

# Capable, Confident, Skilled

## **A workforce development strategy**

for people working, supporting and caring in adult social care

May 2011

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## Foreword

The workforce is our most valuable asset in social care. The adult social care workforce has much to be proud of; over 1.6 million dedicated and committed workers currently provide services that, at their best, can transform the lives of those they work with.

The Government's *Vision for Adult Social Care: Capable Communities and Active Citizens* emphasised that people have an important part to play in taking forward the reform programme, people with the right skills working in the right places. Delivering the vision demands a confident, capable and well-trained workforce which is at the forefront of empowering people to have independence and choice, and enabling them to stay healthy and active in the ways that the personalisation agenda demands. We also want a workforce which rightly takes pride in providing high quality care and support to the most vulnerable people in society.

This Workforce Development Strategy supports employers in developing a workforce that is equipped to achieve greater personalisation. The publication of the document is an important milestone in taking forward the changes required to prepare the workforce for the challenges ahead.

The principles of localism, devolution and integration underpin much of what the Government is trying to achieve and our vision for adult social care is showing the way. We want a social care workforce that is empowered, enthusiastic and invigorated. A workforce that is ready to take on the responsibility of making decisions, and ready to work in partnership with carers and volunteers locally. A workforce that is helping to develop community skills, willing to respond to the new social care and health landscape, and directed by high quality leaders and managers.

The Workforce Development Strategy provides the direction and framework needed for employers to move the workforce along the path that supports the aims and focus of the vision for adult social care. If we can establish the right foundations based on the right workforce, this will take us a long way towards seeing the vision for adult social care becoming a reality.

A handwritten signature in black ink, which appears to read 'Paul Burstow'. The signature is fluid and cursive, written in a professional style.

**Paul Burstow MP**  
Minister of State for Care Services

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## Introduction

Adult social care is evolving rapidly. The movement towards personalised services has led to the workforce, employers, commissioners, carers\* and people who use services interacting in many creative ways. The coming years must see an acceleration of those changes.

The Coalition Government has set out its ambition to reinvigorate the roles and relationships of citizens – as people who use services, carers and the public – with service providers, the workforce and society. The case for fundamental reform of the social care system is laid out in the government's *Vision for Adult Social Care* (DH 2010a). Skills for Care has been commissioned to produce this workforce development strategy.

The government's intention is to draw on community assets, create ambition and promote autonomy in every aspect of adult social care. There will be a continued move towards greater accountability, transparency and freedom of choice. The process of reform aims to bring about more integrated, community-based and innovative solutions, which will themselves require more flexible partnerships between people, their families, communities and those providing services. This cannot happen without the development of new skills from a flexible, diverse and innovative workforce, whose scope falls across social care in its widest sense, encompassing both formal and informal support.

This direction of travel requires renewed thinking about who will be providing adult social care, as well as about support, management, skills development and commissioning.

In addition, the government's strategy to reform the skills system, *Skills for Sustainable Growth* (DBIS 2010), sets out the vision to address the skills of workforces across

sectors, the performance of the economy and engagement in learning.

This workforce development strategy is intended to support workforce commissioning, planning and development to meet the new vision and priorities in adult social care. It is the basis for future support for all types and sizes of existing and emerging employers, as well as for the workforce, volunteers, carers and people who use services. That support will equip those providing social care with the right skills to deliver safe and high quality services. The intent is to put a real focus on supporting self direction, dignity, independence and choice where as many people as possible are enabled to stay healthy and actively involved in their communities, while those who need support have maximum control over the services they receive.

In the future, workforce development will be increasingly important in ensuring business sustainability. New delivery models will emerge and begin to compete in an increasingly diverse social care market. Maintaining business sustainability and developing new business opportunities will require new thinking, leadership, service innovation and employers' investment in a workforce that is capable of delivering as the market develops.

The adult social care workforce will continue to be made up largely of employees of private and voluntary organisations, and a growing number of personal assistants, with the public sector role concentrating on commissioning.

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\* 'Carer' is used throughout to indicate family and friends who provide social care support, as distinct from social care workers and volunteers.

This will enable people to benefit from a plurality of choices and public protection. However, providers are encouraged to offer an increasingly extensive and effective range of support options beyond existing residential, day and home care. This workforce development strategy has to address the needs of existing providers to meet the new agenda, but must also clearly portray the ambition to stimulate an even more plural and diverse provision, including workforce development support to new and emerging employers and support to a wider workforce that will provide formal, informal and unpaid support.

Recruitment and retention will continue to be a priority to ensure that people with the right potential are recruited to social care, and are retained to ensure continuity for the people they support, and the development of a workforce with the right skills, knowledge, values and attitudes to provide high quality social care. Soon after the publication of this strategy a Recruitment and Retention strategy developed by employers for employers will be launched to support this strand of work.

Much has been achieved already by a dedicated workforce supported by innovative and committed employers. And much has been learned from Skills for Care's New Types of Worker programme in terms of new roles and innovative practice. However, there is much more to do to meet the expectations of the new agenda.

Delivering the new vision demands an even more capable, responsive, skilled, well-trained and empowered workforce. The workforce has to be recognised for the contribution they are already making, and has to see the benefits that this strategy will bring to them in terms of how they are going to be supported and encouraged to develop new skills, work in different ways, and in new and emerging organisations.

This strategy also aims to identify and recognise the contribution that all other assets in communities and neighbourhoods make to sustaining and providing social care, and the support and resources needed to ensure they are able to deliver the new agenda.

In June 2010 Skills for Care published *Only a Footstep Away* (SfC 2010a), our first contribution to the "big society" debate. It examined the literature that supports the development of a community skills approach where, through a careful analysis of the skills that exist in a local neighbourhood, a strategic approach to community and neighbourhood skills development can be put in place. This will enable those living in that neighbourhood to experience a greater level of support and independence. This workforce development strategy will address how people and their communities can play a bigger role in supporting themselves and others, including through the development of community skills.

The implementation of this strategy to meet the new ambition will be led by those working in the sector, their employers and employer-led organisations, by carers, by people who use services, and by those wider assets in neighbourhoods and communities which contribute to make it a reality.

Skills for Care, as part of the 'Skills for Care and Development' sector skills council, and as the strategic workforce development body for adult social care in England, will contribute to and support the delivery of this strategy. It will do this by working in co-production with employers across the sector, government departments, people being supported, carers, other delivery organisations and key partners. In the 'Next steps' section of this strategy we outline the coming further developments to support its implementation.

# 1. Context and drivers

## A changing workforce

Nationally, demand for care and support will continue to increase. Skills for Care's workforce simulation model (SfC 2010b) has projected to 2025 the numbers of social care workers that may be needed to meet the future social care needs of adults and older people in England. These projections cover various hypothetical scenarios based on various changed patterns of service delivery. They suggest that the number of people working in adult social care could increase from the current 1.6 million to between 1.8 million and 2.6 million in 2025, depending on the scenario used.

Increased take-up of direct payments and the extension of personal budgets, alongside people funding their own care, will be instrumental in changing the shape of the workforce, for example leading to increases in the number of personal assistants. There will be changes to who employs the workforce, with more micro-employers, social enterprises and mutuals providing services.

Importantly, however, the paid workforce is only a small proportion of those who support people. There are approximately six million unpaid carers in the UK (ONS *et al* 2003), twice the number of the NHS staff and the social care workforce combined. At any one time, one in ten people in Britain look after a sibling, spouse, parent, child or friend who is ill, frail or disabled. Every year, two million people move in and out of caring.

Additionally, while it is difficult to be precise, it has been estimated that around 3.4 million volunteers are also working in social care and health (SfH 2009). According to preliminary analysis of a relatively small number of records (622) collected by Skills for Care's NMDS-SC, volunteers are most likely to be working in the independent sector, particularly – but by no means exclusively – in the voluntary sector.

There are an estimated 1.75 million paid jobs in adult social care in England. Currently, most of the adult social care workforce is employed by private and voluntary sector organisations, including more than 24,000 privately run social care services, as well as in services run by the 152 local authorities. This group is largely made up of residential, day, home and community care workers.

Most adult social care jobs involve directly providing care and support. In 2009, 1.25 million, 72% of the total, were jobs of this kind. The rest consisted of 162,000 managerial and supervisory jobs, 110,000 professional jobs (including nurses, social workers and occupational therapists) and 226,000 administrative, ancillary and other jobs.

Over two-thirds of adult social care jobs (1.21 million, 69% of the 2009 total) were in the independent sector. The private sector accounted for 803,000 (46% of the total), nearly twice as many as the voluntary sector's 405,000 (23%). There were an estimated 197,000 adult social care jobs in councils, 73,000 in the NHS and 263,000 with recipients of direct payments.

The greatest number of jobs (675,000) was in domiciliary services (including recipients of direct payments), with 629,000 in residential care, 290,000 in community services and 158,000 in day care services (SfC 2010b).

## The skills agenda

The government's *Skills for Sustainable Growth* strategy (DBIS 2010) offers a new approach to learning, skills development and qualification attainment. It highlights key policy shifts with an increased focus on a shared responsibility for skills development between the state, the learner and the employer and increased freedom from targets and regulation. Greater emphasis will be placed on highlighting the individual and business benefits of engaging in learning, skills development and undertaking qualifications that fit real business need. Investment by businesses in employees, and learners investing in their own education is now more important than ever. There will be re-focused support for the development of the apprenticeships programme to re-shape it to ensure that it provides high quality training opportunities for young people and adults. Such centrally supported skills investment must relate to employers' priorities. *Skills for Sustainable Growth* acknowledges the key role that sector skills councils will play in support of the skills strategy.

Skills for Care will continue to ensure that social care is at the forefront of standards, qualifications and apprenticeships developments. With our partners in Skills for Care and Development, Skills for Care will continue to develop National Occupational Standards and other sector benchmarks for our sector. Skills for Care will continue to play a leading role in qualification development and will develop and manage apprenticeships compliant with the Specification of Apprenticeship Standards for England (SASE). In undertaking these commitments Skills for Care will provide social care employers with an influential voice in shaping the skills system, produce key sector workforce intelligence, and

develop innovative solutions with employers to improve their commitment to skills development.

As part of the 'Thinking Business project and sectoral Growth Review', Skills for Care is working together with the Department of Health and the Department for Business, Innovation and Skills to identify barriers to the development of a skilled workforce in social care, the outcome of which will be a series of key actions that will provide innovative ways to support the growth of the workforce within the context of the new social care vision.

## The social care and health agenda

The government's NHS white paper, *Equity and Excellence: Liberating the NHS* (DH 2010b), outlines plans for a strong role for local councils in working with GP consortia to ensure greater integration of social care and health, the promotion of health and well-being in their local populations and the prevention of dependency. Councils will take on the lead role in drawing up joint strategic needs assessments (JSNA), which will shape the commissioning of social care and health improvement services. JSNAs will be a key tool in the arrangements for improved local democratic accountability. The move towards council leadership for local health improvements, the development of Joint Health and Well-being strategies as a function of Health and Well-being boards, the creation of a National Public Health Service, and the creation of GP consortia pave the way for enhanced integration of social care and health.

People want social care and health services that maximise their quality of life and support their individual choices. This requires social care and health services that are tailored to meet individual needs and that are provided

with a consistent approach to quality and outcomes irrespective of setting or provider. It will entail social care and health providing personalised services in a seamless way that supports planning and delivery centred on the person and their carers, families and communities. It means both workforces improving joint and integrated working right along the care pathway, from prevention, treatment and care, to recovery, rehabilitation and reablement. This will involve reducing barriers between social care and health provision so that service innovation and new ways of working can be encouraged to deliver whole system efficiencies and improved outcomes.

The social care sector's experience of working within a social model, of supporting the implementation of personalisation and self-directed care including the development of personal budgets, and of engagement with direct payments recipients as 'direct employers', will be of great assistance as we move towards greater integration with health.

### **The social care agenda**

The government's new vision for adult social care sets an agenda to make services more personalised, more preventative and more focused on delivering the best outcomes for those who use them. It is based on the values of freedom, fairness and responsibility, and is built on seven principles, summarised below.

**Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.

#### **Implications for the workforce**

Supporting people to have autonomy and make informed choices requires the workforce to have skills to enable easy access to information—advocacy, brokerage, advice and guidance. Practice has to be informed by an understanding that the focus must be on the outcomes of greater choice, control and independence, and better quality of life. The use of outcomes-based tools, alongside the development of outcomes-based assessment and review processes will support a better understanding of whether people's expected outcomes are being met. The workforce will require skills in supporting self-directed care and person-centred planning as this is becoming the norm, with personal budgets more widely available for those eligible for social care funding and direct payments being utilised in increasing numbers. Self-funders will also need access to timely information, advice and guidance.

Personal assistants (PAs) are playing an increasingly important role in delivering personalised care and support and will become a more significant proportion of the social care workforce. The strategic framework for personal assistants being developed by the Department of Health in co-production with key partners will aim to introduce a greater degree of clarity to some of the complex issues facing personalised care and support, and offer a coherent response to support the development of quality personal assistance, capable of meeting the current and future needs of people who use services.

**Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.

### **Implications for the workforce**

Assisting people to remain as independent as possible requires the workforce to get alongside carers and others in a prevention network. Practical application of the *Common Core Principles to Support Self Care* (SfC/SfH 2008) is of paramount importance. There are some activities, such as falls prevention and reablement, for which there is clear evidence of positive benefit. The case for community skills development is strongly supported by evidence that social activity and engagement have a significant preventive effect that benefits both physical and mental health (HSMC 2010).

Social care workers will require a better understanding of care pathways, in particular the importance of early interventions that prevent more expense and intrusion at later stages, and of the role played by assistive technology in prevention. The workforce will need skills in working with technologies, partnership working, and skills in community capacity building.

**Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

### **Implications for the workforce**

Personalisation, self-directed and preventative approaches bring challenges surrounding safety, risk and quality not only for the workforce and employers but also for all those in support networks. Personalised and community-based support will need to exist within a framework that achieves a balance between freedom to choose and protection from abuse and neglect. This leads to a requirement for care workers to understand risk and be able to engage constructively and openly about it with the people using the service.

Providers and commissioners of services should ensure their workers provide safe, high quality care. All workers, regardless of where they work, need to see safeguarding and providing a high quality service as central to their role. Workers need to promote independence and choice while supporting people to manage risk proportionally and realistically. Community skills development needs to ensure that communities have a part to play in preventing, recognising and reporting abuse and neglect.

**Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.

### **Implications for the workforce**

The workforce will be increasingly employed in different types of organisations, some of which will work across traditional social care and health boundaries to deliver more integrated services. Diverse care and support needs arising in each local area will have to be matched by a social care market with equally diverse and versatile ways of working. High quality service provision will require the workforce to have a diverse and flexible range of knowledge and skills. The workforce will need to have knowledge and skills that are generic to social care and specific to the service provision that they work in as it evolves.

Continuing professional development will need to ensure that workers are able to adapt and develop their skills as service provision requirements change. This is a key part of ensuring that a plural approach delivers maximum cost effectiveness. Commissioners of services and of skills development and education should work with suppliers in all parts of the sector to better understand market capacity and capability, and decide how workforce innovation and best value can be supported effectively.

**Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils, including wider support services such as housing.

### **Implications for the workforce**

Development of partnerships that bring together providers, the workforce, people who use services, families and their support networks with the resources of their neighbourhood will ensure that people can benefit from all community assets—the skills and knowledge of residents, the businesses and trades, voluntary, community and faith groups as well as the diversity of services, whether public or independent. 'Bottom-up' skills such as those of community workers and neighbourhood coordinators are vital. People have both a right and a responsibility to make a positive contribution to their own community. To support them in doing this requires the social care workforce to develop new skills, including community organising skills and the ability to work across service boundaries.

Commissioners' and care managers' skills and knowledge have to match the need for much more joined up service commissioning, particularly in relation to a better interface between social care and health. Required improvements around hospital admissions and discharges, increased choice of providers and more integrated care pathways will not happen without appropriately skilled commissioners and care managers. Local authorities' new public health role should lead to closer collaboration with GPs and other NHS colleagues.

**Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.

### **Implications for the workforce**

Finding more effective ways of doing things, developing new roles and ways of working, and delivering more value for money are vital. The workforce themselves must be mobilised and empowered to improve efficiency and effectiveness. Simplified decision-making means devolving responsibility where it matters and empowering people to use data locally to drive improvements.

Empowered social care workers will be needed, with skills such as ‘place-shaping’, business and community development, marketing and using technology to provide innovative solutions and better outcomes. Social care and health professionals, working in partnership with other public services, should take a joint evidence-based approach to identifying the needs of local populations and agreeing shared solutions.

**People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

The principles of partnership and plurality will result in the workforce being employed in different types of organisations, some of which will work across traditional social care and health boundaries to deliver more integrated services. They will work for a variety of employers including mutuals, employee-owned co-operatives, user-led organisations, existing independent sector employers and individual people who use care and support services. Giving decision making to front-line professionals is important in building localised and flexible services. The workforce will be empowered to work more in partnership with carers and volunteers locally, and will help to develop community capacity and skills.

## Communities – unlocking the potential

The government is committed to devolving power to communities and individuals, giving them more freedom and responsibility to improve care services and support people in new ways.

Promoting a plural market for social care delivery will require wide engagement with a diverse workforce to promote the development of new and diverse skills to meet the challenges of building a 'big society'. It will also require direct support for community skills development. Giving people the power and control to take responsibility for their own lives will succeed only if people have the skills, knowledge, expertise and resources to exercise that power and control effectively.

These are all essential requirements for the development of a mutually supportive 'big society' where there are higher levels of local accountability, involvement and engagement. However, it also needs to be recognised that this is not a one-size-fits-all situation. The removal of top-down bureaucracy allows locally devolved solutions which need to be tailored to address the different needs of diverse communities. For example, different support and delivery systems will need to be explored and encouraged in dispersed rural communities than in urban ones. Rural communities are unlikely to benefit from as great a range of potential suppliers and services as urban communities. This has implications for the choice of services, support and advice to which some people who use services, and carers, will have access.

Skills for Care is developing an approach to 'neighbourhood workforce planning' and 'community skills development' that includes practical models for addressing the skill development requirements of people

in communities and neighbourhoods. The models have a particular focus on people who require care and support but are not exclusively confined to this area. They will support the necessary innovation and workforce re-design required to release capacity in communities.

These approaches to supporting the development of community capacity will be of interest to local authorities and GP commissioning consortia as well as to the private and voluntary sector, and to health employers, as they seek to explore workforce and community development strategies. For example, the quality of the physical environment has long been recognised as making a significant difference to social and health outcomes in neighbourhoods.

Social enterprises, mutuals, employee-owned cooperatives and user-led organisations have also an important part in enabling communities to take an active role in shaping their environments with sustainable services. They can respond to social and environmental issues in innovative ways and are crucial to building a 'big society'.

The challenge is to bring other community assets together, along with the wider workforce that supports social care and health, such as housing and benefits staff, and the resources of local communities, to help maintain independence and prevent dependency, while unlocking the potential of local support networks to reduce isolation and vulnerability. This is especially important when considering the drive for greater integration between social care and health; particularly in relation to prevention, re-ablement, health improvement, opportunities for collaboration on local commissioning plans and any joint commissioning arrangements.

## 2. Assets

A 'big society' is one that makes the most of all its assets. In moving forward to meet new expectations, the contributions of all assets that support the provision of high quality social care need to be explored, defined, resourced and supported.

### The paid workforce

It is known that 80–85% of social care budgets are spent on workforce costs. In any given neighbourhood, the range of adult social care provision may include community facilities, residential and nursing care, domiciliary care and other home-based support. Its workforce will include people carrying out a wide variety of community-based roles such as personal assistants, domiciliary care workers, social workers and occupational therapists, as well as establishment-based roles such as residential care workers, day care workers and registered managers. Social care workers are going to need a better understanding of what community capacity building is and how it enhances independence and safety. Community capacity building needs to become an essential part of their skill set.

However, these facilities and people represent only a part of the assets in any local neighbourhood; alongside them there are many other voluntary, informal and statutory supports. Locality management and co-ordination, strengthened by more effective asset mapping methodologies and better use of local data, will be needed to make the most of these assets.

### Self-directed support

Self-directed support uses and develops the abilities and skills of individuals. Many people who use services want to be employers, but many do not. Understanding the support needs of people as employers is critical. Some will need to acquire the organisational capabilities

to manage their own package of care and support. Reliable information and advice about employment law and practice, addressing support worker issues and maintaining positive working relationships are essential requirements. Control means having more involvement in choosing people and services. Those people who do not want to, or cannot, become employers should have the opportunity to be involved in interviewing and training the people who work with them.

### Carers

The knowledge and experience of carers will be invaluable in designing high quality social care provision and in influencing local commissioners and care providers. *Recognised, valued and supported: next steps for the carers strategy* (DH 2010c) states that by caring for people in their own time and supporting other people's independence, carers embody the spirit of the 'big society'. However, it must not be assumed that carers can contribute in this way unsupported. Caring roles have become increasingly intense and isolated, resulting in the increasing ill-health of carers and the increasing vulnerability of those they care for. If the 'big society' is about encouraging people from all walks of life to take a more active part in society, then making that society more responsive and accessible to the needs of carers is key. There have been many innovative developments initiated by carers themselves in partnership with the voluntary sector and local communities. This must be fostered and supported. Government and business support for carers is vital (DH 2010c) as is community support and a well-

trained and skilled workforce that works with carers to support their needs.

### **User-led and carer-led organisations**

User-led and carer-led organisations offer a range of benefits to individuals who direct their own support and to carers by delivering services, and providing brokerage, advocacy, advice, training and mentoring. They play a particularly valuable role in co-production, including developing and highlighting people's personal assets and supporting them to work in partnership with public agencies and services. An increased role for user-led and carer-led organisations, not just as providers of services and of information, advice and guidance, but across the whole co-production landscape, will require support to invest in business skills, management and leadership capacity.

### **Volunteers**

We need to explore more thoroughly the scale, role and potential of volunteering in relation to social care and prevention. We know that volunteering already makes an enormous contribution to social care, not just to the support and services available but to the strength of local communities and the capacity for community self-help. It is important that this is recognised, celebrated and strengthened in the process of system and service reform, with local leaders initiating a dialogue with the paid workforce about the involvement of volunteers, and recognising volunteering for its potential in terms of workforce development, e.g. highlighting potential routes to careers in social work, and contributing to the recruitment of a diverse workforce, including offering staff development opportunities as part of the transition to active retirement.

### **Private and voluntary sector businesses**

Private and voluntary sector businesses, including those that offer residential care, day care and support in the community, are adapting and configuring their services to meet patterns of supply and demand. Changes in the way that services are commissioned, particularly in relation to personalisation, autonomy and self-directed budgets, will lead to a significant increase in the number of individuals and micro-enterprises providing care and support. Both central and local government must do more to support them in responding to opportunities in the social care market place, not least by involving them in the development of future policy. An example of this is the National Market Development Forum, a group set up to bring together commissioners and providers to explore ways to develop the market for personalisation (PPF 2010).

### **Local councils**

Local councils will play a vital role in leading change and supporting action within their communities. In some areas, people will need the support of councils to stimulate a community response. Their broader role in promoting health and well-being will be enhanced by the new public health functions outlined in the *Equity and Excellence: Liberating the NHS* white paper (DH 2010b), and by joint working with GP consortia on planning and commissioning services. Skills for Care's Integrated Local Area Workforce Strategies (InLAWS) co-production with the Association of Directors of Adult Social Services (ADASS) develops effective ways to support directors of adult social services (DASS) with their workforce commissioning role across their local areas, and to understand changing priorities in adult social care including the government's 'big society' and neighborhood working agendas.

InLAWS provides a common methodology and practical tools designed to help DASSs and their teams develop a skilled, capable and competent workforce. This approach can be of use to GP consortia and Health and Well-being boards to promote a comprehensive workforce development approach across social care and health.

### **Neighbourhoods**

Neighbourhood development will play a much greater role in providing the support that promotes independence and autonomy. Making practical and emotional support available is crucial, and will require investment in community skills that integrate formal, semi-formal and informal support. Smaller government should rebalance the role of locally generated initiatives against standard services that have been implemented from the top down.

Effective neighbourhood development will require commissioners to increase their capability in neighbourhood mapping, research and analysis to ensure that they understand need and demand at a local level (SfC 2010a).

### **Commissioning**

Good commissioning involves using the resources available to secure the highest quality services and best possible care outcomes for a local population. The relationship between commissioners and providers should have much higher levels of collaboration and innovation, so that opportunities to test new service ideas or ways of working are researched, resourced and implemented. Models of procurement that encourage innovation and imaginative development of people to fulfil new roles will help engender trust and flexibility.

Commissioners will have to consider both care and support *in* the neighbourhood, in the form of commissioned services, and care and support *by* the neighbourhood. The latter will be enhanced by professionals with the ability to cultivate community skills development. Commissioning should assess neighbourhoods by mapping assets rather than deficits. This approach, which highlights what each neighbourhood can offer in terms of support and care, will require a rethink of approach on the part of commissioners as well as a willingness to go out and engage with people. The move is away from the language of deficit to that of valued community assets.

### **Circles of support**

In understanding people's needs and how they are met, and in drawing up effective personal support plans, it is important to map family and other relationships. The roles played by neighbours, volunteers, trades people and key community figures can be interlinked with those of carers. The deployment of social care workers and other professionals can then be coordinated to maximum benefit. At one level this can be a fairly loose network informally coordinated by the person themselves or a relative or carer. At another it can manifest itself as a formal circle of support that is designed to help support people meet the goals in their life. Circles of support are valued because they do not foster dependency but support the person to contribute to as well as benefit from the skills and assets of the members.

### **Social media**

Increasingly, building a successful community or 'big society' will take place through online media (as well as through offline channels such as meetings, printed material and whole rafts of face-to-face interactions). Understanding

what community building is all about and how social media can support it are skills the social care workforce will need. The role of social media, like other forms of group and one-to-one communication, is to create an environment. For social care that environment needs to do two things: first, recognise people as having equal contributions to make to the community; and second, to bond people together to meet the common interests of support and care. Social media do not offer a 'quick win' but are longer term assets that require patience and investment of time. The payoff is an online community spirit, which can be transferred offline, and provides a cost effective approach to meeting some people's social care and health needs. However, workers also need to understand that online social networking mechanisms are not universally accessible or universally desired, and thus they need to be mindful not to contribute to a 'digital divide' by excluding or marginalising people who cannot participate.

### **Assistive technology**

The application of technology to support increased independence and reduce costs requires greater awareness of, and ability to make full use of, new technology across the workforce. There is a clear need to ascertain

the impact that technology is having and will have on the provision of quality social care and health services, and the implications for the skills development of the social care and health workforce. What has become known as assistive technologies now encompasses a broad range of adaptive, rehabilitative, information and communication technologies, the most recognisable being telehealth and telecare. The innovation and development of some of the most 'cutting-edge' technologically advanced assistive technologies, while not yet seeing practical implementation, are now accelerating. The application of all these technologies will further support greater choice and control. Senior management leadership will be required to drive service change using assistive technology.

The workforce will also benefit from learning and sharing of knowledge through technology. An ever-increasing range of social care e-learning resources is making access to learning and continuing professional development available to more people. These can bring a number of benefits such as increased accessibility, collaboration and the ability of diverse learners to progress at their own pace.

### 3. Skills

The challenge to implementing the new vision, and making effective use of all assets, is to ensure that all those who are involved in supporting, caring and working in social care have the right skills and are supported to identify and develop new skills to meet this agenda.

#### Work with people who use services requires skills in:

- Supporting self-assessment and person-centred planning with an emphasis on self-directed care, health promotion, growing and sustaining circles of support.
- Supporting risk taking, and helping to manage and minimise harm that may prevent people directing their own lives.
- Outcomes-based and outcomes-driven practice.
- Protecting, where people who use services are deemed not to have the capacity themselves.
- Providing information, advice, advocacy, brokerage and guidance.
- Providing personalised social care services, in people's own homes and in residential and other settings, that respect people's dignity, choice and self-direction.
- Providing care and support with flexibility and understanding in ways that reflect the circumstances, religion, cultural background and lifestyle of the person using services.
- Enabling employment, education, training and other valued activities.
- Supporting people who use services who are or who wish to become employers to acquire the organisational capabilities to manage their own care and support, including providing reliable information and advice about employment law and practice.
- Recognising the value of the expertise and contributions of people who use services, and involving them from the outset in designing local care provision, influencing commissioning, and in planning their own care.
- Creating capacity and confidence among people who use services to lead, manage and work in social care and other organisations, such as new and existing user-led organisations.
- Community capacity building.
- Engaging people who use services in developing strong local communities, enabling them to have a family and community life.
- Facilitating people's participation in governance, commissioning, training and quality assurance of social care services.

#### Work with carers requires skills in:

- Supporting carers to care effectively by giving timely information and advice.
- Understanding caring for someone with a specific condition.
- Adopting a whole family approach.
- Communication, including listening skills, treating both the carer and the person cared for with dignity and respect.
- Supporting carers to remain mentally and physically well.

### *Carers continued*

- Involving carers in decision making and choices at all levels and at all stages in the caring role.
- Treating carers as equal partners, not just when they are caring for someone in their own home, but also when the person is admitted to residential care.
- Enabling carers to maintain a balance between their caring responsibilities and a life outside caring, including enabling access to peer and support networks.
- Supporting carers to take breaks from caring, and providing a range of flexible respite options.
- Providing reliable care and support with flexibility and understanding in a way that reflects the circumstances, religion, cultural background and lifestyle of the carer and the person cared for.
- Recognising the value of the carer's expertise and contribution and involving them from the outset in designing local care provision, influencing commissioning, and planning individual care packages.
- Enabling carers to fulfil their educational and employment potential.
- Engaging carers in developing strong local communities, enabling them and those they support to have a family and community life.
- Facilitating carer participation in governance, commissioning, training and quality assurance of social care services.

### **Work with volunteers requires skills in:**

- Recruiting, inducting, training and supporting volunteers to add value to services and provide support in local neighbourhoods.
- Understanding volunteering as a community asset, and improving organisational capability around volunteer co-ordination and support.
- Promoting community and civic responsibility as a valuable contribution to personalisation, prevention and protection at a community level.
- Creating and supporting local enterprises that share skills or other community resources.
- Facilitating active citizen participation in the governance, commissioning, training and quality assurance of social care services.

### **Employers engaged in market development require skills in:**

- Business planning and management.
- Asset mapping and the use of local data.
- Building community capacity.
- Building community skills.
- Understanding and accessing adult learning.
- Workforce planning.
- Entrepreneurial development.
- Workforce planning and development in micro enterprises.

### **Commissioning requires skills in:**

- Shaping markets and local commissioning, including active market management with providers as a core component of the drive for value for money and efficiency.
- Developing joined-up service commissioning, particularly in relation to a better interface between social care and health.
- Neighbourhood mapping and the use of local data, research and analysis to ensure an understanding of need and demand at a local level.
- Testing out new service ideas or ways of working, including models of procurement designed to encourage innovation and imaginative development of people.
- Understanding both care and support in neighbourhoods, in the form of commissioned services, and care and support by neighbourhoods.

### **Effective use of technology requires skills in:**

- Assessing the benefits of technological support to promote autonomy.
- Offering appropriate guidance to enable people to gain access to information relating to assistive technologies as and when they want it.
- Enabling people who use services, carers and people in their circles of support to understand assistive technology and ensuring they are enabled to use it with confidence.
- Social networking to support local leaders and providers to use web-based applications to engage with the public and the communities they serve.
- Supporting the use of social media.
- Learning and sharing of knowledge through technology, using e-learning resources as part of continuing professional development.

### **Neighbourhood development and mapping require skills in:**

- Mapping community skill assets.
- Developing community skill resources.
- Facilitating community skill development.
- Producing neighbourhood learning opportunities.
- Shaping markets and local commissioning.
- Thinking outside given models of training and education.
- Supporting innovative workforce solutions.

## 4. Ambition

The ambition is to have a wider workforce that is confident, appropriately trained and qualified, empowered, and equipped to deliver on personalisation, protection and prevention through plurality, partnership and productivity. The workforce, working alongside people who use services, carers, and all other community assets, will be able to support self-care, provide truly person-centred care and understand the key role they have in delivering high quality social care.

This workforce development strategy seeks to support innovative ways of working by creating conditions that allow workers to work differently or by providing a new focus. This includes not just direct provision of services, but also supports unlocking the even bigger assets of the people and resources of communities, neighbourhoods and families. Fulfilling this ambition is just as applicable to front line workers as it is to the most senior executive or director in an organisation. Volunteers should also be supported to develop their skills to contribute to the delivery of this ambition.

### Supporting the delivery of the ambition

A number of areas of workforce planning and development that can help social care to deliver on its ambition are described below. The deliverables are generally indicative of what, working in co-production with employers and key partners, Skills for Care will contribute to and do to support the delivery of the strategy. A more detailed action plan will form part of the 'next steps' implementation publications to follow the strategy.

#### 1. Workforce intelligence and research

Reliable intelligence about the workforce, and workforce research based on quality data, are crucial to all those who need to understand and shape the provision of social care now and in the future.

Workforce intelligence and workforce research findings are the bedrock of workforce planning for all types of employers, including people who employ their own support staff, and for commissioners of services looking to ensure availability and adequacy of workforce supply in local markets.

Good commissioning involves using the resources available to secure the highest quality services and best possible care outcomes for local populations. It relies on high quality, timely, accurate and reliable data about needs, services and the workforce.

Reliable data on the current workforce, profiling its demographics, geographies, skills and capabilities, is a crucial component of workforce planning. When employers then relate this workforce information to the services currently provided, they have the basis for planning and commissioning to meet future demand.

### **The ambition is to:**

- Maintain and develop a robust, resilient and secure system for workforce data collection.
- Continually improve the quality of data and ensure all those working in social care understand the impact on care of poor quality data and value the contribution workforce data can make to improving people's outcomes.
- Support and guide people who employ their own care and support, as well as private and voluntary sector organisations and local authorities, to collect accurate workforce data in the most efficient way.
- Align efforts to improve information across adult social care, the NHS and public health, and improve interoperability between data systems.
- Promote the use of data to deliver effective workforce commissioning and planning among employers.
- Support national, local and neighbourhood commissioners to use data in preparing integrated workforce strategies.
- Undertake workforce research and analysis underpinned by quality data.

### **Deliverables to include:**

- Supporting an information- and data-led approach to service development, commissioning and workforce planning.
- Continuing to strive to minimise the burden of data collection on employers by building on the Count ('collect once, use numerous times') principle, and minimising bureaucracy to ensure only vital workforce data is collected.
- Ensuring that the National Minimum Data Set for Social Care (NMDS-SC) continues towards becoming the single, comprehensive and credible source of workforce data for employers and commissioners by:
  - ensuring it remains relevant and responsive and continues to reflect the dynamic landscape of social care
  - providing targeted support for all employers to engage with NMDS-SC completion
  - consulting employers and partners to ensure reports derived from NMDS-SC are relevant, readily accessible and easy to interrogate.
- Continuing co-production work with ADASS to support local authorities with the development of their local area integrated workforce strategies (InLAWS).
- Developing research surveys to fill in the gaps in existing data, e.g. a survey of the employment aspects and workforce implications of individuals including self-funders directly employing their own care and support workers.
- Providing the sector with easy to use databases on workforce research.
- Utilising workforce data for thematic analysis, research and briefings to support employers and commissioners.
- Skills for Care to work in partnership with the Centre for Workforce Intelligence and the NHS Information Centre to provide strategic direction in workforce planning and intelligence for the social care and health workforce.

## 2. Workforce redesign, innovation and community skills development

Redesigning the social care workforce is key to the long-term sustainability of adult social care. It is relatively easy to redesign a service system. It is much harder to redesign the way in which people work in that system. Skills for Care's new types of worker programme showed that innovative ways of working are sustained when managers and organisations know how to make workforce redesign an ordinary part of organisational culture. It is not enough to redesign frontline worker roles if other roles remain static. To embed and deliver workforce culture change that is permanent and consistent will need strategically-led workforce commissioning to create the underpinning for business planning and redesign. Skills for Care's *Principles of Workforce Redesign* (SfC 2008) provide an important tool in making culture change permanent.

The new types of worker programme also demonstrated that to make real change and innovation sustainable, employers and employees need to take risks, be versatile and continuously rethink the skills they need to do the job.

In order to deliver the new agenda, consistent and integrated services are essential. The

workforce, regardless of role or service setting, will have to work in different ways, develop new skills and work flexibly across organisational and professional boundaries, involving a wide range of services. Workforces across sectors will need to engage to bring about the skills, culture and systems change needed, not just in social care, but also in health and in services across local government and the wider public and community sectors. Different professionals and organisations need to relate differently at all levels. Supporting these workforces to develop shared values, behaviours and attitudes is vital.

The 'big society' agenda offers an opportunity for adult social care to lead the way in which local communities, neighbourhoods and citizens get involved in taking responsibility for local services and improving people's lives. This will be achieved by neighbourhood workforce planning and community skills development—processes by which people in a defined locality are empowered in a variety of ways to get the skills they need to better support and enable people with care and support needs living in that locality to be more independent and commercially active.

### The ambition is to:

- Embed workforce redesign and workforce innovation in practice and organisational culture.
- Foster and embed innovative workforce models of care and support into all parts of the social care sector, including ways of working effectively with assistive technologies.
- Develop joint working with other sectors to support integrated solutions to service delivery, ways of working and workforce development.
- Support workforce development to implement condition-specific strategies, e.g. for dementia and autism.
- Combine neighbourhood workforce planning and community skills development to enable a better understanding of people's support needs and greater confidence in providing them or guiding people to the right support where necessary.
- Develop community skills to enable those undertaking informal support roles in their community to have access to the knowledge, skills and capacity they need.

### Deliverables to include:

- Supporting employers of all sizes and new social care employers to plan and develop their workforces.
  - Testing out in practice neighbourhood workforce planning and community skills development, and creating practical and easy to use tools for implementation, working in co-production with employers across the sector, community organisations, user-led organisations and other related sector skills councils.
  - Development of practical tools and support for employers to implement the *Principles of Workforce Redesign* (SfC 2008).
  - Disseminating to the whole sector the 'lessons learned' from the new types of worker action learning programme, and supporting employers to embed new roles into mainstream practice.
  - Exploring the development of a new care worker role in home and residential care.
  - Further work on the joint skills development of the social care and health workforces to deliver integrated services.
  - Supporting positive risk-taking with practical tools to link it to services delivered across social care.
- Joint working between social care and health on a number of initiatives and strategies to ensure that social care and health support is founded on shared values, behaviours, attitudes and knowledge, to include:
    - a framework for learning and development focused on assistive technology
    - a framework to embed the *Core Competences for End of Life Care* (DH 2009) and the *Common Core Principles to Support Self Care* (SfC/SfH 2008) into workforce development, training, qualifications and commissioning, and support reablement
    - the workforce development implications of supporting people with autism to implement the autism strategy
    - the workforce development implications of supporting people with mental ill-health
    - a workforce training and education development action plan to ensure that both sectors have an appropriate qualifications framework and common core principles to support the implementation of the national dementia strategy.

### 3. Carers

Carers should be supported to carry out their caring roles effectively. They should be supported as individuals and in their families and communities to help shape, develop and run local services, if they wish to be involved. Carers will be able to access the right support only if they are adequately informed about

the options that are open to them, including options for employment. The workforce, not just in social care but also in other key sectors, needs to be skilled to meet carers' needs.

### **The ambition is to:**

- Respect carers as expert partners in the integrated and personalised services they need to support them in their caring role.
- Enable carers to be able to have a life of their own alongside their caring role.
- Support carers so that they are not forced into financial hardship by their caring role.
- Support carers to stay mentally and physically well and be treated with dignity.
- Protect children and young people from inappropriate caring, and support their need to learn, develop and thrive and to enjoy positive childhoods.

### **Deliverables to include:**

- Publishing in 2011 Skills for Care and Skills for Health's *Carers Matter – Everybody's Business* (SfC/SfH 2011), a learning and training framework for supporting carers, with a guide for employers and commissioners of training and a wide range of tools to support development.
- Work with relevant sector skills councils and employers to ensure that the framework is widely used in support of carers, and enables commissioners to devise bespoke training for their local workforces.
- Exploring the role of assistive technologies (ATs) to help carers identify the skills and knowledge needed (and by whom) to make ATs a real addition to carer support.
- Developing specific competences, knowledge and materials to enhance the skills of staff working with carers of those with challenging behaviours.
- Developing the level of guidance and support currently available to carers when they become responsible for employing PAs.
- Examining and mapping the emergence of new types of roles that relate to carers (e.g. carer assessment workers based in GP surgeries) and advising on the workforce implications of these.
- Offering a workforce development expert opinion to Health and Well-being boards, paying particular attention to the needs of staff to support and recognise carers in order to deliver good health for them.

## **4. Autonomous professionals**

Professionals must be freed from constraints and bureaucracy and empowered to innovate and work alongside people as fellow assets, so that they are allowed to practise their skills with a greater degree of confidence and autonomy. Professionals who are trusted to practise autonomously will deliver services that are also autonomous.

There is a need to explore the development of professional roles to enhance autonomy and develop new models of practice based on principles of mutuality and cooperation.

#### 4.1 Occupational therapists

Occupational therapists (OT) and OT support workers help people to engage as independently as possible in the activities (occupations) which enhance their health and well-being. This includes making sure that people's homes and workplaces are accessible, helping people to learn new or different ways of doing things, adapting materials or equipment and, crucially, assisting people and families in communities to be autonomous, independent and safe in their homes.

OTs have a key role in assessment for and provision of rehabilitation programmes.

As autonomous health care professionals, often employed in social care settings, OTs will benefit from clear professional leadership put in place with their employer, share in continuing professional development and management training opportunities that are available in adult social care, and remodel services to ensure they actively support personalisation, choice and control.

#### 4.2 Registered managers

Registered managers are a key professional group of leaders responsible for registered residential, domiciliary care and adult placement services. They are clearly pivotal in workforce development, and in ensuring the delivery of services underpinned by the principles of personalisation, protection, dignity and choice.

The Care Quality Commission (CQC) maintains there is a clear link between the presence of a registered manager and the quality of outcomes that people experience from a service.

Among other things, Outcome 24 of the CQC guidance on *Essential Standards of Quality and Safety* (CQC 2010) states that registered managers should be appropriately skilled, including as a minimum:

- effective communication skills to enable good communication with their staff and the people who use their services
- basic management skills to ensure that the service is delivered to meet essential standards of quality and safety.

#### The ambition is to:

- Support the leadership roles and tasks of registered managers in residential, domiciliary and adult placement settings.
- Take steps to ensure that the equivalent managers in day care settings are similarly supported and recognised.
- Help re-balance the management roles with professional practice roles.
- Ensure that a trained and competent cohort of experienced, new and aspiring registered managers is available to meet the demands of care providing employers.
- Ensure that the leadership and management of care services features at appropriate levels on the QCF and that there are easy CPD access routes for registered managers.

#### **Deliverables to include:**

- Facilitating local skills development networks of registered managers in partnership with the National Skills Academy for Social Care, and professional associations.
- Seeking to ensure clear linkages between CQC's *Essential Standards*, the QCF units and qualifications for leaders and managers in care settings, and professional standards, through dissemination of advice to employers and education providers.
- Ensuring that registered managers are encouraged and supported in accessing CPD.
- Ensuring the management induction standards are refreshed to support aspiring and newly appointed registered managers.
- Maintaining a dialogue with CQC, employers, training providers and awarding organisations about the demand for registered managers and how this is effectively supplied and supported.
- Exploring how equivalent managers in day care settings can be similarly supported and recognised.

### **4.3 Social workers**

The role of social workers is being reassessed to meet the objectives of personalisation, prevention and protection. We know, from evidence submitted to the Social Work Task Force, that social workers believe that in order to improve services they need more time working directly with people who use services, regular high quality supervision, better education and training, more opportunities for career development, improved IT and support, and stronger professional leadership, standing and voice.

Different models of employment and practice are being considered. 'Social work practice' pilots will start in 2011 to test whether independent social worker-led organisations can deliver a better experience and outcomes for people who use services, and effective and innovative ways of working and increased job satisfaction for social workers.

The trialling of social work practices and the potential for mutuals and cooperatives in social care means that the settings in which social workers practise and are employed may change significantly over time.

In December 2010 the Social Work Reform Board published *Building a safe and confident future: one year on* (SWRB 2010). The report launches proposals which cover five key areas, while acknowledging progress and work being carried out to meet other recommendations from the Social Work Task Force. This includes work on supporting Newly Qualified Social Workers (NQSW), the development of the Assessed and Supported Year in Employment (ASYE) and support for front line social work managers.

### **The ambition is to:**

- Have in place a publicly understood and respected career populated by high calibre social work professionals.
- Support the creation of a College of Social Work.
- Develop a single set of overarching professional standards which will shape what social workers should know and do as students, as newly qualified social workers, and at different stages in their careers.
- Develop standards for employers of social workers which set out what they should do to provide supportive working environments in which social workers can practise effectively, including time for reflection and the development of a supervision framework.
- Overhaul initial social work education, including arrangements for planning high quality practice placements and post-qualifying education with the involvement of all key partners.
- Develop a CPD framework to ensure that social workers already in the profession, as well as new entrants, have purposeful learning and development to progress their skills and practice throughout their working lives.
- Develop partnership working between employers and higher education institutions in providing practice placements for degree students and continuing professional development for social workers.
- Redress the balance between bureaucratic control and professional expertise.
- Explore new models of employment.
- Deploy social workers effectively, including securing arrangements to support existing and new employers, social workers, people who use services, and carers, to drive change locally.

### **Deliverables to include:**

- Supporting the sector to engage with, and implement the Social Work Reform Board work, including using national and local social work networks to support consultation and implementation of the recommendations.
- Exploring the deployment of social workers in adult services, and new models of employment to inform workforce commissioning.
- Supporting employers undertaking the Social Work Task Force *Health Check* (SWTF 2009); considering and determining the most effective deployment of social workers' skills locally using the ADASS *Advice Note* (ADASS 2010).
- Co-production work between HEIs and employers to secure improvements in the initial training and ongoing development of social workers.
- Joint work of all key partners, including the College of Social Work, to ensure that the provision of post-qualifying education is in line with the regulator's requirements and the new CPD framework.
- Continuing to deliver the Newly Qualified Social Work programme (NQSW).
- Joint work between Skills for Care and CWDC to deliver the Assessed and Supported Year in Employment (ASYE).
- Joint work between Skills for Care and the National Skills Academy for Social Care, working in close collaboration with CWDC, to deliver a national training programme for front line social work managers (aspiring, new and established).
- Exploring international social work practice to inform developments.

## 5. Standards, learning and qualifications

An adult social care workforce that has the right people in place with the right skills, knowledge, values and qualifications to support people who use services is crucial to the success of this strategy. Consistent sector benchmarks developed by the sector will support this work. Learning, including organisational and community learning that benefits the worker, the organisation and people using services, should be valued as a vital investment in the future. There will continue to be an emphasis on the need to access diverse learning methods, including e-learning, with an acknowledgement that the 'how' of learning is as important as the 'what'. Greater flexibility, new ways of working and innovation within the workforce all require

greater flexibility, new ways of approaching learning and innovation from those delivering the learning and qualifications. The skills, knowledge and values required by care workers will continue to move towards enablement, empowerment and facilitation. The focus will be about supporting people to be active citizens and to help them lead a life, not just receive a service.

Innovative solutions to how an increasingly diverse workforce, employed by increasingly diverse and new employers, can access learning and qualifications will need to be explored. Key to delivering this is ensuring that employers of all sizes across the sector can access funding to develop the workforce.

### 5.1 Common induction

Effective and consistent induction is the basis on which to build a workforce that can implement personalised, preventative and protective adult social care. It is further the basis of the recruitment process and key to retention. It is vital that everyone contributing to social care has shared fundamental values, behaviours, attitudes and knowledge.

#### The ambition is to:

- Promote and use the *Common Core Principles to Support Self Care* (SfC/ SfH 2008), and the principles for end of life and for carers, to embed shared values and behaviours.
- Develop and maintain a consistent approach at the point of entry using common induction standards.
- Integrate the approach into support for personal assistants, volunteers and emerging community and neighbourhood roles.

#### Deliverables to include:

- Continuing to promote all common core principles.
- Supporting employers to use the *Common Induction Standards* (SfC 2010c).
- Expanding the use of common induction standards and common core principles to support new and emerging employers across the sector.

## 5.2 Apprenticeships

Apprenticeships are a priority for the Coalition Government and Skills for Care is taking a proactive role in helping to achieve the objective of improving the number of apprentices and quality of apprenticeship frameworks. Together with this being a government priority, employers value the opportunities afforded by apprenticeships as an aid to recruitment, retention, career development, and improved quality of work in order to provide successful outcomes for the people who use their services.

### The ambition is to:

- Ensure that employers continue to take a proactive and lead role in apprenticeship framework management.
- Embed apprenticeships more thoroughly into employers' workforce development planning.
- Support geographical growth of provision.
- Establish the apprenticeship concept in less popular markets that may fall outside of other funding opportunities, such as personal assistants, domiciliary care, men working in social care and mature workers.
- Expand provision beyond level 3 apprenticeships.
- Expand the approach to apprenticeship to take in new and emerging social care roles such as those emerging from community skills development in neighbourhoods.

### Deliverables to include:

- Continuing to work closely with employers and training providers and other partners in the supply side to build capacity.
- Effective targeting of resources to areas of need.
- Continuing to develop, manage and maintain the family of apprenticeships programmes in order to meet the needs of the adult social care sector.
- Ensuring that clear and concise communication messages raise awareness to stimulate employment opportunities.
- Ensuring that advice on the Workforce Development Fund (formerly TSI) and government policy regarding the funding of skills and qualification development is communicated to the sector.

## 5.3 Qualifications

It is crucial to create an even more confident, competent, empowered and diverse workforce, tapping into the talents of whole communities, to secure the quality of services and dignity of people using services. This will be developed through employer-led systems creating standards and qualifications that reflect the required skills and knowledge of the workforce. The new Qualifications and Credit Framework (QCF) underpins an employer- and sector-led approach to ensuring that qualifications and learning are fit for purpose and represent value for money. This will also be achieved by actively engaging with the supply side including further and higher education to ensure that what they offer meets the needs of employers and the new agenda.

### **The ambition is to:**

- Ensure that employers continue to lead the development and implementation of units and qualifications.
- Establish qualifications that reflect priorities, creating career and opportunity pathways for all who work, support or care in the sector.
- Continue to seek to rationalise and simplify qualifications relevant for the adult social care workforce.
- Clarify current funding sources, including the Workforce Development Fund (formerly TSI) and government policy for skills development.
- Tackle functional skills / skills for life and employability issues.
- Continue to develop the business case for investing in qualifications and workforce skills development to highlight the benefits for learners, employers and the wider society as well as for people who use services.

### **Deliverables to include:**

- The continued development of QCF units and qualifications to meet the evolving needs of the adult social care workforce to ensure employers, managers and workers have sector benchmarks that determine what they should know and what they should be able to do.
- The development of a higher education (HE) strategy to ensure progression from vocational qualifications and closer links between the needs of employers and qualifications offered by HE.
- Continuing to make closer links between the strategic visions of employers and of training providers and other partners in the supply side, including publishers and awarding organisations.
- Ensuring that employers have the most effective functional skills / skills for life and employability support, and that these issues remain high on the agenda.
- Supporting employers to understand the business benefits of qualifications and skills development for the workforce.
- Ensuring that all available funding opportunities for the adult social care sector are explored, managed and communicated to the sector, including the Workforce Development Fund (formerly TSI) and funding offered by the Skills Funding Agency.

## **6. Recruitment and retention**

In order to meet the challenges of the future, we will need to attract a diverse workforce that may well have portfolio careers that cross the continuum of health, social care, mutuality and support. Traditional patterns of recruitment, structures and working practices will have to change.

The need to develop a care workforce fit for purpose in the future will require not only a strategic approach to recruitment, but also to retention. Part of the battle to deliver a skilled, trained, confident and appropriately qualified workforce is about recruiting the right people. However, most importantly, it is how

we ensure that once they are within the care sector they are retained, and develop this into a career. How staff are valued and respected, whether they are enabled and supported, given responsibility and autonomy, and their levels of remuneration, are all issues to be considered with equal priority because it is the combination of a range of factors that leads to job satisfaction and a stable workforce.

In the last quarter of the century, work patterns have changed enormously and the notion of people having a career for life has given way to the reality of multiple careers in different sectors across the working life.

As the adult social care workforce needs to grow, other sectors are contracting, and there are real opportunities for the social care sector to diversify its workforce and attract people with a range of skills that can enhance the sector. The sector must target workers who are in transition and present social care services to them as a positive option. Soon after the publication of this strategy a Recruitment and Retention strategy developed by employers for employers will be launched to support this strand of work.

#### **The ambition is to:**

- Improve the image and status of adult social care and demonstrate its contribution to the 'big society'.
- Enable people who use services to employ care and support workers more simply and with greater confidence.
- Encourage leaders and managers to learn and practice well in human resource management as an aid to getting recruitment decisions right and to retain a committed workforce.
- Promote research into what works to attract and retain workers.
- Attract younger people, new entrants and mature workers to the sector.
- Recognise that good practice in recruitment and retention applies beyond the paid workforce and should be tailored appropriately to those providing additional unpaid support, e.g. volunteers.

#### **Deliverables to include:**

- Delivery and implementation of a recruitment and retention strategy produced by employers and key social care partners.
- Continuing to support recruitment and retention initiatives in the sector.
- Delivery of a personal assistant framework.
- Exploring the scale, roles and potential of unpaid support, e.g. volunteering.
- Continuing to support employers to speak out on the impact of migration policy on recruitment and retention.
- Development of the transition project, for retaining and promoting talent where staff are in transition, using a cross-sector, mutualised approach.
- Promoting and extending the Care Ambassadors scheme.
- Promoting the career pathways and continuing professional development framework and guidance.
- Promoting effective human resources practices.

## 7. Leadership and management

High quality leadership and people-management are crucial if the new agenda and the expectations of people who use services are to be achieved. Leaders and managers need effective induction, support such as access to coaching and mentoring, and access to learning opportunities and qualifications. Clear career pathways and progression routes are also needed. There should be encouragement to aspire to managing and leading. Leadership is not exclusive to top managers, but is required, and needs to be promoted, at all levels in organisations and communities.

The National Skills Academy for Social Care has been asked in the government's *Vision for Adult Social Care* (DH 2010a) to produce a leadership strategy to address the need to increase capacity in the sector. The strategy will outline how all who work in social care can demonstrate leadership in what they do and how greater emphasis on empowering front line workers, people who use support and communities can improve the quality and experience of care. The leadership strategy will also address ways in which leadership for the sector can be strengthened and promoted.

### The ambition is to:

- Have appropriate management and leadership capacity and capability across the sector.
- Develop a cross sector approach to the development of leadership and management.
- Support sector leaders in their strategic commissioning and workforce planning roles and provide a stronger national voice for the sector.
- Ensure that people who employ their own workers have opportunities to develop as commissioners, leaders and managers.
- Put in place clear career pathways, learning, qualifications and progression routes for aspiring, new and established leaders, managers and commissioners.
- Strengthen commissioning skills.
- Support employers in the way that they undertake succession planning and talent management.

### Deliverables to include:

- A leadership strategy produced by the National Skills Academy for Social Care.
- Refresh of the induction standards for managers to support new and aspiring managers.
- Development of clearer roles for professional leadership.
- Delivery of fit for purpose learning and qualifications.
- Ensuring support and learning development for registered managers.
- Development of a career framework and CPD framework.
- Continuing to promote and develop practical tools for commissioners as part of the InLAWS project.
- Supporting employers to increase leadership and management capability and capacity.
- Exploring the development of leadership tools and frameworks.

## 8. Employer engagement

To deliver on this strategy we need to build upon the well established mechanisms that are in place for engaging an employer base that is fragmented, and varies significantly in its engagement.

We need to ensure that the mechanisms are flexible and responsive to meet the needs of existing, new and prospective employers.

### The ambition is to:

- Have a variety of mechanisms in place to communicate with all social care employers.
- Ensure that all the employers in the adult social care sector in England are listened to and their views are accurately represented while developing workforce development initiatives.
- Engage with new and prospective employers as the 'big society' agenda develops.

### Deliverables to include:

- Listening to what employers need and developing partnerships to deliver innovative cost-effective solutions to employer challenges.
- Further development of partnerships with Skills Third Sector, the National Association for Voluntary and Community Action, the National Council of Voluntary Organisations, and the Association of Chief Executives of Voluntary Organisations; particularly exploring potential for joint work to enhance third sector workforce intelligence, and workforce development funding dispersal.
- Supporting the development of the wider social care workforce and the needs of new and prospective employers.
- Widening micro employer engagement through promotion of the 'direct employer' offer via ADASS and direct payments support organisations and networks and through locality networks.
- Supporting people who employ their own staff with the PA framework.
- Developing and implementing an approach to engage remaining groups within the micro employer sector.
- Making links with user-led and carer-led organisations.

## 5. Culture change

All those involved in the implementation of this strategy, including commissioners, employers and workers, should carefully consider its implications for culture, attitudes, behaviour and skills. It is different from earlier approaches in that it takes an assets-based model, promoting plurality of provision and partnerships. At its heart is a broadening of the concept of workforce to include a greater range of people who support and care, alongside a commitment to the development of community capacity and community skills that support people. It values the contribution that other public and community services make to support people to exercise control, independence and choice.

The government's vision for the changing relationship between individuals, families, communities and society will be achieved only through cultural change at every level. Everybody involved has to influence not only public attitudes but also colleagues and partners in social care and other services. Experience has shown that most progress in implementing personalisation is made where local leadership focuses on cultural change, just as much as on systems change, encouraging concentration on outcomes determined by people and communities.

There is an opportunity for adult social care to be at the forefront of the new agenda and to demonstrate it in action by providing the cultural change needed to turn the new vision into reality.

## 6. Next steps

This workforce development strategy sets out broad areas for workforce development. It is anticipated that these will be refined over time as the new agenda develops. The strategy will be updated and refreshed on the basis of demand, need, results and impact.

As part of our contribution to the implementation of the strategy, in the coming months Skills for Care will publish a more detailed action plan, a 'What does it mean for me?' guide, to assist all those involved in the implementation of the strategy to appreciate the role they play, why it is important they engage with it, and guidance on what they need to do to deliver. Alongside this we will also produce resources, practical tools and products developed with employers, including workforce case studies of innovative practice produced by the sector.

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