Developing the social care workforce

Dartington
Introduction

The adult social care workforce is facing a time of unprecedented and sustained change. This briefing is designed to stimulate reflection, debate and discussion from social care leaders at all levels across the sector to consider the key messages around developing the social care workforce and exploring how they might use these messages to influence local policy and improve practice. The guide is divided into four parts:

> The social care workforce landscape
> The challenges and expectations
> What works
> Key areas to consider in workforce planning
Part One: The social care workforce landscape

The Care Act
The *Care Act 2014* is arguably the most significant piece of legislation to impact on the social care workforce since the establishment of the welfare state. It consolidates and builds on the disjointed legislation assembled since the 1948 *National Assistance Act* - marking a shift from local authorities’ duty to provide services to meet people’s needs, to defining their primary responsibility as the promotion of individual wellbeing. However, this is set against a backdrop of relentless and challenging financial pressures.

Good practice in statute
The *Care Act* consolidates good practice in statute as well as bringing in new reforms. It places personalisation into the core of social care as well as emphasis on wellbeing and prevention. It encourages local authorities and partners to focus on the whole population in need of care, rather than just those with eligible needs. **The principles of wellbeing, personalisation and integration are now locked into the Act through four elements:**

1. **Information, advice and advocacy**
   The Act places a duty on local authorities to ensure information and advice on care and support is available to all, when they need it. Independent advocacy must also be arranged if a person would otherwise be unable to participate in, or understand, the care and support system.

2. **Personalised care**
   Supporting people to self-direct their support needs; addressing mental, physical and other forms of wellbeing. The assessment states at first how their eligible needs will be met through the preparation of a care and support plan and/or a support plan for carers. It also requires seamless transitions for young people moving to adult social care services.

3. **Prevention**
   Preventing or delaying the need for care and support and providing people with intermediate care services designed to provide rehabilitation after illness, preventing unnecessary admissions, facilitating prompt discharge from hospital/care homes. Local authorities must now take steps to prevent, reduce or delay the need for care and support for all local people. In addition, a new statutory framework protects adults from neglect and abuse and statutory safeguarding adults’ boards are now established in each local authority area.

4. **Integration**
   The Act introduces the statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities, for example health and housing.
Devolved UK legislation
Although the Care Act applies to England only, other legislation across the devolved governments of the UK has much in common with it; for example, the Social Services and Wellbeing (Wales) Act 2014 and the Social Care (Self-directed Support) (Scotland) Act 2013.

Other legislation and policy
The Care Act is at the core of the adult social care workforce in England, however it must not be seen in isolation. The diagram below highlights other key legislation and policy that is central to the adult social care workforce.

Other key legislation and policy that is central to the adult social care workforce

- Health and Social Care Act 2012
- Housing and environment law
- Anti-social behaviour injunctions and criminal law
- Common law and public duties
- Non-consensual powers (Mental Health and Mental Capacity Acts)
- Regulation (Professional and systems regulators such as HCPC and CQC)
Who are the adult social care workforce?

There is no clear definition of the adult social care workforce. It usually includes people who work in services that local councils provide, either directly or through commissioned services. However, this definition can also be extended to those who provide care, which is directly funded by those who need it.

Numbers working in adult social care

- The numbers working in adult social care in England have grown considerably in the last few years, from an estimated 1.39 million in 2006/7 to 1.51 million in 2007/8 and approximately 1.6 million in 2010.
- This is mainly due to the growing demand for adult social care, those employing carers through direct payments and greater use of personal budgets and domiciliary care.
- The number of people employing carers through direct payments for adult and children’s services has risen rapidly, from 7,613 in 2002 to 154,340 in 2010. About 75,000 in 2015 held personal budgets. (The King’s Fund, 2015)

Demographics

- The workforce is predominantly female (83 per cent in 2011).
- In England 19 per cent of employees are non-British (in London and southeast England this figure rises to between 26 per cent and 51 per cent).
- Social care employers rely heavily on migrant workers (particularly in London and the southeast), and almost three-quarters of these workers come from outside Europe. (The King’s Fund, 2015)

Employers and employment

- The private sector is the largest employer, with approximately 67 per cent of the adult social care workforce.
- The voluntary sector employs 20 per cent.
- The statutory sector employs the rest (just over 10 per cent). (Skills for Care, 2015)

Recruitment and retention

- Turnover in adult social care is high, with an overall turnover rate of 25.4 per cent (equating to around 300,000 workers leaving their role each year).
- Turnover is highest in the private sector and amongst domiciliary care providers. (Skills for Care, 2015)
Pay
Care workers average pay is just above the National Minimum Wage, although there are regional variations across the UK. Skills for Care found that many workers were working at rates substantially below the Living Wage rates (Skills for Care, 2015).

Qualifications and training
> Just over half the workforce holds a recognised social care qualification (56 per cent).
> 43 per cent have no relevant qualifications recorded.
> The most popular areas of training are Moving and Handling (70 per cent) and Safeguarding Adults (64 per cent).
> The rest of the social care workforce is relatively unskilled. (Skills for Care, 2015)

Nursing
Registered nurses are an important part of the adult social care workforce. Skills for Care (2015) estimate there to be around 50,000 nurses working in the sector, predominantly in the private sector in CQC regulated care homes with nursing.

Social work
Social workers are a key professional group in adult social care, mostly directly employed by local authorities. The latest statistics suggest there are around 15,000 social workers in statutory adults’ services (Centre for Workforce Intelligence, 2012)

Occupational therapy
Occupational therapists (OTs) have been a part of the social care workforce since 1970. They have traditionally focused on the assessment and provision of equipment and adaptations for disabled people. More recently OTs have extended their roles to areas such as reablement, rehabilitation, end of life care and safeguarding.

Registered managers
Another key group are registered managers of care homes and domiciliary services. Unlike social workers, nurses and OTs this group is not regulated as a profession but by role through the systems regulators. This is a devolved responsibility. Managers register with the Care Quality Commission (CQC) in England, The Care Inspectorate in Scotland, The Care and Social Services Inspectorate in Wales (CSSIW) and The Regulation and Quality Improvement Authority (RQIA) in Northern Ireland.
Part Two: Challenges and expectations

Ageing population
By 2025 there will be an additional 1.5 million people aged 65 or over in England (Age UK, 2016).

As a consequence demand for social care is growing as the numbers of older people and of those with long-term conditions, learning disabilities and mental health conditions increase.

Skills for Care estimate that at least 1.7 million more adults will require social care over the next 15 years, which could require an increase in the social care workforce to between 2.1 million and 3.1 million by 2025. (Skills for Care, 2015).

Social isolation
The Office of National Statistics study on Personal Wellbeing in the UK 2013/14 (ONS, 2013) highlighted the considerable impact of loneliness on the wellbeing of those aged 80 and over. As the population ages this issue of social isolation is becoming more of a problem.

Reductions in government funding
Spending on social care began to fall in real terms from 2009, and has fallen more steeply since 2010 (The King’s Fund, 2016). The Local Government Association estimates that social care faces a funding gap of £4.3 billion by 2020. This has led to fewer people receiving publicly funded services. The impact of reductions on this has shifted the costs of care on to individuals and their families and created greater reliance on unpaid carers.

Raised public expectations
Expectations are rising as access to information is facilitated by the internet and social media, and people who use services and their families are increasingly better informed about services and choices. The public is making more demands on the social care workforce and seeking more engagement in decisions about their care. Dignity, respect and relationships are becoming indicators of satisfaction of both health and social care services (The King’s Fund, 2016).
New responsibilities
In addition to the reduction in funding, local authorities are also facing new responsibilities through the Care Act and the increase in deprivation of liberty assessments. Potential changes in social work regulation could also add to these as local authorities may be expected to carry out tests of competence on their social work staff. The LGA has highlighted that many local authorities are lacking capacity to meet these challenges, particularly around the demand for additional assessments and support plans (LGA, 2015).
Integrated care
The integration of health and social care services has long been an aspiration for government and, whilst there is widespread support for integration, there have been real difficulties in achieving it. In recent years the government has introduced new legislation and initiatives to support local areas to integrate their health and social care services.

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. As stated earlier, The Care Act 2014 also includes a statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities - promoting integration of care and support to provide a seamless service between health and social care. Recent national initiatives to support integration are outlined in the following graphic:

The Better Care Fund
In the 2013 Spending Round, the government announced a new pooled fund to encourage health and social care organisations to coordinate their services.

Vanguard sites
In 2014, NHS England published the NHS five year forward view which set out new models of integration. ‘Vanguards’ are areas that have been selected to implement these new approaches.

Integrated Care Pioneers
Integrated Care Pioneers are 25 areas that have been given support from national bodies to help implement plans to deliver innovative approaches to integrated care.

Sustainability and Transformation Plans
In December 2015, NHS shared planning guidance required local health and care systems to produce a Sustainability & Transformation Plan (STP), showing how services will become sustainable to deliver better health, better patient care and improved NHS efficiency.

Current national initiatives to support integration care
Part Three: Examples of what works

Flexible workforce
The social care workforce faces significant challenges. However there are signs that the sector is showing the ability to adapt, with many of the changing roles arising from the pressures. With the implementation of the Care Act the push for integration of health and care means there is a need for more people who can work across both health and social care sectors.

The expansion of personal budgets is leading to the creation of new kinds of jobs to support people who use services with their personal care and support. With less money local authorities are moving away from traditional service provision to supporting communities in doing more, and this is creating new roles enabling self-care and peer support.

It is likely that social care roles will continue to evolve in future years as high-quality care becomes more important to people who use services. This can be divided into four types of new role, as outlined in the following graphic:

<table>
<thead>
<tr>
<th>Specialist</th>
<th>Facilitator</th>
<th>Organiser</th>
<th>Integrator</th>
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<tr>
<td>A focus on a particular specialist area or task.</td>
<td>Working in partnership with, and alongside, service users.</td>
<td>Facilitating and arranging support from different services and community resources.</td>
<td>Working across services or user boundaries.</td>
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New roles in social care, adapted from *A Practical Guide for Commissioners* (IPC, 2010)

Evidence of these new roles can be seen emerging in innovative services across the country:

**Specialist**
These can be found in Suffolk in the social work led social enterprise Sensing Change, which supports people with sight and hearing loss. Sensing Change has also been able to generate income by running sensory awareness and British Sign Language courses for clients, including a national retailer.

Similarly, in Surrey a community interest company, FirstPoint, provides specialist social work support to people with deafness and hearing loss. Its services include training for clients and carers, running coffee mornings for deaf people to reduce their isolation and providing loop systems within residential care settings and people’s homes. FirstPoint has also been selling its know-how by offering training to other professionals and British Sign Language interpretation services.
Facilitator
These roles can be found in Thurrock, which has adopted a co-production approach to recruit and support local area coordinators to provide long-term, community-based support. A recent evaluation found that the coordinators had been successful in helping people to find practical solutions to problems that would otherwise require social services-funded support. Another example can be seen in Cambridgeshire’s Care Navigators service, in which a recent evaluation of the impact has shown impressive outcomes.

Organiser
These roles can be found in Shropshire’s People2People, a social enterprise which is trying out new ways of assessing older people and those with physical and/or learning disabilities and their carers. As well as doing assessments, People2People arranges support and services for those it works with and allocates personal budgets. Whilst in Rutland, local community agents work closely with vulnerable older people to connect them to befrienders, mutual support networks and voluntary services. As a result, hospital admissions are falling while wellbeing rises among those involved.

In Lambeth, London Topaz, a community interest company with a preventative focus supports the independence of adults who fund their own care or have low or moderate needs.

Kirklees Council has trained a team of Care Act champions to promote adoption of its principles and trained all social workers in cultures and behaviours that support the Care Act.

Integrator
These roles can be found in northeast Lincolnshire, where the entire adult social work function, including safeguarding, was moved out of the NHS and local authority and into Focus, a fully independent company. Most of Focus’s 150 staff were transferred to the company under TUPE rules and so retain their local authority or NHS pay and condition arrangements. Staff also form the bulk of the company’s board members.

Another example has come about due to the shortage of qualified nurses in social care, and nursing assistants are now taking on some of the roles that qualified nurses have predominately done. A recent evaluation conducted by SCIE found that by making care staff more involved in, and accountable for, the care of residents they felt more valued and able to make a difference to the lives of the people they cared for. It also offered career opportunities that didn’t exist before.
Part Four: Key areas to consider in workforce planning

Workforce planning
This constant change in social care affects the way we need to work, both now and in the future. It is therefore more important than ever for organisations of all sizes to plan ahead for their future workforce needs.

Good workforce planning ensures there are the right people with the right skills and values now - and that there are plans in place to ensure the right mix of skills in the future. With such a large number of employees occupying numerous and varied job roles, and with so many employers spanning multiple sectors, workforce planning cannot be the sole responsibility of individual organisations. It is only through a collective approach that adult social care can deliver what people need both now and in the future.

Challenges for workforce planning
In this turbulent environment for adult social care financial resources are not the only answer. For social care services to be able to ensure the quality and safety of the care they provide, they need to find ways to encourage innovation and creativity, while keeping the quality of care for people who use services at the centre of their work. In light of the Care Act implementation some of the challenges for workforce planning are illustrated below:

- Values and behaviours to deliver high-quality care
- Treating the population as individuals
- Supporting the health and wellbeing of staff
- Fair career progression for everyone
- Consistency across a dispersed service provision
- Complex funding arrangements
- Developing the workforce as a whole

Getting the balance right - challenges for workforce planning

12 Research in Practice for Adults Developing the social care workforce
Responding to the challenge
Responding to this challenge requires three key elements - strong leadership, a positive mindset and careful commissioning.

Leadership
The environment in which social care operates has been changing rapidly, presenting remarkable challenges and opportunities for leaders. As a result a key feature has been the blurring of organisational and professional boundaries as services are integrated, resources pooled and staff deployed more flexibly.

Collaboration across health and social care services is widely recognised as an essential approach to secure better outcomes for people at an optimum cost. The term 'Systems Leadership' is used to describe a method of managing problems that cannot be solved by one organisation and is characterised by two interrelated attributes: collaboration and working across boundaries i.e. leadership that can extend beyond the usual limits of responsibilities and authority.

In practice, great systems leadership requires a particular mindset and approach to the role, including being able to give up and share power. The 2014/15 Care Quality Commission report The state of health and adult social care in England found the way in which an organisation is led, and the culture and values that influence it as a result, have an enormous and extensive effect on the overall quality of care that people receive.

Good leadership, not just at the top but running as a golden thread through all levels of an organisation, is needed to deliver care that is consistently safe, effective, caring and responsive. The quality of leadership most closely correlates with the overall quality of a service. 94 per cent of services that were good or outstanding overall were also good or outstanding for their leadership. Similarly, 84 per cent of inadequate services were inadequately led. The CQC found that there were four key areas for improvement in quality:

- Leaders using engagement to build a shared ownership of quality and safety
- Staff planning that goes beyond simple numbers and includes skills mix, deployment, support and staff development
- Working together to address cross-sector priorities
- A culture where all members of staff feel that quality is their responsibility

Key areas of leadership in improving quality
**Mindset**

Well-led services have a positive organisational culture that is open and transparent and in which its vision and values are embedded and really understood by staff across the service. In a service where there is pride and enthusiasm among staff, which is echoed by people using the service, this is often indicative of both good leadership and a safe culture.

Similarly, the best managers promote an open door policy and welcome feedback. They are open to challenge and willing to take on suggested changes. When communicating ideas to the workforce it is vital to have examples of how they work in practice, for example how a new way of working has positively changed someone’s life.

It is not enough to have written polices stating values, etc. To develop positive mindsets, workers need to see these policies role-modelled by their managers, or they can feel undervalued and disempowered (CQC, 2016). **There are five critical aspects that encourage positive mindsets in staff teams:**

1. **Effective engagement and communication with staff and people using services**
2. **The skills, experience and visibility of management**
3. **A strong and positive organisational culture**
4. **The ability to learn when things go wrong**
5. **Governance processes, openness and transparency**

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*Aspects that encourage positive mindsets in staff teams*
Commissioning

The new social care landscape calls for a more refined approach to workforce commissioning that looks at the collection of individual choices by people using services and makes clearer links with other sectors. Commissioners and workforce planners need to think outside the traditional social care service area as individual budget holders and those who pay for their own care increasingly choose to make their purchases in ways which couldn’t have been imagined a few years ago.

Careful workforce planning and commissioning is essential so that the right people with the right skills are undertaking new roles and tasks, which the people who use services want. Increasingly, the majority of the social care workforce is moving out of local authority direct control and commissioners have a key role in developing the market, working with private and voluntary sector organisations to build capacity, capability and choice in order to meet service user needs.

Workforce commissioning has the potential to improve service delivery through the recruitment and retention of the appropriate workers needed to deliver current and future services. The Institute of Public Care offers a useful commissioning model based upon a **cycle of activities within four key performance management areas**, as outlined in the diagram below:

![Commissioning Cycle Diagram](image-url)

*Cycle for commissioning the adult social care workforce, adapted from the IPC commissioning cycle (IPC, 2010)*
Developing a workforce strategy
An effective workforce strategy helps to enable the delivery of joined up care services. A workforce strategy summarises how local organisations will work together to make certain that everyone’s practice is committed to partnership and collaborative working, and producing better outcomes. Key principles to consider in developing a workforce strategy are highlighted in the graphic below:

Key principles to consider in developing a workforce strategy, adapted from the Skills for Care (2014) Practical approaches to workforce planning
Closing summary

This briefing highlights that the social care workforce faces significant challenges. However, it is also beginning to adapt in difficult times. The evolving roles, highlighted above, are starting to have a positive impact and could be part of a more confident future for the sector.

There are common themes and issues emerging as the number of roles increases. To ensure that workers understand each other’s functions there is a need for strong systems leadership on all levels, with the ability to communicate across organisational boundaries. For the most part those who work in social care are trying to achieve the same thing, better outcomes for people who use their services.

Leaders need to instigate a positive mindset and shared language across different professions and roles, so the workforce can clearly understand each other and positively work together. Many of the changing roles and the skills associated with them arise from the pressures being placed on social care, but this is not the whole story. The examples highlighted show that the innovations often come from the hearts and minds of those who work in or receive services.

The challenge for those who plan and commission the workforce is to co-produce a strategy in such a way as to enable grass roots innovation to flourish.
References


