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Social Care

Dorset Local Skills Improvement Plan

Sector Focus Group | January 2024



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Dorset LSIP Stage 2

Qualitative Research Findings:

Social Care Sector

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Introduction

The Dorset Local Skills Improvement Plan (Dorset LSIP), led by the Dorset Chamber, is a three-year initiative aimed at aligning skills provision with the current and future needs of local businesses. Funded by the Department of Education, the plan seeks to ensure that the workforce has the right skills at the right time, focusing on health and social care, advanced manufacturing & engineering, construction, digital tech & creative, agriculture agri-tech & aquaculture, and net zero sectors. The LSIP process involves collaboration with employers, educational institutions, and other economic development stakeholders to develop a strategy that addresses skill gaps and prepares for future demands.

Stage 2 Research Aims

In stage one extensive primary data was gathered from local businesses through various methods including interviews, surveys, and measures of satisfaction with skills provisions, this was analysed alongside secondary data analysis to inform the Dorset Local Skills Improvement Plan. The focus for the primary research in stage one was on businesses often overlooked in skills research, especially small companies in less populated areas, to ensure a more representative sample. This approach effectively identified skills gaps and needs across key sectors. However, pinpointing specific, detailed skill needs (granular skills) was challenging due to the wide-ranging employer perspectives. These granular skills are crucial for training providers to tailor curriculums closely to employer needs. Therefore, the objectives for the LSIP's second stage primary research with employers include:

- Identifying current & future (granular) skill needs of employers.
- Verifying whether the-stage 1 findings are-still being experienced

Qualitative Methodology

The second stage of the LSIP continues to utilise multiple data sources. Including national and regional quantitative employment data, stakeholder and FE/HE provider engagement, employer surveys, focus groups, and comparative analysis of regional LSIPs. This report details the findings from the qualitative methodologies used.

In preparation for a new round of employer research, a comparative analysis was conducted to examine findings from LSIPs across the Southwest. This helped determine the similarities and unique aspects of Dorset's regional skill needs and challenges compared to other areas, reported in 'South West LSIP findings'.

The outcomes of this comparative study informed the creation of a discussion guide for sector-specific employer focus groups. Groups of employers were presented with the findings from

the stage one research and the comparative study of other LSIPs to allow discussion, validation, and refinement of the findings.

The focus group was held in November 2023. Local employers were recruited to join the focus group via social media, Dorset Chamber invitations, sector events and contacts. None had contributed to stage 1 research. Recruitment was very challenging and latterly Chamber relationships were utilised for direct approaches in order to gather a group of employers. The group who attended included small, medium and large social care businesses with local presence, most are members of Dorset Chamber.

Key Regional Findings

A comparative analysis of South and Southwest LSIPs conducting research in the health and social care sectors was undertaken. The full report “Literature Review: South and Southwest LSIP’s Key Findings for the Health and Social Care Sectors” is available on Dorset Chamber’s website. The comparative analysis found the following recurring themes.

- **Demand for Key Roles:** There is a critical shortage of skilled professionals like care workers, nurses, midwives, home carers, and domiciliary carers, impacting the quality of care services.
- **Employability Skills:** Skills such as effective communication, motivation, teamwork, leadership, and organisational abilities are highly valued and often lacking, affecting both service delivery and workplace dynamics.
- **Digital Skills:** The sector faces a growing need for digital literacy, including basic IT skills and more specialised digital capabilities related to healthcare technologies.
- **Interpersonal Skills:** Skills in handling sensitive conversations, displaying emotional intelligence, and empathising with patients and their families are crucial for patient care and satisfaction.
- **Specialised Skills:** "There is a specific demand for professionals trained in areas like dementia care, indicating a gap in current training and education programs.
- **Leadership and Management:** The sector requires more individuals with leadership and management skills to effectively run healthcare facilities and ensure efficient service delivery.

Dorset Skill Gaps in Social Care Sector: Focus Group Findings

Advanced Listening Skills

As seen in stage one of the Dorset LSIP and other LSIPs, in the social care sector there is a pressing need to develop communication skill sets. The focus group emphasised the critical role of effective communication in healthcare settings. Employers highlighted the importance of clear, empathetic interactions with patients and colleagues. Of particular importance was the ability to listen accurately and establish the implicit meaning of what is being said

“Because, you know, quite often we hear things, but are we really listening to what they've said? Okay, and you can miss things if you're not really properly trained. We have, we have a course where, you know, we listen to recording, what's happening with people is really, really important.”

A key aspect discussed was the need to actively listen and understand the needs of patients and staff, creating a supportive environment. This was described as a crucial skill set for the healthcare sector.

“You know, everything we do is person-centred, for caring, for how you talk to people, how do you treat people with a little bit of respect, dignity, empathy, all of that, you know, a lot of people don't know how to talk.”

When asked how these communication skill sets are developed at present, employees felt advanced communication skills were largely learned on the job, continuously. While online and in-person training was utilised to teach communication skills, in-person shadowing and mentoring were presented as the most effective pathways to skill development.

“So, there's no formula in place on that. So, if they come in, they will, they will be on shadow shifts. They'll only be shadowing at first anyway. Yeah, until they pass manual handling, and you know, they've satisfied all the mandatory training that they have to do. Yeah. So, it's probably quite a lot of shadow shifts.”

Interpersonal Emotional Skills

Skills like empathy, respect, and patience are vital, especially in highly vulnerable areas like dementia care. To perform well in health and social care roles, it was recognised that an emotional skill set was needed. A finding that has been observed clearly across multiple LSIPs.

When employers were asked how they developed these more emotional skills, it was stated it was about finding the right person for the role, or that the employer could tell when someone was right for the role. This is critical, as it implies that employers think about finding the right

personalities rather than skill sets. There is an emphasis on finding candidates with the right personality traits for these roles, suggesting a preference for innate emotional skills over trained abilities. This approach shifts the focus from training and skill development to selecting individuals who naturally possess these emotional competencies, indicating an alternative strategy for addressing skill gaps in these sectors.

Advanced Dementia Training

Employers noted that in Dorset an increasing number of people were requiring specialised dementia care. As well as increasing the quantity of staff with dementia training, employers also stressed that the needs of individuals with dementia were becoming more complex. As the number of people with dementia increases it is also the case that those with more complex conditions will also increase, such as comorbidity with mental and other medical conditions. One employer stressed that at present they were having to turn away referrals, due to the absence of this skill set.

“Dementia is evolving, and we’re seeing more and more people with it, and we’re seeing needs becoming more complex, you know, and we have counselling inquiries coming in that we cannot help. The needs are too complex because we don’t have the trained staff in place to be able to meet those.”

Leadership and Management

In stage one of the Dorset LSIP, multiple employers stated they felt there was a lack of leadership and management skills in the healthcare sector. Employers stated the problem was a lack of formal training to ease the pathways from clinical to management roles. For this reason, leadership and management were pre-set topics of discussion for the focus group. However, as soon as the focus group began employers, unprompted, started to discuss the issues surrounding finding people with these skill sets and developing these skills in existing employees. Over the session the topic of leading and managing in the healthcare setting recurred unprompted, showing the importance of this topic to employers.

Transformational Leadership

On the topic of leadership, the higher level of leadership was referenced, where the leader would go beyond the specific task that needed to be achieved and work towards building the team's morale and working capacity. Often termed “transformational leadership” in organisational psychology.

“We will have another leader who just looks after the team grows, the team nurtures and sees the potential within them. So, there are very different levels of leadership, I would say, and what we want is obviously that that top level where they are putting in

the best out of the people that they're working with, not just necessarily telling them when they need to do things."

Across the group, the powerful effect of transformational leadership was recognised by employers. When it came to developing this skill, it was recognised that people needed additional leadership training that went beyond mandatory training to develop these more advanced leadership skill sets. For instance, one company had recently employed an organisational director to look at progression through the entire company as well as a training analysis that would supplement mandatory training.

There is a clear demand for leadership and management training that promotes "getting the best of people" and helps to develop teams working ability. Better quality leadership and management also offers a potential solution to the retention problem faced by many healthcare employers. As will be discussed in greater detail employers stated that when employees were supported and valued by management, they were far more likely to stay in a job role.

Team Leadership Vacancies

Several times it was stated that Team Leader roles were very difficult to fill. It was recognised the difficulty of filling leadership vacancies was increased when the hourly rate did not reflect the level of responsibility that people had to take on.

Speaker 1 "The responsibility, I suppose, is what I'm saying. And people are going, why would I do that for an extra pound an hour when there's just so much on my shoulders? Yeah. So, it's actually forcing us to go back and actually look at the structure again... "

Speaker 2 "I was just gonna say, (redacted name) So it's a really good point. I thought about it before then not to mention it. But if that same job has been done by somebody within the NHS, so on a higher wage, so we're always battling with that, you know, some people, as I say, because they're not challenged financially can manage to do that, but somebody else would not be able to do it, which is probably why we're getting these older ladies mainly willing to do the job, rather than those who are younger, because they need to have that extra money."

Developing Leadership

The importance of leadership training was recognised; however, it was also the case at several points employers felt that leadership was a personality trait, changing the focus from training to recruiting the right people.

"There are certain people that are just natural leaders... so it's just looking for that little spark and the individual."

It is the role of training providers to show that leadership training that evidences that leadership can be taught as well as an innate trait.

Leadership and Managing Team Sickness

The effects of leadership should not be understated. For instance, it was stressed that leadership played a large effect in managing sickness levels, for instance, one agency employer who visited multiple sites regularly stated it was easy to observe differences in management and leadership practices towards sickness across healthcare settings.

“And there is in certain environments, that common thing of if places aren't managed well, then you find there is that higher sickness level because the control is with the staff, and not with the management. And the ones that don't have that high level of sickness. It's because there's more control by the management, to not allow that to happen... I see all the different managers, and this is some of them, I'm listening to them. And I try and politely say, it's you who are causing the problem yourself!”

The participant went on to state that effective management was able to dramatically reduce the rates of sickness and absence seen by employers. Following on from this conversation, one employer made the following observation.

“We had an issue with sickness, and you could see the pattern of people getting sick over the weekend. And then all of a sudden, Tuesday, Wednesday, Thursday, I'll be free for overtime. So, the whole manager just put an overtime ban in place and just said well, no overtime, because we haven't got the budget for it. Sorry. Nobody gets overtime. Yeah. And within a week sickness stopped.”

Progressing From Clinical Roles to Management and Leadership

One skill gap reported in the stage one research and found in other LSIPs was the move from a clinical role, as a nurse or support worker, to managing a team of nurses or support workers, which was often difficult as the skill sets for managing and caring for people are distinct. This was a perspective replicated in the focus group, as one participant stated.

“You know, the softer side of people, and that caring side of people, you know, in order to have the ability to support somebody effectively. Yeah. But I wouldn't say that that always goes hand in hand with actually telling somebody what to do. And having that kind of direct instruction and having that confidence as well. I think obviously, confidence builds with time.”

The above quote alludes to the importance of confidence in leadership and also implies that confidence can be developed. Better quality training for those looking to transition to management roles in healthcare would result in more assertive managers with the confidence

to make difficult decisions. For this reason, several of the companies in the focus group stated they are looking to engage with management development programmes.

Developing Skill Sets

Employers were asked how they best felt skill gaps should be targeted, and a frequent discussion point of the focus group was how employers currently train and upskill staff. If training does not fit the needs of employers, then there will always be friction between upskilling and day-to-day working practices. Thus, it was necessary to explore which forms of training best-fit employers.

Continuing Professional Development Training

A desire was expressed for continual training that allowed progressive upskilling. Even though all staff completed mandatory training there was little to no follow-up training that reinforced learnings. As one employer stated.

“Once you’ve done it, you’ve done it. Yeah, it’s no continual upskilling. There’s none. And it’s a massive, massive topic. I think there’s a big hole”.

In the stage one finding it was noted that many had a compliance attitude towards training, wherein training was either complete or it wasn’t, with less attention being given to the quality of learning and continual learning. Thus, it is interesting that in the focus group, a desire was seen to increase the quality of training by longer-term training courses.

Flexible Training Providers

When it came to ensuring employees get the most out of training flexibility was key. Many employees reported difficulty fitting training into their busy work schedules. Some employers paid employees to complete online training at home, so they didn't have to rush through training whilst on busy shifts. Others stated they had recently employed in-house trainers as they were able to train employees at ad-hoc moments and be very flexible with their schedules.

As one employer stated the local colleges only offered apprenticeships, but this longer-term form of training was not suitable for them. For level 3-5 roles employers tend to be looking for shorter one-off qualifications that could be used to ameliorate certain key skill deficits rather than longer term courses.

Difficulty of Finding Quality Training Providers

It was reported that it was very difficult to find good quality training providers. As one participant stated,

“There’s so much competition with regards to training providers, and then you know, they’re all sales people.”

Employers described times that they had been disappointed with training outcomes, staff didn’t “grasp” the course content when they came back to work. Or it became evident that the training wasn’t specific to their sector, for instance, general moving and handling training, rather than using the specific equipment needed like profile beds and slide sheets.

Some employers had decided to bring training in-house as a way of managing the quality of training courses employees receive. General frustration was expressed with the difficulty of matching employer needs to what training providers offered, this is well expressed in the following text.

“With the providers, some of them are very much sales-driven people. So, they do a lot of talking and very little listening. They need to come into our environment, experience it, and understand where we’re coming from and what we actually need. I’d say it took us a good 12 months to try and get the right provider for us. Just because they were too much talking about the amazing things they could do. But the reality was completely different. I do the mystery shop, I’d go along as a carer to see what was going on, which was, I’ve thoroughly enjoyed that. Because you really you know, what they say they’re going to deliver and what they were delivering, were completely different to what I had imagined!”

Immersive Training

Immersive training, where people are more hands-on, was highly praised. Training where people were provided with glasses, weights or mirrors that emulated disability was described as “powerful” and able to promote a greater sense of empathy with service users.

“We found [redacted] dementia training really good quality, okay, mainly because it’s very many hands-on, they try on these goggles, they put the care staff in the shoes of somebody with dementia, and how it feels and how it affects your senses. I think it’s because it’s interactive as well, they come back from that core saying, gosh, I didn’t realise as much as we can support someone to actually visit.”

Skills for the Future

When discussing the future needs of the sector the topic of artificial intelligence (AI) was the main point of discussion. It was realised that whilst people would still need person-centred care, and the fundamentals of empathy, respect and dignity, AI had great potential for integrating multiple sources of information to aid in care planning. As one participant stated.

“When you have that initial referral, you get lots of reports from different sectors, we’ve got the NHS, so when you get those initial reports, I think AI instead of a human being reading it all and going right, we need to capture that bit. Okay, so X tends to self-harm. This is what stimulates the self-harm, the AI will bring all of these elements together, I think it’ll bring it all together to produce a care plan, which a supervisor or team leader will then do a sanity check and sign off.”

The discussion moved on to noting that using AI and checking its output will save lots of time, but also require a different skill set. Employers agreed that the sooner training providers started to familiarise learners with AI the better.

Transferable Skills

In stage one of the Dorset LSIP, the importance of basic digital skills was frequently mentioned by employers, this was also seen in other LSIPs. For this reason, a discussion point in the focus group was how important digital skills were to employers.

Many employers felt that digital skills were not a barrier to successful working. It was stated that many employees were used to using the app-based digital products that are often used in health and social care settings record keeping and observations. For this reason, digital skills were not present as a skill deficit for the employers attending the focus group. However, it should be noted that these employers tended to be from care settings, dealing with simple well-designed app-based systems that are easy to manage. However, many of the interviews conducted in stage 1 were with those in medical settings with more advanced digital record-keeping systems.

Barriers to Upskilling

When discussing skill gaps and needs, employers frequently moved the conversation to barriers to upskilling staff. This section details these perspectives.

High Staff Turnover

For some, but not all, staff turnover was presented as a problem when it came to investing in training. Employers were reluctant to invest in people when there was a good chance they would not be with the company over a long period.

“It’s a bit of chicken and egg where you want to upskill people, but then you have high turnover. So, you’re kind of thinking is a waste of money, you know, trying to get people but you know, to invest in people that aren’t necessarily going to stay. So that’s kind of where we are.”

Workforce Diversification

People of different backgrounds, ages, cultures, and lived experiences bring a diversity of skills to the workplace. For this reason, many employers commented on the desirability of having a diverse workforce, yet it was also noted that in the healthcare industry, there was a lack of younger people entering the profession. As one employer stated.

"I suppose the biggest challenge we have is diversity in our workforce, we have a lot of ladies of my age, but just a little bit younger, who perhaps aren't all about the money, it's more about doing something that they think is giving back and they want to be involved in something meaningful, but they're not worried about raising their three children or paying off the mortgage. Okay, so we don't have as many younger people, and we're not very ethnically diverse as well. So those are the kinds of challenges that we're trying to, deal with because one of our values is equality. So, we want to make sure that we've got a workforce that reflects that."

Healthcare Sector in "Crisis"

Employers frequently suggested the sector was in a form of crisis. It was well recognised that in the health and social care sector things needed to change quickly if the sector was able to meet the growing needs of the population and grow to function in a way that could facilitate these needs.

"I'm sat here hoping that it's not kind of going to continue the way it is at the moment because it's so difficult and so challenging. To keep our services going, yeah. That it's there's, there's got to be an improvement. Okay. You know, I'm really hopeful. Because the rate that if it doesn't improve, the consequences of that is going to be dire.

I think you're right. I mean, the NHS social care's on its knees, if not just flat on the floor by this stage, and right on its knees. Yeah. And then all of it without all of the supportive charities, organisations, voluntary, social enterprises that are sort of shoring up what needs to be done? Yeah. I just if they don't invest, and support and strengthen that and do more, I really would worry about the future.

So, we're kind of 370 staff, and we feel that we're firefighting okay. This is a very Yeah, very similar feeling. It's I think it's I think it's across the industry."

Societal Negative Perceptions of the Health and Social Care Sector

In stage one interviews there was the repeated expression that the health and social care sector was seen as an undesirable sector to work in. This was also discussed in the focus group. It was felt younger audiences tend to perceive the healthcare sector as an undesirable unglamorous place to work. The consequence of this is that young people are not entering the sector causing

a shift towards a workforce that is comprised primarily of people in the later stages of their working life.

When it came to tackling this problem, employers believed the engagement needed to start much younger age at the school level. One employer stated a new employee was told during careers advice that health and social care would be an “unglamorous” place to work, and the careers advisor felt this would not be well suited to them. It was felt that if this was the perception in schools employers had to do much more to counter these perceptions at a younger age.

“Speaker 1: it’s not seen as glamorous enough. Yeah, we have to up our game.

Speaker 2: Yeah, absolutely

Speaker 1 And I think we need to get into schools and get to meet the children at a younger age to say, this is a vocation, this you can make this your career there are opportunities for you to progress if you want to. But if your nature is caring, there is a career for you and a career path you can follow”.

Retention and Recruitment

It is well understood that recruitment and retention is a problem for the healthcare sector, from stage one research, other LSIPs, and LEP data the number of vacancies in the sectors is clear, and often job advertisements have to be reposted multiple times to fill positions.

The findings from the focus group offer a more mixed picture of recruitment and retention of staff in the sector. Three employers in the group stated they were able to retain staff well and received a good number of applications. Employers believed retention was a consequence of the ability to create a positive workplace culture and community. However, it must be noted that this was for non-qualified roles, and all were larger companies able to invest substantially in their staff. The following quote shows one employer’s approach to promoting staff retention

“So, a lot of our recruitment comes from recommending a friend. So, someone who works with us, know that we look after our staff, we value them, and we reward them. So, we do like little vouchers and promotions when they come in the office, we stop and we listen to them, and it’s that they’re a human being. So, we’re very much aware of it’s you can’t keep filling the pot and have it dropping out the bottom.”

However, another employer in the room had almost the opposite experience of recruitment and retention, something they attributed to working as a publicly funded charity in a competitive environment.

“Our attrition is similar to the NHS, so I’d say probably about 30%, at times has been up to 40%, It’s been pretty heartbreaking. And we have similar to you, we have good

we have a good number of people that apply for our vacancies, however, it's trying to kind of weed all those people out as we have high standards ... the other issue that we have is because we are government funded, we're a charity, the competition is very, very high, you know, we can't compete. So, we have people that come to us for whatever reason, obviously happy with the pay rates that we pay, then obviously, not getting political, but with the increases in national minimum wage it's a real struggle."

Following on from the above comments, the focus group moved to a discussion on the importance of pay for increasing retention. Interestingly, several employers stated that pay was not the dominant factor in staff choosing to leave or stay in a job. There was agreement that feeling supported in the workplace and having the right culture for employees was much more important for increasing retention than pay alone.

One participant relayed an anecdote where a competitor parked a car outside their premises advertising a job, the advertised job offered pay rates 4 pounds an hour greater than what the employer offered, yet not a single member of staff chose to leave. Staff expressed they valued the relationships they had with service users more than the extra money they could achieve elsewhere.

Across the group there was agreement that the most effective ways to increase staff retention were to offer flexibility of working hours, competitive pay [but not necessarily the highest rates], supportive management, promote strong caring relationships between employees and service users, offer non-financial bonuses to staff to show they are valued by the employer.

Overall employers made it evident that much of the struggle of recruitment was finding people who wanted to do the role but for the right reasons, and were attracted to vocational work, this perspective is well summarised by the following statement from an employer.

"Yeah, we've always you're always going to have people in the business in the caring role, which are just going through the motions. You know, you try and manage that as best as you can. But I think you'll always have that element. But the vast majority really do care, it's a vocation at the end of the day, it's your job, if you're motivated by money sell second-hand cars."

Summary of Findings

The LSIP Stage 2 Qualitative Research in Dorset's social care sector has provided a comprehensive understanding of the current skill gaps and future needs. The research underscores the importance of Health and social care-specific skills, such as advanced listening, interpersonal emotional sensitivity, and dementia training for more complex cases. As well as transferable, skills like communication, teamwork, leadership, and the ability of organisations to build successful workplace culture.

The social care sector focus group revealed a significant demand for leadership and management skills to efficiently run facilities and ensure effective service delivery. Employers in the focus group stressed effective leadership could have a transformative impact on organisation's services. Employers also desired continual professional development training for staff across all skill level roles.

The feedback from the focus groups indicates a strong preference for training that is adaptable, hands-on, and immersive, facilitating a deeper understanding and empathy, especially in complex areas like dementia care. The discussions also pointed out the challenges in recruitment and retention strategies, emphasising the necessity of employees feeling valued and enhancing workforce diversity.

There's a clear call for a more collaborative approach among employers, training providers, and stakeholders to develop targeted, high-quality training programs. These programs should not only address the current skill shortages but also anticipate future demands, particularly considering the evolving nature of healthcare challenges like the increasing complexity of dementia cases and the novel use of AI. Moreover, the research suggests that improving the quality of leadership and management training within the sector could significantly impact staff retention and overall service quality.

Overall, the LSIP Stage 2 research serves as a crucial step towards building a more robust, skilled, and adaptable workforce, capable of meeting both current and future challenges in the sector. This will require ongoing efforts to align training programs with the actual needs of employers, continuous learning opportunities for professionals and strategic partnerships to bridge the gap between current skill sets and emerging healthcare demands.