

Results from a **Training Needs Survey** to Support Understanding of Overseas Workforce Needs

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Foreword

Recruiting and retaining staff in the Adult Social Care Sector has been a significant issue for some time, and it was exacerbated further by Brexit and the fallout from the COVID-19 Pandemic. The Government opened their visa sponsorship process up to the care sector giving care providers an opportunity to access the international workforce potentially increasing workforce capacity. Overseas workers will need extra support to settle successfully in the UK and into a sector where communicating effectively is paramount to providing great care and support. The survey offered an opportunity for all working in the sector to tell us more about their training and development needs and provide some feedback on the areas where additional support would be beneficial.

Sharon Davies OBE | Chief Executive Officer

HCPA | Hertfordshire Care Providers Association

Message from the International Recruitment East Team

A key element of the International Recruitment Programme is ensuring that we provide resources that are helpful to both International Recruits and the Organisations that they work in. To help inform this we carried out a Training Needs Analysis across the Eastern Region. We received 350 responses which we are delighted about as it will help us to continue to shape the programme. Cultural Awareness, Communication and Understanding Social Care and Health Systems were three key themes that came out of the survey. We are now commissioning Cultural Awareness Training that builds on the Care Certificate.

This will complement other offers on the programme that are available on our website <u>Free</u> online events and resources for adult social care providers in the East of England - Norfolk <u>County Council</u>. This and the overall programme will continue to help us build an even more integrated and effective workforce that is able to support people in personalised, kind and supportive ways.

Luke O'Byrne – International Recruitment Senior Programme Support

Acknowledgements

The creation of the questions for this training needs survey are a result of successful coproduction via events with representation from Eastern Region colleagues, including adult social care providers, local authorities, Skills for Care, care provider associations and the International Recruitment East Project Team. Focussed input from the International Recruitment East Project Team, Southend-on-Sea City Council, Beds Care Group and HCPA facilitated the completion of the survey.

Thanks go to all who gave up their time to attend the focus events, meetings and support the development of this survey.

Introduction & Background

Adult Social Care has for some years had significant issues with recruiting and retaining staff. Skills for Care Workforce Data informs us that in 2022-23 the number of filled posts in the Eastern Region was 151,000 with a vacancy rate of approximately 10%. 92% of this workforce is employed by the independent sector with 8% employed by local authorities.

Skills for Care's publication **'State of the Workforce 2022'** stated that an estimated 70,000 international recruits had started in the adult social care independent sector during 2022/23, a significant increase from 2021/22. Eastern Region data shows a similar trend.



Number of posts from 2017/18 to 2022/23 (all sectors)

In the Eastern region there were an estimated **151,000** filled posts split between local authorities **(12,000)** and the independent sector **(139,000)**

Filled posts Vacancies



Introduction & Background (cont.)

15,500 vacant posts

The vacancy rate in the Eastern region was **10.1%** which equates to around **15,500** vacant posts. The vacancy rate peaked in 2021/22 before decreasing slightly in 2022/23.

Turnover and vacancy rate trends	31.2%	32.2%	32.5%	30.8%	32.3%	29.9%
TurnoverVacancy rate	8.2%	7.9%	7.8%	8.4%	11.2%	10.1%

View the full Skills for Care Eastern Region Workforce Intelligence report here

View the full Skills for Care State of the Workforce in England National report here

Recognising the challenges and barriers that the rise of workers coming into the sector from overseas could pose for employers, recruits and people who use services, the Department of Health and Social Care announced a £15,000,000 national fund to help tackle the barriers associated with international recruitment, while upholding ethical recruitment and employment practices.

The Eastern Region, driven by ADASS in partnership with stakeholders such as Skills for Care, independent care providers, care associations and individuals from overseas working in the sector, put forward a proposal for their allocation of the funding, which included the formation of a web based information hub plus other initiatives to support the smooth induction of the overseas workforce. The proposal was successful, and this training needs survey was developed as part of this project to investigate what training and development may support overseas workers into the sector.

The survey sought to gather information and views from individuals working in the sector on their experiences, core care training needs including their confidence, competence and knowledge around these topics and what support solutions may be of benefit to the overseas workforce when transitioning to the UK Adult Social Care Sector.

Part of the survey was aimed at organisations to gather views and opinions on experiences and what transition support solutions may be of benefit to the overseas workforce and the existing workforce.

The survey was compiled using an online survey tool and links were disseminated by the International Recruitment East Project Team. The survey responses were collected between the 14th of September 2023 and the 16th of October 2023.

The full question set for employees can be viewed in <u>Appendix 1</u> to this report.

The full question set for organisations can be viewed in <u>Appendix 2</u> to this report.

Executive Summary

	TOTAL	STAFF	ORGANISATIONS
Total number of responses (Complete and Partial)	350	231	119
Total number by Complete Category	143	93	50
Total number by Partial Category	207	138	69
Total Complete and total Partial used in report	176	126	50

Note: We have only used partial responses that included a high level of fields completed. Data also included forms completed by unemployed individuals and out of sector responses which were not included in the reporting.

Demographics

The survey link and QR code were distributed across the region resulting in responses from both organisations and staff members working across the region, although some local authorities have received substantially more returns than others. This makes it difficult to review the data against local authorities.

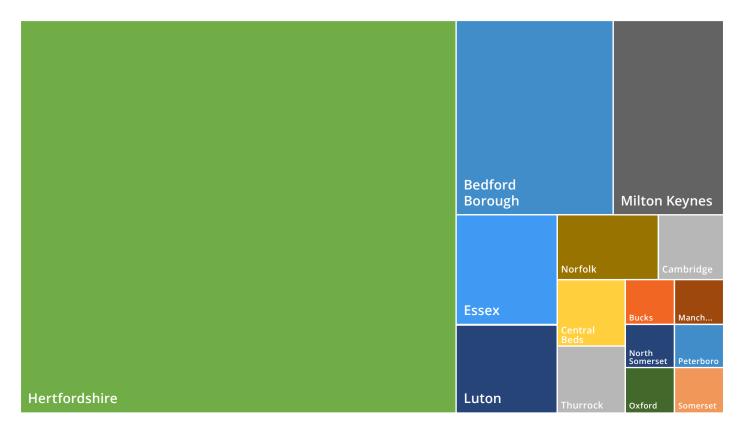


Executive Summary (cont.)

Respondents by Local Authority



County of Work



The highest number of responses were from home care providers (50%) and home care staff (34%). The majority of staff responding worked in the private and independent care sector. 32% of the replies came from individuals who have been working in the sector for 5+ years, 29% have been working in care for less than 1 year and 26% working in the sector for 1 – 3 years. 83% of those working in the sector for less than 5 years identified as International Recruits.

Executive Summary (cont.)

Barriers and Challenges

Over 50% of the organisations that responded had experience of employing International Recruits. Challenges included finding sufficient hours for staff, (which is particularly difficult in home care services), navigating the processes and the cost of recruiting via this route. There were some organisations that had a process in place which worked.

The survey strongly identified communication as a problem for new recruits, in particular understanding colloquialisms and dialects rather than formal English, with cultural differences also an issue. The survey also identified that a greater understanding of the NHS and Care Sector would be beneficial to new recruits. These three topics were highlighted by employers, staff and mentors of overseas workers. Training in 'Cultural Difference' was identified as being helpful for all staff working in the sector not just those coming from overseas. Practical barriers such as driving were also identified particularly by employers.

The Care Certificate was seen as a useful part of a new recruits training. Face-to-face learning was preferential for both employers and staff.

Training

Most staff respondents replied positively to having appropriate core care training within suggested time-scales and the majority felt confident, skilled and knowledgeable within these areas. Communication and Positive Behaviour Support were areas identified where training was not as up to date. Analysis of the data did not identify any particular correlation between the training received, skill levels, confidence and knowledge, against the length of time in the sector or those who identified as international recruits.

Informal feedback

Whilst conducting this piece of work we have collected anecdotal evidence via conversations with employers and through the HCPA Provider Hub. We are aware of a rise in the number of providers who are asking for support, for the workforce and with processes mirroring outcomes from the survey. The process of recruiting from abroad is time consuming and difficult to navigate; costs are prohibitive; overseas recruits need a significant amount of support to settle in the country and develop an understanding of UK culture and values.



Analysis of Organisational Responses

Response demographic

No. of organisations responding was 50 consisting of:

- **49** Social Care Providers
- **1** Information Advice and Guidance organisation

The survey was disseminated across the region by link and QR code. Responses were received from organisations working in most local authority regions. Domiciliary Care provided the highest number of responses.

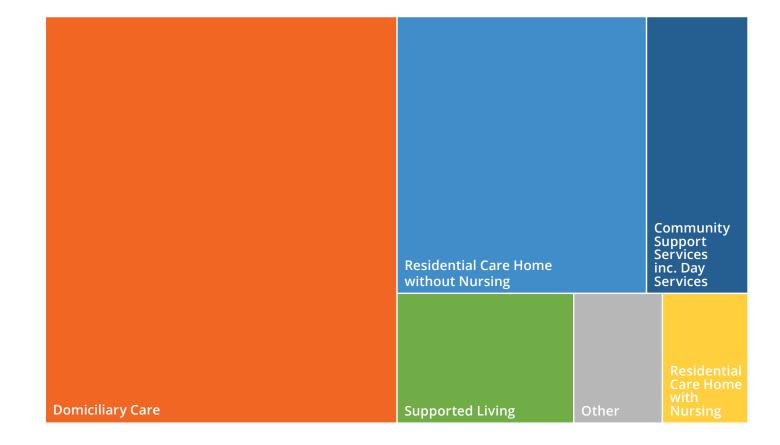
Care Provider Data - Local Authorities worked with across the Eastern Region:

LOCAL AUTHORITY AREA	NO OF RETURNS
Bedford Borough	6
Cambridgeshire	5
Central Bedfordshire	7
Essex	6
Hertfordshire	24
Luton	8
Milton Keynes	8
Norfolk	6
Peterborough	5
Southend	0
Suffolk	4
Thurrock	1

Analysis of Organisational Responses (cont.)

Provider Respondents by Service Type

- Community Support Services inc. Day Services
- Other
- Residential Care Home without Nursing
- Domiciliary Care
- Residential Care Home with Nursing
- Supported Living





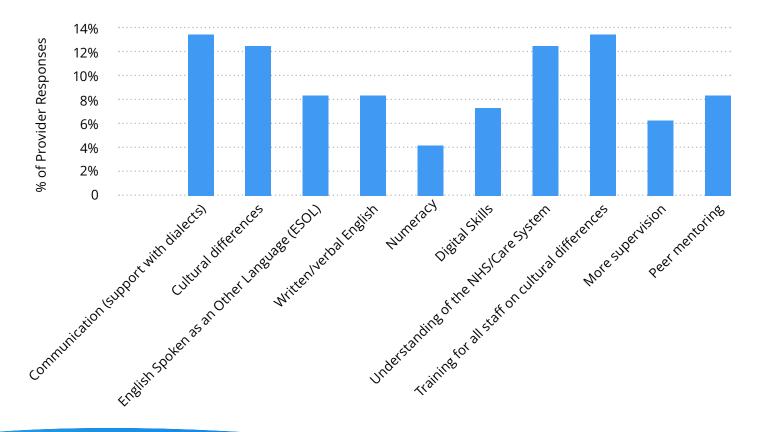
Analysis of Organisational Responses (cont.)

Training and Care Certificate

92% of respondents indicated that they felt Overseas Recruits have benefited from the completion of the Care Certificate. Providers commented that the Care Certificate training gives a good overview and baseline of working in the sector and the policies and regulation that exist within the UK, which is supportive to overseas workers.

E-Learning was identified as a potential issue as recruits understand how to click through these modules quickly, but may not retain the information, which could also be said for all recruits.

The Care Certificate training is a good base for working in the sector but additional training is required. Providers were asked to identify further training and support that would help on-boarding overseas recruits:



Further Training and Support Identified



Analysis of Organisational Responses (cont.)

Existing Workforce and Engagement with the Health and Social Care Visa Sponsorship Scheme

58% of the respondents indicated that they already had International Recruits working in their services. **18%** indicated that they would be interested in the scheme but had not participated yet.

4% indicated that they would not be interested in the scheme and gave the following reasons:

- Due to the largely part time nature of home care, we cannot consider such recruitment measures. Care professionals are needed locally with a good understanding of the area, along with stable living arrangements and suitable transport.
- Currently we are receiving high numbers of overseas applicants who have been sponsored by another business but are unable to obtain the hours they require to live and function well in the UK. (Initially promised 40 but get 25 hours).
- When care staff are working between two companies it becomes difficult to understand what sort of hours they are doing, and whether they are taking on too much work, e.g. day shifts directly into night shifts, which can put the client in danger.
- We have investigated this scheme and it is very time intensive and needs a lot of monitoring (sponsorship licence).

Comments from other providers already involved with the scheme were:

The scheme is tedious, expensive and time consuming. The recruits need a lot of support to better integrate into the job role. Without government support this is an expensive endeavour.

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This scheme should allow Providers to claim the sponsorship fee from the government instead of claiming after the individual has left.



Barriers to Employing Overseas Workers

The main emerging barriers arising from the data for employers, were the cost, communication, cultural difference and driving. Although the Home Office require English proficiency, in some cases this is not sufficient to enable the staff member to work effectively in the sector.

The speed in which references can be sourced was flagged as an issue and potentially DBS checks. Training via Zoom was identified as a potential issue because of language difficulties and fully understanding the training.

Access to funded training is also highlighted as qualification funding requires the person to have lived in the UK for 3 years.

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Support for Providers to help Employ Overseas Workers



This graph shows the breakdown of responses to what kind of support may help employers further.

Comments were as follows:

As a smaller organisation the above areas (Safe Recruitment, Pastoral Support, Safeguarding, Home Office application and cultural adaptation) have been overwhelming for me because I have had to do a lot of the work myself. Have made mistakes and we have learnt from it. There are organisations that help with processes at £300 plus VAT for consultation this isn't viable for us as a small company.

Providers we work with may be in need of support with safeguarding, cultural differences and to understand the culture in the UK.

All comments from employers can be viewed in Appendix 3

Analysis of Employee Responses

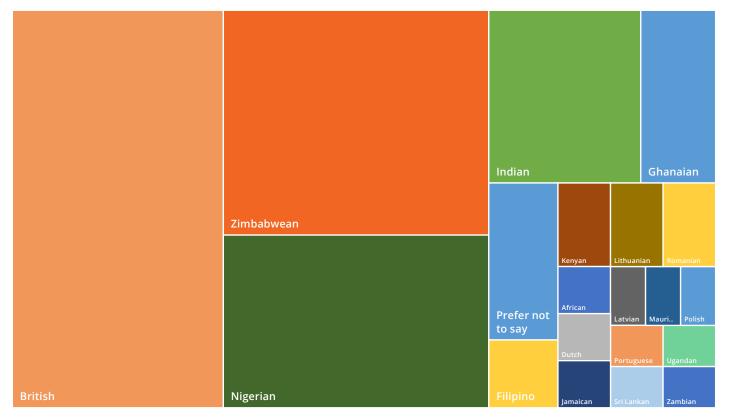
Number of individuals responding to the survey:

- **350** responses received in total of which 207 were partial and 55 of these have provided useful data and are included in the analysis for this report.
- 📒 143 full responses in total
- **50** Care Organisations responded
- 93 Individuals working in the sector responded in full

The largest percentage of respondents were British.

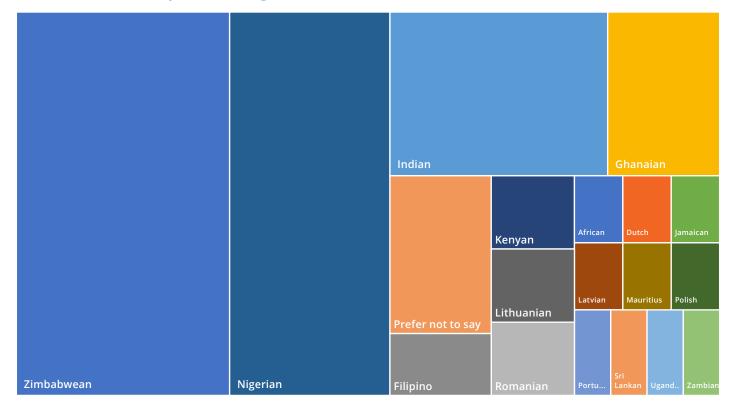
The following charts identify nationality of people responding.

Stated Nationality





Stated Nationality excluding British





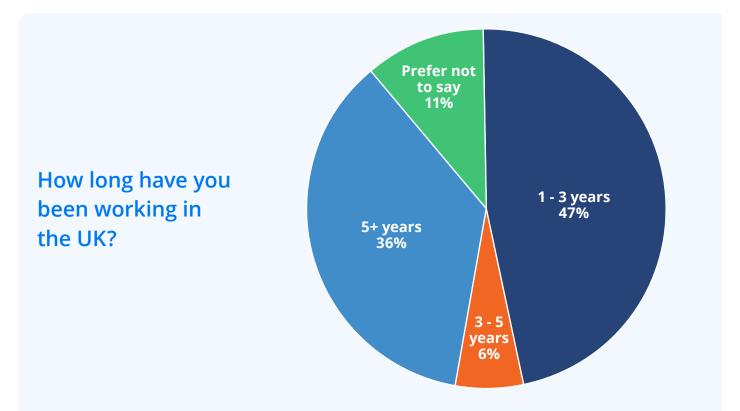
The largest number of responses came from individuals working in Hertfordshire.

Staff working in the sector data - which local authority do I mainly work in:

LOCAL AUTHORITY AREA	NO OF RETURNS
Bedford Borough	 14
Cambridgeshire	2
Central Bedfordshire	2
Essex	5
Hertfordshire	78
Luton	4
Milton Keynes	10
Norfolk	3
Peterborough	1
Southend	0
Suffolk	0
Thurrock	2



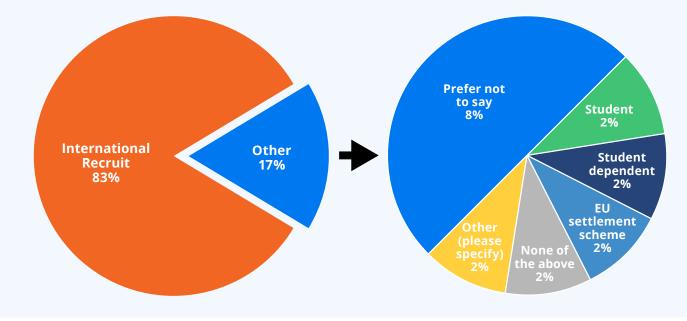
The chart below identifies that 36% of respondents have worked in the UK for over 5 years, the larger proportion of respondents have been working in the UK for 1 – 3 years.



56% of respondents told us they have lived in the UK for less than 5 years.

83% of respondents who have been living/working in the UK for less than 5 years identified their situation as being an International Recruit.

If you have been living/working in the UK for less than 5 years please select which of the following describe your situation.



Care Certificate

79% of respondents confirmed that they had completed the Care Certificate. The remaining 27% did not complete the training.

Training Needs

The survey asked recipients whether they had received training in core and mandatory training topics within the Skills for Care suggested refresher frequency time-scales and whether the recipient felt skilled, confident, and knowledgeable.

The questions were based on the following topics:

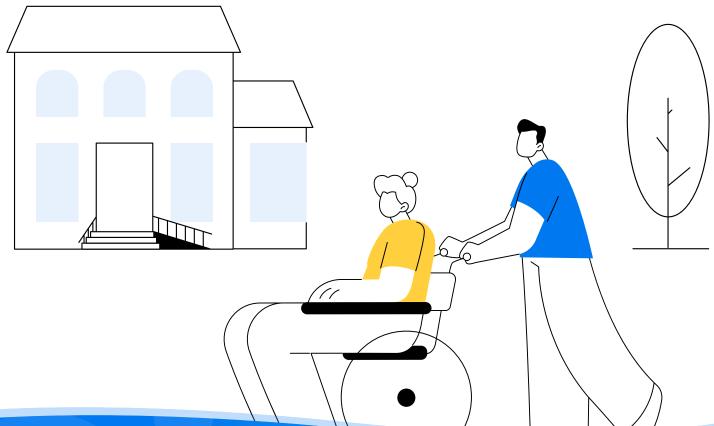
Note: Skills for Care recommend that care providers also monitor performance and assess competence of their staff at least annually.

Topic title	Suggested Refresher Frequency	Notes
Assisting & Moving People	Annually	Also if a new risk is introduced
Basic Life Support & First Aid	Basic Life Support – Annually	Also when identified or required. The Resuscitation Council (UK) states frequent low-dose training may improve CPR skills compared with conventional training.
	First Aid – 3 years	To be recognised as competent
Communication	3 years	Or when identified or required
Dignity	3 years	Or when identified or required
Equality & Diversity	3 years	Or when identified or required
Fire Safety	Annually	Fire drills - annually
Food Hygiene	3 years	Or when identified or required
Health & Safety Awareness	3 years	Or when identified or required

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Topic title	Suggested Refresher Frequency	Notes
Infection Prevention & Control	3 years	Or when identified or required
Medication Management	Annually	L&D requirements will be dependent on the workers role and responsibilities
Mental Capacity & Liberty Safeguards	3 years	Or when identified or required
Moving & Handling Objects	Annually	
Nutrition & Hydration	3 years	Or when identified or required
Person Centred-Care	3 years	Or when identified or required
Positive Behaviour Support & Least-Restrictive Practice	Annually	
Recording & Reporting	3 years	Or when identified or required
Safeguarding Adults	3 years	Or when identified or required



Numbers Trained

The responses indicated that for the majority of topics, training had been given or was planned with Communication and Positive Behaviour Support & Least-Restrictive Practice identified as the subjects with the highest percentage where training had not been given. 14% of respondents had not received training in Communication over the past 3 years and 18% of respondents had not received Positive Behaviour Support & Least-Restrictive Practice in the last year. Most respondents had received training on Infection Prevention and Control along with Health and Safety.

Skilled, Confidence and Knowledgeable levels

The majority of respondents indicated that they felt skilled, confident and knowledgeable in the core care and mandatory training areas. All but 2 respondents confirmed they were confident and able to report a safeguarding concern.

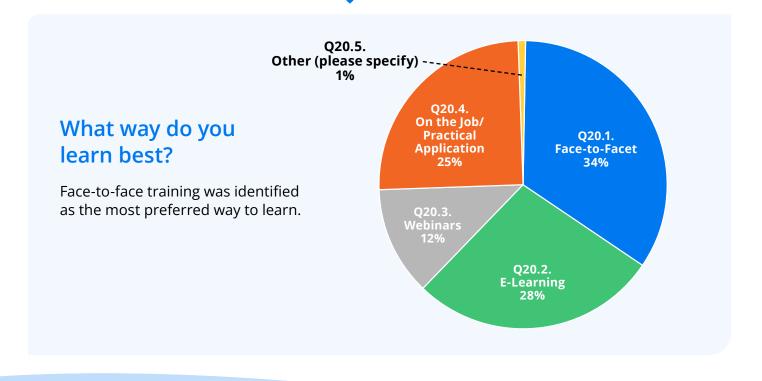
In Health and Safety, Infection Prevention and Control and Mental Capacity and Liberty Safeguards, and Communication, the skills levels, confidence and knowledge were largely OK or above. This is despite 14% not having had training in Communication and 4% not having training in Mental Capacity and Liberty Safeguards.

The data was analysed but there was no identifiable correlation between training received, skill levels, confidence and knowledge, in relation to the length of time spent working in the sector or international recruits.

<u>Appendix 5</u> contains charts for each topic indicating if training had been received or is planned and how knowledgeable, skilled and confident respondents feel in each area.

Appraisal

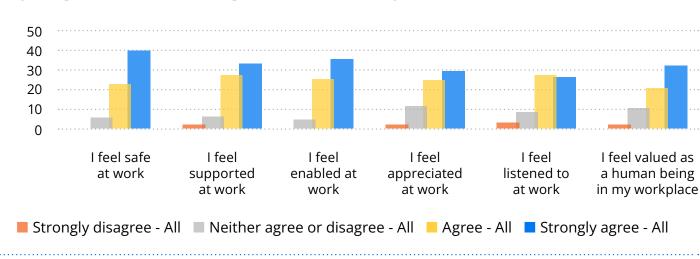
Respondents were asked to list training opportunities that had been identified and a diverse range of topics originated from the data. Comments from staff relating to training discussed at appraisal or supervision can be viewed in <u>Appendix 4</u>.



Workplace Culture

The survey asked how comfortable individuals felt in the workplace. The majority of respondents felt safe, supported, enabled, appreciated, listened to and valued in the workplace. None of the individuals who identified themselves as International Recruits disagreed or strongly disagreed with the statements and the majority agreed or strongly agreed.

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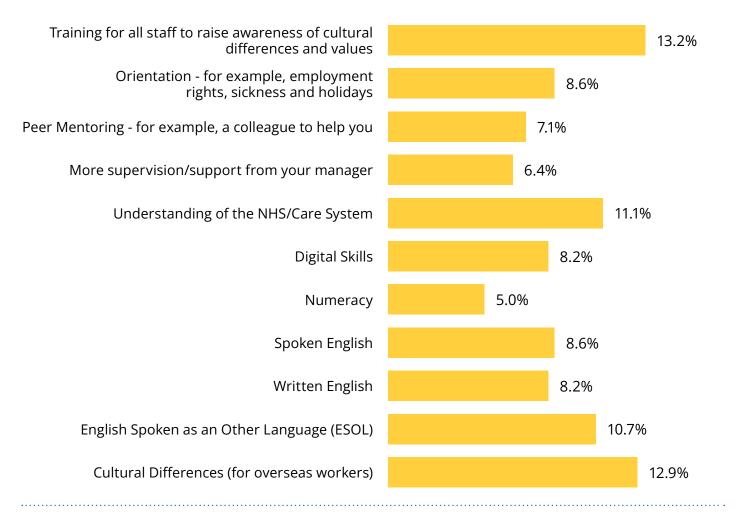
Do you agree with the following statements - All respondents

Respondents were asked if they felt that there were any areas that would help people from other countries to work in the care sector. Respondents chose from a drop-down list of the topics identified in the chart below and were able to suggest other ideas. Training for all staff to raise awareness of cultural differences (language, colloquialisms etc) was identified the most, followed by cultural differences training (cultural values e.g. British Values and way of life) for overseas workers and an understanding of the NHS/Care system.

One respondent also commented **"housing and support in bringing our families in. There is a lot of challenges in this area leading to more broken homes"**.



Do you think there are any areas that would help people from other countries work in the UK Adult Social Care Sector?



People who mentor overseas workers were asked if there were any areas of support that could be helpful:

- Speaking and understanding the English language well
- Understand and appreciate weather changes especially for someone coming from Africa
- Adaptation new country
- Communication and listening skills
- Communication culture and diversity
- Communication
- Command of the English language especially spoken
- Use of moving and handling equipment and personal care differences in skin integrity

All comments from employers can be viewed in Appendix 4

All other comments from employers and employees can be viewed in Appendix 6

Next Steps

Workforce Development

The survey is indicating that for International Recruits, **cultural awareness** and **communicating effectively** are the major development areas for the overseas workforce and that all staff could benefit from more training in these areas.

Conclusion

Workforce retention is a key issue for care providers and high staff turnover clearly impacts on the quality of care for people using services. Care providers generally report that they struggle to recruit locally and therefore recruiting from overseas appears to be a part solution to this issue, although the process can be complex and time consuming and overseas staff will need additional training and support. Whilst there has been a relatively low number of survey returns, the data collected mirrors the interactions from stakeholders within the care sector across the region.

Both employers and staff working in the sector identified similar areas for further support and would welcome further training for all staff in recognising and responding to different cultures and values in relation to providing care. Training solutions as identified in the recommendations below could benefit the quality of service delivery by improving staff cohesion; improving staff knowledge, competence and confidence; and improving staff retention.

Recommendations

Recommendation 1: Develop additional training on cultural awareness building on the Care Certificate by adding a culturally appropriate care component to include:

- Communicating effectively
- Asking questions and being inquisitive sensitively
- Promoting an awareness of cultural differences and respecting values, ethos and difference
- This could also include for aspects from the relevant strands of the Eastern Region International Recruitment Programme.

Recommendation 2: Information on **how the NHS and Care Sector operates** within the UK should be considered. This would be available for overseas staff new to the sector to address issues arising from different values and culture and communicating effectively, providing a more positive experience for both people using services and the individual staff member.

Recommendation 3: Culturally Appropriate Care training should also be provided to **all staff** working within the care setting. This is recommended by CQC. This would be relevant to all care staff and would support staff to be more understanding to other values and cultures benefitting the care provided to those using the service by being culturally aware and person centred.

Continued overleaf...

Recommendations (cont.)

Recommendation 4: Checking understanding - While training should ideally be face-to-face to ensure good comprehension, managers should follow up in the workplace when observing and at supervision sessions to ensure a good understanding has been attained. This is aimed at supervisors and managers with responsibility for the quality of care to ensure that there is a sufficient understanding of the topic to provide good care.

Recommendation 5: Training for Managers - A training course that supports care providers to embed culturally appropriate care within their setting, that empowers staff teams to feel confident and able to ask questions. This would complement the staff Culturally Appropriate Care training. It would support staff to be understanding of other values and cultures, enhancing person-centred care for those using the service.

Recommendation 6: Training Framework - It is recommended that a Framework is published to support care providers to understand what needs to be included in the above additional training. Aimed at Managers this framework would provide a guide to ensuring that staff complete all relevant training. The correct training will provide a competent, knowledgeable and confident workforce, providing better care for those who use the service and may improve staff retention.

Recommendation 7: Funding for Training - Feedback to the Department of Education and Department of Health and Social Care to encourage equitable funding access so that care staff new to the UK have equal access to qualifications and career development. Access to good quality training will improve staff retention, attraction and quality of care.

Recruitment & Settling Overseas Staff

The feedback gathered within this survey indicates that the work undertaken by the wider Eastern Region International Recruit Project will support the issues raised, unrelated directly to workforce development such as pastoral support, driving and Home Office requirements, and signposting to these resources will continue to be helpful.

Appendix: Follow the links below to view Appendix 1 - 6.

Appendix 1: Survey questions for staff.

<u>Appendix 2</u>: Survey questions for organisations.

Appendix 3: Provider comments.

Appendix 4: Staff comments.

<u>Appendix 5</u>: Training needs data charts – show each subject.

Appendix 6: Any other comments from employers and staff.



