

Cadeirydd/Chair: Arwel Ellis Owen
Prif Weithredwr/Chief Executive: Sue Evans



Cyngor Gofal Cymru
Care Council for Wales

Hyder mewn Gofal - Confidence in Care

South Gate House
Wood Street
Caerdydd/Cardiff
CF10 1EW
Ffôn/Tel: 0300 30 33 444

www.cgymru.org.uk
www.ccwales.org.uk

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Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Cyngor Gofal Cymru

Response from: Care Council for Wales



Sarah Beasley
Clerk to the Committee
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff
CF99 1NA

9 September 2016

Dear Ms Beasley,

Please find attached the Care Council for Wales' response to the Assembly's Health, Social Care and Sport's Inquiry into the sustainability of the health and social care workforce. We are grateful for the opportunity to respond.

The Care Council is a Welsh Government sponsored body which has a leading role in making sure the workforce delivering social services and childcare in Wales is operating to a high professional standard. We have legal powers to set the standards workers need to meet, and to take action where that doesn't happen. We help develop the professionalism of managers and workers through qualifications, training, knowledge sharing and continuous professional development. In April 2017 we will be renamed Social Care Wales and receive a wider remit for research and service improvement.

Yours sincerely,

Sarah McCarty
Director of Learning and Development



Care Council for Wales' response to the Assembly's Health, Social Care and Sport's Inquiry into the sustainability of the health and social care workforce

Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

1. The care sector in Wales is characterised by its fragmented nature. There are over 3,700 registered social care providers in Wales in the public, private and third sectors who are organised locally and nationally. This reflects the complexity of the social care market and estimating the current workforce is difficult and relies on a range of different approaches.
2. General information about the numbers of people working in social care is collected by the Welsh government and the Local Government Data Unit. The first collates data on staff working for local authority social services departmentsⁱ. The second collates data on staff working for services commissioned by local authoritiesⁱⁱ.
3. In terms of data gaps, these figures do not include workers employed by people who fully fund their own care. Nor do these figures include unpaid carers. Welsh Government data on local authority staff does not include important demographic data such as age, gender and ethnicity.
4. Comprehensive information is available on those workers registered by the Care Council, namely social workers, adult care home managers, domiciliary care managers and residential child care managers and workersⁱⁱⁱ. For these staff we can describe work and employment patterns, career pathways and turnover. This information is not currently available on the unregistered workforce.
5. In co-operation with the Data Unit, we have produced social worker workforce planning data which looks at the trends of the workforce over time, staff turnover and the projected workforce over the next three years^{iv}. A similar document has been prepared on occupational therapists.
6. By combining data from the Welsh Government and the Data Unit we find there are an estimated total of 79,000 people working for local authority social services departments or for organisations commissioned by them. The social care workforce is overwhelmingly female. 81 per cent of the staff who work for services commissioned by local authorities are female. As the table below notes, social care staff work in a range of settings. Around 26,000 work in residential care and 23,000 work in domiciliary care.
7. In future we will be working with the Welsh Government and other partners to improve the quality and reach of this data. We are working with the Care and Social Services Inspectorate Wales (CSSIW) who plan to gather more data on the workforce in regulated services.
8. The plan to register domiciliary care workers and adult care home workers will increase the amount of data held and provide an opportunity to carry out more comprehensive workforce planning.

Is there a clear understanding of the Welsh Government's vision for health and care services and the workforce needed to deliver this?

9. The Welsh Government's vision for social care is reflected in the Social Services and Well-being (Wales) Act, 2014 which places an emphasis on person-centred care, early intervention and

prevention. The vision recognises a growth in both the demand and the complexity of the care that will be required. This will mean more care workers and more highly skilled workers. In addition there will be a requirement for: a. care staff that are able to provide both personal and health care; b. staff capable of applying professional judgement rather than only following prescribed procedures; c. more Welsh speaking staff. The requirement for additional staff with specific skills will prove a challenge, particularly in rural areas.

10. New statutory regional partnership boards have been established to plan and deliver social care and health services in each part of Wales. They are required to produce joint population assessments to better understand the care and health needs of people and strategic action plans to meet the needs of citizens within their locality. These assessments will provide the opportunity to better plan the workforce in future. The regional partnership boards are developing workforce sub-groups who will be able to contribute to this work.

11. Regulations under part 9 of the Social Services and Well-being (Wales) Act, 2014 require greater partnership working between social services departments and local health boards. For example, the regulations require the establishment of pooled funds for the exercise of care home accommodation functions and the exercise of family support functions. The legal requirement for partnership working between strategic authorities creates the opportunity for joint workforce planning and training.

12. We understand that the Welsh Government will be publishing a NHS Workforce Strategy, there is an opportunity to align this strategy with a workforce strategy for social care to ensure a complementary approach across the workforce. There is a clear interdependence between social care and health support to enable individuals to receive care in their own community.

How well-equipped is the workforce to meet future health and care needs?

13. The Care Council is working with partners across Wales to equip the workforce to meet future health and social care needs.

14. 53% of people employed in services commissioned by local authorities have the required or recommended qualifications for their job^v, leaving 47% to become qualified. In general the majority of these workers currently require a level 2 health and social care qualification (QCF Diploma).

15. The Care Council will be working with partners in the sector to encourage greater take up of qualifications to the sector. Providing a stronger professional ethos for the sector through training, registration and the development of career pathways will be central to this drive.

16. Under the Regulation and Inspection of Social Care (Wales) Act, 2014, almost all social care workers will need to be registered in order to practice by 2022. A key element of registration will be the attainment of a minimum level of qualification. The Care Council is embarking on a five year strategy for Care and Support at home, this will include preparations for the domiciliary care workforce for this change. From 2018 they will be the first main new group which will need to register. In 2020 they will be joined by adult care home managers.

17. Currently the following groups of workers are registered and are required to meet minimum standards of qualification: social workers; adult care home managers; domiciliary care managers; children's residential care home managers and workers. It is estimated that there are around

79,000 workers currently employed in the formal social care sector in Wales, of which approximately 11,000 are registered with the Care Council. The domiciliary care workforce and the adult care home workforce comprise a significant part of the remainder.

18. There is evidence that in future, an increasing number of people will be living for longer with more complex needs. For example, people with learning disabilities are now living longer with associated health care needs presenting new challenges for the people providing care and support to them. The likelihood is that higher levels of skills, knowledge and therefore qualifications will be demanded.

19. There is also a greater demand to receive care and support and home and to design services around the needs of the person. These changes will require new and enhanced skills for social care workers. The Social Services and Well-being Act, 2014 provides a legal framework for councils and their partners to deliver services in accordance with these demands. The Care Council has commissioned extensive material for the social care workforce to train them in new ways of working. These can be found on the Act's Information and Learning Hub^{vi}.

20. The way in which health care tasks are delegated from health workers to care workers is a barrier to achieving effective services. Unless there is a clear clinical governance framework in place with good quality training and support from health professionals it can present a risk for people who use services and workers themselves. The way in which health care tasks are delegated is inconsistent. There are concerns from local authorities that they are being asked, in some cases, to undertake duties that are an NHS responsibility, which may be ultra vires and with no additional funding to do so.

21. An All-Wales Framework for the delegation of health care tasks is needed to ensure that there is: a. clarity about the tasks that can be delegated; b. a clear clinical and corporate governance framework in place which facilitates the safe and legal delegation of tasks; c. appropriately training for those involved in both delegating and undertaking tasks; d. adequate funding agreed between health and social care to ensure that there is no additional financial burden placed upon local authorities, as functions transfer from one workforce or setting to another.

22. The Care Council is responsible for promoting learning and development in social care. In partnership with the social care and training sectors we have developed a qualification framework for the social care sector in Wales, which is a first in the UK^{vii}. The qualification framework has been developed to define the minimum qualification required for each role in social care. The qualifications are regularly reviewed.

23. The Care Council publishes a Social Care Induction Framework for Wales which aims to support the workforce by providing a structure upon which induction can be based. It supports a common understanding to induction in social care in Wales by outlining the knowledge and competence workers need to demonstrate in their first 12 weeks of employment, whether they are new to social care or new to an organisation or role.

24. Retaining staff is a major challenge for the care sector. For example, the turnover rate for domiciliary care staff is 35 per cent, compared to 15 per cent for most workers across the economy. Care employers have provided consistent feedback that an important factor in retaining a care worker is whether they have the appropriate values for the sector. These values include empathy and patience, which demonstrate a person centred approach. In order to help Job

Centre Plus and others to recruit people with the appropriate values to the sector we have produced 'A Question of Care' which is a free online resource which aims to raise awareness of careers in the care sector^{viii}. It helps people find out what work in social care and childcare is really like, and tests them on their suitability as potential recruits.

25. The Care Council is responsible for the Code of Professional Practice for Social Care^{ix} which sets out the standards for the registered workforce. All applicants have to agree to abide by it when they register and may go before fitness to practise hearings if there are allegations over whether they have upheld its standards.

26. In 2015, the Code was reviewed to reflect the significant changes in social care since it was published in 2002, and to ensure it would support the workforce to deliver the expectations of Social Services and Well-being (Wales) Act 2014.

27. In January 2016 we launched our Caring with Pride initiative to promote the Code. It provides employers and managers with the tools and information to promote and embed the Code in their workplace, and encourages workers – whether registered or not – to take a proactive approach to show they support and share the values outlined by the Act.

28. The Care Council has developed a continuing professional education and learning framework for social workers. The framework equips social workers with the advanced knowledge, skills and qualifications they need as they progress from newly qualified to experienced practitioners and more senior practice roles. The Care Council has also developed a continuing professional development toolkit for social care, early years and child care managers and workers.

What are the factors that influence recruitment and retention of staff across Wales?

29. At present, there is no overall strategic approach to recruitment to social care. As a result, social care careers promotion is often undertaken in silos and in an ad hoc way without a joined up, coherent approach.

30. Therefore the Care Council, along with its partners is proposing a holistic careers recruitment and retention framework. It will provide a clear vision for supporting the sector in recruiting high quality individuals. It will encourage continuing professional development within the existing workforce to facilitate sustainability and quality. Values-based recruitment and retention is key to this. The emphasis will be placed on promoting social care as a viable and rewarding career option, offering support to address the new legislative requirements.

31. The negative portrayal of social workers in the media creates a barrier to recruitment. It is important that steps are taken to promote the excellent work that social workers do in child protection and other areas in order to overcome this.

32. The Care Council is responsible for working with partners to set the educational and training standards for social care. We are currently responsible for the regulation of social work training. In future, in our new guise as Social Care Wales, we will be given the authority to regulate all social care training.

33. We supported an independent review by Qualifications Wales which identified that the qualifications and learning landscape for social care and child care sector in Wales is complex, crowded and dynamic. The key findings questioned: a. the effectiveness of the present models of assessment in determining the knowledge, skills and understanding of learners; b. the

currency of some qualifications, particularly those qualifications taken by learners aged 14-16; c. the extent to which qualifications prepared learners for progression to higher education; d. the coverage of certain key aspects of learning for different areas of work, for example in relation to dementia care, domiciliary care and play work in the context of childcare; e. the extent to which qualifications prepared learners effectively for working in a bilingual nation

34. We are working with Qualifications Wales and others to address these issues with learning providers and social care employers. This is long term project which will run from now until 2019.

35. It is well documented that pay and terms and conditions are a serious barrier to achieving a sustainable care workforce. Pay and terms and conditions are not as favourable in social care as they are in other sectors. Employers report that they frequently lose staff to other sectors such as retail which offer more favourable terms.

36. It is a particular problem that there is lack of parity between the social care and health sectors. Staff often move from social care to health where they are paid more for undertaking similar roles. This reflects the funding protection afforded to the NHS as a government and public priority, relative to the budget cuts faced by local authorities.

37. The Welsh Government has published research which highlights the impact of poor pay and terms and conditions on the workforce and people receiving domiciliary care^x. The introduction of the statutory National Living Wage for the over-25s at £7.20 an hour has led to a substantial increase in wages for low paid workers in the care sector. However, there are concerns about the impact on the costs of a sector which is already under significant financial pressure.

Whether there are there particular issues in some geographic areas, rural or urban areas, or areas of deprivation for example.

38. There is a particular concern around the sustainability of the social care workforce in rural areas. These centre around the affordability of providing care in these areas and the distances required to travel to provide care.

39. There is a case to made for developing new approaches to delivering services in rural areas which makes the best use of community and public assets, as well as technology, and the potential to recruit more people locally. There are good examples of rural service provision. However, more could be done to share learning, so that it is built into the system.

Conclusion

40. There is a great deal of pressure on the care workforce in Wales. There is an increasing demand for social care provision. At the same time, the needs of those receiving social care are becoming increasingly complex. The workforce will be expected to focus on prevention, reablement, and focusing on the needs of individuals and families as part of communities.

41. There is an opportunity to provide greater employment in the sector. In order to achieve this more people will need to be recruited to the care sector and more effective steps will need to be taken to improve retention rates. The Care Council and its successor, Social Care Wales will work with the sector to improve levels of training and professionalism.

Appendix

Table 1: Summary of the main sources of data on the social care workforce

Data	Source
Staff working for local authority social services departments	Welsh Government
Staff working for organisations commissioned by local authority social services departments	Local Government Data Unit
Profiles of the registered workforce	Care Council for Wales

Table 2: Estimate of total staff working for local authority social services departments and in organisations commissioned by them, listed by workplace setting

Work place setting	Total number of workers
Central management and support	2,738
Social work	6,664
Hospital	187
Domiciliary care	22,836
Residential care	25,736
Day and community services	10,601
Mixed (services are organisations commissioned by local authorities who offer a mixture of domiciliary, residential and day care)	10,060
Total	78,822

ⁱ [Staff working for local authority social services departments](#), Welsh Government

ⁱⁱ [Staff working for organisations commissioned by local authority social services departments](#), Local Government Data Unit

ⁱⁱⁱ [Profiles of the registered workforce](#), Care Council for Wales

^{iv} [Social worker workforce planning 2014-15](#), Local Government Data Unit

^v [Staff working for organisations commissioned by local authority social services departments](#), Local Government Data Unit

^{vi} [Social Services and Well-being Act Information and Learning Hub](#), Care Council for Wales

^{vii} [Qualification Framework for the Social Care Sector in Wales](#), Care Council for Wales

^{viii} [A Question of Care](#), Care Council for Wales and partners

^{ix} [Code of Professional Practice for Social Care](#), Care Council for Wales

^x [Factors that affect the recruitment and retention of domiciliary care workers](#), Welsh Government, 2016