Learning Needs Analysis of the Adult Care and Support Sector in Cornwall

A study undertaken on behalf of Cornwall Adult Social Care Learning Partnership and the Learning, Training and Development Unit of Adult Care and Support, Cornwall Council

Laura Royle January 2011
# Table of Contents

1. **EXECUTIVE SUMMARY** ................................................................. 3  
2. **BACKGROUND** ............................................................................ 4  
3. **OBJECTIVES** ............................................................................... 7  
4. **METHODOLOGY** .......................................................................... 8  
   4.1 The Database .......................................................................... 9  
   4.2 The Questionnaire .................................................................... 10  
   4.3 The Sample ............................................................................. 12  
   4.4 The Interviews ......................................................................... 13  
   4.5 Limitations .............................................................................. 14  
   4.6 Exclusions ............................................................................... 14  
5. **RESULTS** .................................................................................. 15  
   5.1 Stage 1 .................................................................................. 15  
      5.1.1 Organisation Information .................................................. 15  
      5.1.2 Induction .......................................................................... 17  
      5.1.3 Qualifications .................................................................... 18  
      5.1.4 Leadership and Management ........................................... 18  
      5.1.5 Other Training and Continuing Professional Development ...... 19  
      5.1.6 Challenges with Learning and Development ......................... 22  
      5.1.7 Preliminary Stage One Conclusions ........................................ 24  
   5.2 Stage Two .................................................................................. 24  
      5.2.1 Residential Care Home ...................................................... 26  
      5.2.2 Residential Care Home with Nursing ................................... 27  
      5.2.3 Domiciliary Care ................................................................. 28  
      5.2.4 Short Breaks/Day Care ....................................................... 29  
      5.2.5 Highlighted requirements for new learning .............................. 30  
      5.2.6 Other issues ........................................................................ 30  
6. **CONCLUSIONS** ......................................................................... 32  
   6.1 What are the priorities; for Government, organisations and front line staff? .......................................................... 32  
   6.2 What learning and development does the care sector feel it needs? ........................................................... 32  
   6.3 How can we begin to meet these needs? ........................................ 35  
7. **KEY RECOMMENDATIONS** .......................................................... 35  
8. **REFERENCES** ............................................................................ 37  
9. **RESOURCES** ............................................................................. 37  
10. **APPENDICES** ............................................................................ 38  
    Appendix A .................................................................................. 38  
    Appendix B .................................................................................. 40  
    Appendix C .................................................................................. 42  
    Appendix D .................................................................................. 48  
    Appendix E .................................................................................. 49  
    Appendix F .................................................................................. 51  
    Appendix G .................................................................................. 53
1. Executive Summary

The aim of this Learning Needs Analysis was to be informed about the perceived needs and priorities throughout the adult care and support sector in Cornwall and to identify possible gaps in learning and development provision. This will in turn contribute towards workforce planning. The main focus points of the project were the priorities surrounding social care for both the Government and the sector.

The project was conducted in two stages; the first being a questionnaire to be completed by managers or training managers working within private and independent organisations or registered charities in the adult care and support sector. The second stage was a series of interviews with various team members taken from a sample of organisations.

The stage one questionnaire was distributed to 472 organisations (this total does not include those who chose to opt out of the project). The questionnaire received a 28% complete response rate. For stage two, four organisations were sampled and nine interviews were conducted with differing job roles.

The key points from stage one are as follows;

- Support with inducting new staff, especially in areas surrounding Equality and Inclusion and Person Centred Support
- Increased support with funding for Health and Social Care Level Two and Three Diplomas
- Continuing support with all statutory training such as Safeguarding Adults, Equality and Diversity and the Mental Capacity Act
- Continuing support with Health and Safety courses such as Moving and Handling, First Aid and Food Safety/Hygiene
- More funding for the various levels of Leadership and Management Qualifications
• Increased condition specific training such as Autism, Dementia, Parkinson’s Disease, Epilepsy and Diabetes.
• Support with report writing or care planning, including improving reading or spelling and relationship or communication skills
• Information sharing to include the QCF and changes to CQC.

The key points from stage two are as follows;

• How to make social care a career choice
• Increase awareness and understanding of Government priorities, including Personalisation
• Raise the profile of the Learning, Training and Development Unit and the support it can offer
• Support to identify learning needs
• Improved literacy and numeracy skills in the workforce
• Improved computer or office skills for senior staff
• Guidance around the induction process
• More practical or involved training
• Support with transferring learning in to practice

This project set out to find the specific learning needs of the sector but has evolved along the way. Before a full Learning Needs Analysis can be undertaken further work needs to be done to support the organisations to identify their learning needs.

2. Background

The Department of Health document ‘Working to Put People First’ (April 2009) produced the following six key priorities for delivery of future services by the Adult Social Care Workforce in England;
• the leadership of local employers in workforce planning whether in the public, private, or third sectors and of Directors of Adult Social Services in their strategic workforce commissioning role
• ensuring the right steps are taken to promote recruitment, retention and career pathways to provide the many talents the workforce needs
• workforce remodelling and commissioning to achieve service transformation
• workforce development so we have the right people with the right skills

all to be in conjunction with;

• more joint and integrated working between social, health care and other sectors and
• regulation for quality in services as well as public assurance.

Four of the six priorities are directly related to the learning and development of the social care workforce. With the ever evolving agenda it is imperative that social care staff are keeping up with the changes and developing their knowledge and skills in order to provide high quality services. In line with the Government paper, ‘Putting People First’ one of the objectives for a personalised adult social care system states that we must have “Local workforce development strategies focussed on raising skill levels and providing career development opportunities across all sectors. Strategies to be co-produced, co-developed and co-evaluated with the private and voluntary sectors”, (Putting People First, 2007:4).

Without knowledge of the current shape and needs of the sector workforce we are unable to effectively plan for the future.

The Personalisation Agenda (known in Cornwall Council as Choice and Control) is underway. This culture change aims to give people maximum choice in the support they receive and control over their lives. From a business perspective, with personal budgets already in effect across the
county and with the system rolling out to all people currently using services from April 2011 this also means that the quality of care offered by organisations must be of a high standard to be competitive. With people who use services being able to choose what care they receive and where they allocate their funds, organisations will need to ensure that they are able to deliver quality services in what will be a very competitive time. This coincides with the Care Quality Commission (CQC) changing the focus of their inspections. From the 1st October 2010 all adult social care providers that carry out regulated activities must be registered with CQC, under the Health and Social Care Act 2008. In partnership with providers, commissioners, the Association of Directors of Adult Social Services and people who use services and their carers, the system has been re-designed to centre on the outcomes of care for people who use services (CQC, 2010). A publication entitled ‘Using evidence of outcomes to demonstrate compliance’ (CQC, 2010) states that policies and procedures can be used to demonstrate compliance with some of the outcomes. Simply having them in place is not enough though, organisations must show how these help to meet people’s needs ensure the outcomes are being met. One example given in this publication is, ‘Staffing levels, and learning and development plans. Evidence relating to staff should demonstrate how you have taken account of the needs and diversity of people who use the service. The evidence must show how the policies ensure that appropriate staff with the necessary skills and competence to meet people’s needs are available at different times. We want to see evidence that these plans are up to date and that they are monitored and reviewed when needed.’

In light of recent budget cuts, maximising income generation and minimising wasteful expenditure to make certain that the money received by the Learning, Training and Development Unit is used in the most effective manner has become even more pertinent to ensure citizens of Cornwall receive excellent social care and support at all times. Identifying different funding streams and having a robust evidence base will mean we will be able to respond quickly to any potential funding opportunities
available and be able to make informed decisions on where the funding will be utilised.

3. Objectives

In order to build a workforce able to respond to the societal changes and the needs of people depending on social care and support for their quality of life, we have conducted a learning needs analysis of the adult social care sector in Cornwall;

- To be informed about the perceived needs and priorities throughout the adult social care sector in Cornwall
- To identify and analyse the strategic, operational and individual learning needs of the adult social care and support sector
- To contribute towards workforce planning at both strategic and tactical levels and
- To inform future funding provision, including Convergence.

This in turn will determine the need for particular learning within the private, independent and voluntary social care and support workforce in Cornwall, whether this be a need for;

- functional skills such as literacy, numeracy or communication skills
- statutory qualifications and training in line with the current national minimum standards
- areas of specialised training above and beyond the national minimum standard and in line with the Personalisation agenda or
- opportunities for career progression within the sector to promote recruitment and retention
4. Methodology

This was a six month project working with registered charities, private and independent, small and medium sized enterprises (SMEs) within Cornwall’s adult social care and support sector. The aim of the project is to identify strategic, operational and individual learning needs.

The process of this project will involve the following four considerations;

1. What are the priorities; for Government, organisations and front line staff?
2. What learning and development does the care sector feel it needs?
3. How can we begin to meet these needs?

The organisations were contacted initially by letter or email at least three weeks prior to commencement to inform them of the project background and purposes and to invite participation. The recipients were also informed that the results of the project will be completely confidential and no names, organisation or person, will be identifiable. The data gathered would be destroyed after 12 months in line with Cornwall Council’s record retention guidelines. The document also contained the contact details of the project coordinator in the event the prospective participants required any further information or had any specific requirements i.e. needed the documentation in another format. The recipients were also informed that they may opt out of the study at any point without providing a reason. A copy of this document can be found in Appendix A. They were offered the option to complete the survey either online using SurveyMonkey.com or in paper format. The stage one questionnaire was sent out via a link contained in an email or as a paper document with an accompanying letter (Appendix B) and a return stamped addressed envelope to all organisations on the compiled database that had not opted out of the study. Participants were informed that they had four weeks to complete
the questionnaire before the closing date. Some responses were received after this date and have been included in the results for stage one. All responses received after the closing date were therefore not included when taking a sample of respondents for stage two. Two reminders were sent out in this time as well as a document containing some technical assistance with the SurveyMonkey website. A sample made up of those who had stated they would be willing to participate in the second stage of the project was selected for interviews. Using the methods behind grounded theory (Rhine, J. 2009) the results from these two stages have been analysed and used to produce this report detailing the perceived learning needs of the sector. Grounded theory is an inductive method to research where the theories immerging are grounded in the data as it is collected. This project has used both quantitative and qualitative methods to gather information in the form of the questionnaire in stage one and the semi-structured interviews in stage two. As the data was coded theories were identified. These theories were then developed as more data was collected and analysed. As there were no pre-determined theories this process was well suited. The data gathered in both the questionnaire and the interviews was analysed using open coding initially and then selective coding once strong concepts were evident.

4.1 The Database

The database was created from various sources including the contacts held by the Adult Care and Support Learning, Training and Development Unit (LTDU) on their database of external organisations (these are organisations that have opted in to receive information from the department), a database from Cornwall Adult Social Care Learning Partnership (containing organisations who have already received support through Convergence funding via the Partnership), the Charity Commission website and the CQC website. Each organisation was assigned a unique reference number; this was used to keep the information confidential and was used in place of the organisation name.
on all correspondence. The aim was to create as comprehensive a database as possible of all registered charities, private and independent, small and medium sized enterprises (SMEs) within Cornwall’s adult social care sector so that it would be as accurate a representation of the sector as is possible within the constraints of the project. Some problems were anticipated with this as some of the contact details within the CASC and LTDU databases were out of date. Furthermore there are still many organisations, not CQC registered at this time, that do not appear in the usual searches and will therefore be unintentionally excluded from the scope of this project.

4.2 The Questionnaire

The purpose of the stage one questionnaire (Appendix C) was to gather the preliminary information about the training that the organisations currently undertake, how they currently fund these and what they would like to undertake in the future if the funding were available. The questionnaire covers six main areas;

About Your Organisation
This contains information that is used to categorise the results, such as service type, size and region.

Induction
Covering the staff induction process including the new Skills for Care Common Induction Standards.

Qualifications
This section looks at NVQs/Diplomas including the new Qualification Credit Framework and how these are currently funded.
Leadership and Management
Covering the various Leadership and Management Qualifications and what funding is currently being sourced.

Other Training and Continuing Professional Development
This section covers all other training including functional skills such as literacy, numeracy and English for Speakers of Other Languages (ESOL)

Challenges for Learning and Development
Covering problems in accessing NVQs/Diplomas, barriers to learning and development and any challenges anticipated in the foreseeable future.

The penultimate question (before ‘any other comments’) enquires as to whether the organisation would like to participate in the next stage of the study.

On the SurveyMonkey version of the questionnaire there is an introductory front page explaining who is conducting the study and a brief description of the reason for the study. It informs the participant that the information will be kept for 12 months and will be destroyed after this time in accordance with Cornwall Council’s retention guidelines. This section also reminds participants that they will need their reference number which is printed on all preceding correspondence. It concludes with contact details in case of any problems or for more information.

It was important to make the questionnaire accessible to encourage a high level of respondents and thus gain a more accurate view of the sector. Therefore it was decided to offer the questionnaire in a paper format for those people without internet or email or for those who would rather complete it in a written format. The paper version of the questionnaire was sent automatically to those organisations for which we did not have an email address. It was also sent to organisations where the email was not received i.e. received a returned to sender automated email or other error message. In all preceding correspondence and in the letter/email accompanying the questionnaire the recipient was asked if
they would like to receive the questionnaire or information in any other format, e.g. large print, to increase inclusion. No requests of this nature were received. The survey was designed to be easy to complete; initially it was designed to contain mostly open questions to encourage free thinking and answers not biased by limited multiple choice answers. However, it was decided that this would not only be time consuming and therefore unappealing for the respondent but would also make the analysis a more lengthy process. The questionnaire was re-designed to incorporate mostly multiple choice answers with the ‘Other’ options for choices outside of those provided. Open questions were still evident so as not to lead the answers but were less frequent. Stage two of the study would provide the opportunity for less controlled information.

SurveyMonkey.com was chosen as the tool for data collection as the Department of Adult Care and Support holds an account with them and it has been used widely with positive participation. It also appears to be user friendly and provides basic tools for analysis.

### 4.3 The Sample

The data collected from the questionnaire informed the sample for the interview stage. The sample was taken from the complete list of respondents as of the 22nd November, as this was stated as the closing date. The replies were filtered by those who answered ‘Yes’ to the final question, ‘Would your organisation be interested in taking part in a more in-depth study to be conducted at your place of work with employees/volunteers nominated by you?’ At this stage there were 121 replies of the possible 472 organisations that were sent the questionnaire, approximately a 25% response rate. Of the 121 replies 40 stated that they would like to be involved in the next stage of the project, three of these were organisations with 250 or more employees and were therefore discounted for the second stage of the project, leaving 37 organisations to be sampled.
A sample based on the regions or sectors was considered but there did not appear to be any significant patterns in these selections and thus seemed unnecessary. It was then decided to take a simple random sample of all organisations. The 37 organisations were compiled into a list and sorted numerically by their reference numbers. They were then each assigned a number between 1 and 37 inclusive. Ten random numbers were generated using the RANDBETWEEN function in Excel; this returns a random number, in this case, with the lowest possible integer of 1 and the highest of 37. If a duplicate number was generated then the function was calculated again. Each organisation drawn was then added to the sample until a total of ten organisations. Although there were only going to be four organisations involved in this stage of the project a larger sample was obtained to allow for some organisations not wanting/able to participate. Each organisation was then contacted from the top down to enquire as to whether they would still like to participate and appointments were made.

4.4 The Interviews

The second stage of the project involved interviews conducted within each organisation in the sample with a variety of different job roles to help gain a wider perspective of the needs of the organisation and the individuals. Before the start of each interview, informed consent was gained by using a consent form signed by both the interviewee and the interviewer (Appendix D). The interviews were semi-structured with set topics for discussion but allowing for the conversation to flow naturally. The first interview schedule (Appendix E) was created with a view to discussing the general working day of the team member and their career. After meeting with two organisations the decision was made to change the interview format. It was felt that this did not appear to be an effective way to uncover the learning needs and was not providing sufficient results. The new questionnaire (Appendix F) was designed to cover aspects of a Learning Needs Analysis Cycle (Appendix G) and used a systematic approach to uncovering the learning needs. The interviews ranged
between 20 and 60 minutes in duration and were recorded using an audio
device. The conversations were then transcribed in order to reveal and
analyse the key points.

4.5 Limitations

The biggest limitation within this project has been time. The project had
to comply with the Cornwall Council’s Research Governance Framework
which turned out to be a lengthy process and consumed nearly two
months of the six month project thus decreasing the amount of data able
to be gathered from stage two. With the population being very broad and
diverse and the limited time for the interview stage, unfortunately it was
not possible to take a representative sample of the population for this
stage.

The accuracy of the database was also a limitation preventing a totally
representative study of the sector. The database would not have
contained details for all the required organisations and therefore even a
representative sample of this database may still not have been
representative of the population.

4.6 Exclusions

Statutory services and large (250 or more employees/volunteers) have
not been included in stage two of this project as the evidence, in the first
instance, will inform potential Convergence funding. Large organisations
were however, invited to participate in stage one to create a more
inclusive result. Any organisations not included on the database will also
have been unintentionally excluded. However, every attempt was made
in the time allowed to reduce this risk. All CQC registered organisations
(within the scope) have been included in the database.
5. Results

5.1 Stage 1

The first stage of the project involved completion of a questionnaire by managers or training managers of the participating organisations. The questionnaire was completed by 134 organisations and the results are as follows, broken down into the separate sections as reflected in the questionnaire layout (Appendix F).

5.1.1 Organisation Information

The participating organisations were asked to categorise themselves by the type of care or support they provide to the people who access their services. Participants were able to choose multiple categories. The type of care and support for people offered by the participating organisations contains a mix across the board as illustrated below;

**Types of Care and Support Provided**

- Alcohol dependency
- Dementia
- Drug dependency
- Learning disability
- Mental health difficulties
- Nursing needs
- Older people
- Physical disability
- Sensory impairment
- Other (please specify)
The ‘Other’ category was an open question where respondents were given the option to enter any other type they believe they fit in to. The replies were as follows:

- Bereavement support
- Domestic violence
- Brain injury and stroke
- Health improvement
- Aspergers
- Palliative/End of Life Care
- Care leavers
- Autism

The organisations have been categorised by primary service type and then a comparison made between the full database of 472 organisations and the 134 respondents.

There are similarities in the distribution from the database compared to the respondents. This may indicate that the findings from the questionnaire may be fairly representative of the database as a whole.
This is also reflected in the spread over the three sectors:

<table>
<thead>
<tr>
<th></th>
<th>All Organisations</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>Registered Charity</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Independent (non-profit or voluntary)</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Among these results there are organisations of various sizes:

- Micro – Fewer than 10 employees/volunteers  18%
- Small – Fewer than 50 employees/volunteers  47%
- Medium – Fewer than 250 employees/volunteers  24%
- Large – 250 employees/volunteers or more  11%

The results covered the whole of the County and 85% of those who answered the question were registered with the CQC.

### 5.1.2 Induction

Every organisation stated that they have an induction process for new staff in place and of these, 72% follow the new Skills for Care Common Induction Standards and the remainder either didn’t or didn’t know.

Of the eight new standards the two that have been highlighted as needing the most support are Equality and Inclusion (58% of respondents) and Person Centred Support (60% of respondents) but overall support appears needed in all areas with the lowest being ‘Understanding the role of the Health and Social Care Workers’ at a quarter of the participants stating support required.
5.1.3 Qualifications

82\% of the establishments require some form of NVQ/formal qualification as part of their organisational standards. It appears that a great deal of these are self funded with nearly half of the respondents stating that they fund these through the organisation’s budget. Although CQC no longer require organisations to hold these qualifications as a regulation, it appears there will still be a great need for support with Health and Social Care level two and three diplomas in the future as the qualifications can be used to help demonstrate that required skills are held. 83\% have stated that they plan to continue supporting the level two and 79\% the level three. The term ‘NVQ’ was used in the questionnaire even though this no longer exists within the new Qualifications Credit Framework (QCF). This was because it was believed that the terminology is still widely used and that not all organisations may be fully aware of the changes. This view was reflected in the resulting figure of 59\% of the respondents stating that they had not heard of the new QCF.

5.1.4 Leadership and Management

84\% of the organisations require their management or trustees to hold a form of leadership or management qualification as part of their organisational standards. Interestingly, of the 106 CQC registered organisations, only 77 of these have said that their managers need a management qualification as a requirement of regulation. This may be partly attributed to confusion around the recent changes in the CQC regulations but it may also be a case of the question being unclear or misunderstood.
The results below are the percentages of participating organisations that would like to continue supporting the each qualification:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and Management Level 3 Award</td>
<td>41.2%</td>
</tr>
<tr>
<td>Leadership and Management Level 4 Award</td>
<td>83.5%</td>
</tr>
<tr>
<td>Leadership and Management of Care Services</td>
<td>43.3%</td>
</tr>
<tr>
<td>Post Graduate Leadership and Management Qualification</td>
<td>21.6%</td>
</tr>
</tbody>
</table>

Again, these qualifications appear to be mainly funded through the organisation’s budget.

5.1.5 Other Training and Continuing Professional Development

Participating organisations were given the following description of Continuing Professional Development,

> ‘Continuing Professional Development (CPD) is about support for individuals, teams and peer groups in a broad range of activities that develop, enrich and maintain skills and knowledge in order to enhance practice throughout their career.’

Given this information CPD was rated at 9 out of 10 on a scale of importance, with 10 being the highest. This is a very positive result.

There is a continued need for support around the key training requirements such as Safeguarding Adults, Equality and Diversity and First Aid.
The results below are the percentages of participating organisations that would like to continue supporting the stated courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding</td>
<td>95.7%</td>
</tr>
<tr>
<td>First Aid</td>
<td>90.6%</td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>86.3%</td>
</tr>
<tr>
<td>Moving and Handling</td>
<td>86.3%</td>
</tr>
<tr>
<td>Food Safety/Hygiene</td>
<td>83.8%</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>82.1%</td>
</tr>
<tr>
<td>Medication</td>
<td>81.2%</td>
</tr>
<tr>
<td>Mental Capacity Act</td>
<td>81.2%</td>
</tr>
</tbody>
</table>

This section also contained an open question where respondents could enter any other CPD that they would like to support. This produced a very diverse result but the main topics of interest were:

- Specialised training in condition specific areas e.g. Autism, Dementia, Parkinson’s Disease, Epilepsy and Diabetes.
  28 references.

  “Disease specific training in conditions suffered by our service users. We provide these now but more would always be welcome, e.g. Parkinson’s disease, diabetes.”

  “Service user specific training e.g.: diabetes, epilepsy, autism”

- Clinical skills e.g. rescue medicine administration, tissue viability, stoma/catheter care
  8 references.

  “Also practical skills, e.g. mouth care, eye care, catheter care, continence care, foot care, etc”
• Care planning.
  8 references.

  "Person centred care planning for all staff"

• Training around mental health.
  7 references.

  "Certificate in community mental health care"

• Communications tools such as Makaton.
  6 references.

  ‘We have not been able to access training for this for the last 18 months to 2 years. Although many of staff are Makaton trained, new staff starting out on their care careers are not.’

The question, ‘Do you feel members of your team would benefit from any of the following?’ produced the following responses rates in favour of this;

  83% - Report writing or care planning, including improving reading or spelling
  74% - Relationship or communication skills
  21% - Numeracy skills
  19% - English for speakers of other languages (ESOL)

The response rate for ‘Report writing or care planning, including improving reading or spelling’ is incredibly high and highlights the need for some form of support in this area. One organisation stated,

  "We have very caring committed staff (as no doubt most providers would say) but I am constantly being made aware of significant gaps between their undoubted ability to care well, and their ability to reflect this accurately in the way they document within reports and in their verbal communication skills.”
This illustrates a strong case supporting the need for provision in this field.

When asked what form of support people would prefer, 70% said face to face training and 66% E-Learning. In the ‘Other’ option there were requests for more distance learning, learning in their place of work and workshops closer to their place of work. All requests for workshops closer to their place of work came from the East of the County.

5.1.6 Challenges with Learning and Development

According to the multiple choice results of this section the three biggest barriers to learning and development are cost (65%), time (57%) and travel/location (44%). One high result was 43% of organisations stated lack of confidence as a barrier to learning and development. With regards to NVQs/Diplomas the largest barrier in attaining these has been stated as a lack of funding.

In this section there was also an open question where respondents were invited to comment on what challenges and/or opportunities they foresee in the next 12 months with regards to learning and development. Again, the cost of the training was the most common response with 36 references out of the 78 responses for this question. Some other challenges stated were;

- Keeping up to date with the changes surrounding Social Care.
  11 references.

"Also have the time to keep unto speed with all legislation and training is having a large drain on administration cost whilst our fees for our services have had to be cut."
“Managing tension between shrinking funding/budgets and the need to adapt to meet changing needs e.g. personalisation whilst maintaining continuous improvement.”

- Other costs to the organisation such as staff cover, mileage etc 10 references.

“Having time to train the team as taking carers out of the community to train causes rota problems. We do not have finances available to have back up staff for these training days.”

“I have always found trying to manage time out for training for all staff difficult”

- Staff unwillingness to learn. 3 references.

“Lack of interest from same staff, reluctance to attend is possible”

“The challenge of getting staff to attend, one of my biggest problems.”

- Lack of good quality training opportunities. 3 references.

“Our main challenge is accessing good quality training for our family based providers.”

“We, as a small home, wish to give our staff all the opportunities available to them. Unfortunately, the many training organisations with their respective sales patter make it extremely difficult to decide which one will deliver the 'goods'.”
5.1.7 Preliminary Stage One Conclusions

The results have been cross tabulated according to size, sector, location and the type of care and support provided but there does not appear to be any significant correlation with the results. On the whole the need for the key training such as Equality and Diversity, Safeguarding Adults and the Mental Capacity Act and Health and Safety and NVQs/Health and Social Care Diplomas is widespread across the sector. This training needs to be provided in a convenient and affordable way. It also shows that at this time, more so than ever, when budgets are tight we need to make sure the training is of high quality and most importantly is being transferred in to the daily practices of the workforce and is making a difference. The training appears to be funded mainly through the organisations’ own budget. This may be because the funding is not there to support the requirements or because there is a lack of awareness of the available funding streams. There is not a blanket solution to the learning needs of the sector as within each organisation there are specific needs relating to the individual workers and the people who use their services. Stage two of the project looked more in depth at the learning needs of organisations individually.

5.2 Stage Two

The results from stage one of the project focussed mainly on the statutory training and was intended to gain an overall picture of the learning needs of the sector as a whole; stage two aimed to strip back the training needs to the competencies needed to fulfil the business requirements and aimed to be a more in depth study looking at the needs of each organisation from the sample independently. Conducting a full Learning Needs Analysis within each of the organisations would take a considerable amount of time as it is a process that is undertaken over a number of months, right up to the evaluation of the learning. A Learning Needs Analysis is actually an ongoing cycle and should be an intrinsic element of
the operation of an organisation. For the purposes of this study only the first two steps of the Learning Needs Analysis Cycle were considered (see Fig. 1.).

**Fig. 1**

For the full Learning Needs Analysis Cycle please see Appendix G.

The main topics covered were;

**What are the business needs?**

- Any Government priorities such as Personalisation or Recruitment and Retention
- The needs of the people who use their services,
- Any current business requirements
- Any organisational goals for the next 12 months,
- Any individual development goals
- Any current organisational issues or concerns
- Any incidents that have occurred in the workplace whether major or minor.
**What are the performance needs?**

This step involved discussing what learning is needed to help meet those highlighted business needs.

The thought processes involved in completion of the first step of the cycle aimed to help the participant to dissect the requirements and purposes of the organisation and to think about what the organisation needs in order to achieve or sustain success in all aspects of the business.

A total of nine interviews were undertaken within four organisations;

- Small, private, residential care home
- Small, private, residential care home with nursing
- Small, private, domiciliary care
- Medium, registered charity, short breaks/day care

The highlighted learning needs from each of the organisations are as follows;

### 5.2.1 Residential Care Home

- NVQs/Health and Social Care Level 2 and 3 Diplomas

  “...my, what’s she called, inspector is very heavily focussed on all my staff having NVQs...So I’ve got to say the NVQ training is very important in this home to satisfy the CQC.”

- Dementia Training

  “Dementia learning which is quite bespoke, there’s not many good companies out there”

- Awareness of the Personalisation Agenda
Career progression following on from Health and Social Care Diplomas

“...most of my staff have all achieved their NVQ 2 and dementia training but it’s the progression on from that, that is what we’re missing here.”

- A better induction process/support implementing the Skills for Care induction
- Planning and implementing activities involving the residents
- Communication skills – both within the team and with the residents
- Administrative skills around time management and paperwork
- Computer skills for senior staff
- Support with accessing funding e.g. through the National Minimum Data Set for Social Care (Training Strategy Implementation Funding)
- Record keeping
- Training for ancillary staff e.g. nutrition for kitchen staff, skills for domestic staff
- Reading and writing skills.
- Learning in to practice.

5.2.2 Residential Care Home with Nursing

- Administrative skills around time management and paperwork
- Support with assessing current training requirements
- Support identifying other learning needs
- Business finance/accountancy
- Communication skills with residents and their families
- Support for the training manager when planning and implementing training

"We have (name), she does our training but she does the training for all our homes. She gets together and tries to get everyone in
to do different things and she just shoves the DVD on, gives them a questionnaire...”

- Train the trainer
- Equality and Diversity training – all levels

"We do treat everyone equally and we do treat diverse but we don’t get much in the way of diverse, you know, we don’t have anything diverse here, we don’t have diverse needs but yeah we have to do it.”

- Awareness of government priorities affecting social care
- Support with changes within the CQC
- Record keeping
- Literacy and numeracy
- Team members with dyslexia
- Learning in to practice.

5.2.3 Domiciliary Care

- Rehabilitation training
- Interactive Palliative Care training
- Business courses – finance, management, implementing change
- Administrative skills
- Communications skills
- Confidence and assertiveness training
- Clinical skills e.g. catheter care
- Training tailored to aspects of domiciliary care and specific clients’ needs
- Supervision training
- Domestic training
- Leadership and Management
- Information and Communication Technology
• Induction

“I think there could be more for new carers other than the induction, something for beginners, they can really struggle to fit in and may leave. Many bad habits are taught by the other carers.”

• Support to identify learning needs
• Person centred approaches
• Learning in to practice

5.2.4 Short Breaks/Day Care

• Awareness of all aspects of Personalisation.
• Support with funding for specialist equipment
• Record keeping
• Communication skills
• Literacy, numeracy and information and communication technology skills.

“Well I think when you’re talking about communication skills and literacy and numeracy I think that’s probably the core of a lot of the problems when it comes to filling in the paperwork adequately”

• Team members with dyslexia
• Funding for activities
• Funding for training for people who use services
• Accreditation for the courses they provide
• Advice on available support and funding
• Train the trainer
• Very diverse needs.
5.2.5 Highlighted requirements for new learning

- Greater accessibility of training for people with special requirements, i.e. dyslexia or reading and writing difficulties
- Interesting, affordable and effective training
- More training provided on site where possible
- Practical, interactive training with group participation

"But I do feel that... but it would be nice if that practical, involved training could be done on site rather than the staff travelling to the training, the training travelling to the staff"

- Awareness of the Learning, Training and Development Unit and all it can support
- Awareness of other available training sources
- Learning, Training and Development Unit to release an annual training programme
- A clear point of access to training
- Clarification of training requirements for staff working within the sector
- Assurance of quality of training

5.2.6 Other issues

Other issues that were apparent in the interviews were concerns around the reduction of fees and thus limited money for training opportunities. This went as far as concerns as to whether they would remain in operation in the future due to financial restraints. Another issue appeared to be the motivation and skills of new people coming in to the care sector. It was felt that the work within the sector was generally poorly paid and undervalued thus not as attractive as a long term career for highly skilled members of the workforce.
“it seems that for some bizarre reason if people come in as care staff it’s seen as a very undervalued profession that anyone can do it. You get a lot of staff that come in without that attitude of professionalism…”

A strong theme to arise from this stage was time restraints; this is a common barrier to training as is an unwillingness to attend, this may be for reasons such as confidence, complacency or reading and writing difficulties. Managers have stated that members of their team may have dyslexia and that this can be a barrier to new learning.

There may be a need for improved channels of communication between registered charities, private and independent social care organisations and governing bodies i.e. the local authority and the CQC. There are some concerns around the changes brought in by Personalisation:

“Make vulnerable people more vulnerable I think.”

“There’s a lot of fear over recruiting your own staff, and having to manage [your own budget]”

It is not unusual for change to bring about concerns and these concerns may be alleviated if the agenda was fully understood.
6. Conclusions

Referring back to the three considerations at the start of the project;

6.1 What are the priorities; for Government, organisations and front line staff?

The Government priorities for the social care and support workforce at this point are remodelling and development, recruitment, retention and career pathways. Alongside this is the Personalisation agenda; the workforce all need to be fully aware of the agenda and have the tools to be able to embed this in to their daily practice. The feeling is that the priorities for the managers of the organisations are to comply with the regulations, keep on top of the daily activities involved in the running of the business whilst providing the best service possible for the people they support.

6.2 What learning and development does the care sector feel it needs?

One thing that is obvious is that the learning needs of the sector are diverse. From requirements ranging from activity planning and gerontology to basket weaving and animal husbandry, the needs of the sector can not be met with a prescriptive approach to funding or training. Whilst continued support with the key training areas such as Equality and Diversity, Safeguarding Adults and Health and Safety are needed, these must be available in formats suitable to meet the learning styles and strengths of the workforce and must be implemented. It has been stated that although the Learning, Training and Development Unit run these courses for free, there are limited spaces and locations throughout the
County combined with tight work schedules which make it difficult to get the appropriate staff on these courses within the desired timescales.

Former Department for Education and Skills (2003) suggested that 75% adults aged 16-65 in England had numeracy skills below the level of a grade A-C at GCSE, and 56% had literacy skills below this level; this is reflected in both stages of the study. In stage one 83% of respondents stated that their organisation would benefit from support with report writing or care planning, including improving reading or spelling and 21% support with numeracy. In stage two, senior staff from three out of the four organisations touched on the fact that literacy and numeracy skills can be an issue with members of their teams when it comes to barriers to training and accurate record keeping. Two of the four organisations in stage two highlighted the need for support with Information Technology. Improving Functional Skills in adults is a high priority for the Government outside of social care and encompassing all sectors. Although the funding is available the difficulty is in removing the possible barriers to such courses.

All four of the organisations said that communication skills were needed within their teams, reflected in the 74% of respondents from stage one answering that their team would benefit from support with relationship or communication skills. These can be communications within the team or with the people they support, their carers and families. Again, these communication tools will differ from organisation to organisation due to the needs of the people they support and the skills of the team.

With regards to the recruitment and retention of the workforce, it was the general consensus that to encourage new skilled workers in to the field the rates of pay would have to be raised but to do this the fees would also need to increase which is possibly not a viable option.

The organisations require more training onsite involving interaction and a more practical aspect where appropriate. Training involving the experience of the people who use the services is invaluable.
It appears evident that the Learning, Training and Development Unit needs to raise its profile with the sector, promoting what it can offer and support. It was suggested that an annual program of training events is released to give advance notice so that rotas can be drawn up in plenty of time. Improved channels of communication between the sector and the Learning, Training and Development Unit are needed as well as the governing bodies such as CQC and Skills for Care. It was felt that many organisations are not fully aware of the Personalisation Agenda, all it entails and how it will affect them; many see it just as personal budgets. Also, people appear unclear as to the changes within CQC and how this will affect them and their inspections. There is concern around this area.

Other highlighted learning needs are things such as administration or office skills, person centred support, self-confidence and assertiveness training, supervision training and support with the induction process. Continued support is needed with funding for Health and Social Care level two and three diplomas and the various Leadership and Management Qualifications with emphasis on the level four award. There is a requirement for specialised training in condition specific areas such as Autism, Dementia, Parkinson’s Disease, Epilepsy and Diabetes and for clinical skills such as rescue medicine administration, tissue viability, and stoma or catheter care.

Next to cost, the biggest barrier to training is time. Maybe improved organisation and timekeeping skills would help to alleviate this added pressure alongside factoring training in to the working day rather than seeing it as an add on.

Further work may be needed to assist organisations in uncovering their learning needs. There is an abundance of regulations and guidelines which can leave little time to focus on the end product, the people supported. Training is still very much seen as a tick box culture and training transfer is believed to be something that just happens. More
importantly than ever, when budgets are tight, it is imperative that the training is effective and clear change is implemented.

6.3 How can we begin to meet these needs?

This project was initially seeking to find the learning needs of the sector in terms of training and qualifications but has evolved along the way. It appears that before a full Learning Needs Analysis can be undertaken more work needs to be done with the organisations to identify their learning needs in terms of both the statutory training and continuing professional development. The starting point should be an improvement in communication. There needs to be clearer guidelines as to what training is needed for each service. Work needs to be undertaken within the organisations to help them recognise what training is needed and where their learning needs are. The improvement in functional skills may in-turn improve other aspects such as communication skills and record keeping and the increase in confidence may improve the take up for the various other training. Functional skills assessments could be included as part of the induction process, this way it would not be singling anyone out and would ensure that all team members are on an equal level.

7. Key Recommendations

- Raise the profile of the Adult Care and Support Learning, Training and Development Unit
- Improved communication of key agendas (notably Personalisation) and support with changes
- More work with individual organisations to assist them to identify their learning needs
- Increase the take up of functional skills
- Further work with the sector to give them the tools to put learning into practice
- Improved communication skills
- Condition specific training including Autism, Dementia, Diabetes, Epilepsy and Parkinson’s Disease
- Continued or increased level of support for all statutory training such as Equality and Diversity, Safeguarding Adults and Health and Safety and the various Leadership and Management courses.
8. References

Care Quality Commission (2010:5) Using evidence of outcomes to demonstrate compliance, [Online],


HM Government (December 2007: 4) Putting People First, a shared vision and commitment to the transformation of adult social care

Pike at al (May 2010) Bridging the gap between learning and practice: from where we were to where we are now, The Journal of Adult Protection, volume 12, Issue 2, May, pp. 28-38.


9. Resources


Care Quality Commission, http://www.cqc.org.uk/


10. Appendices

Appendix A

Dear «Contact»,

Learning Needs Analysis to inform funding opportunities

The Department of Adult Care and Support, Learning Training and Development Unit, as a member of Cornwall Adult Social Care Learning Partnership (CASC), access and distribute funding on behalf of the wider Adult Care and Support sector. We are currently preparing for the next phase of Convergence funding and we would like to hear about what you, in the care sector, want and need in terms of learning, training and development. Initially, the project will focus on charitable, private and independent organisations with fewer than 250 employees or volunteers (SMEs – Small and Medium Enterprises) working in the adult care and support sector in Cornwall.

We are drawing together our understanding of the learning needs of the sector via a learning needs analysis to inform future funding applications.

The first part of this learning needs analysis study will involve completion of a questionnaire. This questionnaire will be available in both paper and electronic formats (using surveymonkey.com). At the end of this stage, participants will be invited to take part in a more in-depth study that will take place in your workplace with a selection of staff nominated by you. Participation in the survey does not obligate you in any way to take part in the latter parts of the study.

Laura Royle
Service Improvement Officer
Room 503, Old County Hall
Station Road
Truro
Cornwall
TR1 3HA

Your Reference Number: «Ref_No»
It is envisaged that the paper survey will be sent ###. If you would like to complete this online please contact me with your email address so that I can send you the link via email.

The survey should be completed by the training manager or person most suitable. If this letter has been addressed incorrectly it would be greatly appreciated if you could please either forward it to the correct person or contact me with the correct details.

All of the information gathered will be kept confidential and will only be used for the purposes of this study. No organisation or individual names will be used and the data will be destroyed after 12 months in accordance Cornwall Council’s Record Retention Guidelines.

If you have any special requirements or would like to receive the information in any other format please do not hesitate to let me know. Alternatively, if you would like to opt out of this study please contact me using the details at the bottom of this letter and I will remove your organisation from the list of participants.

Your involvement in this is invaluable and the greater the amount of people we have taking part, the more solid our case will be in securing funding where the sector needs it most. Thanking you in advance for your participation.

Yours «Letter_closing»

Laura Royle  
Service Improvement Officer  
Learning, Training and Development Unit  
Adult Care and Support  
Tel: 01872 323622  
Mob: 07891 667139  
Fax: 01872 323664  
Email: lroyle@cornwall.gov.uk
Dear «Contact»,

Learning Needs Analysis to inform funding opportunities

As per my «Dist_Method» dated «Introduction_Sent», I am pleased to announce that the questionnaire is now live! Please click the link below to access the questionnaire;

https://www.surveymonkey.com/s/K2BXWNR

This questionnaire is the first part of a study into the learning needs of charitable, independent and private organisations within Cornwall’s adult care and support sector. We need to know what training and learning opportunities you need so that we can ask for the funding to help provide it. (If you did not receive the previous «Dist_Method» please let me know and I will forward it on to you.)

I requested that the manager, training manager or person most suitable complete a short questionnaire either online or on paper to assist in the first part of this study. The questionnaire should take approximately 15 minutes to complete. Participation in this does not obligate you in any way to take part in the latter parts of the study. All of the information gathered will be kept confidential and will only be used for the purposes of this study. No organisation or individual names will be used and the data will be destroyed after 12 months in accordance Cornwall Council’s Record Retention Guidelines.

I would be grateful if you could complete this by Monday 22nd November 2010.
The outcomes of this research will be put together in a written report and will be sent out to all participants, it will also be available on the Learning, Training and Development Unit website www.cornwall.gov.uk/asclearninganddevelopment

If you have any special requirements or would like to receive the information in any other format please do not hesitate to let me know. Alternatively, if you would like to opt out of this study please contact me using the details at the bottom of this letter and I will remove your organisation from the list of participants, you may do this at any stage of the project.

Yours «Letter_closing»

Laura Royle
Service Improvement Officer
Learning, Training and Development Unit
Adult Care and Support
Tel: 01872 323622
Mob: 07891 667139
Fax: 01872 323664
Email: lroyle@cornwall.gov.uk
Appendix C

Learning Needs Analysis of the Adult Care and Support Sector in Cornwall - Organisational Level Survey

About Your Organisation

1. Please tick all the types of care or support you provide for people with:
   - Alcohol dependency
   - Dementia
   - Drug dependency
   - Learning disability
   - Mental health difficulties
   - Nursing needs
   - Older people
   - Physical disability
   - Sensory impairment
   - Other (please specify below):

2. What is the size of your organisation in total, across all branches both regionally and nationally?
   - Fewer than 10 employees/volunteers (Micro)
   - Fewer than 50 employees/volunteers (Small)
   - Fewer than 250 employees/volunteers (Medium)
   - 250 employees/volunteers or more (Large)

3. What sector does your organisation fit in to?
   - Registered Charity
   - Independent (non-profit or voluntary)
   - Private
   - Other (please specify)

4. Your location;
   - West
   - South-East
   - Countywide
   - Mid
   - North
   - Outside of Cornwall
   - Other, please specify below;

5. Is your organisation registered with the Care Quality Commission (CQC)?
   - Yes
   - No
6. What do you feel is the main goal of your organisation, your vision or mission statement? For example; The BBC’s mission statement is, “To enrich people’s lives with programmes and services that inform, educate and entertain.” (You may attach your statement)

**Induction**

1. a) Does your organisation have an induction process for new staff/volunteers?
   - [ ] Yes
   - [ ] No

   b) If yes; does the induction process follow the Skills for Care refreshed Common Induction Standards?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

2. Does your organisation need support in any of the following areas of induction? (Please tick any that apply)
   - [ ] Understanding the role of the health and social care workers
   - [ ] Personal development
   - [ ] Effective communication
   - [ ] Equality and inclusion
   - [ ] Principles for implementing duty of care
   - [ ] Principles of safeguarding in health and social care
   - [ ] Person centred support
   - [ ] Health and safety in an adult social care setting

3. What specific types of support does your organisation need? (Please tick any that apply)
   - [ ] Face to face training
   - [ ] E-Learning
   - [ ] One to one support
   - [ ] Other, please specify;

   ..........................................................................................................................................................................................................................

**Qualifications**

1. Does your organisation require employees/volunteers to have NVQs as a requirement of registration?
   - [ ] Yes
   - [ ] No

2. Does your organisation require employees/volunteers to have NVQs as part of your organisational standards?
   - [ ] Yes
   - [ ] No
3. What is your main source of funding for these qualifications (either partially of fully)?

☐ Directly through your organisation’s budget  
☐ Through the Training Strategy Implementation (TSI) fund  
☐ Through Cornwall Adult Social Care Learning Partnership (CASC)  
☐ Department of Adult Care and Support – Learning, Training and Development Unit  
☐ Other funding, please specify;

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4. What other streams of funding do you access for these qualifications (either partially of fully)?

☐ Directly through your organisation’s budget  
☐ Through the Training Strategy Implementation (TSI) fund  
☐ Through Cornwall Adult Social Care Learning Partnership (CASC)  
☐ Department of Adult Care and Support – Learning, Training and Development Unit  
☐ Other funding, please specify;

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5. What qualifications does your organisation plan to continue supporting?  
(Please tick any that apply)

☐ NVQ/Diploma Level 2 in Health and Social Care  
☐ NVQ/Diploma Level 3 in Health and Social Care  
☐ LDQ  
☐ NVQ Advice and Guidance  
☐ Other qualification*, please specify

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*For Leadership and Management qualifications please see the following section.

6. What qualifications would your organisation like to support in the future if the funding or opportunities were available?

7. a) Are you aware of the new Qualifications and Credit Framework (QCF)?  
The Qualifications and Credit Framework (QCF) is the new framework for creating and accrediting qualifications in England, Wales and Northern Ireland. It will give a wider range of learners the opportunity to get the qualifications they need, in a way that suits them.

☐ Yes  ☐ No

b) Would you like some information on this?

☐ Yes  ☐ No
Leadership and Management

1. Does your organisation require managers/trustees to have a form of leadership or management qualification as a requirement of registration?

☐ Yes       ☐ No

2. Does your organisation require managers/trustees to have a form of leadership and management qualification as part of your organisational standards?

☐ Yes       ☐ No

3. What is your main source of funding for these qualifications (either partially of fully)?

☐ Directly through your organisation’s budget
☐ Through the Training Strategy Implementation (TSI) fund
☐ Through Cornwall Adult Social Care Learning Partnership (CASC)
☐ Department of Adult Care and Support - Learning, Training and Development Unit
☐ Other funding, please specify;

4. What other streams of funding do you access for these qualifications (either partially of fully)?

☐ Directly through your organisation’s budget
☐ Through the Training Strategy Implementation (TSI) fund
☐ Through Cornwall Adult Social Care Learning Partnership (CASC)
☐ Department of Adult Care and Support - Learning, Training and Development Unit
☐ Other funding, please specify;

5. What qualifications does your organisation plan to continue supporting?
(Please tick any that apply)

☐ Leadership and Management Level 3 Award
☐ Leadership and Management Level 4 Award
☐ Leadership and Management of Care Services
☐ Post Graduate qualification in Leadership and Management
☐ PRINCE2 (Projects in Controlled Environments)
☐ Other, please specify

6. What leadership or management qualifications would your organisation like to support in the future if the funding or opportunities were available?
Other Training and Continuing Professional Development

1. Continuing Professional Development (CPD) is about support for individuals, teams and peer groups in a broad range of activities that develop, enrich and maintain skills and knowledge in order to enhance practice throughout their career. On a scale of 1 to 10 how important do you think CPD is, where 1 is the least important and 10 is the highest (please circle)?

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10

2. What opportunities for Continuing Professional Development does your organisation currently offer? (Please tick any that apply)

☐ Safeguarding  
☐ Mental Capacity Act  
☐ Equality and Diversity  
☐ Dementia  
☐ Moving and Handling  
☐ Food Safety/Hygiene  
☐ Fire Safety  
☐ First Aid  
☐ Medication  
☐ Other Health and Safety, please specify;  

[ ] Any other Continuing Professional Development, please specify;

3. What other Continuing Professional Development opportunities for staff or volunteers would your organisation like to be able to offer?

4. Do you feel members of your team would benefit from any of the following; (Please tick any that apply)

☐ Report writing or care planning including improving reading or spelling  
☐ Numeracy skills  
☐ Relationship or communication skills  
☐ English for speakers of other languages (ESOL)  
☐ Other, please specify;

[ ] Other, please specify;
Challenges for Learning and Development

1. If your organisation requires employees to have NVQs, what challenges do you face in achieving these? (Please tick any that apply)
   - [ ] Not applicable
   - [ ] Lack of funding
   - [ ] Not enough availability of the courses
   - [ ] Not enough information or information not readily available
   - [ ] Staff cover not available
   - [ ] Staff unwillingness to study
   - [ ] Time constraints
   - [ ] Other, please comment below;

2. Do any of the following act as barriers to learning and development within your organisation? (Please tick any that apply)
   - [ ] Age
   - [ ] Childcare commitments
   - [ ] Cost
   - [ ] Fear of exams
   - [ ] Lack of confidence
   - [ ] Lack of interest
   - [ ] Lack of relevance
   - [ ] Shift patterns
   - [ ] Time
   - [ ] Travel/Location
   - [ ] Other (please specify below):

3. What challenges and/or opportunities with regards to Learning and Development do you foresee in the next 12 months?

And Finally...

4. Do you have any other comments with regards to the learning needs of your organisation?

5. Would your organisation be interested in taking part in a more in-depth study to be conducted at your place of work with employees/volunteers nominated by you?
   - [ ] Yes
   - [ ] No
   - [ ] Maybe

Thank you for taking the time to complete this survey.
Laura Royle | Email: lroyle@cornwall.gov.uk | Mobile: 07891 667139
## Reference Number:

<table>
<thead>
<tr>
<th>LEARNING NEEDS ANALYSIS OF THE ADULT CARE AND SUPPORT SECTOR IN CORNWALL</th>
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### Interview Stage

**Laura Royle**

---

**Please tick to confirm consent**

| I confirm that I have read and understand the information sheet for the above study. | ☐ |
| I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | ☐ |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. | ☐ |
| I understand that data collected during the study will not contain any names and will be confidential throughout except to the main researcher. I give permission for the main researcher to have access to this information. | ☐ |
| I understand that all raw data gathered for the purposes of this study will be destroyed after 12 months. | ☐ |
| I agree to take part in the above research study. | ☐ |

---

**Participant**

| Date | Signature |

---

**Researcher**

| Date | Signature |
Appendix E

Learning Needs Analysis of the Adult Care and Support Sector in Cornwall
- Individual Level Questionnaire

Job Role:

Age:
- 16 – 24
- 25 – 40
- 41 – 59
- 60 – 74
- 75 and above

Average hours of work:
- up to 8
- 8 – 16
- 17 – 31
- 32+

1. How long have you worked here? What did you do before? How did you get in to care?

2. What at this moment is your key business priority?

3. What are your goals for the next 12 months?

4. Who in your organisation is a role model and why?

5. Do you have anything planned for the future or are you studying at the moment?

6. What do you understand about the term personalisation or person centred?

7. Can you give an example of how this applies to the care/service you provide?

8. What part of your job do you enjoy the most?

9. What part of your job do you enjoy the least? Why?

10. What work issues do you worry about?
11. What skills do you feel you would like to help improve the care you provide for the people who use your services?

12. Where do you see your career in five years time? Where would you like to be?

13. What further skills would you like for your own personal development, to help improve your career prospects?

14. Do you feel you would benefit from advice and guidance about the type of learning/course to suit you?

15. If you wanted to learn something new, which methods would you prefer to use?

16. How do you try to put what you’ve learnt in to practice?

17. Do you discuss the training with anyone before you go?

18. Do you talk about the training with anyone when you get back?
Appendix F

Learning Needs Analysis of the Adult Care and Support Sector in Cornwall – Stage 2

The first stage of the Learning Needs Analysis was to gain an overall picture of the learning needs of the sector as a whole. Stage 2 aims to be a more in depth study looking at the needs of each organisation from the sample independently. Conducting a full Learning Needs Analysis within each of the organisations would take a considerable amount of time as it is a process that is undertaken over a number of months, right up to the evaluation of the learning. A Learning Needs Analysis is actually an ongoing cycle and should be an intrinsic element of the operation of an organisation. For the purposes of this study I will only be looking at the first 2 steps of the Learning Needs Analysis Cycle.

The thought processes involved in completion of the first step of the cycle aim to help you to dissect the requirements and purposes of your organisation and to think about what the organisation needs in order to achieve or sustain success in all aspects of the business.

Section 1

Job Role:

How would you describe the type of care or support offered by your organisation?

Section 2

What are your business needs → What are the performance needs?

The first step when conducting a Learning Needs Analysis is to consider the current and future organisational needs. To help this process we will consider six questions. The next step is to translate those business needs in to the knowledge, skills and approaches required.

1. a) What are the Government priorities around social care that affect your business?
   E.g. Personalisation, the right people with the right skills.
   b) What skills are needed within your organisation to help meet these priorities?

2. a) What are the needs of the people who use your services?
   E.g. needs around dementia or emotional support.
   b) What skills are needed within your organisation to help meet these needs?
   E.g. A member of staff would like training on Dementia Awareness including communication skills.

3. a) Do you have any requirements for the business at the moment? E.g. To get on top of outstanding paperwork, effective governance arrangements.
b) What skills are needed within your organisation to help meet these requirements?  
E.g. The manager would like to take a business administration course.

4. a) What are your business goals for the next 12 months?  
E.g. To increase staffing levels, diversify

   b) What skills are needed within your organisation to help meet these goals?  
   E.g. The manager would like training on interview techniques.

5. a) What are your learning and development goals as an individual for the next 12 months?  

   b) What skills are needed for you to work towards those goals?

6. a) Do you have any work issues that concern you at the moment, any thing that you worry about?  
E.g. Keeping on top of all the changes in social care.

   b) What skills are needed to help address those issues?  
   E.g. General advice and guidance needed.

7. a) Have there been any incidents at work, this can include minor incidents?  
E.g. A customer complaint or an accident in the workplace.

   b) What skills are needed to avoid such incidents in the future?  
   E.g. Customer service course needed or a course on preventing accidents in the workplace.

Section 3

Do you have a process in your organisation to ensure that new learning impacts on your practice?  
E.g. preparation, implementation, peer support.

Have you found this process helpful when considering the learning needs of your organisation?

Do you feel you would benefit from more support in this area?

Any other comments;
Appendix G

Conducting a Learning Needs Analysis of the Adult Care and Support Sector

A Learning Needs Analysis is a set of processes used to identify new knowledge, approaches and skills required by people to meet both their organisational and personal development needs.

1. **What are your business needs?**
   - What are the current priorities? E.g. Personalisation
   - What are the needs of the people who use your services?
   - What are the needs of your business?

2. **What skills does your workforce require to meet those business needs?**
   - Does what you need exist?
   - Do you need to buy in the provision?

3. **Analyse the performance gaps.** What skills does your workforce currently have compared with what you think they need as discovered in the previous step.

4. **Draw conclusions as to what learning is needed.**

5. **Is the learning meeting the business needs?**

6. **Develop the plan.**
   - Deliver the learning.
   - Monitor the learning.

7. **Evaluate the learning.**

8. **Identify provision to fill those gaps.**
Tools

What are your business needs?
- Consider any Government priorities such as Personalisation, Recruitment and Retention.
- Consider the needs of the people who use your services
- Consider your current business needs
- What are your goals for the next 12 months? Your mission or vision statement.
- What are your career goals as an individual?
- Are there any current organisational issues?

What are the performance needs?
Translate the business needs into knowledge, skills and approaches. Consider the following;
- What makes a good employee?
- What competencies are needed? To do this;
  - Identify key tasks i.e. answers the telephone and deals with enquiries efficiently
  - Identify the competencies, how should this be done i.e. states the organisation name, is polite and friendly, records and passes on messages in a timely manner.
  - How will this be measured? What indicators are you going to use to show that this is being done effectively?

What are the current or potential skill gaps?
A simple way to record this is a skills matrix, example below;

<table>
<thead>
<tr>
<th>Name</th>
<th>Induction Completed</th>
<th>Health &amp; Safety Completed</th>
<th>Customer Service</th>
<th>Record Keeping</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>J Bloggs</td>
<td>Yes</td>
<td>Yes</td>
<td>3</td>
<td>1</td>
<td>Record Keeping course in February</td>
</tr>
<tr>
<td>P Smith</td>
<td>Yes</td>
<td>Yes</td>
<td>2</td>
<td>3</td>
<td>Customer Service workshop in March</td>
</tr>
<tr>
<td>M Jones</td>
<td>Yes</td>
<td>No</td>
<td>1</td>
<td>2</td>
<td>Health and safety course next week. Customer Service Workshop in March.</td>
</tr>
</tbody>
</table>

Use Supervision and Appraisal to monitor performance, discuss any concerns and praise improvement.
Follow up any request for training from people
Speak to the people who work with the staff member, ask if they believe there are any needs or what tasks they believe they perform well.

Identify provision to fill those gaps
If training needs to be bought in, managers are to be involved in the design.
Make sure the training fits the need

Create and implement the learning plan
The plan could be a spreadsheet or a wall chart covering the 6 points of the Learning Needs Analysis Circle as illustrated in the diagram on the previous page.

Evaluate the learning
- Discuss what is expected from the learning before attendance.
- Discuss how it went and what was learnt after the event.
- Follow this up at various later stages to see if the learning is being transferred into practice.