

Working to Put People First:

The Strategy for the Adult
Social Care Workforce in England



Social Care

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning Clinical	Estates Commissioning IM & T Finance Social Care/Partnership Working
Document purpose	Policy
Gateway reference	11511
Title	Adult Social Care Workforce Strategy
Author	DH
Publication date	23rd April 2009
Target audience	Local Authority CEs, Directors of Adult SSs, Directors of Children's SSs, GSCC/SfC/SCIE/Skills Academy/Commissioners
Circulation list	PCT CEs, Voluntary Organisations/NDPBs
Description	'Working to Put People First: The Strategy for the Adult Social Care Workforce in England' outlines the workforce implications of Putting People First and provides a high-level framework to support the transformation of the adult social care workforce. The strategy is the result of collaboration between the Department of Health and its key partners in the adult social care sector.
Cross reference	Putting People First – Working to Make it Happen (23/06/08)
Superseded documents	Putting People First – Working to Make it Happen (23/06/08)
Action required	N/A
Timing	N/A
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First published April 2009

Published to DH website, in electronic PDF format only.

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Working to Put People First: The Strategy for the Adult Social Care Workforce in England

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Foreword from the Minister of State for Care Services

The vision set out in *Putting People First* is truly transformational. It is jointly owned across central and local government, user-led and professional leadership organisations and employers. It is a vision that is about putting choice and control into the hands of people who use adult social care. It is literally about *putting people first* so that services fit round people and work in partnership with the care they may receive from family and friends.

I believe that *Putting People First* taps into the very essence of why so many dedicated, committed and talented people work in adult social care in the first place – and that is why it is so compelling. Alongside health and retail, the social care workforce is one of the biggest in this country. It is made up of over 1.5 million hard-working individuals. It not only makes a real difference to many people's lives, but also makes a huge contribution to the economy both locally and nationally. A contribution, including community well-being, we know will need to increase as our population and its expectations change.

As part of a package creating opportunities and supporting the long term unemployed, the Chancellor has announced Care First, a new scheme, offering 50,000 traineeships in social care for young people. Up to £75 million will be made available to employers under the scheme.

Since becoming Minister of State for Care Services, those I have spoken to often describe three reasons why they work in adult social care. Firstly, people want to make a tangible and positive difference to the quality of lives and outcomes achieved by the people they serve. Secondly, they hold a strong ethos of public service (whether they are employed in the public, private or third sector) and believe in good, strong social care services and support, delivered by confident, competent workers who are respected and valued for the work they do. Thirdly, they want to challenge and overcome the obstacles which stop individuals and groups of people from participating in, and benefiting from, a full life as citizens in their communities.

These three reasons provide the rationale for *Putting People First* and explain why its delivery depends so heavily on ensuring the development and support of a confident and competent adult social care workforce is now placed centre stage. We need to give more support to the frontline workforce – building on and recognising some of the amazing work that is done up and down the country every day – in developing new skills and knowledge to meet the challenges of the personalisation agenda. Our agenda for equalities and human rights is fundamental to the workforce as well as people using services.

The strategy sets out a set of priorities and highlights some key initiatives being taken forward as well as aspirations we have for future work. One size cannot possibly fit all and so this national strategy will only be effective if taken forward in local implementation plans. These plans will only work when developed in partnership with the people who use adult social care and with a range of

organisations, including those in children's services, health, housing, transport and beyond. Crucially delivery will need the commitment of local leaders, including those in the private and third sectors, and the political leadership of local councils.

The strategy also complements *Working Together: Public services on your side* which set out principles of public service reform and *A High Quality Workforce*, which followed *High Quality Care for All*, as part of the NHS Next Stage Review in taking forward the development of the NHS workforce.

We are preparing a cross-Government Green Paper to be published in Spring 2009, which will propose how care and support can be funded and delivered to create a fairer, personalised and high quality system.

I am very confident that what we now set out here is the right strategy for the future of the adult social care workforce. If we are to make the vision of *Putting People First* a reality, and especially if we are to make this reality happen now and within the next few years, we must ensure that we have the right workforce, with the knowledge, skills and behaviours and the right continuing professional development and other support.

Phil Hope MP
Minister of State for Care Services

Preface from Glen Mason – Chair of Workforce Strategy Board

We are on a journey to deliver the transformation of adult social care so that services are truly centred on what the people who use them want. Though this journey has started, we still have a long way to go. The intention of publishing at this point is to reinforce that all those people who make up the workforce are core to delivering on the vision set out in *Putting People First*.

We need to ensure we have a workforce in place which is trained and equipped to deliver high quality services. At the same time, there is a need to work efficiently to meet the global economic challenges we all currently face. We recognise that some employers have struggled to meet recruitment demands in the past. We now need to work together to turn this challenge into an opportunity – focusing on targeted community recruitment, alongside the national recruitment campaign, as a way of drawing new talent from local communities into the workforce with increasing self-sufficiency our goal. Our annual social care recruitment campaign and recently announced commitment to further increase the numbers of apprenticeships in social and health care will also help in this challenge.

The strategy builds on and replaces *The Workforce Strategy Interim Statement – Working to Make it Happen*, which outlined workforce issues at the heart of delivering on *Putting People First*. During Summer 2008, we used this interim statement for a series of workforce conversations, speaking face-to-face with frontline stakeholders to inform this strategy.

Confirmed by this dialogue with stakeholders, we believe that the following six “key themes” are priorities for the workforce to deliver future services – each is covered separately in the central chapters of this strategy:

- 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; and
- **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.

This strategy sets out our intentions in each of these areas, accompanied by key national initiatives to support these and local examples of where change is already under way. Apart from the CareFirst initiative announced in the 2009 Budget, the strategy implementation will largely be about better use of existing funding aligned with the above strategic priorities.

The strategy has been developed in a way which recognises that the Department of Health already makes a substantial investment in adult social care workforce development – and we need to make every pound count. In 2009-10, the Department of Health will contribute £165m directly towards workforce development and will make a contribution of £143m to Local Authorities through the Area Based Grant. We also acknowledge and respect the substantial investment made by employers in their staff. In terms of the current economic climate and potential new burdens for the sector, we are saying that this strategy is about making better use of existing funding for workforce development, aligned with the strategic priorities we identify. We also expect that, in addition to the workforce contribution the Department makes to the area based grant, local authorities will use elements of the £520 million social care reform grant provided in 2009/10 in transforming the workforce.

We plan to develop an Adult Social Care Workforce Compact – a new agreement and partnership approach to working between The Department of Health and its main social care workforce partners. This Compact will set out the contribution that each of us will make to delivery, maintaining the co-production of *Putting People First*, and setting out specific short, medium and long-term actions to take implementation forward.

Glen Mason

**Director of Leadership and Performance – Department of Health Social Care,
Local Government & Care Partnerships
Chair of Workforce Strategy Board**

Executive summary

Working to put people first: an executive summary

England¹, like many other countries, faces substantial demographic change during the twenty-first century. There is an ageing population and already more people over 65 than under 16 for the first time in our history. About 1.75 million adults currently use social care in a variety of different ways to live more fulfilled lives. Local authorities spent £16.5 billion on social care for adults in 2007/08. In addition there are many people who fund or contribute to their own care.

The adult social care workforce is made up of about 1.5 million hardworking, committed, and talented people working in a variety of different roles such as social workers; residential, day, and home care workers; personal assistants; and occupational therapists. Over two thirds work in the private and third sectors, with 60% of the estimated 35,000 employers classified as micro (fewer than 10 employees) and a further 30% small (fewer than 50). There are even more relatives, friends and volunteers caring for people alongside the workforce.

Our vision for the future is a confident, enabled, and well equipped adult social care workforce transforming services in the way the Government set out in *Putting People First*: This will enable people, even those most disabled or disadvantaged, to participate as citizens in society and take as much control as possible over their own lives. Social care will play an important part in helping to deliver equality and human rights for people using services.

We need all of those who are leading, working in, and training the social care workforce to work together to make this transition with passion, understanding, and belief in why their role is important.

There are six key priorities for the workforce going forward:

Leadership, effective management and commissioning skills are crucial to transforming adult social care. Leaders will need to work together across sectors (adults' and children's, social and health care, housing, leisure and transport) to drive change, supporting and involving local communities. New cadres of leadership talent need to be planned and fostered in both the independent and public sectors. User-led organisations and networks will grow and provide strong voices for people seeking support and using services to help change the way services are delivered. The Government has given Directors of Adult Social Services a pivotal role in leading workforce change locally through their responsibility for strategic workforce commissioning, working with local employers.

¹ This is the strategy for the adult social care workforce in England.

Recruitment and retention of quality social care staff, particularly in some areas, remains a challenge. The workforce should be drawn from a wide base of cultures, skills and attributes within local communities. The sector offers a variety of different short-term opportunities and longer term careers, but more must be done to continue to raise the profile of social care, for example, to show how people in new roles like Personal Assistants may develop career pathways in future. As part of a package of measures creating opportunities and supporting the long-term unemployed, the Chancellor has announced in the 2009 Budget a new scheme, Care First, offering 50,000 traineeships in social care for young people who have been out of work for twelve months, giving them the skills and experience they need for a career in the sector.

Workforce remodelling and commissioning in new ways is important to re-shape the workforce so it has the right people with the right skills undertaking the roles and tasks which people using services want. The entire workforce does not need to change overnight, but everyone will in future need to make personalised services the norm. Personalisation will require more sophisticated workforce commissioning which looks at the aggregation of individual choices by people using services and makes more explicit links with other sectors. Social workers will continue to play a key role in early intervention, promoting inclusion and developing social capital as well as safeguarding adults in vulnerable circumstances.

Workforce development should aim to create a more confident, empowered and diverse workforce with increasingly sophisticated skills in order to secure the dignity, quality of services and quality of life of those people receiving social care. The workforce will need to be appropriately skilled and equipped to respond to care needs arising from the anticipated increase in long-term and complex conditions associated with changes in society. Social care leaders and employers must therefore work together to deliver effective initial, professional, vocational and post-qualifying learning and development and agree the best ways to achieve improvements in capacity, skills, and competence. Smaller employers and people who directly employ services should receive support in understanding the needs of their staff and how they can find appropriate development and training.

Joint and integrated working between social and health care and other services is important so that people who use services can be reassured that the workforce will work across organisational boundaries to meet their needs. People who use services will want to receive the personal attention and support they need across all universal services including housing, employment and transport. The NHS is a key partner in commissioning and providing services which work together with adult social care to provide flexible care and support over time as people's needs change.

Regulation, assuring public safety and raising standards of care in the social care workforce, is a priority for employers but will also be promoted through professional regulation by the General Social Care Council (GSCC) and through service regulation by the new Care Quality Commission (CQC). All social workers and social work students are now registered with the GSCC. The GSCC is expected to open a voluntary register of home care workers from early 2010, initially on a voluntary basis. Options for the registration of additional groups of social care workers will be kept under review. CQC will register and assess social care services within its remit, taking appropriate workforce aspects into consideration.

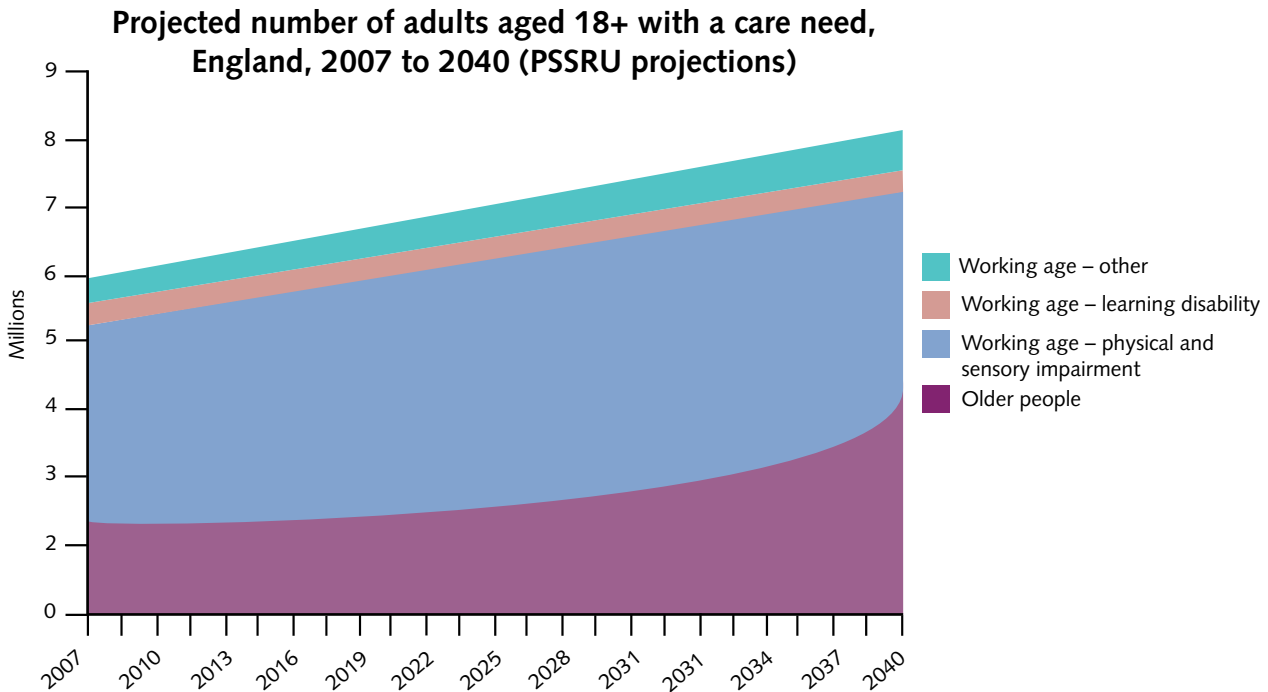
Finally, we know that much is already being done to take these six priorities forward at both the national level as set out in this document, and more locally. Over the coming months, we intend to work with all our partners in the sector to develop an adult social care workforce compact which will bring together into one coherent programme the contributions that each can bring – nationally, regionally, and locally – to delivering this strategy over the coming years.



Chapter 1: Context

Demography

1. As a society, we are approaching a period of significant population change, which will greatly impact on the adult social care sector: The Government has acknowledged that the current care and support system is unsustainable. The Government is preparing a Green Paper, which will suggest ways in which it could work in future. This is in response to that fact that:
 - in the next 20 years, the number of people over 65 will increase by just under half,
 - those over 85 in England will double; and
 - the number over 100 will quadruple;
2. Critically, for the first time in our history, there are more people over 65 than under 16 in England. This has huge implications for who will provide care in future as the working proportion of our population shrinks. People are living longer in old age as life expectancy continues to increase: life expectancy has risen since 1981 by 6.1 years for men and nearly 4.5 years for women.
3. We also know that many people are spending longer periods of their lives with a disability or a long-term condition as life expectancy increases:
 - the average man now spends nine years living with long term limiting illness compared to six years in 1981;
 - advances in medical knowledge and practice mean that disabled people can live longer and healthier lives; and
 - more people with profound and multiple learning disabilities are living into adulthood.
4. As a result, demand for adult care and support is increasing amongst all age groups affected and this will continue in the future but will change substantially in its nature and shape. Alongside this, there will be the need for the social care workforce to have the skills and knowledge to be able to respond to and understand the key needs of people with increasingly complex age-related and longer term health and care needs.
5. Attitudes and expectations of public services are also changing. The expectations of people who will reach old age over the next 35 years will be very different to many of those held by older people now. Increasingly people are looking to be more in control of their own lives and want to have more say in the ways in which they are supported. The majority of people who will use services in future have come to take for granted a far higher level of comfort and choice whether, for example, in domestic technology or foreign holidays. As a society, we have grown used to having more choice and being able to determine our needs and aspirations – this is what people are rightly looking for from adult social care and the people who provide it.



Adults who use care services

6. People who use social care services are also changing. During 2007-08, about 1.75 million people of working age and older people used different social care services – either provided by their local council or purchased on their behalf from private and third sector organisations. In the same year, local authorities spent £16.5 billion on social care for all adults.
7. While we have historically tended to consider only those people who access social care through councils, self-funders – people who fund their own care, either partially or completely – represent at least 50% of older people and in some areas as high as 80%. These percentages are likely to increase over time.

The adult social care workforce

8. The adult social care workforce is formed of many thousands of people, all carrying out important roles working with and for people who use services in different roles, settings, and locations. Every day people working in adult social care are making a massive and hugely positive difference to the way people are living their lives. Like the population it serves, the adult social care workforce is highly diverse and is drawn from a wide range of groups in the community. Overall, it stands at about 1.5 million workers and is made up of many different occupational groups working to meet the needs of many different people.

9. The workforce is changing profile and we know that:
- there has been an overall increase of 8% in the social care workforce since 2006-07;
 - numbers employed in adult social care by councils fell from an estimated 228,000 in 2006-07 to 221,000 in 2007-08;
 - numbers working in the independent sector increased from an estimated 988,000 to 1,070,000, and in personal assistant roles from 113,000 to 152,000.

Adult Social Care Workforce



Residential care workers 635,000 (42%)



Domiciliary care workers 503,000 (33%)



Community 208,000 (15%)

(including NHS and organisation and management of care in local authorities and community)



Day care workers 67,000 (4%)

Total Directly Employed 1,413,000 (94%)

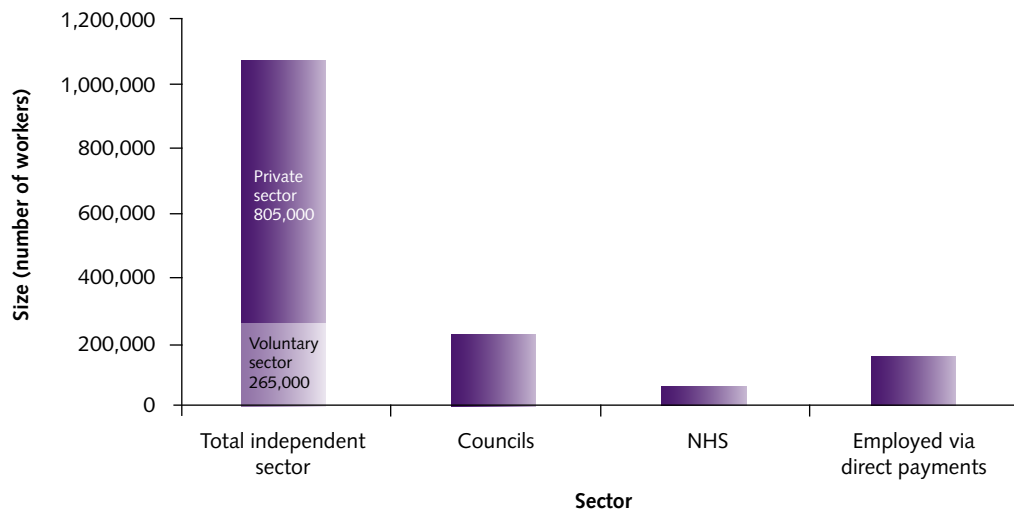


Agency workers and those not directly employed 93,000 (6%)

Total Workforce 1,505,000 (100%)

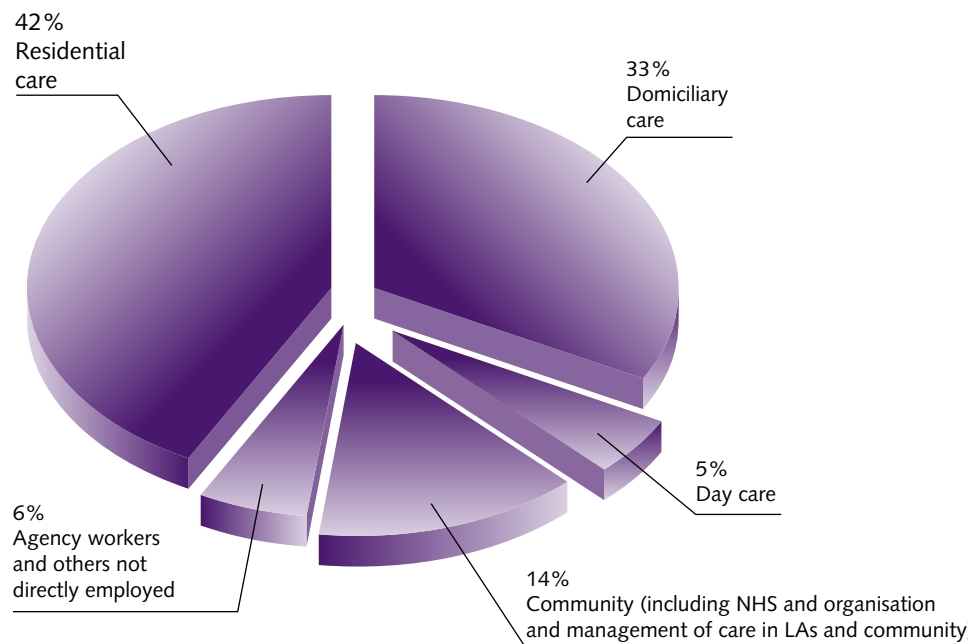
Source: Table 8.1 Estimated size of the adult social care workforce in England 2007-08: The state of social care in England 2007-08 – Commission for Social Care Inspection

Estimated size of workforce by sector



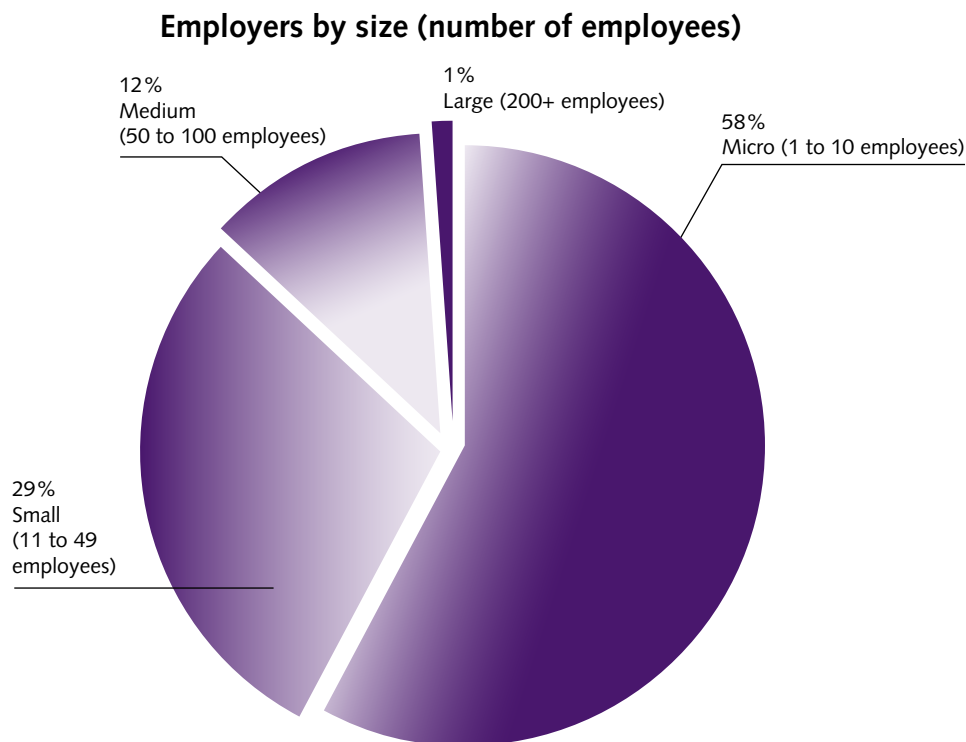
Source: The state of social care in England 2007–08 – Commission for Social Care Inspectorate (CSCI)

Total workforce by area of work



Source: The state of social care in England 2007–08 – Commission for Social Care Inspectorate (CSCI)

10. There are many different occupational groups that make up the adult social care frontline workforce. Primarily, these include:
- social workers
 - residential care workers
 - day care workers
 - home care workers
 - registered managers
 - personal assistants
 - occupational therapists
 - other staff in caring roles, support workers & volunteers.
11. These primary workers interact day-to-day with many other occupational groups who form part of the wider frontline social care workforce:
- nurses and other health practitioners
 - children's social care workers
 - physiotherapists
 - workers in other sectors, such as housing, leisure and transport.
12. There are also groups working alongside these frontline staff in key leadership, managerial and support roles across the statutory, private and third sectors:
- elected members
 - Chief Executives, Directors and managers of independent and third sector providers
 - Directors of Adult Social Services
 - HR Directors in local authorities, PCT's and independent organisations
 - workforce commissioners
 - HR, recruitment and training managers and staff
 - finance managers
 - analysts and other technical staff
 - administrative and clerical groups.



Source: Skills for Care Annual Workforce Report 2008

13. Very importantly, the paid workforce is also key to supporting the vital and substantial contributions of family carers, neighbours and volunteers who provide support for people using services every day. The work they undertake cannot be overestimated and they play an extremely important role in delivering care. Set out in the Carers' Strategy¹ was a commitment that, by 2018, 'carers will be able to have a life of their own alongside their caring role'. In practice this means that the paid workforce will,

going forward, have an increasingly important role to play in providing quality care and support in partnership with carers.

14. The recognition of this and the interactions and relationships they have with the frontline and wider workforce are vital to the delivery of *Putting People First*². Increasingly local authorities are offering those in caring and volunteering roles access to learning and development.

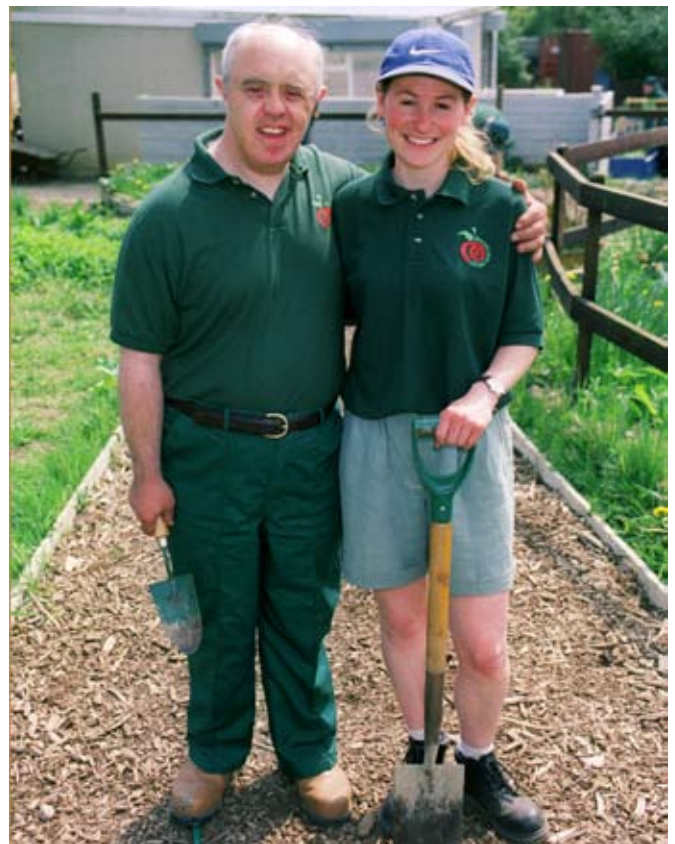
1 2008, Department of Health, *Caring about carers: a national strategy for carers*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006522

2 2008, Department of Health, *Putting People First – working to make it happen: adult social care workforce strategy – interim statement*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085642

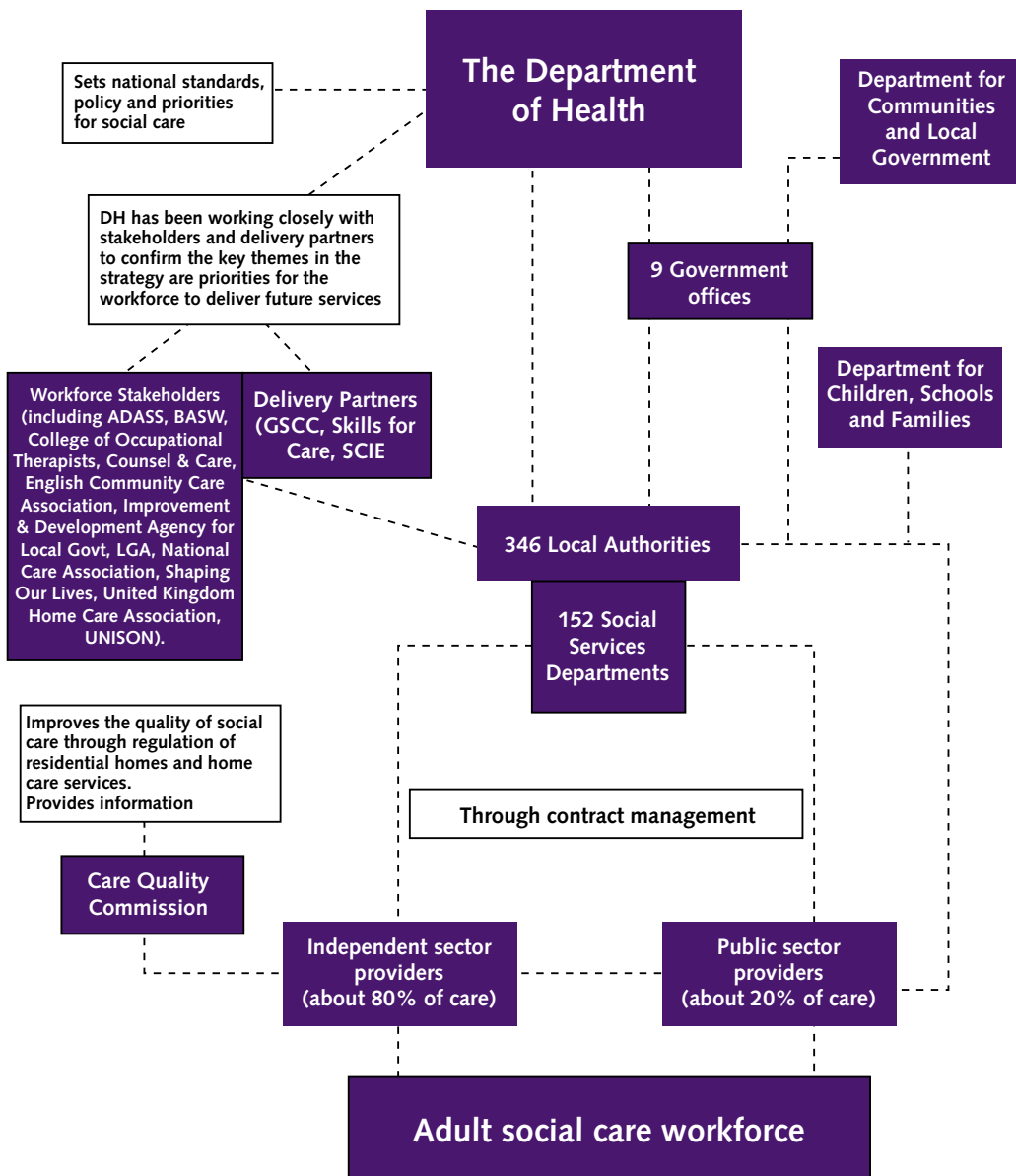
15. *Caring with Confidence*³ meets a commitment made in *Our health, our care, our say*⁴ to support carers manage the vital responsibilities that they assume. The programme provides training to carers, empowering and enabling them. It informs them of their rights and the services available to them as well as developing their advocacy skills and their ability to network with other carers to support their needs. Face-to-face training for carers began in August 2008 and the distance-learning version became available in spring 2009. *Caring with Confidence* provision will reach full capacity during summer 2009. The delivery of *Caring with Confidence* will be through existing local providers of services – whether from third or statutory sectors. Up to £4.6m per year is being made available to fund the programme.

Social care organisations

16. The social care system is made up of a large number of different types of organisation (government, statutory, employer-led, third sector) working at national, regional and local levels in relation to workforce and other adult social care issues. The diagram on the next page illustrates some of the relationships involved – detailed descriptions of their roles may be found on the organisations' websites.



- 3 2008, Department of Health, *Confidence in caring: a framework for best practice*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086387
- 4 2006, Department of Health, *Our health, our care, our say: a new direction for community services*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453



Source: Department of Health 2009

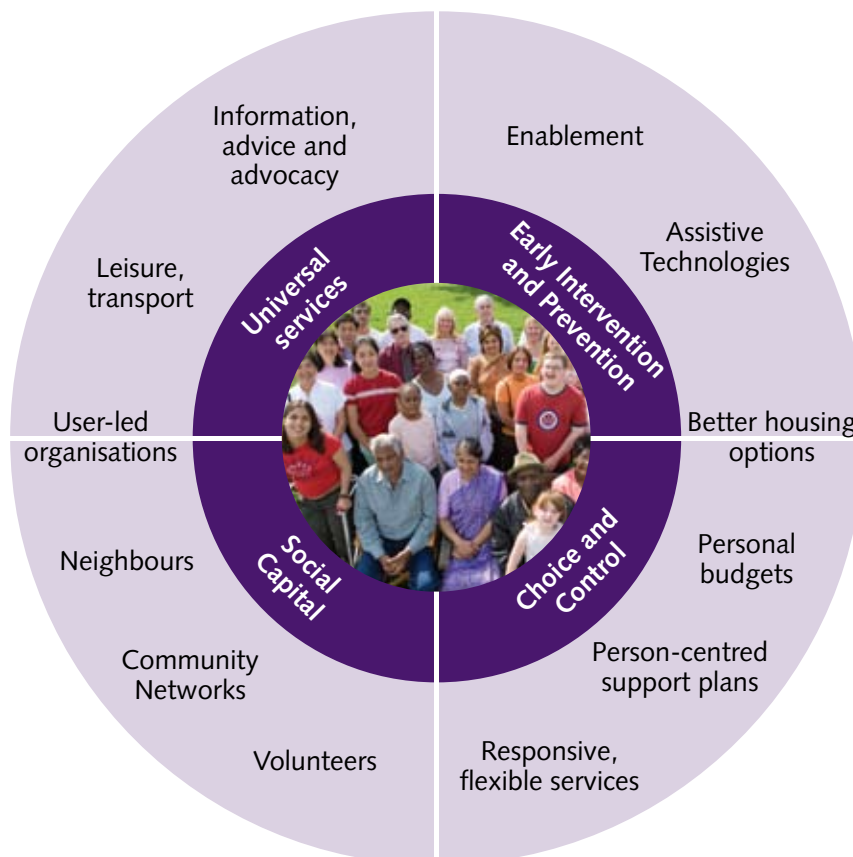
Chapter 2: Vision – working to transform the adult social care workforce

17. Our vision is one of a confident, enabled, and equipped social care workforce – a workforce who are able to deliver truly person centred care and understand and see the key role that they are making to delivering transformation. We see a workforce that is growing in confidence, learning and skills, led by inspiring leaders and championed by government. A workforce which supports the cultural shift from:

- clients to citizens
- welfare to well being
- expert to enabling

- transactional change to transformational change
- “freedom from” to “freedom to”
- safety net to spring board.

18. *Putting People First* is the key driver for this strategy. It is a positive vision of citizens taking control in accessing the care and support they need. *Putting People First* is about enabling people, even those most disabled or disadvantaged, to participate as citizens in society and take as much control as possible over their own lives. There are four main components of the transformed adult social care system, all of which are



important to the workforce. These are illustrated in the diagram below and include: early intervention and prevention, choice and control, social capital, universal services.

19. *Putting People First* set out a series of outcomes, which the transformation of services aims to deliver:
 - independent living
 - good health
 - maximum control
 - sustainable families
 - equal citizenship
 - quality of life
 - dignity and respect.
20. The implementation of *Putting People First* is being underpinned by over half a billion pounds of additional funding through the Social Care Reform Grant. The aim is to ensure that substantial change across the public, private and third sectors is achieved within the next three years, this is a huge challenge – which the workforce will need support to achieve.
21. In some areas, this may mean massive change. In others, the change may already be well underway. There will be as much change for those people working in the private and third sectors as in local government. The key is that there is joint work undertaken between sectors to deliver change.
22. In the future, people will increasingly employ their own workers and access services where the norm will be multi-agency teams comprising social workers, occupational therapists, personal assistants and managers working alongside health workers, housing officers, leisure assistants, volunteers, and carers. Increasingly new roles and ways of working will be demanded by people who use services. From the perspective of people using services, it is already irrelevant which organisation or employer someone works for – except where this represents a difference in whether services are means-tested.
23. The transformation of adult social care will also impact as much upon those people working in the direct delivery of care and support as it will upon those people leading, managing and commissioning adult social care. It will impact on those working in group and traditional settings as much as on those providing home care to individuals. There will need to be a transition – in some places further and faster than in others – so that those who do not immediately want new types of service provision may continue to receive care personalised to meet their expectations. We need all of those who are leading, working, training the social care sector to work together locally to achieve this and to begin to do this now with passion, understanding and belief in why their role is so important. We intend to work with

them and their organisations over the coming months to agree a compact to implement this strategy together, with everyone able to make their particular contribution to delivering what people who use services really want from adult social care in the twenty-first century.

24. Across the adult social care sector, we all have a responsibility to enable the workforce to develop and deploy new approaches, knowledge and skills. The workforce aspects cannot stand alone, we must assess and coordinate workforce development at all levels flowing, not just from *Putting People First*, but include *Valuing People Now*⁵, the *Carers' Strategy*⁶, the *Dementia Strategy*⁷, *Stroke Strategy*⁸, *Independent Living Strategy*⁹ and others. We also need to take account of future planned policy for mental health and the debate on long-term arrangements for support and care – through a Green Paper. Workforce development in adult social care
25. The introduction of personal budgets means that carers – family, friends, neighbours and volunteers – who have helped people to live their lives so fully over many years may become more formalised. More people using services may choose to employ people directly. This means that there will be both challenges and opportunities in ensuring people are supported and developed to do their job, as well as enabling people who use services to be effective in their role as employers.
26. We know that a decent quality of life where people can live with dignity and respect is a basic human right. Social care

5 2009, Department of Health, *Valuing people now: a new three-year strategy for people with learning disabilities*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

6 2008, Department of Health, *Caring about carers: a national strategy for carers*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006522

7 2009, Department of Health, *Living well with dementia – a national dementia strategy: demonstrator site programme*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097629

8 2007, Department of Health, *National Stroke Strategy*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097629

9 2006, Office for Disability Issues, *Independent Living A cross-government strategy about independent living for disabled people*, Crown, London. <http://www.officefordisability.gov.uk/working/independentlivingstrategy.asp>

10 2006, Office for Disability Issues, *Independent Living A cross-government strategy about independent living for disabled people*, Crown, London. <http://www.officefordisability.gov.uk/working/independentlivingstrategy.asp>

11 2008, Professor the Lord Darzi of Denham KBE, *High quality care for all: NHS Next Stage Review final report*, Crown, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840

needs to play its part in helping to deliver equality and human rights for people who use services. As the Equality and Human Rights Commission has recently set out, care and support has the potential to become a springboard, not simply a safety net, focusing on helping people to maximise control over their own lives in line with the vision in *Putting People First*.

27. As services develop in this way, both equality and diversity issues will be very important to workforce development. Making it more diverse presents opportunities in terms of bringing different types of people into the workforce; increasing choice; and adding value to the care it can provide.

Case Study – Where this vision is becoming a reality: Essex Coalition of Disabled People puts disabled people first

We are the Essex Coalition of Disabled People (EDCP). As part of our new four year strategy we aim to 'provide support planning and brokerage services to disabled people in order to underpin the implementation and effectiveness of self-directed support'. In other words, it's about putting people first.

We have set about achieving this objective in a number of innovative ways. We have agreed the secondment of a senior manager from Essex County Council, who has a strong track record in this area. The aim is to boost the development and implementation of a wider

set of support planning and brokerage services traditionally provided by the local authority.

This will affect those commissioning care services and aims to provide joined up services provided by this organisation, which draws on the 'lived experience' of disabled people. Over time, this will influence both the breadth and type of workforce roles required.

We have recently been successful in a tender to supply up to 500 customer support plans over the next year. This is an important step, as it provides an independent service for individual disabled people and will be a key part of the service outlined above.

Over the summer we will lead the retraining of all frontline Essex County Council adult social care staff in issues around independent living. This will support the introduction of a new self-directed support programme.

Mike Adams, Chief Executive of ECDP, says of the plans:

'To make this (Putting People First) agenda work will require a new relationship with user-led organisations. To that end, users are involved in the development, implementation and progression of services.

'This will inevitably lead to some fundamental changes in the workforce, and challenge assumptions about the roles of staff and where these staff deliver activities. It is an exciting time, and I firmly believe the opportunity exists to make choice and control for disabled people a reality, rather than simply rhetoric.'

Essex Coalition of Disabled People (ECDP) is an organisation run by and for disabled people. User-led, our origins are firmly rooted in a belief that the voices of disabled people, both individually and collectively, must be heard. This is vital if their everyday lives are to be enhanced.



Chapter 3: Leadership

28. Leadership, effective management and commissioning skills are crucial to delivering the transformation of adult social care. Leaders need to:
- look out to people who use services and their communities
 - be skilled at collaboration across systems and boundaries
 - work well within complex systems
 - be developed at all levels in the organisation
 - keep in direct contact with front-line services as their careers develop, as Lord Laming recently identified in his latest report on, *The Protection of Children in England*¹² (A Progress Report).
29. Working together to develop new responses and solutions to the emerging challenges of personalisation is key. Leaders developing a service user led culture in the workforce that is risk aware and not risk averse – promoting independence, understanding, interdependence and not simply managing risk – will be a challenging but necessary task to make service transformation a reality. Leaders in all sectors will take traditional service provision and develop new user-led models of care that involve both paid staff and volunteers in innovative ways.
30. One key leadership responsibility will be commissioning for the whole community ensuring the need for clear outcome based contracts as part of service provision. These will be core to giving people increased flexibility over how their care and support is provided. At the same time leaders will need to work together across systems (adults' and children's', social and health care, housing and transport) to drive change, supporting and involving local communities.
31. New cadres of leadership talent for adult social care need to be planned and fostered in the independent as well as public sector. Capturing this leadership and nurturing it will be crucial. A new National Management Training Scheme is being planned to encourage and support graduates to move into the social care sector. We will also be looking to develop leaders across the NHS and local government in order to exploit all available resources and to develop and foster leadership across systems.
32. Key to transforming adult social care is that user-led organisations and networks provide strong voices for people seeking support and using services so that they influence and change the way existing services are delivered. These organisations, networks and the individuals

12 2009, The Lord Laming, *The Protection of Children in England: A Progress Report*, Crown, London.
<http://www.victoria-climbie-inquiry.org.uk/finreport/finreport.htm>
<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=HC+330&>

commissioning their own services may need support and development to improve their leadership capacity and learn how to develop services according to the principle of co-production.

33. The Government has given Directors of Adult Social Services (DASSs) a pivotal role in leading workforce change at the local level in making them responsible for strategic workforce commissioning. DASSs have been working together through their Association, ADASS, and with other delivery partners, to explore how these responsibilities can be exercised. Peer support is clearly very important, but to enable the workforce transformation required by *Putting People First*, more action is needed to develop the role further and provide support so it can be actively fulfilled.
34. Political leadership is clearly an essential element of transforming social care and this was recognised in *Putting People First*. The role of elected members in supporting the changes needed, including transforming the workforce, is crucial. We want to look at the merits of identifying a lead member for adult social care in a similar way as has applied to children's services for some time. A number of authorities have already taken this step, taking into account the substantial nature of the changes involved in the transformation of adult services and indeed in the crucial cultural shift described earlier from client to citizen.
35. Local authority Chief Executives need to ensure the skills and knowledge are available to take on new responsibilities in commissioning and market management to enable implementation of the new approaches required. Different types of information systems and analytic and technical skills may also be needed. This will support the development of a personalised market where growing numbers of people, individually, in groups and networks, use personal budgets to obtain services, including funding from non-traditional sources.
36. The Department of Health now has a stronger working relationship with local government than ever before. New Regional Deputy Directors for Social Care are forging strong relationships between the Department and Directors of Adult Social Services, and bringing their expertise to every region in England.
37. In many regions, workforce is already well established as a priority for development as part of Social Care Transformation. Essential to this new infrastructure are the sector-led Joint Improvement Partnerships (JIPs). The JIPs are already beginning to work closely together with the new Regional Improvement and Efficiency Partnerships (REIPs) set up by the Department for Communities and Local Government. A challenge for the success of the Joint Improvement Partnerships is to ensure they represent the whole sector.

38. The right system architecture between the Department of Health and its delivery partners is also fundamental to the ability of the workforce to deliver high quality personalised care. We will rely heavily on our delivery partner organisations to take forward actions to underpin this strategy.
39. The Department continues to provide significant funding to these organisations and we considered it was right for us to review whether value for money is being achieved and whether the architecture is fit for purpose in enabling us to deliver on our overall objectives. That is why we have commissioned a review of our delivery partners, including:
 - the General Social Care Council
 - the Social Care Institute for Excellence
 - Skills for Care
40. This review is currently ongoing and we will need to look at its outcome in the light of the parallel delivery chain review being undertaken by the Department for Children, Schools and Families and the findings of the Social Work Taskforce.

Highlights

Work we have started to strengthen leadership:

- ✓ the Department of Health has supported the sector to develop a new body, the National Skills Academy for Social Care to identify gaps, transform provision and celebrate, endorse and promote excellence in skills development, learning support and training practice in social care in England.
- ✓ the Social Care Skills Academy is developing a National Management Trainee Scheme to look at attracting high quality graduates and executives of the future into the adult social care workforce. The scheme is in development planned for launch later in 2009
- ✓ the Department of Health is working with the NHS Leadership Academy to see where there can be an increasing focus on joint leadership initiatives between health and social care
- ✓ the Department of Health reviewing the roles and functions of key national delivery organisations (General Social Care Council, Skills for Care and Social Care Institute for Excellence). We plan to publish the outcomes of this later in the year.

Keeping the focus on leadership

Over the next two years, we will focus on:

- identifying 'workforce champions' – we will engage with stakeholders to see whether there is an appropriate leadership role for elected lead members for adult social care – mirroring the successful approach taken in children's services
- considering what needs to be done longer-term to develop future adult social care leaders at all – focusing on retaining and grow talent
- looking at new ways of helping strengthen cross-sector leadership and commissioning skills within the context of the Next Stage Review and World Class Commissioning framework
- looking at what we need to do to help the sector's leaders in their strategic workforce planning roles

Case Study – Leadership Bupa – high performance management practice

Bupa Care Homes Personal Best programme, which encourages care workers to provide a truly individual service, has won the Chartered Institute of Personnel and Development Annual People Management Award. The programme encourages care workers in Bupa's 303 homes to understand the needs of each resident and helps care assistants to develop the skills they need to offer personalised care that is tailored to the individual.

The Personal Best programme has led to changes that help residents feel more at home, for example, getting chickens for the home's garden for a resident who had kept livestock all his life, laundry staff sitting and talking to residents in their room while sorting and mending clothes and so on.

Bupa builds on the Personal Best programme through its leadership and management programmes which are based on a set of behaviours and expectations for its top performing leaders. The Bupa programme is based on evidence that excellent leaders:

- behave according to Bupa's vision, values and strategy (are a role model)
- develop people individually and for the benefit of the group -nurturing talent through training and mentoring
- are exemplary ambassadors for Bupa
- value diverse professional experience

- create a culture where continuous learning is encouraged and valued
- are open and trustworthy and value this in others
- understand feedback and act upon it
- use 'outside world' to share and benefit from other perspectives and practices
- inspire confidence in Bupa's leadership.

Participants in Bupa's management programme get the opportunity to explore wider perspectives through the development programme which includes academic study of leadership theory, the chance to look at leadership in other organisations and settings and the chance to develop and explore their own leadership style and practice.

Bringing together leadership across both care workers and managers helps develop a culture and an expectation that each person can lead the best individualised personal care and develop an understanding that "this is down to me".



Chapter 4: Recruitment, retention and career pathways

41. Recruitment and retention of quality social care staff, particularly in some areas, remains a challenge. *Putting People First* aspires to a social care workforce drawn from all sections of the community. Communities and individuals should be able to access support from a workforce with a wide base of cultures, skills and personal attributes. Though in many areas this is already happening, there is still more to be done.
42. There are many initiatives taking place to address this, including the successful national recruitment campaign funded by the Department of Health. The aim of the annual campaign is to raise awareness of and interest in the employment opportunities in the social care sector. We want to encourage people to consider a career in social care and provide routes for people to find out about vacancies in their locality. This year's adverts on TV, radio and press built upon last year's, which broke new ground in showing real-life relationships between social care workers and the people they are caring for.
43. At the local level, there are many examples of innovative recruitment and retention strategies, including a focus on promotion of talent within organisations and creative thinking about development of longer-term skills and career development. For example, some employers have expanded provision for access to funding for NVQs and other qualifications.
44. Employers are concerned about vacancy rates and turnover in some areas. They are also concerned about the need for clearer career and long-term opportunities for roles such as Personal Assistants (PAs). To be effective, PAs will need ongoing support and development opportunities. Stakeholders also wanted to see action nationally to draw in more talent at all levels to the sector and championing social care as a sector attractive to those starting out their working lives and this is an area which we want to drive forward at a national level.
45. The Chancellor has announced in the 2009 Budget that under the new scheme, Care First, there will be 50,000 new traineeships with social care employers for suitable young people. Social care providers will receive a subsidy for offering sustained employment and training to young people who have been out of work for 12 months, giving them the skills and experience they need for a career in the sector. Up to £75 million will be made available. Proportionate training and safeguarding checks will be carried out prior to the young people starting work.
46. In recognition of ministerial priorities, we have been examining the contribution adult social care might make to increasing apprenticeship opportunities. Our proposals will target specific groups where there have been traditionally low numbers of social care apprentices. Moreover, it also supports the personalisation work of *Putting People*

First by increasing the numbers of PAs. This will provide a significant step forward towards increasing apprenticeship numbers in social care and will provide an improved infrastructure for delivering future growth in this part of the workforce.

47. We recognise that for employers, achieving public awareness of what the adult social care workforce is can be a challenge to effective recruitment. When the 'adult social care workforce' is talked about in future, the image should be of a sector which offers many opportunities – a variety of different careers, all drawn together with a common purpose of working with adults in social care settings. We aspire to a future with an increasing prevalence of people using services and carers who help design and implement recruitment programmes as a way to ensure that the right people with the right aptitude, skills and talent can be attracted and retained in the sector.
48. We want to raise the profile of the sector as somewhere worth working, with attractive career prospects. Though, there are things that can and will be done in this respect at a national level, fresh and innovative local recruitment campaigns, targeted at elements of the local workforce that might perhaps historically have been under-represented will help to bring in new workers.
49. Adult social care has many roles to offer. Employers will benefit from targeting wide ranging groups for recruitment into social care – school-leavers, new graduates, post-graduates, people opting for career-change, people returning after raising a family, the early retired and newly retired; people from groups under-represented in the workforce; people with experience as users of services and carers. We need to ensure that people looking to volunteer in social care can see this as a stepping stone towards a formal career.
50. We know that people coming to work in social care will have aspirations for career development and we need to reflect this in the development of new career pathways. Some will wish to stay in front line work and we know from the National Minimum Data Set for Social Care that some will move between public and private sector. Some will be looking for career pathways that build on their growing experience – this has been recognised in some localities by the development of career pathways to move from one level of experience to another.
51. People who use services need to be assured that providers of adult social care services can access routes to attract the right people and keep them within the workforce. People who choose to directly employ personal assistants should be able to do this flexibly and with support always offered. This support should include information about the responsibilities involved in employing someone and options for those responsibilities to be taken on by others, whether the local council or another

agency including user-led organisations. In addition, robust mechanisms for recruiting, supporting and retaining volunteers will be necessary, given their important role in contribution to more personalised and tailored care and support for individuals.

52. We know that despite the best efforts of some recruiters, for some roles and in some areas of the country, pay and remuneration can be a concern in the sector. While the Department does not set the pay, terms and conditions for adult social care workers, the Government recognises that there needs to be a renewed focus on ensuring that when commissioning for services, there is a clear remit to include quality commissioning for fair workforce terms and conditions. The solutions here will not be straightforward and will need to be considered carefully as a long-term challenge against the backdrop of the economic efficiencies that government departments, local authorities and service providers need to deliver in the current challenging economic climate.

Highlights

Work we have started to strengthen recruitment, retention and career pathways

- ✓ we have committed to increasing the number of social care apprenticeships significantly targeting specific groups where there has been traditionally low numbers of social care

apprentices, including apprenticeships for Personal Assistants

- ✓ build on the continuing success of the annual Department of Health recruitment campaign – ensuring that it more closely aligns regional and local operational needs and helps attract under-represented groups into the workforce
- ✓ increase the number of Social Care Awards in the Department of Health's annual Health and Social Care Awards initiative and the Skills for Care Accolades programmes as a way of raising the status and celebrating good practices
- ✓ we have worked with Skills for Care to introduce a new award as part of the Accolades programme for the social care apprentice of the year

Keeping the focus on recruitment, retention and career pathways

Over the next two years, we will focus on:

- considering how we can enable people who wish to employ their own staff to do so more simply and with greater confidence and support.
- modelling a number of career pathways across adult social care and explore ways of increasing the number of late entrants and returning mature social care workers

- assessing where there are potential areas we can do more to strengthen long-term career development opportunities across the sector through clearer career pathways underpinned by improved opportunities for continued professional development and personal development.

Case study – Recruitment and retention MacIntyre: better care and staff retention

MacIntyre, a national charity working with children and adults with learning disabilities, has recently developed a new approach to workforce recruitment.

Its aim was to try and answer the question 'what makes a great care worker'. MacIntyre used the answers to shape its whole workforce policy. MacIntyre's objective is to improve the quality of 'interactions', the day to day experience for all people using MacIntyre services, in all settings and at all times. It's called this initiative *Great Interactions*.

The project has gone through a number of important stages.

Firstly, MacIntyre worked in partnership with Kenexa, a specialist human resources consultancy, to construct a personality profile for people who routinely deliver high quality, personalised care.

Together they created a competency based framework for recruitment. They found a significant difference in the profile of these 'naturals' from the standard profile for a

random member of the general public. Interestingly, they were found to be more introverted, while also more independent-minded and willing to challenge over an issue of principle.

Secondly, MacIntyre used video clips to analyse the behaviours that lead to great interactions and came up with a cluster of key skills. These are observation, responsiveness, reflection, personalised communication, appropriate eye contact, touch, posture, good listening, being creative and, of course, personal warmth. These have been incorporated into interactive learning tools and taught to all colleagues as part of their induction.

Thirdly, MacIntyre created a comprehensive policy and implementation plan fully endorsed by the charity's trustees. It places a duty on all employees to be responsible for the standard of their practice.

A similar duty has been placed on line managers to be responsible for the standard of practice within their teams. Each job family has been given an area of responsibility in the implementation plan. In particular, supervisors have been challenged to take lead roles. In addition, a *Great Interactions* champion has been appointed and a comprehensive four day training programme created and delivered to all supervisory colleagues.

Mr Bill Mumford, managing director of MacIntyre commented, 'A lot of people say a certain person is "a natural" at this type of work or "born to do the job", which isn't very helpful when you are recruiting staff. One of

Kenexa's jobs was to help demystify this kind of approach and to be more specific about what we are looking for.'

He added: 'Having all our support workers at this high-performing level will not only enhance the quality of care for our disabled service users, but will help reduce our staff turnover. We believe we now know the cluster of skills necessary for this sort of work. Our challenge now is to go out and find them.'



Chapter 5: Workforce remodelling and commissioning

53. Local workforces will need both to be remodelled and commissioned differently in future. Much of the remodelling will be undertaken by service providers, building on the experience they already have of adapting the provision to changing need locally. This is about shaping the workforce so that the right people with the right skills have the opportunity to undertake the roles and tasks which people using services want.
54. People want care and support that meets their needs; care and support which is empowering and not limiting. This requires a confident and supported workforce that is expert not only in providing support directly, but also in providing and brokering access to wider services, advice, advocacy, and information. It needs a workforce comfortable to advise on decision-making, and managing risk, with an understanding that the person using services, wherever possible, should always have sufficient opportunity to act as decision maker where they have capacity.
55. The entire workforce does not need to change overnight to deliver *Putting People First* or this workforce strategy. But all the people who make up the workforce will in future need to make personalised services the norm; regardless of whether those services are defined by people using services as user-led commissioners, by the workforce or employing organisations.
56. The principles of co-production are being developed as the fundamental building blocks of self-directed support and of the new ways of working with people who use services. People using services are already taking things in their own hands and designing the services and roles, including new types of roles, which they want to enable them to live fuller lives using personal budgets and direct payments. Many will need support in finding the best ways to do this. All those who employ people will need to understand the responsibilities that brings.
57. Personalisation will require more sophisticated workforce planning which looks at the aggregation of individual choices by people using services and makes more explicit links with other sectors. Such workforce planning must maximise opportunities for strategic market development; bring together skills across different professional groups; identify different ways of working; and spell out the changing requirements within professional roles.

58. The seven principles of workforce redesign as set out in the framework for service transformation in adult social care (insert reference) are core to:
- take a whole systems view of organisational change
 - recognise how people, organisations and partnerships respond differently to change
 - nurture champions, innovators and leaders
 - engage people in the process – acknowledge and value their experience
 - be aware of the ways adults learn
 - change minds and change systems
 - develop workforce strategies that support transformation and recognise the shape of resources available in the local community
59. Effective and individual needs assessments must take place with a workforce that embraces personalisation and working in partnership with people who use services. Recognising that sometimes what may be relatively minor changes to approaches and ways of working can have a tremendous impact on the quality of somebody's life. This could range from a simple dialogue with a service user about what time they prefer to have help before bedtime to broader discussions exploring with a personal budget holder the potential options for using this funding.
60. People also want demonstrable value for money, especially when they fund their own care, but also as taxpayers. Higher efficiency and higher quality are both achievable. A driving factor in all workforce planning will be seeking efficiencies alongside improvement. This can range from ensuring we have the right people doing the right roles and not using highly skilled workers for lower skilled tasks. This means workforce planning and redesigning care pathways so that they are as efficient as possible as well as supporting the workforce to focus on reablement to reduce unnecessary dependency.
61. The context for more effective and efficient commissioning in social care workforce begins with an understanding of the future needs of the local community. This will become the essential tool in planning the future workforce. Every locality will now have completed their Joint Strategic Needs Assessment (JSNA) – this will have presented a good opportunity to discuss future collaboration with health and other partners. The JSNA gives the opportunity to commissioning the right people to deliver the right services in local communities.
62. To get to this point, organisations need to assess whether their current workforce plans are likely to achieve these goals. What is important is that these new models of care need to be understood, led and

championed by the workforce. The public, private, and third sectors working in partnership to assess where there are gaps in current practice will enable more personalised services to be delivered across existing and new settings. This means that local authorities may want to consider whether they have, within their internal workforce, sufficient skilled analytical teams and technological support able to develop local workforce intelligence strategies. We recognise the importance of full and accurate data in meeting this challenge. We have therefore invested in the National Minimum Data Set and employers are encouraged to prioritise its use for their purposes and ours, to underpin workforce planning at a local regional and national level.

63. Social work has a central role in delivering personalised services. Social workers play a key role in early intervention, promoting inclusion and developing social capital as well as safeguarding adults in vulnerable circumstances. They are skilled at identifying models of intervention, some therapeutic, some task centred and working through with people the outcomes to be achieved. They also undertake navigator and brokerage roles as well as supporting self-assessment. Learning from individual budget¹³ pilots has shown that social work input into self-assessment improves outcomes.

64. Where social workers support outcome focused self-assessment and co-production alongside people who use services, they are able to encourage individuals to be more personally ambitious, and to better articulate their wishes. There are also certain roles which should always be carried out by a registered social worker, largely centring around safeguarding adults in vulnerable circumstances. However, social work skills will continue to have a valued place across the whole continuum of need in adult services and should not be reduced to safeguarding alone.

65. Supervision of front-line workers remains of critical importance. The government has already accepted Lord Laming's recommendations with respect to the supervision of social workers. We will be examining their distinctive and unique contribution to the workforce as a whole and how this can be optimised and supported.

66. In setting up the Joint Social Work Taskforce, the Secretaries of State for Health and Children, Schools and Families acknowledged that the job social workers do is critical for the nation. As well as responding to the children's social work issues arising from Lord Laming's report *The Protection of Children in England: A Progress Report*, the Taskforce will identify what changes are needed to drive

13 2008, Individual Budgets Evaluation Network (IBSEN), Evaluation of the Individual Budgets pilot programme: final report, SPRU, University of York, York. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505

improvements to front line social work practice in adults services.

67. Although services most usually focus on either adult and children's services, it is essential for social workers in all settings to have an understanding of families and social networks, All social workers must therefore be aware of legislation which relates to all client groups, including issues relating to transition from children's to adults' services and mental health services.
68. We will respond to the findings of the Task Force and build on the work already underway on the roles and tasks of social workers to ensure that professional social work training equips graduates to work to deliver *Putting People First* and enables them to support adults in vulnerable circumstances to achieve their desired and agreed outcomes. Practice learning in specialist settings will continue to be a core part of learning and social work employers must recognise their responsibilities to invest in their social work workforce of the future.
69. Building on the professional qualification, we need to develop opportunities and expectations for continuing professional development, so that the social work degree is the beginning of the learning process and not the end. A professional culture of lifelong learning, continuing reflection and improvement will be essential to drive up the quality of services.

Highlights

Work we have started to strengthen workforce re-modelling and commissioning:

- ✓ the Department of Health has announced proposals to support Newly Qualified Social Workers in their early years of practice and is committed to setting out the core purpose of roles and tasks for adult social work
- ✓ the Department of Health and the Department for Children, Schools and Families is working jointly on the implications of the Laming Report for social workers in adult services
- ✓ the Social Care Institute for Excellence has been asked by the sector to set up an advisory group to consider the production of an ethical code for use by all those involved in the provision, commissioning and manufacture of assistance technology and telecare. This will be published towards the end of this year.

Keeping the focus on workforce re-modelling and commissioning

Over the next two years, we will focus on:

- looking at how best we can promote the principles of workforce redesign and the participation of people using services and their families, including in relation to equalities and human rights
- reviewing the recommendations of the Social Work Taskforce and consider the actions required for adult social workers, to achieve a skilled, confident and valued profession
- undertaking an options appraisal to consider how using the National Minimum Dataset for Social Care can offer increasing benefit for employers
- assessing whether there is a need for increasing support to employers who are introducing new roles and flexible responsibilities

Case Study – workforce remodelling Manchester – now it's getting personal

Manchester City Council has embarked on a programme designed to transform the way its social care workforce operates. The initiative, and all the work that supports it, pave the way for personalisation of social care – an approach that gives users of these services a say in shaping provision.

To date, the council has gone from supporting 340 users with individual budgets to 2,430. Now all new customers requiring a long-term care plan are given an individual budget. This amounts to 30 to 50 new customers with individual budgets each week.

In April 2009, the council implemented a major structural re-design based on district-based service delivery. This redesign will see integrated working between re-ablement staff, personal assistants, brokers and care managers.

The council has made use of its inclusion in a pilot programme that is testing if it is viable to give all people requiring long-term support their own care budgets to spend. The pilot required practical changes across the social care department workforce, designed to enable members of staff to provide more personal choice and plan for this.

Working with staff, trade unions and key partners, the department designed a 'social care pathway' that supported customer choice at each of six key stages of the service-user journey.

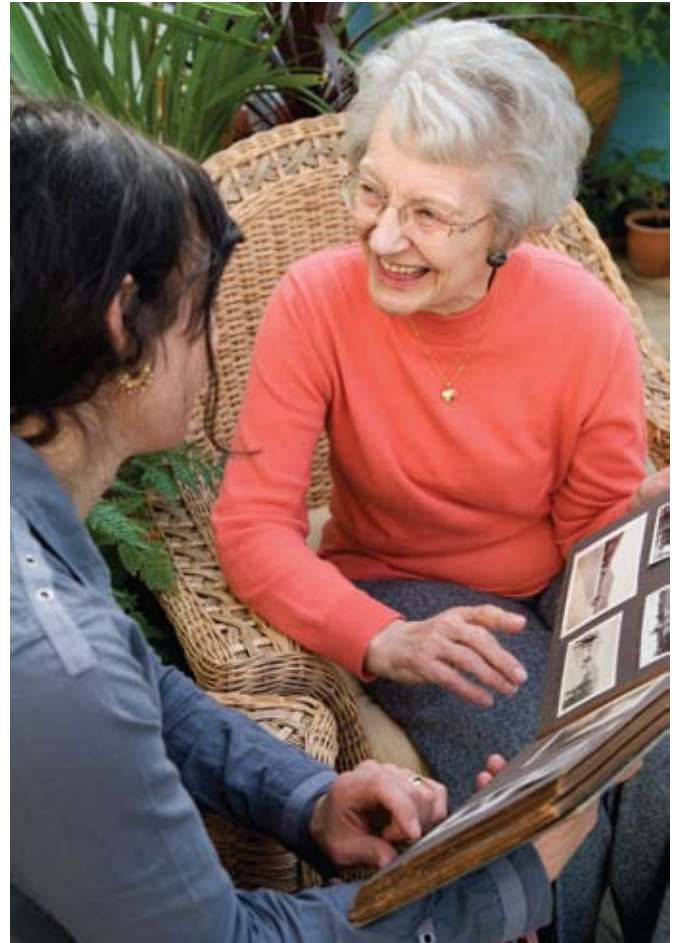
In the early stages, staff groups were involved in evaluating how changes in workforce structure and training should happen. Representatives of all staff were involved in redesigning the way the department worked, writing and agreeing new guidelines and procedures.

Managers at all levels took part in a leadership programme to support these changes. Workshops focused on developing and providing personalised services including

individual budgets, on changes in the IT systems to support this, and on the balance between safeguarding against risk and ensuring individual choice.

This has led to the staff roles being re-defined and a restructuring of the department as a whole. Competencies – the main skills and requirements for each post – have been reviewed. Staff who previously supported direct payments now work as care brokers and care managers helping people plan support, rather than determining care delivery.

All this has taken a long time to carry through – over three years. Staff are positive about the changes over all. For many, giving customers a choice was their main reason for entering social work in the first place. Some have happily seen these cultural changes reap wider benefits – in their personal lives and relationships outside work.



Chapter 6: Workforce development

70. Our aim is to create a more confident, competent, empowered and diverse, workforce with increasingly sophisticated skills to secure the quality of services and dignity of those people receiving social care. This needs to be achieved in the context of increasing and complex needs and long-term conditions. Social care leaders, across the public, private, and third sectors, must therefore work together to deliver effective initial, professional, vocational and post-qualifying learning and development and agree the best ways to achieve improvements in capacity, skills and competence.
71. To be able to meet the needs of people using services confidently and efficiently in new and changing settings of care provision the workforce must have the right skills and knowledge – whether this is through formal qualifications, professional practice or skills and knowledge development in the workplace.
72. Crucially we must help staff at all levels understand and apply different approaches that put people at the centre and, vitally, employers need to enable each member of staff to put into practice the developing different skills sets and knowledge bases needed to meet this demand.
73. There is a wide range of very successful initiatives already ongoing at a national level to support the development of the current workforce. Local workforce development plans are being developed in partnership by the public, private and third sectors to equip the cross-sector workforce with the values, knowledge, skills and competencies to respond to the changing needs of people needing care and support.
74. We have also been undertaking a range of initiatives in response to Dame Denise Platt's report *Raising the Status of Social Care*¹⁴. Work to implement the five point plan in response to that report has resulted in the setting up of the National Skills Academy for Social Care; the establishment of social care TV, a web-based resource developed by SCIE which will be launched later this year; an on-line journal; Department of Health partnership with Skills for Care in the Social Care Accolades to recognise and celebrate good practice in workforce development.
75. For social workers, we have invested in the post-qualifying framework to encourage employers to support continuing professional development and the development of specialist skills in social work with adults and mental health. For newly qualified social workers (NQSWs) we have provided £4m to support the implementation of the NQSW framework for adult services. Skills for Care is developing a set of tools to support

14 2009, Commission for Social Care Inspection (now Care Quality Commission), *The State of Social Care in England 2007 – 08*, Care Quality Commission, London. http://www.cqc.org.uk/_db/_documents/SOSC08%20Report%2008_Web.pdf

NQSWs and their managers and provides funding to support them to undertake PQ training.

76. However, there is still more to do. There is currently a large number of public, private and voluntary sector organisations providing skills development to the workforce, offering many unaccredited courses, and a complex range of qualifications funded by a number of often overlapping routes. This huge variety has the benefit of offering the potential to accommodate every worker's particular skills development needs. However, it also offers scope for confusion across the sector for both training providers, employers, workers and amongst the public regarding their level of understanding of the competence level of the staff caring for them (Wanless Kings Fund Review 2006¹⁵).
77. We need to ensure that smaller employers and people who directly employ services are supported in their needs to understand the needs of their staff and access appropriate workforce development and training for their workforce. We want to do more to promote initiatives such as Train to Gain, where smaller employers can access funding for government approved training through accredited brokers, and will take forward the recommendations set out in *Quality Skills, Quality Services*¹⁶.
78. We know that take-up of Train to Gain funding has been increasing in the care sector and those achieving awards in the last three academic years have increased – with nearly 25,000 employees achieving a new qualification through Train to Gain during 2007/08. Nationally, we want to do more to support employers access this funding.
79. Alongside this ongoing work, we need to recognise that the social care landscape is changing at a quickening pace – something the workforce is driving forward purposefully. Education providers need to devise, implement, and evaluate new and effective ways of meeting the training and development needs of the great majority of the adult services workforce who are the frontline care staff in residential and home care services – informed by the range of new knowledge and skills required.
80. Core to this changing landscape are the increasing numbers of who are directly employed by people using services. Organisations who champion workforce development therefore need to seek new sources of knowledge. These include the experience and expertise of people using services and employing their own staff and actively disseminate and promote the use of that knowledge as a foundation for improved education and good practice.

15 2006, Derek Wanless, *Securing Good Care for Older People: Taking a longer-term view*, Kings' Fund, London. http://www.kingsfund.org.uk/research/publications/securing_good.html

16 2008, Cabinet Office, *Quality Skills, Quality Services*, Crown, London

81. The social care sector is now beginning to use technology and new products. These often come from organisations who have not previously supplied the social care market. The workforce has a role to be able to adapt to these new technologies and delivery mechanisms (alarm buzzers, digital television, internet, also assistive technology). There also needs to be a feedback loop from skilled social care practitioners to the suppliers of the technical equipment people are using (principally medical devices but increasingly now also assistive technology and telecare). This is crucial to drive the innovation of new products and services to meet the needs of individuals.
82. Alongside the need to understand how new technology can assist a person day-to-day, there is a need for the workforce to promote understanding that such technology can be enabling agents for people who use services to work. It is important that as a society we begin to recognise the importance of supporting people effectively to enable them to remain in or take up employment.

Highlights

Work we have started to strengthen workforce development:

- ✓ we are working with the Social Care Institute for Excellence on a programme of work to raise the status of social care, which includes Social Care TV, a new journal, new social care awards and a system for dissemination and good practice
- ✓ we are taking forward the workforce aspects of related strategies including the dementia and carers' strategies under the overall umbrella of the Adult Workforce Strategy to ensure a more coherent approach to workforce development
- ✓ we will commission a renewed sector workforce action plan from our delivery partners to take account of Department of Health workforce policy priorities

Keeping the focus on workforce development

Over the next two years, we will focus on:

- considering how best the new Qualifications and Credit Framework can be incorporated into workforce development policy
- exploring what more we can do to ensure employers across the sector can access government funding for training

- exploring options to ensure Personal Assistants and others directly employed by people using services are able to access local training
- looking at ways we can raise the profile of existing talent in the social care workforce – one option under consideration is whether it is feasible for the sector to be represented at the World Skills Olympics planned for 2011
- taking forward the recommendations of the Social Work Taskforce to secure improvements in the training and development of social workers

Case Study – Workforce development Skills Pledge case study Barchester Healthcare pledged to develop staff

Barchester was one of the first businesses to make the Skills Pledge in June 2007. This is a voluntary public commitment by an organisation to support all its employees, so that they develop basic skills.

This has enabled Barchester Healthcare to put the focus on internal training and to offer additional support to all employees.

To ensure that everyone can take part, the business has developed the *Barchester Academy*. This offers a range of programmes, some delivered virtually, concentrating on key literacy, numeracy and language skills.

Barchester ensures that each home has a 'home trainer' responsible for organising and recording all training carried out on the premises.

There is also an e-learning champion, a non-vocational qualification (NVQ) link person, trainers for moving and handling and a health and safety fire trainer.

One person can carry out all these roles. But generally they are spread around suitably qualified and experienced staff. Home trainers are given continual development and training. They are expected to hold an NVQ in Learning and Development, or the equivalent.

Barchester also offers apprenticeships in health and social care, catering and hospitality, learning and development, management, administration, and customer service. It has recently developed its own courses for activities, dementia and property services groups of staff.

Although employees gain a nationally recognised qualification, many of the apprenticeship programmes are primarily Barchester Diplomas. These are designed to meet the needs of residents, employees and the wider business.

They form part of employees' career progression. The organisation has challenged each care home to have a minimum of three apprentices.

Chapter 7: Joint and integrated working between social and health care and other services

83. People who use social care services have consistently said that they want the workforce in social and health care – and indeed across all universal services – to work together and be joined up. They do not want to have to repeat the same messages or give the same information to different professionals again and again. They want to be reassured that the workforce will work across organisational boundaries to meet their needs. This means we need to put much more emphasis on joint and integrated working.
84. Many areas have made significant progress. They have built on a shared system of values. They have pooled and aligned budgets, and shared accountability and decision-making, joint appointments, common induction and training for staff.
85. At the same time we need to ensure people who use services get the personal attention and the kind of support they need across all universal services including housing and employment, as well as health and social care. This will require building renewed joint working with the NHS and other services, ensuring a co-ordinated programme of workforce development and reform. Not only are there key interfaces and existing joint development work but a fair proportion of the social care workforce works in health settings or is employed by health organisations and vice versa.
86. The NHS is a key partner in commissioning and providing services – especially for the increasing numbers of older people and people with complex needs – which combine with adult social care to provide flexible care and support over time as people’s needs change. Much is already being done and much more can be in future to make sure that local authorities and Primary Care Trusts and service providers work together closely in delivering such packages of care, driven by what people who use services say they want. The extension of individual budgets to health care will increasingly help accelerate personalised care in the same way as that starting to be achieved in adult social care.
87. The role of elected members and in particular lead members of the relevant services needs to be strengthened. Elected members and service leaders play an important role in ensuring that the Local Strategic Partnership develops effective community strategies. Much progress has been made in many localities on integrating the public sector workforce, including links with housing, supporting people, leisure and adult education services. All these universal services are essential to transforming social care and elected members will want to play a part across them all, seeking to achieve the culture shift from client to citizen.
88. We need to address the barriers to successful joint working across the public, private and third sectors within social care, and between social work and social care

staff and professionals from health, housing and other sectors. People's requirements for support and care rarely fit neatly into service boxes and this needs to be recognised. Adults live within families, of which children are a big part, and families make communities. For example, all the occupational therapists working in social care have been training in the NHS and are able to use the understanding for the two agencies to work across boundaries and negotiate improved outcomes for their users which are not confined to single service arrangements.

89. Links are being made with workforce strategies emerging in allied sectors including the Children's Workforce Strategy, *Moving Forward Together*¹⁷ and the proposals accompanying the NHS: Our Future, in *A High Quality Workforce* for reforming the workforce planning, education and training system within the NHS – and across Government generally. We must consider the opportunities (and sometimes limitations) of joint training and workforce development across sectors, and approaches and barriers to interdisciplinary and multi-professional training and working. We will learn lessons from the use of Health Act flexibilities.
90. We will build the emerging framework for the electronic care records system over the next two years to advocate the use of NHS numbers as the unique identifier for all

future records. This will facilitate the development of common data and shared working across health and social care for front line practitioners across the workforce to jointly implement strategies

Highlights

Work we have started to strengthen joint and integrated working

- the Department of Health has set out its commitment to develop a Centre of Excellence for the NHS and Social Care. This will be key to identifying future workforce commissioning issues in the context of increasingly personalised delivery of services.
- Skills for Care has entered a partnership with the Association of Directors of Adult Social Services (ADASS) to provide a practical methodology, helping directors develop workforce commissioning strategies to enable the step change towards a personalised model of social care. The Integrated Local Area Workforce Strategies (INLAWS) will use the National Minimum Data Set to facilitate this process.
- the Department of Health has committed to Common Core Principles to Support Self Care. These principles represent the underpinning value base for personalisation in both health and social care settings. They are:

17 *Moving Forward Together: Joining up Workforce Strategies*, IDeA, Local Government Association, 2009

- Ensure individuals are able to make informed choices to manage their self care needs.
- Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self care.
- Support and enable individuals to access appropriate information to manage their self care needs.
- Support and enable individuals to develop skills in self care.
- Support and enable individuals to use technology to support self care.
- Advise individuals how to access support networks and participate in the planning, development and evaluation of services
- Support and enable risk management and risk taking to maximise independence and choice.

Over the next two years, we will focus on:

- learning lessons from where front line multi-disciplinary teams are working well and consider whether there is a need to develop further proposals to strengthen joint and integrated working
- considering whether there are more opportunities for joint governance and accountability across health and social care, especially around aligned or pooled budgets.

- considering lessons to be learnt from the Joint Task Force on more joined up working across adult and children's services
- exploring ways of increasing effectiveness and efficiency across improved and integrated health and social care pathways.

Case Study – Joint and integrated working in Knowsley

Knowsley Metropolitan Borough Council and the local Primary Care Trust (PCT) have a seven year history of joint working and development. Their aim is to tackle health inequalities and provide a seamless service for local residents.

We have developed integrated services by ensuring that service objectives are understood and shared under one management structure. Our staff retain their existing terms and conditions and professional accountabilities.

Chief Executive of the PCT, Anita Marsland, is also the Executive Director of Wellbeing Services, which covers social care, leisure and culture. She leads a single executive team and lead commissioners across the local authority and the PCT.

Building on success

Integration has been a success story in Knowsley for a number of reasons.

There is joint ownership of targets and performance indicators. This has had a positive effect on performance. These measures cover waiting time for assessments, carers' assessments, flu vaccinations and immunisation

targets. Staff in both health and wellbeing services know each other's important targets and work towards achieving these.

There is shared responsibility for pressures, especially financial, through jointly funded posts and the ability to move resources around.

Teams and services work from the same offices, leading to a better, more joined up service for customers. There are numerous benefits. Joint assessments are more easily arranged, changes to care packages are more quickly agreed and decisions on funding arrangements are made in good time.

Because of Knowsley's approach to people management and employment practice, staff are able to move between health and social care, whilst maintaining their terms and conditions of service. This improves employability, broadens people's skills base, improves retention, and is an important recruitment selling point.

Integrated teams

Our integrated teams include the Community Older peoples Teams. These include a project co-ordinator, community physiotherapists, a community occupational therapist, a district nurse, assessors, a pharmacist, a health visitor, a social worker, a podiatrist, administration, well being and accident prevention

There is an understanding of personalisation in health. That means developing and providing services with the involvement of the customer,

as well as a commitment to developing this policy across the health and social care area.

There have been demonstrable savings. For instance a reduction in our management costs which we achieved by establishing local working and even more integrated management.

Our staff report that it's easy to 'get things done' because influential people have signed up to the idea of accessible services and shared responsibilities. The joint training of staff and managers ensures that best practices on each side spread. It also maintains our drive to integrate our services further.

Anita Marsland, Chief Executive of the PCT and Executive Director of Wellbeing Services commented:

"The frontline staff knew that the only way to make a difference was to work together. There was no formal framework for that, but we have a track record of people being pragmatic and getting together to fuel projects. Health and wellbeing are everyone's business and we acknowledged that our roles are wider."

Chapter 8: Workforce regulation – assuring public safety and raising standards of care in the social care workforce

Introduction

91. In *Putting People First – Working to Make it Happen* we said that the transformation and reform of adult social care will have implications for models of regulation and require a new balance between creativity, innovation and proportionate regulation and risk management. We also said that we would need a regulation and quality improvement system that encourages and facilitates new and flexible ways of meeting people's needs and preferences whilst ensuring that the systems and processes are in place to guarantee safety, protection, quality and high professional standards.

The General Social Care Council

92. The General Social Care Council (GSCC) is the social care workforce regulator in England for both adults' and children's services. Northern Ireland, Scotland and Wales have equivalent bodies. The GSCC was established under the Care Standards Act 2000 and opened its register in 2003.

Registration of social workers

93. Significant progress has been made in setting clear professional standards for social workers in England since 2000. All social workers and social work students are now required to be registered with the

GSCC which helps to assure public safety and to drive up professional standards by:

- setting standards which a social worker must meet
 - setting standards of conduct and minimum standards for continuing professional development which a social worker must achieve in order to remain on the register;
 - providing a mechanism to take action against unacceptable standards of conduct on the part of social workers by operating systems to investigate complaints made by members of the public or employers about the practice of individual social workers; and
 - quality assuring the provision of social work education and training to ensure that it meets minimum standards (set by the GSCC).
94. The GSCC is still developing its conduct procedures. Awareness of the mechanism for making complaints about social workers to GSCC is not universally high. Looking to the future it will remain important for the GSCC to continue to promote greater awareness amongst the public, the employers of social workers and social workers themselves about mechanisms for raising concerns about the conduct of social workers. The employers of social workers also have a duty to act responsibly and

make referrals appropriately to GSCC where there are concerns about the conduct of workers.

Codes of Practice

95. The Government has accepted the recommendation made in Lord Laming's report 'The Protection of Children in England: A Progress Report' that the GSCC's codes of practice for social workers and for their employers should be updated. We will work with DCSF and the GSCC to review the Code of Practice for Social Care Workers to ensure the needs of children are paramount and that the code of practice for employers includes greater clarity about expectations around accountability, quality and amounts of supervision, reflective practice and support, and commitment to staff training and CPD.

Registration of the wider social care workforce

96. In 2007, the Government announced that home care workers would be the next group of social care workers to be registered. Since then the GSCC has been working up detailed proposals.
97. Because there are significant costs associated with extending a regulatory system, which are borne by employees, employers and the taxpayer, we believe that the following principles, which are in line with the principles of the wider

Government agenda of better regulation, should apply to the regulation of the adult social care workforce:

- there must be evidence that regulation would improve public safety and add benefits that are not achievable by non-statutory means;
- the risk associated with practice should be proportionate to the costs and impact of regulation;
- there must be clarity about how regulation fits with other performance standards' mechanisms, including system governance approaches; and
- alternative models of regulation (i.e. alternatives to statutory regulation) that could bring the same benefits must also be examined to inform the decision-making about the most appropriate way to proceed.

The case for registration of home care workers and their managers

98. Taking into account these principles, we consider there is a case for the registration of home care workers to improve safety, assure protection and improve the quality of services for people accessing adult social care services in England. Home care workers undertake a broad range of social care functions for people who use services (both adults and children) providing

assistance with eating, drinking, toileting and bathing, paying bills, filling in forms, and other tasks which enable people using services to live more independently.

99. Home care workers usually work unsupervised in people's homes and are mainly employed by agencies in the private and third sectors who are under contract with a local authority, although many people who use services are now making private arrangements for their own care.
100. In the vast majority of cases home care workers are highly committed people who undertake significant caring responsibilities for many who use social care, making a real difference to people's lives. However, it is also the case that on occasions the conduct and practice of some falls below what society would expect.
101. We would therefore expect registering home care workers to raise standards by setting minimum standards for registration and by holding them to account against the codes of practice for social care workers.

Vetting and Barring Scheme and workforce registration

102. The Vetting and Barring Scheme established under the Safeguarding Vulnerable Groups Act 2006 has now replaced the public protection lists (POVA, POCA and List 99) and will be overseen by an Independent Safeguarding Authority (ISA). The scheme will introduce a new "harm test" to enable

barring decisions to be made where the ISA is satisfied that sufficient evidence has been provided to it, in addition to provisions for automatic inclusion on a barred list where a person has been convicted of certain offences.

103. While it remains to be seen what impact the new regime will have on the number of unsuitable people removed from working with vulnerable adults (or children), the Government considers that the registration of social care workers by the GSCC will continue to add value in terms of public protection. We anticipate that under this scheme the GSCC would be able to:
 - act on cases where the ISA cannot, by undertaking further investigations in cases where insufficient evidence has been provided to ISA (following a referral from ISA to the GSCC); and
 - act against home care workers in cases which fall below the threshold of harm set by the ISA.
104. It will be essential for the GSCC and ISA to continue to work closely together and there are statutory duties on both bodies to cooperate with one another. We will encourage the GSCC to develop a Memorandum of Understanding with the ISA once it is fully operational, as part of the work to underpin the opening of a proposed new register of home care workers, Residential Care Workers, Personal Assistants and other carers

- 105.** While there is evidence that the safety of people in residential care can be compromised by those caring for them¹⁸, the context in which residential care workers operate differs from that of home care workers in that they work in a managed environment. While we believe that it makes sense for registration to be extended to home care workers in the first instance, we will continue to give consideration to the options for opening a register for additional groups of social care workers (including residential care workers) in the light of experience with home care workers. Although any decision to register workers providing services for children, will be a matter for the Department for Children, Schools and Families.
- 106.** 104. We are not proposing, at this time, to include in the scope of registration those acting as personal assistants, or family members and friends who may offer personal care or assistance to people who use services, where these services have been commissioned directly by an individual. The Government recognises that there is a balance to be struck in these situations between risk and personal choice. While there are arguments for including personal assistants within the scope of registration, we need to consider what impact this might have on the personal choice of people directing their

own care and the value added in terms of improving quality and protecting people.

Developing a proportionate model of registration for home care workers

- 107.** Initial consideration of the risks, costs and benefits of the case for registering home care workers suggests that conventional models of statutory regulation may be disproportionate. Together with the GSCC we are therefore currently assessing options for a model of registration which would be proportionate to the level of risk and streamlined so as to avoid making the costs of registration prohibitive to HCWs.

Taking options forward

- 108.** We expect the GSCC to introduce a register of home care workers from early 2010, initially on a voluntary basis with the expectation that registration would be made a compulsory requirement thereafter.
- 109.** We expect GSCC to consult on proposals for the registration of personal assistants in due course.

18 2007, House of Lords, House of Commons, The Human Rights of Older People in Healthcare, Crown, London. <http://www.publications.parliament.uk/pa/jt200607/jtselect/jtrights/156/15602.htm>

Chapter 9: Next steps

- 110.** This strategy has set out aspirations and a vision for the workforce and has highlighted the wide range of activity already underway across the sector and where there are options to do more.
- 111.** The Department of Health will lead and co-ordinate the implementation of the strategy at a national level. We will work with our partners in Government, those organisations representing people who use services, carers, staff, and employers nationally and key national delivery bodies to ensure that the initiatives set out in this strategy are scoped appropriately, jointly developed and co-produced.
- 112.** We plan to develop an Adult Social Care Workforce Compact – a new agreement and agreed way of working between The Department of Health and its main social care workforce partners setting out the contribution that each of us will make to delivery, maintaining the co-production of *Putting People First*, and setting out specific short, medium and long-term actions to take implementation forward.
- 113.** We intend that the design of the Adult Social Care Workforce Compact will be based around the six strategic priorities as set out in the body of this document:
- **Leadership**
 - **Workforce re-modelling and commissioning**
 - **Recruitment, retention and career pathways**
 - **Workforce development**
 - **Joint and integrated working**
 - **Regulation**
- 114.** To work towards achieving our aspirations, we will investigate the policy development options set out in this strategy, and other emerging options, following deliberation and discussion with our partners and stakeholders. In all cases, we will assess whether intervention is necessary.
- 115.** All options will be fully appraised and full cost-benefit analysis undertaken. As policies are developed, we will develop impact assessments, including equality impact assessments. Our aim and intention is to ensure that there are no new burdens for employers across the sector and, where possible we will aim to reduce them.
- 116.** Against each option, we will look to scope and assess the potential costs and benefits in such areas as:
- administrative burdens for employers
 - new burdens for local government
 - workforce development – training and skills requirements
 - workforce planning impacts
 - workforce efficiency
 - workforce productivity
 - equalities and human rights.

117. We will work closely with the Devolved Administrations in Northern Ireland, Scotland and Wales, recognising their particular and varying responsibilities. While many of the policies in this paper are specific to England, the challenges are common across the four countries of the United Kingdom. Each will consider the most appropriate arrangements in those areas for which they have devolved responsibility, to address the issues in ways that meet their own circumstances and needs.





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295228 1p 450 Apr 09 (CWP)
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