber, Skills for Care (2015)

[4] Integrated care and support: Our Shared Commitment, National Collaboration for Integrated Care and Support (2013)

[5] *Policy paper: 2010 to 2015 government policy: Health and Social Care integration*, Department of Health (2015), p4

[6] *Caring for our future: reforming care and support,* Department of Health (2012), p13

[7] *A summary of the adult social care sector and workforce in North Yorkshire,* Skills for Care (2015), p1

[8] *A summary of the adult social care sector and workforce in East Riding of Yorkshire,* Skills for Care (2015), p1

[9] *Adult social care sector and workforce in Yorkshire and Humber,* Skills for Care (2015), pp4-5

Occupations within the sector

Another significant data set offered by Skills for Care centres on occupational groups within Health and Social Care. As shown on Figure 2, care workers, who are responsible for providing most of direct care that service-users' receive, represent the majority of those employed within the sector.[10]

***Figure 2**: Occupational groups within the Health and Social Care sector*
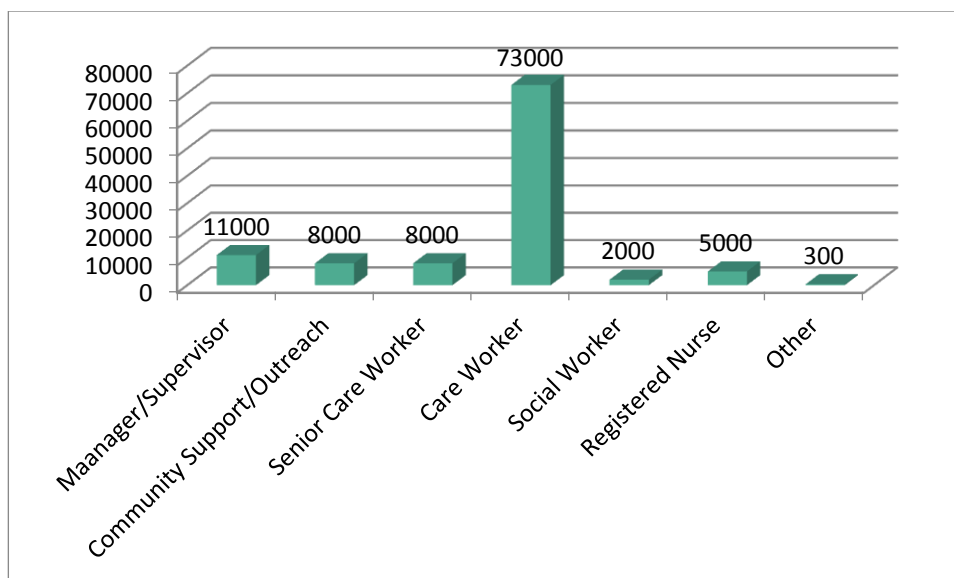
The majority of skills needs, therefore, are focussed on frontline care. It should also be noted that outside the groups above, there are a further 17,000 'other' staff, including e.g. administrative support, ancillary staff.[11]

Demographics of employees

Turning to the demographics of the workforce, Skills for Care report that the average age of employees is 43 (2013/2014), whilst an estimated 20% of staff are aged 55 and over and 'due to reach State Pension age in the next five to ten years'. The workforce is also primarily female – women comprise 84% of all employees within the sector in the Yorkshire and Humber region, and more specifically, 86% of all care workers. Whilst a somewhat higher percentage of men assume senior managerial positions compared with sector-based roles, they account for less than a third of total employees. The workforce is also predominantly White. In Yorkshire and Humber 90% of total employees come under this demographic, whilst this percentage increases further for staff in more senior roles – 95% of managers and supervisors and 93% of all senior care staff share this Ethnicity.[12]

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[10] *Adult social care sector and workforce in Yorkshire and Humber,* Skills for Care (2015), p17
[11] As above, p18
[12] As above, pp22-24

Training and skills

Data provided by Skills for Care indicates that **43% of those working within the sector in Yorkshire and Humber have no relevant social care qualifications**. Of those that are qualified, the majority (at approximately 23%) have a Level 2 qualification, whereas there is a continuing decrease in Level 3 and 4 qualifications (13 and 11%, respectively)[13].

There is also a lack of comprehensive training amongst workers in the sector. Only 67% of the workforce have an induction (lower than the national average at 68%). There are more recorded incidences of training that are considered a 'minimum standard': Health and Safety, Moving and Handling, Safeguarding Adults. Figure 3 below shows an overall average of 56% of staff having completing courses in key competencies. The listed courses cover fundamental areas within Health and Social Care, which workers are likely to encounter on a regular basis[14].

Figure 3: *Chart showing the percentage of staff trained in core areas in Yorkshire and Humberside*
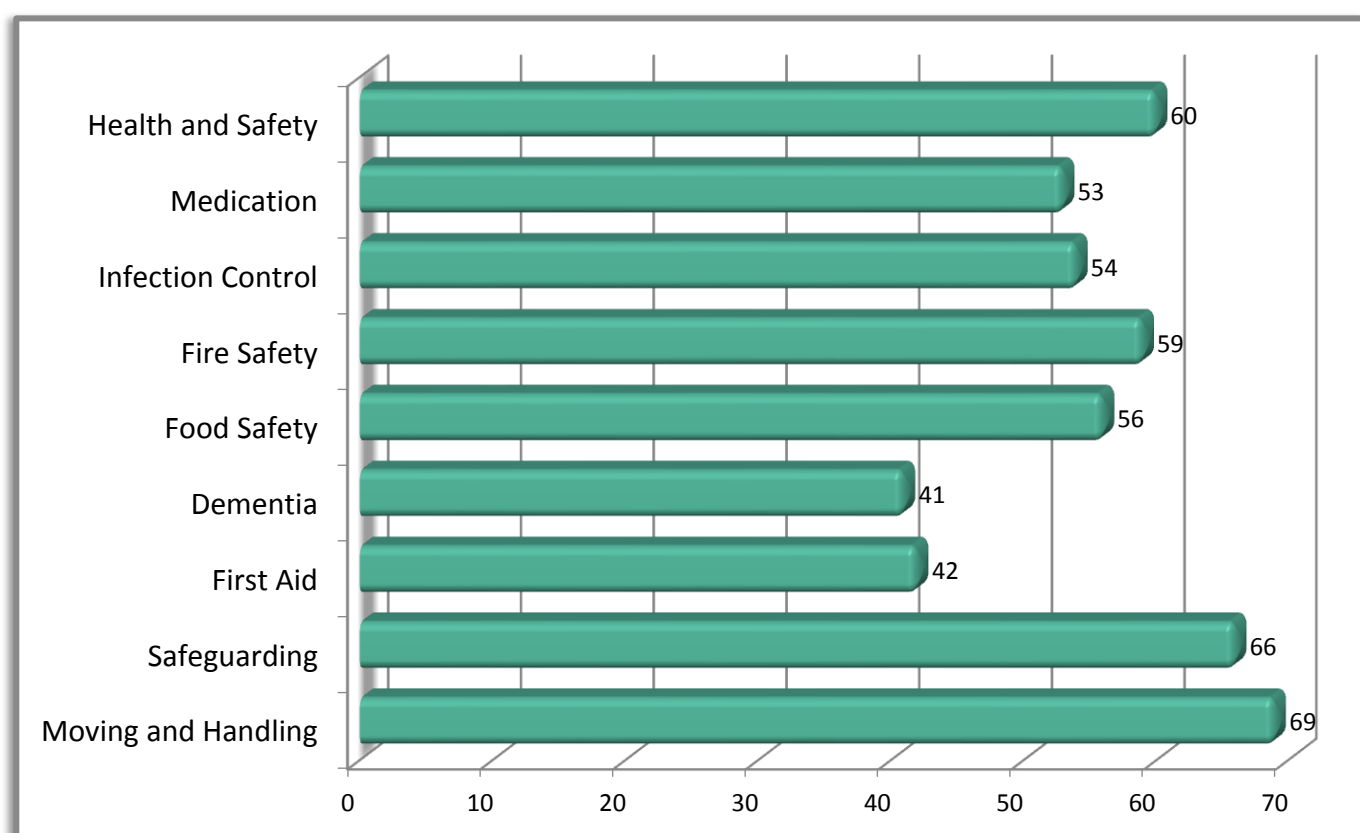
The Cavendish Review provides a strong point of reference in underscoring the importance of the Health and Social care sector, alongside the obstacles that are widely faced by providers concerned with meeting regulatory standards. The following passage summarises the crucial role of the sector, alongside some of the central challenges faced within it, particularly in terms of training provision:

> The social care support workforce dwarfs that of health. By helping people to live independently, it plays an essential role in supporting the vulnerable and reducing the strain on the NHS....For workers in this sector, "I'm only a carer" is too common a refrain. The phrase "basic care" dramatically

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[13] *Adult social care sector and workforce in Yorkshire and Humber; Skills for Care (2015), pp 31-32*
[14] As above

understates the work of this group. Helping an elderly person to eat and swallow, bathing someone with dignity and without hurting them, communicating with someone with early onset dementia; doing these things with intelligent kindness, dignity, care and respect requires skill. Doing so alone in the home of a stranger, when the district nurse has left no notes, and you are only being paid to be there for 30 minutes, requires considerable maturity and resilience. Like healthcare assistants, social care support workers are increasingly taking on more challenging tasks, having to look after more frail elderly people. Yet their training is hugely variable. Some employers are not meeting their basic duty to ensure their staff are competent.[15]

Additionally, the report cites: the "worrying" turnover rates within the sector – "19% a year in care homes and up to 30% a year in domiciliary care"; the "considerable financial pressure" under which employers are required to "train, retain and motivate staff" and the fact that "many workers do not see caring as a career, with opportunities to progress" as prevalent barriers to the maintenance of high standards within the sector. In light of these statements, the report suggests that employers take the lead on tackling issues – recommending that those in the field identify "core national competencies that go beyond the minimum".[16]

Hence, noted factors such as the growth of the sector, its ageing workforce, high staff turnover rates and a lack of sufficient training need to be addressed.

The Care Certificate, intended initially to be mandatory, but now an 'expected' standard has followed from this and lists 15 Standards which all new care staff should be assessed on to ensure quality of service.

Relatedly, legislation published under the Care Act 2014, stated its intentions to:

…make provision to reform the law relating to care and support for adults and the law relating to support carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.[17]

Plainly put, the Care Act signals a shift towards more choice in the marketplace, demanding that providers improve quality and choice to retain service-users.

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[15] *The Cavendish Review: An independent review into healthcare assistants and support workers in the NHS and social care settings*, Camilla Cavendish (2013), pp6-7
[16] As above
[17] *Care Act*, Department for Health (2014), p1

Training Delivered

Given the short nature of the project, the training provision offered was largely pre-determined prior to delivery, however still very much based on demand and needs already established in working with and understanding the sector.

As noted above, the programme coincided with the introduction of the Care Certificate (Spring 2015) – a standard that will be 'expected' by the CQC, aiming "to ensure that new staff are supported, skilled and assessed as competent to carry out their roles".[18] The Care Certificate is comprised of 15 standards that all workers within the sector should meet (See Appendix 3).[19] Whilst all training will help to ensure that standards are met, the programme offered a dedicated course that helped to support care providers in the induction and assessment of their staff through undertaking the 'Understanding the Principles and Practices of Assessment' (see below).

Additional courses were selected and developed in response to need and demand, which was identified by previous experience of delivering training, prior research and LMI research such as Skills for Care publications. Assessments of 'need/demand' were based on areas in which skills were lacking, important skills within the sector and training that employers were keen for themselves and their employees to undertake.

Assessing the Care Certificate

This course was based on the first unit of the Award in Understanding the Principles and Practices of Assessment but was further developed and enhanced so that it would equip senior care workers and care manager with the expertise to perform in-house assessments on staff, focusing on the 15 standards recommended by Skills for Care –thus providing SMEs with a means of assessing their own staff and complying with the Care Certificate.

The course incorporated unitised accreditation from OCR for the Award in Understanding the Principles and Practices of Assessment, covering the following areas:

- How assessment works in learning and development
- Key concepts of assessment
- Assessment methods
- The assessor's role in working with learners to develop skills and knowledge

The accreditation of this element demonstrates the delegates' competency to complete assessments to a relevant standard.

The course was tailored to the implementation of the Care Certificate, reviewing the 15 standards and providing practical examples and discussions between the

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[18] *Introducing the Care Certificate: A Unison branch guide,* Unison (2015), p4
[19] *Implementing the Care Certificate,* National Skills Academy *(2015), p2*

learners as to how assessment might best be applied to Health and Social Care environments, and the standards themselves. Each learner left with an implementation plan specific to their own organisation.

Prevention and Control of Infection

Existing distance learning materials were adapted to provide a short intense trainer led course to meet needs of the staff quickly, and provide wider interaction and discussion amongst the professionals. The two-day package examines the cause and spread of infection, importance of personal hygiene, decontamination cleaning and waste and prevention and control in healthcare.

The aims of the course were as follows:

- To understand the purpose of infection control
- To know how regulations inform policy and practice relating to infection control
- To understand the roles and responsibilities relating to infection control
- To understand the role of risk assessments in relation to infection control
- To understand the principles of infection control procedures

Principles of Dementia Care

This course was developed in response to the growing need to offer person-centred care to those with complex health needs. There are currently around 750,000 people in England living with dementia and this figure is expected to grow further as a consequence of the ageing population. As the number of people with dementia increases it is important that the Health and Social Care workforce has the necessary skills and knowledge to provide the required standard of care.

The course explores dementia to give a thorough understanding of the condition – it looks at ways to care and support those affected, provide person centred care and influence of positive communication forms. It informs about options of medication as a way of managing the condition and helps ensure those with condition enjoy time with meaningful activities.

This was delivered as a distance learning package developed by Selby College, with units linking to Level 3 Diploma in Health and Social Care. The aims of the course were as follows:

- To develop an understanding of the role of communication and interactions with individuals who have dementia, providing the knowledge required to develop therapeutic relationships with individuals with dementia based on interactions and communications
- To understand the diversity of individuals with dementia and the importance of inclusion – aimed at those who provide care or support to individuals with dementia in a wide range of settings. It covers concepts of equality, diversity and inclusion that are fundamental to person centred care practice
- To understand the administration of medication to individuals with dementia using a person-centred approach by looking at the knowledge and

understanding of individuals who may have specific needs for receiving medication, relating to their experience of dementia

Understanding Dignity and Safeguarding in Adult Health and Social Care

This training offer was based on the need for safeguarding knowledge. Last year, over 176,000 safeguarding alerts were reported to councils. Physical abuse and neglect was the main trigger for these alerts. This nationally recognised qualification considers the importance of dignity and safeguarding within the adult Health and Social Care sector.

The qualification was offered as distance learning developed by Selby College under the Innovation Code to provide in-depth specialist knowledge via a flexible learning method, currently unavailable elsewhere

Areas covered included:

- The issues relating to duty of care
- The possible conflicts and dilemmas faced between the duty of care and individual rights
- How to recognise and report unsafe practice
- The impact of your own actions on individuals
- How the media and people's perceptions has impacted on adult social care

Short Skills Programmes

The following one-day courses, chosen due to their capacity to upskill substantial numbers of employees in essential skills. It is undeniable that the courses meet a skills need within the sector, however there is some discussion regarding whether these qualifications should be funded or subsidised given their mandatory nature. It was discussed and agreed that these could be delivered through this project as an incentive for employer participation in the research.

All were delivered in the context of Health and Social Care, with discussions and practical examples centred on realistic working environments.

Emergency First Aid at Work

This was designed to give learners knowledge, competency and confidence in dealing with medical emergencies and minor injuries.

The topics covered include:

- Bleeding, burns, choking, seizures, shock
- Cardiopulmonary resuscitation (CPR)
- Chain of survival
- Incident management (5 point plan)
- Other common workplace conditions
- Primary and secondary survey
- Recovery position

- Stroke (F.A.S.T)
- Understand the role of the first aider
- Unresponsive casualties

Food Safety

The purpose of this course is to give learners basic competency in ensuring that food storage and preparation meets hygiene standards – particularly in catering environments.

Key learning includes:

- Food safety hazards
- Temperature control
- Refrigeration, chilling and cold holding
- Cooking, hot holding and reheating
- Food handling
- Principles of safe food storage
- Cleaning
- Food premises and equipment

These areas are particularly important in the Health and Social Care sector due to the duty of care and responsibility shouldered by staff. Both of the above courses are accredited by CIEH.

Health and Safety

This training provides essential knowledge and understanding of health and safety in the workplace. It covers a range of topics, including:

- General health and safety
- Posture and ergonomics
- Work equipment
- Occupational health
- Accidents
- Manual handling
- Safe and healthy workplace
- Fire safety awareness
- Signage
- Electricity
- First aid
- Legislation
- Display screen equipment

Feedback

All courses were designed to help businesses to grow and develop by upskilling workers – improving their confidence and competence. Feedback was analysed after each course delivery in order to make improvements to future provision. See Appendix.

Priorities for Training

All Local Respond Fund training projects were targeted toward the YNYER LEP's key priorities – this was either by sector, or due to the individual characteristics of learners.

The Health and Social Care sector was not initially recognised by the YNYER LEP as a priority sector due to its lacking an export capacity and limited impact on GDP growth. Since the publishing of the LEP Strategic Economic Plan (March 2014), it has been acknowledged that the Health and Social Care sector needs investment and support in order to meet its future challenges. As noted, the sector will undoubtedly increase in terms of individuals employed and customer values, alongside incurring a reduction in public funding.

Moreover, the sector employs an overwhelmingly high proportion of individuals within the LEP's priority target groups. Following data submissions, 98% of those that complete training through the project were classed as Priority Learners: qualified below Level 2; female; aged over 50 or part of an ethnic minority.

Findings

The following section will report findings, including:

- The profile of companies and learners that the project engaged with
- A map of training provision across the LEP region
- Themes that arose from TNAs and SME skills gaps, as identified by comparing existing training provision to available training.

Profile of Participants

SMEs engaged

Over the course of the project Craven College and Selby College engaged with in excess of 70 SMEs around the LEP region. Employees from 54 SMES completed training courses.

Many of the SMEs engaged were situated in Harrogate, with the majority of others based in rural towns and villages around North and East Yorkshire. Alongside the relatively high number of care providers based in Harrogate – a comparatively large and prosperous town within the LEP region – the levels of interest generated from this area may also be accounted for by the fact that Tyro has a strong existing customer-base in this area.

Figure 4: *Proportion of SMEs engaged with in areas of the LEP region*

Legend: Harrogate, York, Craven, Scarborough, Ryedale, Hambleton, Selby, Hedon, Pocklington, Beverley, Goole, Howden, Hull
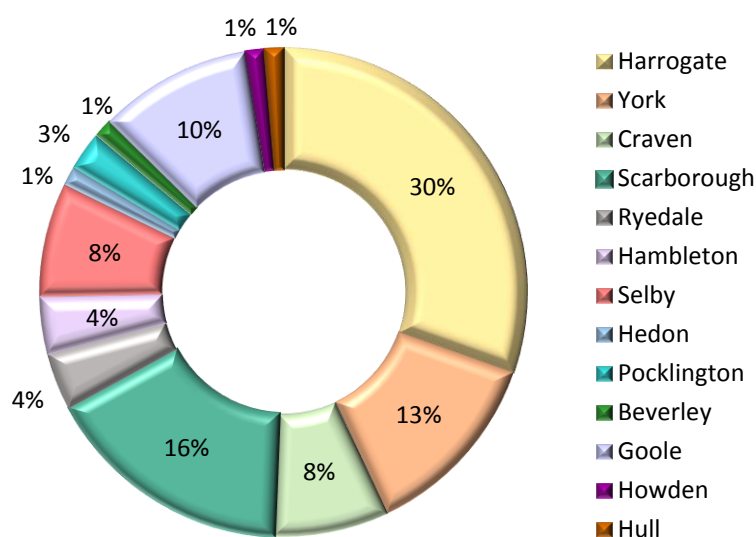
Figure 5 charts the companies engaged across the LEP region, both proportionately and geographically. The mapping of SMEs engaged demonstrates that the TNAs completed were representative of the region, with a spread throughout the region and their concentration in larger towns with more care providers.

The project was also largely representative in terms of the *types* of SME care providers from whom TNA data was attained. The project worked with a variety of nursing homes, care homes, domiciliary care providers and businesses that offered a range of care provision, including three that offered day care. Additionally, the project engaged a women's refuge and an individual who employed her own carers.

Figure 5: Map showing locations of SMEs engaged throughout project
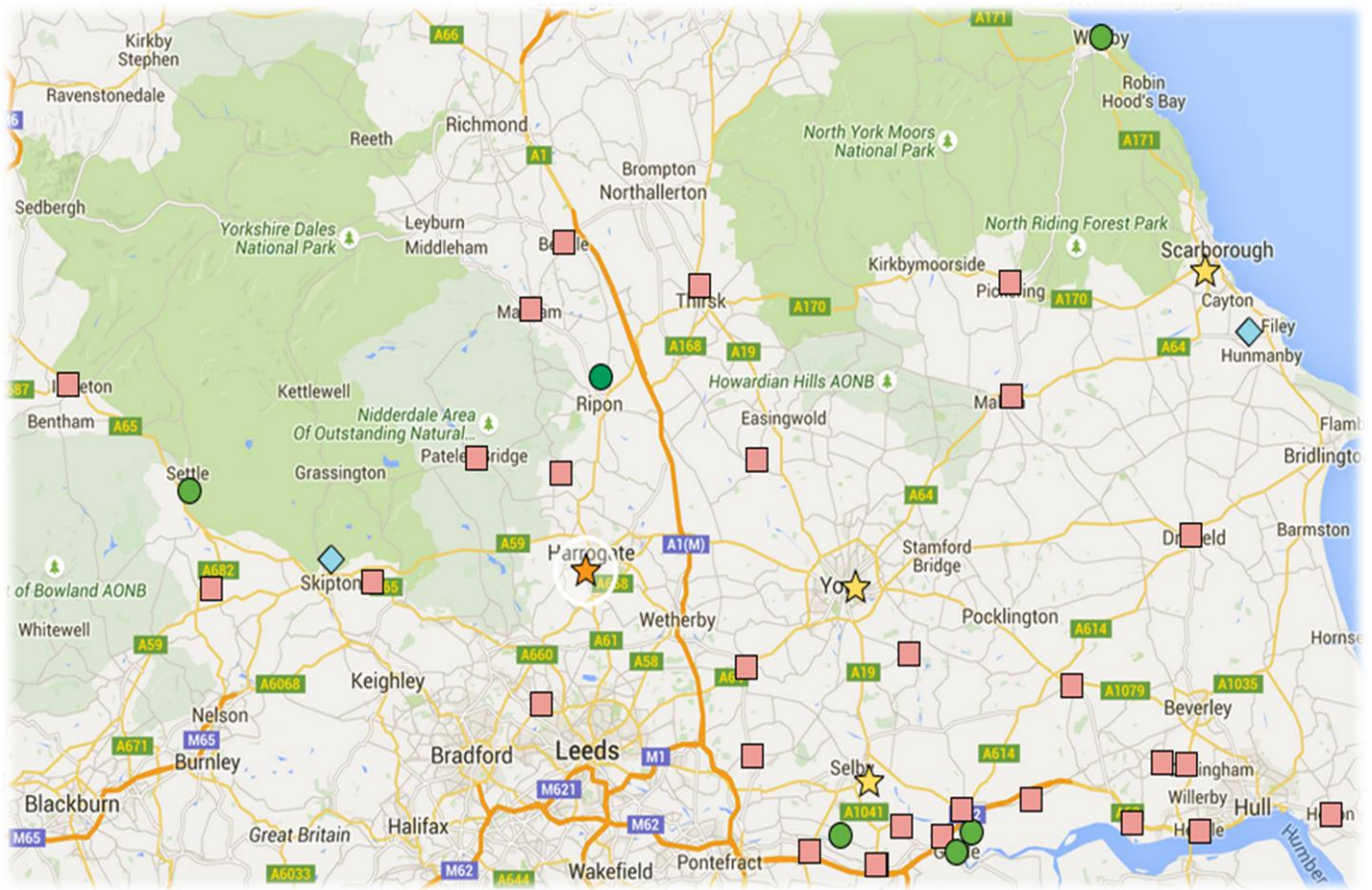
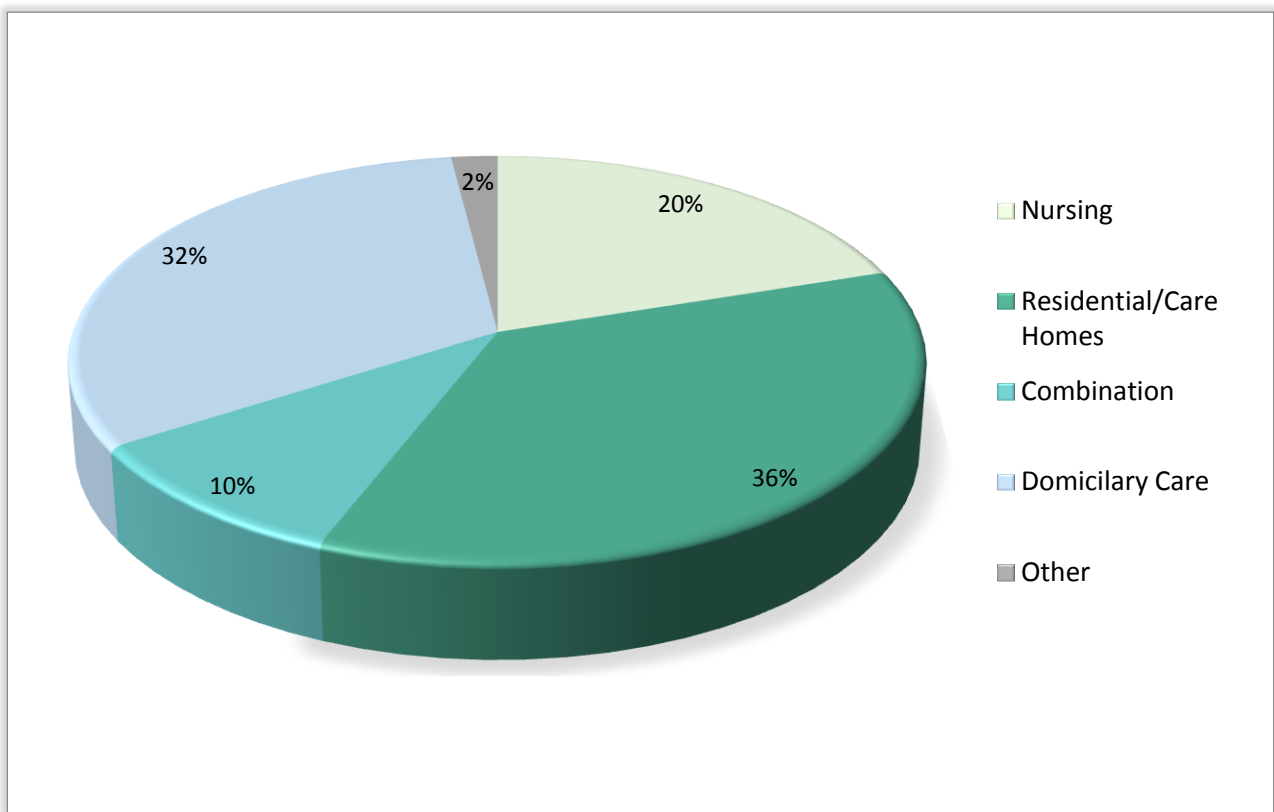| >15 SMEs engaged ⭐	5 -10 SMEs engaged ⭐	3 SMEs engaged ◆	2 SMEs engaged ●	1 SME engaged ▪

As indicated in the table below and in Figure 6, SMEs from whom TNA data was attained were largely representative of the proportions of care provider types operating throughout region, as quantified by Skills for Care.[20]

	Yorkshire and Humber*	**LEP Project**
Care Homes without Nursing	49%	36%
Nursing Homes	20%	20%
Domiciliary Care	31%	32%

* Percentages of care providers refer to all of Yorkshire and Humber, as opposed to the LEP region specifically.

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[20] *Adult social care sector and workforce in Yorkshire and Humber* Skills for Care (2015), p12

Figure 6: *Proportions of SMEs engaged with, according to provision type*

Furthermore, the SMEs engaged in the completion of TNAs catered for a range of service-users (as indicated in Figure 7). The majority of these were those that offered care to older adults.

Figure 7: *Chart showing proportions of care provider types that contributed TNA data*
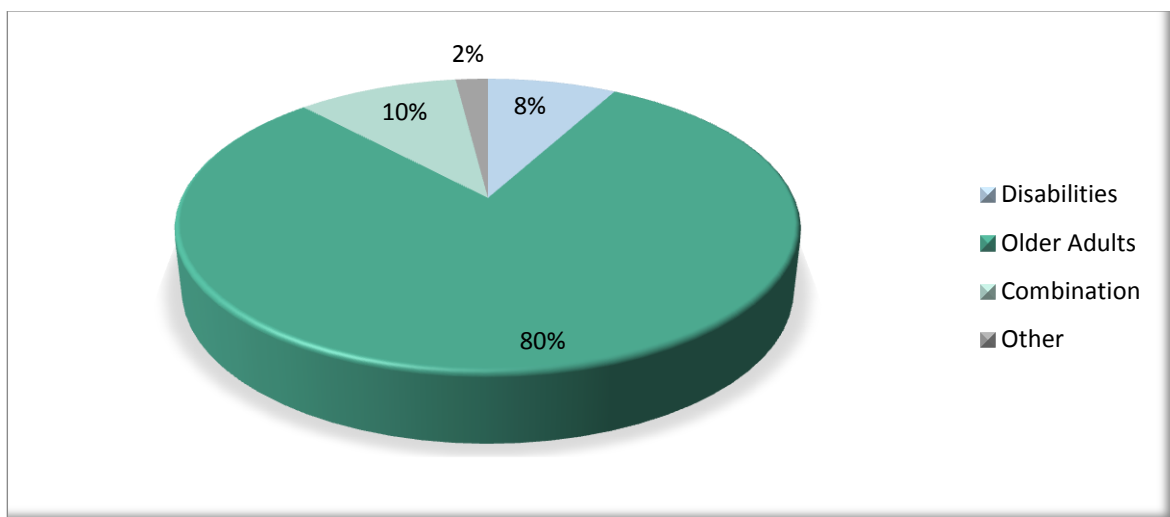
TNA data also accounts for SMEs of a variety of sizes. The TNA data presented in the report comprises of information gathered from 2 micro enterprises, 33 small enterprises and 20 medium enterprises.

Learners engaged

The average age of learners that took part in training interventions was 41, corresponding with the national average age within the sector, as previously reported. Overwhelmingly, learners were female – just 9% of learners were male, meaning that the percentage of female learners involved in the project exceeded the average of female care workers in Yorkshire and Humber by 5% (see p.8). When combined with the other criteria for identifying 'priority learners' (see p.15), this contributed toward the exceptionally high proportion of 'priority learners' that undertook training – 98%.

Resultantly, the target of 85% 'priority learners' was exceeded by 14%, which both underscores the need for targeted training in order to upskill for workforce within the sector and represents a positive project output.

Overall, the learners involved in the project were largely representative of the demographics of the sector, in terms of age and gender, exceeding targets in upskilling relevant groups.

***Figure 8 –*** *Ages of learners that participated in all courses*
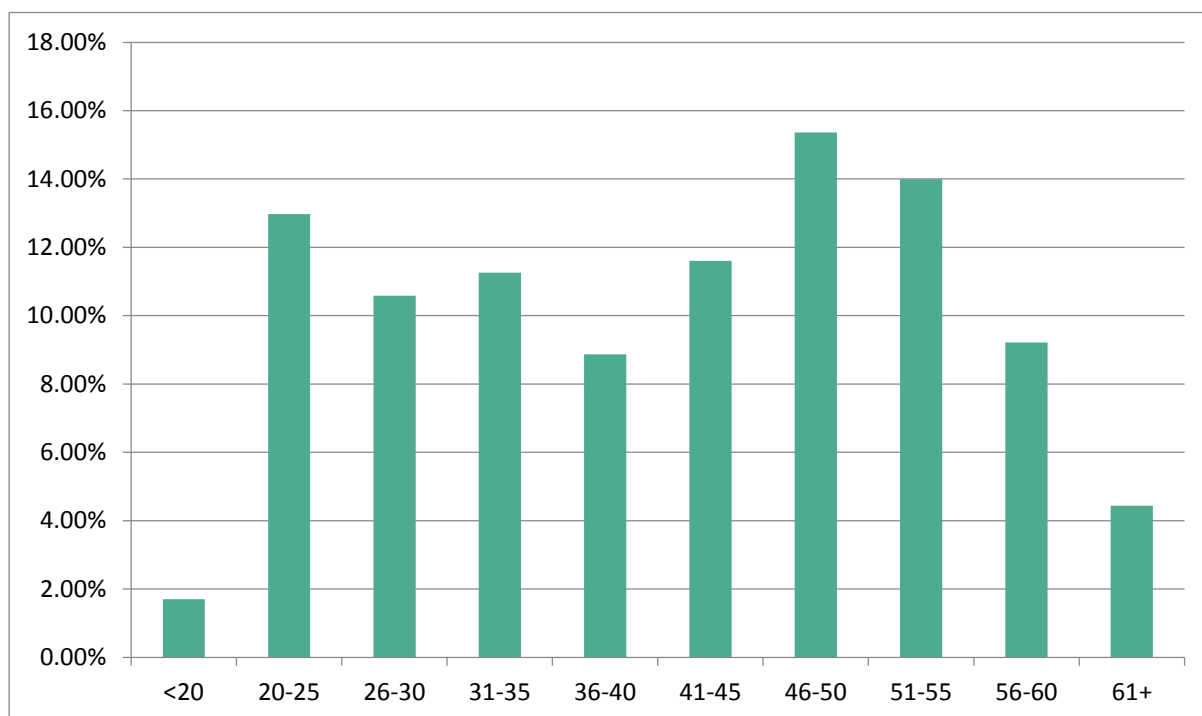
Training Provision

In response to research objectives, training provision in and around the LEP region has been mapped geographically in order to indicate availability and gaps. As per the methodology, training providers were identified via TNAs and through an online search of training providers in the region. These methods were used as a way of identifying training providers that engage with businesses in the region, alongside those whose availability is evident through basic searches.

A total of thirty-three training companies or organisations offering training provision were mapped. These include providers outside of, but accessible to the YNYER LEP region, as some SMEs indicated that they frequently used providers in West and South Yorkshire, as well as Tyneside and Lancashire.

As might be expected, whilst there is training provision throughout the region, it is largely concentrated in more-built up areas, whereas more rural stretches lack local provision.

Figure 9: Training Providers servicing YNYER LEP area
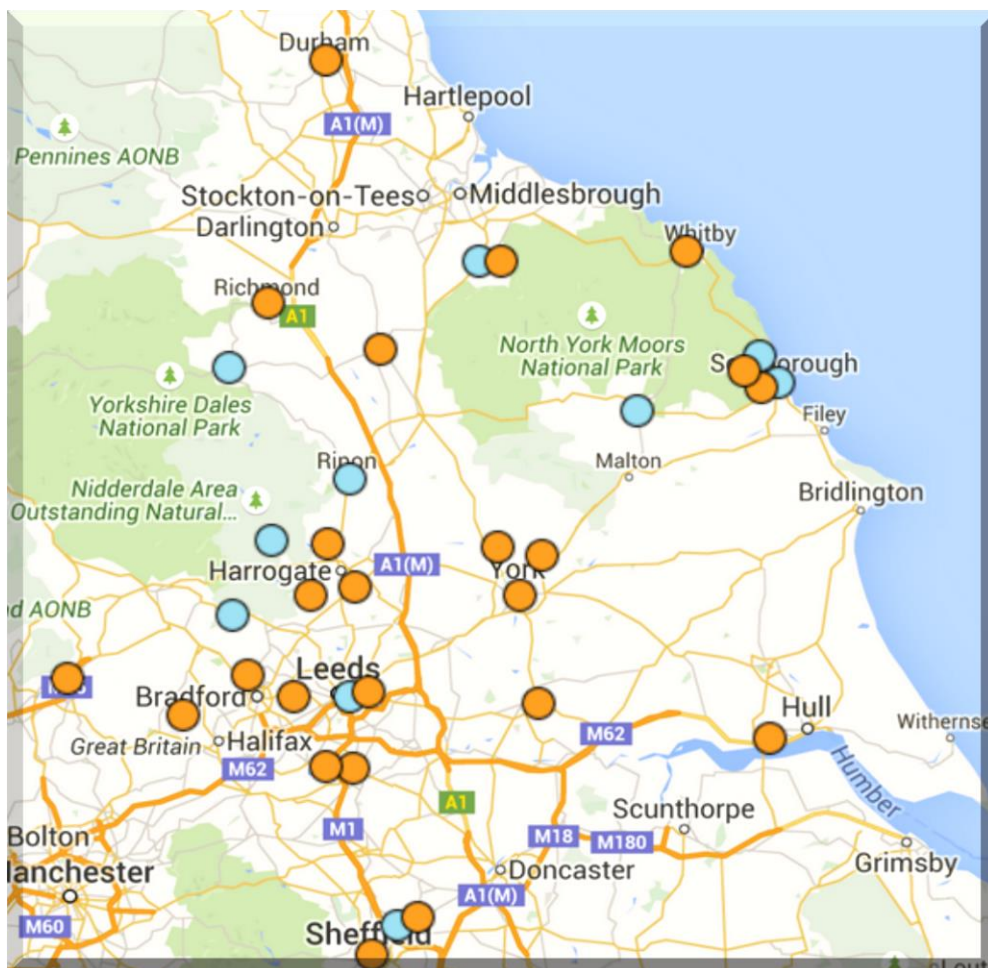
Key:

🔴 Training provider offering more than 10 courses

🔵 Training provider offering fewer than 10 courses

Additionally, numerous SMEs cited online or national training providers, through which their staff completed e-learning or distance learning courses or modules. Several SMEs indicated that they used these for mandatory training updates.

TNA findings

Findings generated from 55 TNAs are reported below. Amongst these, there were a number of consistencies – thus, several salient themes emerged from the information that was collated.

Uniform management structures

All of the SMEs engaged adopted a uniform, tiered management structure. Typically, this was as indicated in *Figure 8*, with some variation on job titles or relating to the size of an organisation.

Figure 10: *Common structure found within care providers according to level and proportions of staff*
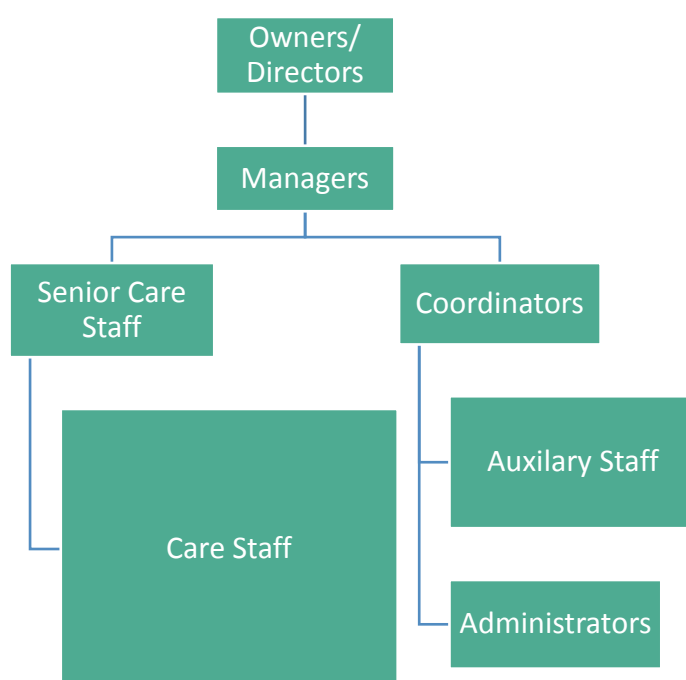
Additionally, the majority of the SMEs had similar appraisal systems in place, which consisted of quarterly supervisions alongside annual appraisals. Nevertheless, 8 organisations indicated that appraisals took place as and when issues arose, whilst training reviews were based upon the needs of existing service-users or requirements identified by staff during their day-to-day work.

Given the strict regulations enforced by the CQC and other independent bodies, alongside the similarities between the provision offered by most care organisations, these uniformities are perhaps unsurprising.

Specific training requirements

Overall, 93% of respondents stated that their business or organisation had specific training requirements for their staff, whilst 87% asserted that they had specific business or training plans in place, including:

- Expanding their organisations or offering new services,

- Ensuring that all staff are qualified to a certain level
- Working to meet regulatory standards set by the CQC

The incidence of such statements throughout the TNAs suggests that accessing appropriate training is a priority for many organisations.

Unprompted, numerous participants gave details of the types of training that their SME required , the majority of whom stressed their need to regularly or 'continuously' update core training (Moving and Handling, Fire Safety, Food Safety, Health and Safety, Safeguarding and Safe Handling of Medication).

Furthermore, 17 respondents stated that they were keen to ensure that all staff were 'fully trained', or had gained at least a Level 2 NVQ in Health and Social Care. In addition, training interventions including Customer Service, Care Certificate, End of Life and Dementia Awareness were each highlighted by several participants.

Just below 20% conveyed their requirement for funded Level 4 and 5 Management qualifications, stating they had noticed a lack of provision in these areas, and that they were necessary in helping their organisations to advance. In addition, two participants indicated that they hoped for some staff to complete a 'train the trainer' qualification, which would enable them to act as in-house trainers.

Further to indicating their general need for specific training interventions, TNA respondents were asked whether their organisation required training in particular areas, based on a checklist of 17 courses. As shown on Figure 10**,** many of the courses on the list were identified in which SMEs had a need for, or interest in accessing training.

Figure 11 – Chart showing demand for particular courses as included in TNAs
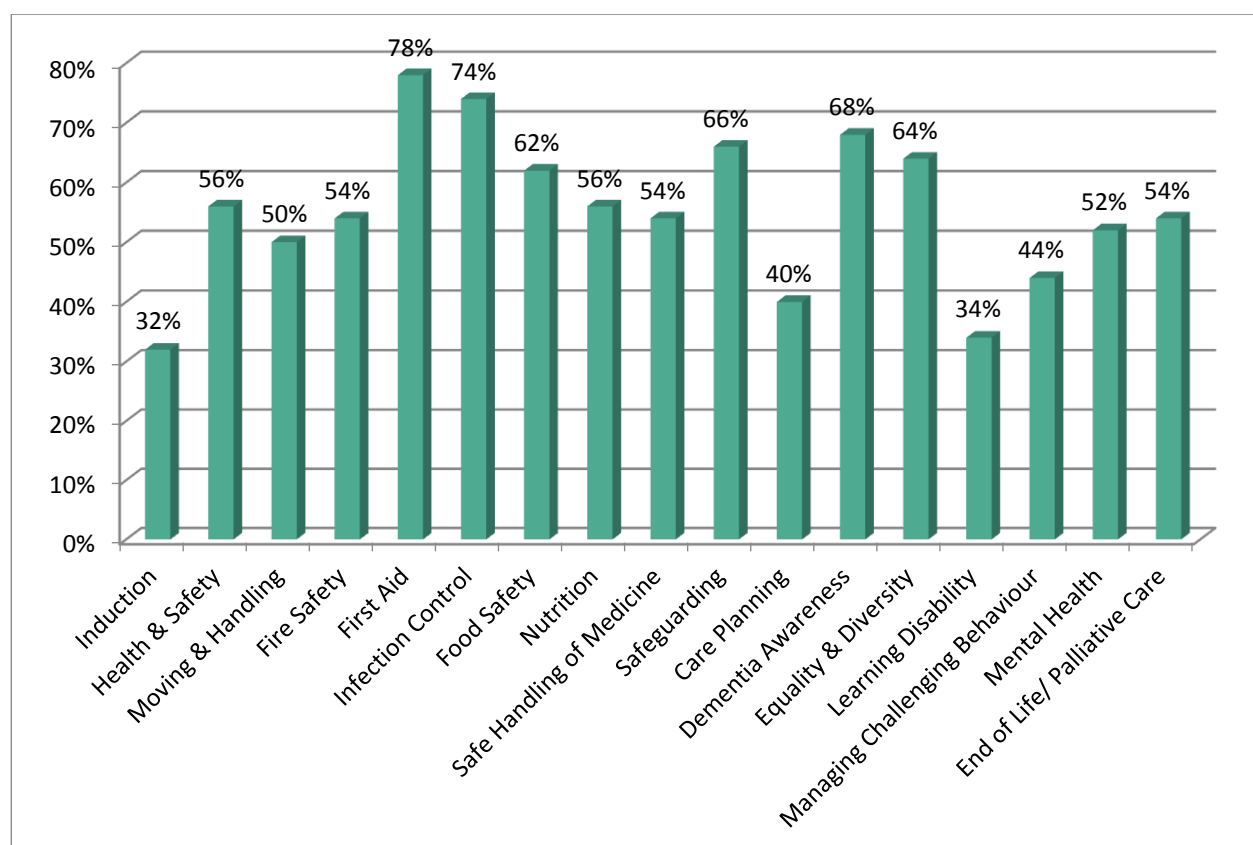
First Aid courses were identified as a priority for 78% of SMEs, whilst other essential training updates in Safeguarding, Food Safety, Fire Safety and Moving and Handling were each noted as requirements by over half of respondents. Representatives from some SMEs noted that they had in-house trainers or agreements with particular training providers through which mandatory updates were delivered, however many of those engaged stated that they had experienced difficulties in finding good quality training in a convenient location, and did not use a regular provider. Most respondents were still looking to find funded provision for these updates.

A large proportion of respondents identified training requirements in more specialised areas: Infection Control, Dementia Awareness and Equality and Diversity were each specified as requirements by over 65% of the care managers engaged. Whilst Infection Control can be considered important in running a safe, hygienic establishment, particularly in environments in which many service-users are vulnerable to illness, Dementia Awareness and Equality and Diversity courses were frequently highlighted as important in ensuring that that service-users with specific needs were catered for appropriately.

The current political and media emphasis on person-centred care, which emphasises the individual needs and preferences of service-users (as opposed to delivering a 'one-size-fits-all' package) is perhaps responsible for the increasing demand for training in these areas, together with a reportedly higher incidence of Dementia in service users, rising in-line with our ageing population. An appreciation of the principles communicated through these courses may be considered important in promoting an inclusive environment, in which service-users are understood and receive appropriate care, and care assistants feel confident in delivering this.

The relatively large proportions of those that were interested in accessing training in Nutrition (56%); End of Life/Palliative Care (54%) and Mental Health (52%), equally suggest a drive to create a safe environment in which person-centred care is offered.

74% participants affirmed that they had plans to deliver the Care Certificate, suggesting that they are keen to meet required standards in multiple areas of care provision.

Respondents commonly offered reasons for their lack of interest in particular subject areas. Of the courses that generated interest from fewer participants, the following explanations were frequently cited: challenging behaviour was often understood as a by-product of dementia, with respondents stating that they only experienced challenging behaviour from service-users that suffered with dementia, and preferring the dementia course as a means of managing this; many of the organisations either did not cater for service-users with Learning Disabilities or were specifically trained to do so and Care Planning and Induction were the domain of managers, many of whom stated that had existing systems in place for these.

Preference for local training

90% of SME representatives that completed TNAs expressed a clear preference got training situated locally or in their place of work, stating that they found it

significantly easier to arrange for staff to attend. Many employers explained that it was not feasible for staff to attend training outside of their immediate locality due to the poor public transport links across the rural areas in which many of them were based, and many of their staff not having access to a car. Relatedly, 78% of respondents highlighted location as a barrier to them accessing training.

Releasing staff as a barrier to training

Moreover, 80% of respondents identified releasing staff as a barrier to accessing training, stating that their general staffing levels allowed them to take only very limited numbers of staff 'off the floor' at any one time – often two or three at the most. Within the Health and Social Care sector, operating with too few staff can incur legal implications as well as inconvenience, meaning that arranging for large proportions of staff to attend training can present significant difficulties.

Due to the issues attached to releasing staff, many of the care manager suggested that the early afternoon was the best time for their staff to attend training, as this tended to be a 'lull' period in their daily routines.

Thus, they emphasised that where possible, on-site training was particularly useful, as it allowed for staff to become available in case of an emergency. Many organisations had designated training rooms to cater for this.

Staffing levels

Relatedly, feedback generated through TNAs highlighted staffing levels as an issue within the Health and Social Care sector. Just under half of respondents noted that their organisation had high rates of staff turnover, with many of these suggesting that was an issue that they were attempted to resolve.

Furthermore, almost 75% of the SMEs suggested that their staffing levels were currently an issue, stating that they needed to recruit more staff in order to meet their goals as a business or achieve more stability.

Financial barriers to training

70% of all respondents stated that financial considerations would prevent their organisation from accessing training, underscoring the fact that funded provision is in high demand. The funded provision that we disseminated through this project was enthusiastically received, with high levels of uptake.

Barriers to training summary:
- 70% - cost and financial constraints
  - High impact of recent funding and eligibility reductions
  - Directs training budget towards necessary not developmental
- 78% - location and difficulty in attending
- 80% - time taken out of workforce
- 48% - concern regarding high turnover – could be a lost investment

Training Methods

In its investigation of preferred training methods, TNAs showed an overall preference for mixed methods of training (classroom based learning and distance learning), at 64%. Meanwhile, 36% of participants stated that they preferred classroom based training methods.

Participants who stated their preference for classroom based teaching often made association between this method and mandatory training updates, particularly in terms of more physical interventions such as Moving and Handling. Furthermore, there was some perception that these courses can provide mandatory updates efficiently, whilst commanding engagement and facilitating a greater degree of understanding.

Mixed training methods were generally favoured due to offering variety. Much as classroom based teaching was perceived as generating the benefits listed above, distance learning packages were cited as beneficial in that they enabled care providers to overcome the problems associated with releasing staff. Moreover, many of the care manager suggested that distance learning was a valuable method for staff who were particularly engaged in a specialised subject – perhaps due to the expectation that they would dedicate time to this form of study, over a more substantial period. For instance, one care Manager referenced a member of staff who was "fascinated by" dementia, and keen to study it in depth. She suggested that she would engage well with a distance learning course, as she would appreciate its depth and be willing to set time aside in order to complete it.

Overall, respondents generally indicated that their preferences for distance learning stemmed from the convenience and costs of these interventions, as opposed to a belief that it was the best avenue for training.

Many respondents had reservations about e-learning, particularly for many of their older staff who were not computer literate.

Apprenticeships

Findings relating to apprenticeships were striking: whereas 69% of the SMEs engaged stated that they would be willing to hire an apprentice, just 27% currently employed one. In accounting for this, many cited a lack of resources as a barrier, explaining that they did not have the capacity to sufficiently train or mentor a wholly inexperienced member of staff. Similarly, many were concerned that the support offered by the college or organisation linked to the apprentice would be inadequate – some respondents highlighting previous experience of this. Thus, whilst theoretically, many organisations were keen to hire an apprentice, they had reservations about doing so.

Conversely, other organisations stated that they had attempted to a recruit an apprentice, but had experienced a lack of interest, or had not retained the apprentice throughout the entirety of their course.

All of the 31% of participants that were unwilling to hire an apprentice stated that this was due to the nature of the Health and Social Care profession – stressing the maturity and commitment that it requires. Providers had a policy of employing care

assistants aged 18 and over due to the provision of personal care, and remarked that they often recruited staff over the age of 21, as they felt that older staff were more committed to embarking on a career as a carer, as opposed to regarding it as a means of earning cash. Further considerations, such as the fact that many younger people lack a driving licence or use of a car (which is essential in providing domiciliary care across rural areas) and that service-users may object to having an apprentice present, were also noted.

Moreover, many providers within the Health and Social Care sector do not require specific qualifications on entry, meaning that there are issues surrounding the disparity between minimum wage for apprentices and the minimum working wage. Employers are often compelled to pay them a full minimum working wage to attract candidates, which, in this financially stretched sector, can make them reluctant to invest additional resources in training them to the standards expected within apprenticeships.

Nevertheless, it is important to note that of the respondents that currently hired an apprentice or had done so in the past, 95% said it had been a brilliant process and would definitely hire one again.

Discussion

Many of the findings generated through TNAs were concordant with those detailed in wider LMI research – they constructed a picture of Health and Social Care as a uniform sector. There is some likelihood that the difficulties and issues experienced by many care providers are shared due to the similarities between the ways in which their organisations are structured. For instance, there is some basis on which to suggest that the high staff turnover rates that affect many SMEs may, in part, be a product of their structure – many staff working at lower levels with limited scope for movement or progression into diverse roles.

Whilst there are clear explanations for the similarities between care organisations, mainly the need for compliance and clear lines of responsibility, it could be argued that the hierarchical and highly routine-led nature of Health and Social Care SMEs could be stifling their potential to innovate the way in which care is delivered. The care sector has been criticised for the lack of suitability of its often rigid operational modes for adhering to the needs and preferences of individual service-users. Whilst the purpose of this research is not to produce recommendations as to how the Health and Social Care sector could restructure or innovate its services, it is worth highlighting the way in which its structure could impact on the quality of care offered. We have learned from TNAs that Leadership and Management training is underprovided for, and these are the specific areas needing focus if the sector is to innovate and transform the delivery of care, particularly in terms of enabling a focus upon person-centred provision.

There is a clear link from media and legislation to the forefront of training concerns. Figure 12 illustrates the highest priorities for training within the sector, based on frequency of responses. First Aid and Food Safety are clearly mandated by legislation. Three of the other areas (infection control, safeguarding, equality and diversity) link in with high profile legal cases which have had much media coverage regarding the treatment of patients and cleanliness of institutions. Dementia and the increase of incidents within the population similarly gathers frequent media coverage. It is clear to see the impact of media coverage on training decisions – with the sector keen to prioritise training which mitigates their risk.

Figure 12: *Training needs with top 6 (over 60%) priorities highlighted*
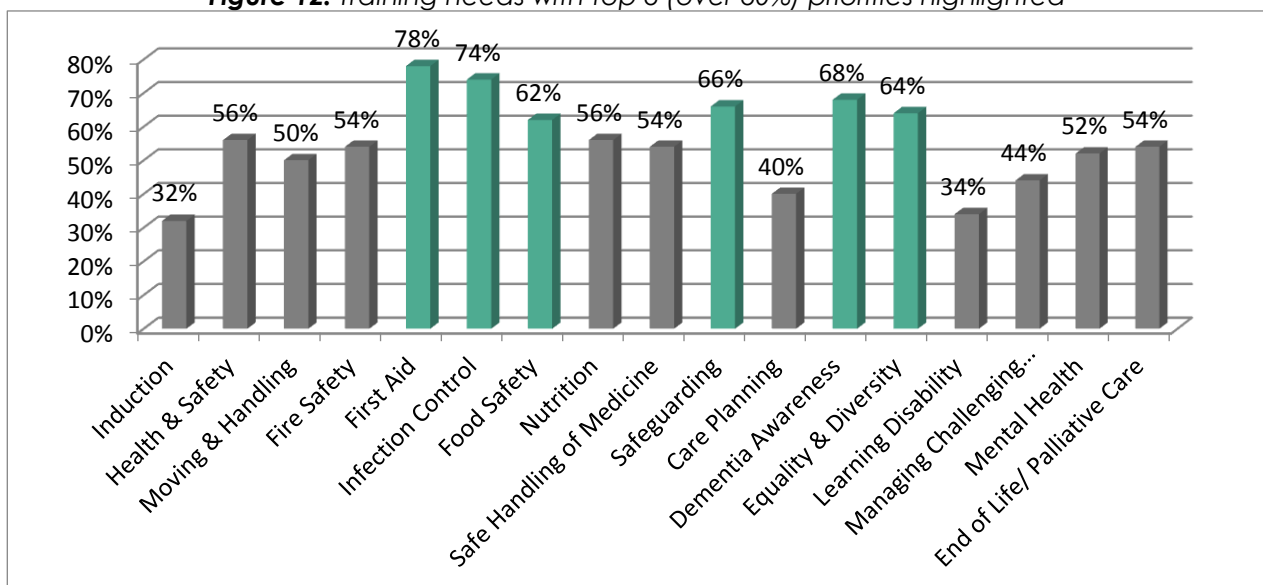
Funding and finance are a critical issue for the sector. While the sector itself largely constitutes private SMEs and generates income from both public and private streams, it is largely viewed as a public service, along the lines of NHS, where the public demand a minimum service level. Limited public funding is available to support ongoing training needs, however. Following the demise of the SFAs 'Train to Gain' programme and the withdrawal of unit funding for employed students, funding availability has declined for all sectors over the last three years, but this has affected the Health and Social Care sector severely. At a time when there is increased need for increasing numbers of high quality and qualified care assistants, funding to support their development has significantly decreased and the onus is now on the employer to find resources for training.

Currently (July 2015) funding eligibility and the level of qualification that an employed person can access is dictated by the age of a student, their prior level of qualification, and the size of the organisation seeking funding. For organisations defined as 'large' (usually over 1000 employees) there is a 25% reduction to any associated funding. The key funding eligibility criteria is set to remain consistent throughout 2015-16 academic period. Funding rules are complex and the full rules can be found at https://www.gov.uk/government/publications/sfa-funding-rules-2015-to-2016. A brief summary is provided below to illustrate issues with the funding rules and the sects demographic:

Full funding:
- For those who are aged 16-18 on apprenticeships
- For those who are aged 19 or older – studying English and maths learning aims up to Level 2
- Adults aged 19 to 23 (up to 24) undertaking first full Level 2
- Adults aged 19 to 23 (up to 24) undertaking Foundation Learning (pre Level 2) to progress to Level 2 or above
- Adults aged 19 to 23 (up to 24) undertaking a first full Level 3 qualification
- For adults aged 19+ and unemployed studying up to level 2

Co-funding [approximately 50% of full funding]:
- Adults aged 19+ on apprenticeships
- Adults aged 19-23 and who already have a Level 2 qualification
- Adults aged 19 to 23 and who already have a Level 3 or 4 qualification
- Adults aged 24+ completing a Full Level 2 through workplace learning, where working for an SME

24+ Advanced learning loans:
- For those who are aged 24 or over and following a Level 3 or 4 learning aim

The funding of qualifications is a complex concept to assimilate and not one that employers in this sector often have time to contend with. Given that the average age of participants was mid-40s, and that 91% had already achieved a Level 2, it is clear that minimal government investment can be levered into the sector.

Given the impetus to keep training costs to a minimum, there were reports of cases where employees have been placed on an apprenticeship framework in order to obtain full funding, rather than completing a standalone qualification through workplace learning at a co-funded rate. Although this reduces cost to employers, it can cause complications for employees who must complete all elements of the framework and for providers whose learners are only motivated towards fragments of the apprenticeship. Overall it is felt that this approach devalues apprenticeships. Skills Funding Agency guidance strictly states that apprenticeships should be for people new to a role.

Another funding stream available to Health and Social Care employers includes the Workforce Development Fund [WDF] which is provided by Skills for Care. UK care providers have the option of contributing to the National Minimum Data Set (NMDS), which is a database coordinated by Skills for Care, providing statistics pertaining to various aspects of the Health and Social Care sector. This provides funding for various units of the Diplomas in Health and Social Care, with £15 being paid per credit. Health and Social Care providers could therefore claim back the following funding a variety of qualifications:

- Level 2 Diploma in Health and Social Care (minimum - 46 credits) - up to £690
- Level 3 Diploma in Health and Social Care (minimum - 58 credits) - up to £870
- Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services, adult pathways (minimum - 80 credits) - up to £1200

This contribution can help cover assessment costs, or cover replacement staffing costs whilst another member of staff is being assessed. From the TNA discussions, we found that only 50% update NMDS and 28% of those do not draw down the related funding from the WDF. Feedback suggests that the bureaucratic requirements and the eligibility criteria in terms of NMDS completion are too onerous for the funding received: the administration time is not seen as a priority.

Recommendations

The following recommendations have been developed in response to the skills gaps and barriers to training identified through TNA findings, along with observations of staff comment and trends within the data.

Training arrangements

Where possible, training interventions should be deliverable in compact time slots (for instance of up to three hours), which fit into the daily schedule of many care providers – for instance, between 2pm and 5pm. Ideally, these should be available on an SMEs' premises, or locally to their business. Alternatively, courses should be available on multiple dates, enabling SMEs to release a limited number of staff at any one time.

Distance learning

Given the demand for mixed learning methods, distance learning packages should be developed as an alternative to, or in order to complement classroom-based teaching. This is particularly the case for more specialised or detailed training, which care workers might complete for their personal development, as well as to meet the direct requirements of their role. Based on this research, there is some case for arguing that training has more impact when delivered through concise classroom taught interventions, but more detailed and specialised supplementary distance learning packages are key in developing sector knowledge.

Apprenticeship Support

Apprenticeship take up is limited in comparison to the volume of those who responded to say they would like to take on an apprentice. More support is needed to allow the sector to fully realise the potential benefits of recruiting apprentices.

Support could take the form of the following:

- Identifying roles and opportunities for apprenticeship placements
- Recruiting apprentices – attracting young people to work in the sector
- Additional mentoring and support for new recruits
- Identifying good quality providers who to offer end-to-end support and maintain a regular presence
- Funding to cover costs of additional staff supervision/support

Workplace Training Funding

The practice of employers and employees undertaking apprenticeships simply in order to obtain full funding should be eradicated as it devalues apprenticeship provision and often needlessly extend study lengths for learners.

The funding availability for L2 qualifications in the workplace should be considered by YNYNER LEP as a route to ensuring competency across the sector in the most

cost effective manner. Similarly, the ability to fund units for staff to quickly upskill in specific areas should be considered.
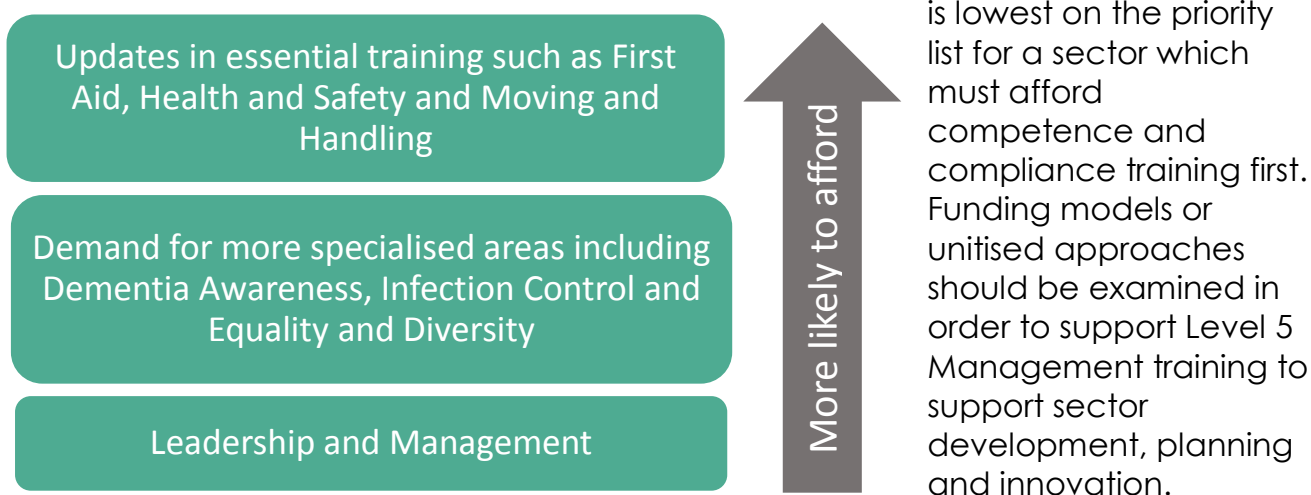
We would suggest subsidy or support be considered for:

- Existing workforce to complete Diplomas (Where not supported through SFA eligibility)

- Principles and Practices of Assessment (to support the implementation of the Care Certificate)

- Unit funding to meet competency needs (eg Dementia, Infection Control)

Management Skills and Sector Innovation

There is limited provision for Level 5 training in the region, alongside limited funding options for Health and Social Care employers to access from the Skills Funding Agency.

Research and project activity indicates that Leadership and Management training is lowest on the priority list for a sector which must afford competence and compliance training first. Funding models or unitised approaches should be examined in order to support Level 5 Management training to support sector development, planning and innovation.

Updates in essential training such as First Aid, Health and Safety and Moving and Handling

Demand for more specialised areas including Dementia Awareness, Infection Control and Equality and Diversity

Leadership and Management

More likely to afford

Training providers also need to increase their capacity to deliver these qualifications.

We would recommend any funding released for training the sector is strictly monitored to ensure that training interventions improve the sector's practice and ability to innovate, not simply to meet current compliance needs.

Buddying schemes, mentoring and cross-sector workshops could also be facilitated to look at common issues across the Health and Social Care sector in terms of staffing, structure, meeting service user needs, funding reduction. These sessions should aspire to develop solutions and innovative service models.

Workforce Development - Utilisation of NMDS and WDF

Contributing to the NMDS allows SMEs to access a range of benefits, including using the system in order to devise a workforce development plan, training resources and drawing Workforce Development Fund (WDF) – "for every £1 of time spent inputting data, you get a return on investment ranging from £1.30 to £8.90" (Skills for Care, 2014).

As noted above, utilisation is low – and even those that upload data do not always reap the full benefits of drawing down funding. SMEs would benefit from:

- Support in creating their workforce development plans
- Guidance in negotiating the NMDS system
- Work conducted centrally with Skills for Care to simplify the system

The Role of CAWD

The CAWD network provides an excellent framework for communication between Health and Social Care providers and training organisations, however pro-activity is limited given that it is a voluntary network with no staff resource. We would recommend that CAWD is seen as central to advising on the above recommendations, and could be commissioned to undertake some of the activities. Supporting the network with staff resource could reap a number of benefits to SMEs and service users.

What will we do…?

As an existing training provider, and having conducted this research on behalf of the YNYER LEP, Craven College will continue the following activity through its commercial training arm, Tyro Training:

- Develop capacity to deliver Level 4 and Level 5 qualifications and investigate funding models
- Revisit SMEs that undertook TNAs in order to support their organisational progress with a Workforce Development Plan
- Continue to seek funded opportunities and deliver the Principles and Practices of Assessment through commercial avenues
- Increase our range of knowledge based distance learning qualifications on offer to the sector.

Appendix 1 – Example Training Needs Analysis

Section 1 – Company Details

Company Name:		Social Enterprise:	Yes ☐ No ☐
Email:			
Business Address		Independent or part of larger organisation	
Telephone:		Company Website:	
Name of contact:		Job title:	

Number of employees: 1 - 5 ☐   6 - 10 ☐   11 - 30 ☐   31 - 50 ☐   51 - 100 ☐   101 - 250 ☐   251+ ☐

Estimated annual turnover:

Current structure (types of employees, departments, managers)

How are staff targeted/trained to meet goals, and is an appraisal system in place? (discuss frequency of appraisals and any training requirements that arose from most recent, what training do staff presently undertake)

Section 2 – The Organisation

Are you developing any new services or working with new client groups?

Is the organisation currently aware of / utilising local business support organisations? (LEP, Chambers of Commerce, Local Council, Skills for Care)

What business plans are in place to focus the business towards its goals and do they include any training requirement?

Do you anticipate any staff leaving or retiring in the next 12 months, if so do you have succession plan in place?

What is your recruitment method? Do you use any external agencies to recruit? Job Centre?

Will the organisation need to recruit new people to meet its goals? (discuss any current issues with recruitment and retention)

Are you currently working with an external training provider? If so who?

Are you NMDS Compliant & claiming WDF?

Section 3 – Skills and Training Requirements

What are your thoughts on employing an Apprentice? (barriers, opportunities)

Do you currently employ any apprentices – if not do you have the capacity to take any on in the future?

Do you have any specific training requirements for you or your employees?

What is the best time / location for your staff to attend training? (ability to release staff, suitable venues, can customer host?)

What would prevent your organisation from accessing training? (financial restraints, releasing staff, finding suitable, credible training)

Do you use/prefer different methods of learning eg; classroom based, e-learning, distance learning?

Do you have a plan in place to deliver the care certificate?

How many staff have a level 2 or 3 Diploma?

Training Areas of Interest (to put on interest list/quote for on-site): tick all that are relevant

Induction
Health & Safety

Moving & Handling **Fire Safety** **First Aid** **Infection Control** **Food Safety** **Nutrition** **Safe Handling of Medicine** **Safeguarding** **Care planning** **Dementia awareness** **Equality & Diversity** **Learning Disability** **Managing Challenging Behaviour** **Mental Health** **End of life/Palliative care**	

Advisor Sign Off	(sign)	(print)	(date)
Organisation Sign Off	(sign)	(print)	(date)

Based on the information gathered above and/or any documentation received, Tyro will feedback training needs Identified and areas which could be improved through spercific training.

Agreed follow up	
Activity (eg training proposal)	
Method (eg email)	
Timescale	

This information will be used by Tyro Training (the commercial training arm of Craven College) to provide a Training Plan for your business. It will also inform the Health and Social Care Sector Research being funded through European Social Fund and Skills Funding Agency, via Grimsby Institute of Further and Higher Education which will guide future investment in the economy by the York, North Yorkshire and East Riding Local Enterprise Partnership.

Tyro Training takes its responsibilities for safeguarding the use of your personal data very seriously, and no personal data will be provided to any other party except where specifically allowed within the provisions of the Data Protection Act or for the purposes listed on this Training Needs Analysis.

Appendix 2 – Project Targets and Delivery

Appendix 1 – Output Breakdown Summary (HEALTH AND SOCIAL CARE)

INITIAL CONTRACT FIGURES			New Outputs	Variance
Code	Deliverable	Outputs		
S2	Participant assessment, planning and support	220	310	90
S33	Start on learning activity	220	310	90
SU1	Start of training (Credit 5-12)	165	114	-51
SU2	Start of training (Credit 13-24)	0	15	15
SU3	Start of training (Credit 25-36)	0	0	
SU4	Start of training (Credit 37+)	0	0	
A28	Learning Achievements	187	275	88
AU1	Achievement on Programme Weighting B	187	265	78
AU2	Achievement on Programme Weighting C	0	29	29
AU3	Achievement on Programme Weighting D	0	0	
AU4	Achievement on Programme Weighting E	0	0	
E15	Priority Learner Incentive	330	435	105
P15	In work progression -Apprenticeship	0	0	
P16	In work progression -Accredited Training	0	0	
	TRAINING NEEDS ANALYSES	90	70	-20

All changes to the profile were made based on business demand:

- During the project, demand was expressed for shorter interventions such as 1 day courses, therefore enabling staff to be released and gain key skills to take back to the workplace. Although this meant a lower number of high credit training courses delivered, it enabled us to deliver a higher volume of interventions into the sector.
- A wider range of courses in a variety of subject areas were made available, therefore leading to additional "Programme Weighting" deliverables being added.
- A higher number of participants were priority learners than initially anticipated based on sector demographics.

Appendix 3 – The 15 Standards of the Care Certificate

Standard 1 – Understand your role

Standard 2 – Your personal development

Standard 3 – Duty of care

Standard 4 – Equality and diversity

Standard 5 – Person centred values

Standard 6 – Communication

Standard 7 – Privacy and dignity

Standard 8 – Fluids and nutrition

Standard 9 – Mental health, dementia and learning disabilities

Standard 10 – Safeguarding adults

Standard 11 – Safeguarding children

Standard 12 – Basic life support

Standard 13 – Health and safety

Standard 14 – Handling information

Standard 15 – Infection prevention and control

Appendix 4 – Course Feedback

Understanding Principles and Practice of Assessment – Care Certificate

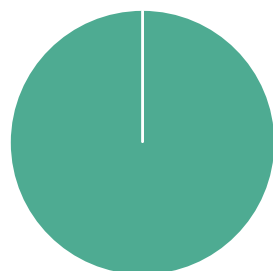### Would you recommend Tyro Training to others?

- Yes
- No
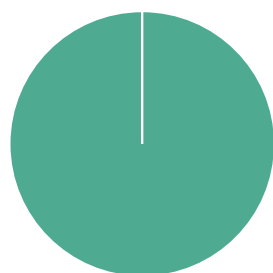
100% of delegates that attended the bespoke Care Certificate training would recommend Tyro Training to others.

> " It built confidence regarding the Care Certificate requirements "

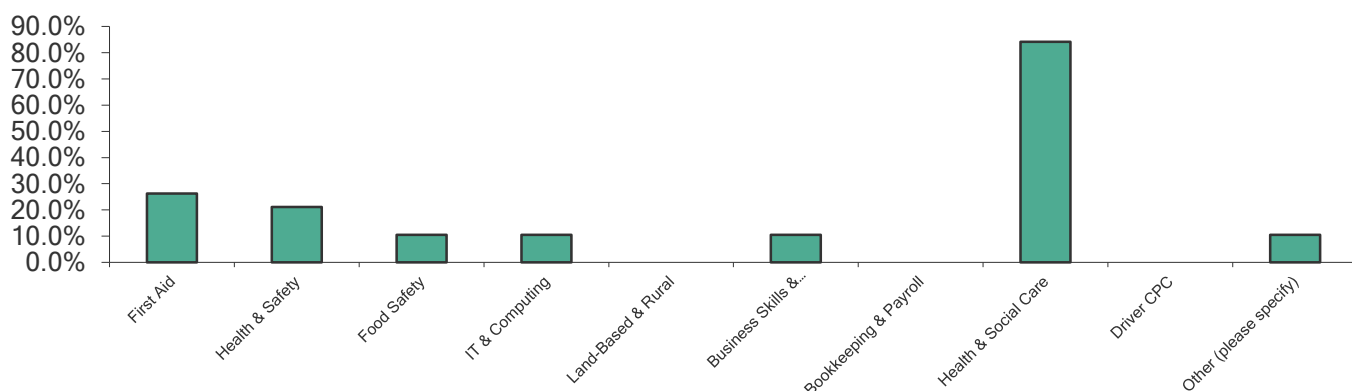### Will the training improve the way you work?

- Yes
- No

100% of delegates that attended the bespoke Care Certificate training said that it would improve the way they work

> " I enjoyed the training. I now feel my confidence has grown, making me more able to teach others "

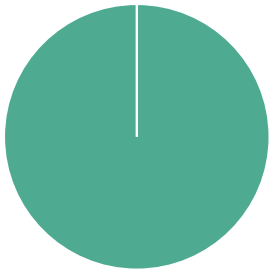### What training might you be interested in within the next year?

> " Well delivered and interesting "

> " A valuable course with some good guidelines to work with "

Principles of Infection Control

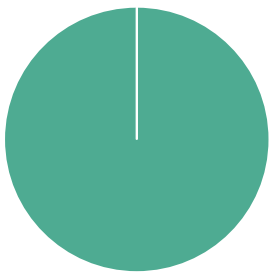## Would you recommend Tyro Training to others?

- Yes
- No

100% of delegates that attended the Principles of Infection Control training would recommend Tyro Training to others.

> " I enjoyed this course, very informative. "

Will the training improve the way you work?

- Yes
- No

100% of delegates that attended the Principles of Infection Control training said that it would improve the way they work

> " Well motivated and interesting "

> " Very thorough, enjoyed it "

> " Enjoyed it, and increased knowledge "