



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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REVIEW OF WORKFORCE PLANNING FOR SOCIAL SERVICES

FINAL REPORT

September 2006

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APPENDIX 1 [Consultees](#)
 [Focus Groups](#)

GLOSSARY

Social Services Staff – all staff, professional, vocational and unqualified who deliver social work or social care services in the statutory, voluntary, private or other relevant sectors.

Social Work Staff – all staff with a recognised Social Work qualification and who are registered with the Northern Ireland Social Care Council (NISCC)

Social Care Staff – all staff with a relevant vocational qualification (e.g. NVQ in Care) or unqualified who deliver social care or domicilliary care services.

1 INTRODUCTION

1.1 Background

Health and Personal Social Services (HPSS) are delivered in a constantly changing environment and policy makers and provider organisations face ongoing challenges to develop services that keep pace with public expectations, increased demand and technological change.

Social Services should deliver social care to clients in a way that is sensitive to their needs and expectations; empowering; offering advice and support; and ensuring seamless provision across care organisations. To deliver social services such as these requires a workforce which has the skills and flexibility to deliver the right care at the right time and in the right place to those who need it – a workforce which has the right number of staff deployed in the right places and working to the maximum of their ability.

In order to address this issue, the Department of Health, Social Services and Public Safety has commissioned a review of the current provision of social services staff across Northern Ireland. The aim of the review is to inform the Department's planning in the provision of training for these staff groups to facilitate service continuity and development over the next 5 to 10 years. This report is the result of that review.

Personal Social Services help large numbers of people address a wide range of different needs and promote, enhance and protect the well-being of children and adults who are very often vulnerable. It is estimated that there are between 30,000 and 40,000 social services staff in Northern Ireland, including professionally qualified social workers, vocationally qualified care workers and unqualified staff working in domiciliary, day care, residential and fieldwork settings. Social services staff are employed in a variety of sectors including the statutory, criminal justice, education, welfare, voluntary and private sectors. The range of services includes care and support for:

- families, particularly where children are in need, including children with disability;
- people with a learning disability;
- people with a physical or sensory disability;
- people with mental health problems;
- older people;
- people with drug or alcohol abuse problems;
- children who are 'looked after' (in public care);
- carers; and
- people who experience homelessness.

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The first workforce planning review for the social services group was completed in 2002. This second workforce planning review considers a number of developments and trends within the health and personal social services that are impacting on the roles and responsibilities of staff and which will have a bearing on planning the social services workforce required in the future. These include:

- state registration of the social services workforce under the Northern Ireland Social Care Council (NISCC);
- changing arrangements for social work education and training;
- changing employment patterns and policies relating to work-life balance;
- the impact of recent legislation such as the European Working Time Directive (EWTG);
- forthcoming service developments;
- increased competition from other sectors in recruiting and retaining social services staff; and
- policy developments and organisational changes such as Agenda for Change (AfC).

1.2 Terms of Reference

1.2.1 Purpose of Review

The purpose of this review is to provide the DHSSPS with comprehensive current information on the social services workforce across Northern Ireland. This will inform the Department's planning in the provision of training for these staff to facilitate service provision over the next 5 years.

This review was to investigate, within the context of workforce planning and deployment, current and future supply and demand factors that will impact on the delivery and development of social care services across all programmes of care.

The review will take into account the social services workforce in the statutory, voluntary and private sector context and will address issues for the overall social services workforce, including professionally qualified social workers, vocationally qualified care workers and unqualified staff in the Domiciliary, Day Care, Residential and Fieldwork settings.

Within the scope of the above the detailed terms of reference include:

- an analysis of the current social services workforce in Northern Ireland, including:
 - size, composition, sectoral distribution, age and gender;
 - working conditions and patterns;

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- postgraduate qualifications/continuing professional development commitments;
- specialist service commitments;
- setting within which people are working (eg: day care, residential, domicilliary etc); and
- vacancy rates at the time of the review;
- an analysis of current and future recruitment and retention issues, including:
 - pay;
 - career development and specialisation;
 - analysis of qualifications held;
 - career breaks/leaving social services employment;
 - returnees;
 - working arrangements;
 - the impact of recent and forthcoming legislation such as the European Working Time Directive; and
 - increased competition from other sectors in recruiting and retaining social services staff;
- a prediction of future demand, including:
 - number of social services staff required to meet service demands;
 - an assessment of the number of social work student places that should be commissioned to meet demand;
 - sectoral distribution including specialisation;
 - services demanding the skills of these professionals and the context within which these services are delivered; and
 - skill-mix options;
- recommendations whereby services could be commissioned and delivered optimally:
 - in the statutory sector;
 - in the voluntary sector;
 - in the private sector;
 - across these sectors; and
 - multidisciplinary working.

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1.3 Outcome of Review

The main outcome of the review was to produce a report providing comprehensive qualitative information and setting out the following key elements:

- a prediction of the number of social services staff that will be required over the next 5 year period;
- a model that can be applied to project trends in the supply and demand of social services staff. The model should identify the parameters that will impact on the supply and demand of these staff within the context of developments both within the professions and in the wider operating environment including economic context and society's requirements; and
- identification of current and indicative future trends in the development of these services.

1.4 Report Structure

The remainder of this report is structured as follows:

- Section 2 - a review of the current structure and provision of staff working within social services;
- Section 3 - a review of recent contractual changes and key developments across social services;
- Section 4 - the key themes that arose from the consultation exercise, including staff views on workforce issues – social care;
- Section 5 - the key themes that arose from the consultation exercise, including staff views on workforce issues – social work;
- Section 6 - a review of other demand / policy drivers;
- Section 7 - supply and demand models setting out estimated requirements for the next 5 years; and
- Section 8 - conclusions and recommendations arising from the review.

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2 THE SOCIAL SERVICES WORKFORCE

2.1 Workforce Structure

The social services workforce is made up of a diverse range of staff grades with different roles, entry requirements and career structures. Further differentiation relates to the sector and setting in which these groups work and the client group upon which they focus. Table 2.1 summarises the settings and sectors within which the broad staff groups can be found and the sections below provide a brief overview of the main grades covered by this report.

Table 2.1
Social Care Workforce – Settings and Sectors

Staff Group	Professionally Qualified Social Workers			Vocationally Qualified and Unqualified Social Care Staff		
	Statutory	Voluntary	Private	Statutory	Voluntary	Private
Fieldwork	✓	✓	✗	✗	✗	✗
Residential	✓	✓	✓	✓	✓	✓
Day care	✓	✓	✓	✓	✓	✓
Domicilliary	✗	✗	✗	✓	✓	✓
Criminal Justice	✓	✓	✗	✓	✓	✗
Specialist Agencies (eg: NI Guardian Ad Litem Agency)	✓	✗	✗	✗	✗	✗
Education	✓	✗	✗	✗	✗	✗

2.1.1 Professionally Qualified Social Workers

Social workers provide and co-ordinate support for individuals, families, carers, communities. They provide services in the community (fieldwork), residential homes, schools, courts day care units and hospitals and generally work with particular client groups including:

- families and children;

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- the elderly;
- people with physical, sensory or learning disabilities; and
- people with mental ill-health;
- children, young people and adults who come into conflict with the law;
- people who experience homelessness; and
- those whose lives are adversely affected by drugs and alcohol.

They also provide specialist services such as adoption, fostering, youth and criminal justice, education welfare, relationship and conflict mediation and victim support. Social workers have specific responsibilities and powers through government policies and statute to protect vulnerable children and adults.

It is also important to recognise the interdepartmental and inter-agency dimension of workforce planning and that the Education and Library Boards, Probation Board, Youth Justice Agency as well as the Department of Education and NIO are interested partners.

Most social workers are employed in the statutory and voluntary sectors and a small number work in the private sector. All social workers including Probation Officers, Educational Welfare Officers and Guardian Ad Litem are required to hold a recognised social work qualification and to be registered with the Northern Ireland Social Care Council (NISCC) in order to practise.

The new Degree in Social Work (and all its predecessor equivalent qualifications, including the Diploma in Social Work) is the recognised qualification for all social workers.

From 2003 it became compulsory for all newly qualified social workers from DipSW programmes to begin the first part of their post qualifying training as soon as they started employment. From 2006 all graduates from the Degree in Social Work will be required to undertake an Assessed Year in Employment (AYE) as soon as they start employment.

Post-qualifying (PQ) education and training is available to social workers in Northern Ireland through a PQ Framework which offers post qualifying and advanced level awards and a range of accredited training programmes. PQ Awards and Advanced Awards are not linked to specific post requirements except for the Approved Social Work Award and the Practice Teacher's Award. There is no requirement for senior social workers (team leaders) or above to have any specific qualifications or training in management or supervision. A review of the PQ Framework is currently underway to reflect the changes to qualifying training.

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The career progression route for social workers is typically:

- Social Worker – entry level;
- Senior Social Worker (also known as Team Leader/Residential Unit Manager) – 3 years post-qualifying experience;
- Senior Practitioner – 3 years post-qualifying experience;
- Assistant Principal Social Worker (APSW) – 5 years post-qualifying experience; and
- Principal Social Worker (PSW) – 5-7 years post-qualifying experience.

Increasingly, Trusts are making use of a senior practitioner grade as a way of retaining experienced practitioners at practice level. Further work is being undertaken to develop a professional career path for social workers which is integrated with management structures.

Social work rates within the statutory sector qualify for a pay range from £20,295 at entry level up to £29,004.

Whilst the PQ Framework is believed to work relatively well in Northern Ireland, the reforms in social work education and training will impact on the existing PQ framework and arrangements. The publication '*A Strategy for Professional Development in Social Work*' makes recommendations for progressing the development of a revised structure for post qualifying social work education and it is likely that these recommendations will be implemented in the short-term future, possibly altering the structure for professional development for the current social work degree students when they commence employment in 2007.

2.1.2 Vocationally Qualified Social Care Staff

This wide-ranging group comprises all of those working in social care who are not professionally qualified social workers. Social care staff work with a wide range of service users and carers, providing support in residential units, a range of day care establishments and in peoples' own homes (domiciliary care). Jobs range from home helps, domiciliary care workers, care assistants, day care workers, social work assistants, residential child care workers to supervisory and management posts. A large proportion of the social care workforce is employed by voluntary and private sector organisations, many of which deliver services under service level agreements to the HSS Trusts and the HSS Boards.

The main qualifications available for social care are listed in Section 3.1.2. Employers are increasingly stipulating NVQ Level 2 is an appropriate social care qualification as a minimum entry criterion for social care posts, but for many such jobs, including supervisory and management posts, there are no qualification requirements. Rather, employers will seek previous social care work experience, evidence of the required competencies and a caring attitude.

Rates of pay are variable depending on the setting in which care is being delivered and the sector in which the social care worker is employed. While those in senior and management positions are typically salaried, most care assistants, project workers, residential workers, domiciliary care workers and day care workers are paid on an hourly basis. Hourly rates range from minimum wage (£5.05 per hour / aged 22 years plus) up to around £5.75 per hour within the statutory, private and voluntary sectors. We contacted providers of agency staff and found that staff employed by agencies can be paid as much as £7.00 per hour plus shift enhancements

There is no defined career structure for social care roles and opportunities for progression are dependent on the employer. Some will encourage staff to undertake training and development with a view to progressing on to, for example, a co-ordinating or managerial post or into professional social work.

Registration of social care staff has not yet been initiated although this is planned to commence from April 2006 (see Table 3.2, page 25)

2.2 Workforce Composition

No single data source exists for the entire social services workforce and even among the individual sectors, data sources are unreliable and incomplete. The registration of the social care workforce by NISCC will in time provide a more realistic picture of the number of people in the sector (although it will not collect all the information required for workforce planning purposes) as will the Regulation and Quality Improvement Authority (RQIA), but for the purposes of this review a range of data has had to be employed. The data sources available to the review and their respective reliability and completeness are set out in the following sections.

2.3 Statutory Sector

2.3.1 DHSSPS Human Resources Management System

All HSS Trusts provide a download of their combined payroll and personnel systems to the Department on a quarterly basis for addition to the Human Resource Management System (HRMS). This download provides a snapshot of all the people employed by the Trust at that point in time including information on:

- department/specialty;
- grade;
- trust;
- age;
- gender; and
- part-time/full-time working.

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Departmental statisticians with the assistance of the Social Services Inspectorate (SSI) generated a dataset for this review, which included staff in the following groups:

- senior management and management positions;
- practising social workers (Senior Social Workers, Senior Practitioners and Social Workers);
- social care workers (unqualified) and social work assistants;
- care staff in day care settings;
- care staff in residential settings; and
- rehabilitation workers for the blind.

There is inconsistency in terms of the grade names given to social services jobs across Trusts such that there may be several names used on the system for the same post. Therefore, generation of these summary groups required a manual process of grouping around 70 grade titles into these broader categories. While it provides useful information on these groups, there are important omissions in this dataset, most significantly the absence of domiciliary care workers of whom there are large numbers in many HSS Trusts.

Most social services staff are recorded on HRMS under Social Services Terms and Conditions (TC6) however, some Trusts record hourly paid staff such as domiciliary care workers under the Ancillary and General Terms and Conditions (TC4). This latter category also includes grades such as domestic workers, maintenance staff and transport staff and many Trusts do not maintain full personnel details for these workers. Therefore, the Department's Statistics Branch could not include domiciliary care in its analysis on the grounds of data accuracy. As a consequence, other data sources were used to estimate domiciliary care worker head count figures.

The dataset compiled from HRMS for this exercise produced the workforce figures in Table 2.2 overleaf.

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Table 2.2
HRMS Workforce Figures (Headcount)

Senior Management	66
Management	219
Total Management	285
Senior Social Worker	504
Senior Practitioner	186
Social Worker Qualified	1,800
Total Social Work Practitioner	2,490
Social Care Worker (Unqualified)	333
Social Work Assistants	456
Care Staff (Day)	889
Care Staff (Residential)	538
Others	6
Total Social Care	2,222
Rehab Workers for Blind	25
Workforce Total	5,022

Source HRMS March 2005

The total number of Social Work Practitioners working in HPSS has increased by almost 19% since 2001. The total number of HPSS Social Services staff has increased by 23% since 2001. It is interesting to note that the number of Senior Practitioner posts has increased from 12 in 2001 to 186 in 2005.

The HRMS dataset provides information on the age and gender breakdown of each staff group. This is summarised in Table 2.3 overleaf.

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Table 2.3

Age, Gender and Part-Time/Full-Time Breakdown of HPSS Social Services Staff

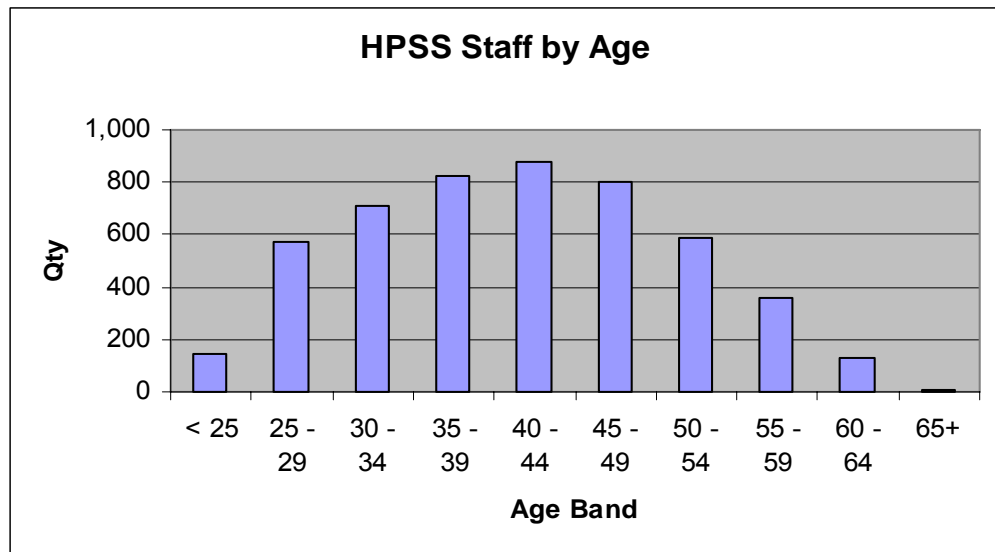
Age Groups	Management	Social Work Practitioners	Social Care Workers	Rehab Workers
25 and Under	0%	1%	5%	4%
26 - 29	0%	11%	13%	8%
30 - 34	2%	15%	15%	8%
35 - 39	8%	18%	16%	20%
40 - 44	18%	19%	16%	16%
45 - 49	31%	17%	13%	24%
50 - 54	23%	12%	11%	4%
55 - 59	15%	6%	8%	8%
60 - 64	4%	2%	3%	8%
65+	0%	0%	0%	0%
Total	100%	100%	100%	100%
Female PT	9%	21%	28%	20%
Female FT	54%	62%	54%	60%
Male PT	1%	1%	2%	0%
Male FT	36%	17%	16%	20%

Source: HRMS (March 2005)

This data indicates that the workforce is predominantly female. Figure 2.1 below shows the overall HPSS workforce age profile graphically.

It can be seen that the overall age profile of the statutory sector shows a normal distribution. This can be seen in Figure 2.1 overleaf. However, the management group profile is slightly skewed around the upper age bands.

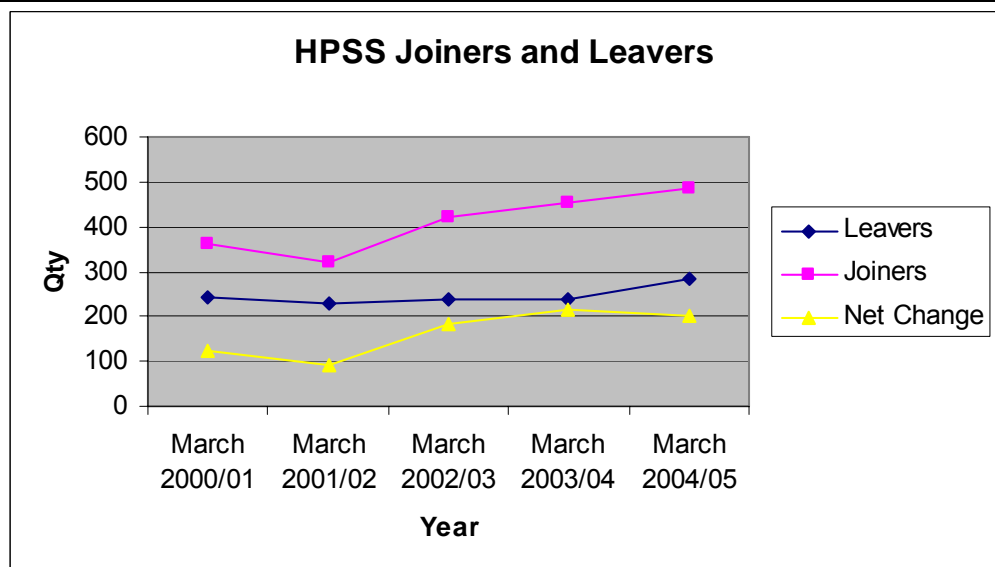
Figure 2.1
Age Profile of HPSS Staff – Social Services



Source: HRMS (March 2005) Includes staff groups as set out in Table 2.1

From a staff turnover perspective, it would appear that the number of joiners to the workforce has outweighed the number of leavers in recent years. The net change between joiners and leavers in the last 5 years shows that more people entered the HPSS workforce than left it. In the period March 2000 to 2001, 122 more staff entered than left, and the most recent period, March 2004 to 2005, 202 more staff entered than left. The result is a net increase in the workforce of 814 over the period 2000 to 2005. Figure 2.2 below illustrates these trends.

Figure 2.2
HPSS Joiners and Leavers



Source: HRMS (March 2005)

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From a vacancy perspective, the most recent HPSS survey indicates a significant number of vacancies at the social worker and care staff levels, with a declared 78 and 57 vacancies respectively, with 27 of the social worker vacancies being defined as long term. (A current vacancy is an unoccupied post, which at 31st March 2005 was vacant and which the organisation was actively trying to fill. A long-term vacancy is an unoccupied post which at 31st March 2005 had been vacant for 3 months or more (was vacant prior to 31st December 2004) and which the organisation was actively trying to fill. Long-term vacancies are a sub-set of current vacancies. A vacancy rate is defined as the total number of vacancies expressed as a percentage of the total staff complement (ie. vacancies plus staff in post).

Table 2.4 below illustrates these trends.

Table 2.4
HPSS Vacancies

Grade	Current Vacancies			Long-Term Vacancies	
	H/count	WTE	H/count Vacancy Rate %	H/count	WTE
Senior Management	6	6	8	1	1
Management	14	14	6	4	4
Senior Social Worker	25	23.1	5	5	4
Senior Practitioner	15	13.8	8	9	8.4
Social Worker (Qualified)	78	69.3	4	27	23.5
Social Carer (Unqualified)	0	0	0	0	0
Social Work Assistants	2	1.7	<1	0	0
Care Staff	57	43.7	4	0	0
Other	16	14.7	34	3	2.5
TOTAL	213	186.3	-	49	43.4

Source: HRMS (March 2005)

Assessing this data by Trust, shows that Homefirst Community Trust has the largest number of vacancies, although it also has the largest social services staff complement at 825. Table 2.5 overleaf illustrates this.

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Table 2.5
HPSS Vacancies by Trust

HPSS Organisation	Staff Comp	Current Vacancies		Long-Term Vacancies	
	H/count	H/count	WTE	H/count	WTE
Altnagelvin Group HSS Trust	<i>Less than 5</i>	0	0	0	0
Armagh and Dungannon HSS Trust	256	8	8	0	0
Belfast City Hospital HSS Trust		0	0	0	0
Causeway HSS Trust	245	7	5.5	1	1
Craigavon and Banbridge Community HSS Trust	313	14	12.5	4	3.5
Craigavon Area Hospital Group HSS Trust	13	0	0	0	0
Down Lisburn HSS Trust	477	14	13.5	4	4
Foyle Community HSS Trust	467	14	14	0	0
Greenpark Healthcare HSS Trust		0	0	0	0
Homefirst Community HSS Trust	825	57	46	20	17.5
Mater Infirmorum Hospital HSS Trust		0	0	0	0
Newry and Mourne HSS Trust	265	7	6.2	1	1
North and West Belfast HSS Trust	776	23	20.9	10	9.4
Royal Group of Hospitals HSS Trust		0	0	0	0
South and East Belfast HSS Trust	556	36	31.2	9	7
Sperrin Lakeland HSS Trust	331	15	15	0	0
Ulster Community & Hospitals Group HSS Trust	401	18	13.6	0	0
United Hospitals Group HSS Trust		0	0	0	0
Other Agencies & Board Headquarters	96	0	0	0	0
TOTAL	5,022	213	186.3	49	43.4

Source: HRMS (March 2005)

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2.4 Independent Sector

There is little reliable information about the social services workforce in the voluntary and private sectors. This review has, therefore, sought to develop a profile of the non-statutory sector from a number of sources.

NISCC in partnership with the Voluntary Organisations Forum (VOF) and the Northern Ireland Council for Voluntary Action (NICVA) undertook a scoping study in 2002. This provides the most up-to-date information covering this sector. 'Scoping the Voluntary Social Care Sector' provides some indicative figures for the voluntary sector but is based on a survey and, therefore, does not provide a full workforce headcount. The scoping study estimated that there are between 2,500 to 3,000 voluntary sector social care employers, however, some of these focus on community development activity which is not in the scope of this review.

A total of 972 organisations responded to the survey and indicated that they employed an average of 13 members of staff.

There is no reliable data that would enable the above noted 2,500 to 3,000 voluntary sector employers to be disaggregated into social care providers as opposed to community development organisations.

However, "Scoping the Voluntary Social Care Sector" estimates the breakdown of the paid workforce in the voluntary social care sector as shown in Table 2.6 below:

Table 2.6
Breakdown of the Paid Workforce in the Voluntary Sector

Paid	Full Time	Part Time	TOTAL
Male	1,655	951	
Female	3,812	3,163	
Totals	5,467	4,114	9,581

Source: *Scoping the Voluntary Social Care Sector 2002*.
NICVA/VOF/NISCC

As regards the private sector, information is available on elements of provision but not on the social services provision within the sector as a whole. For example, the DHSSPS Report, 2003/04 on the Registration and Inspection Unit's activity summarises statistical data on the number of private sector adult residential and children's homes but, since private sector domicilliary and day care providers are not required to register with RQIA, no information is collated on this provision.

The voluntary and private sectors are significant employers within the domicilliary care industry in Northern Ireland. The report commissioned the UKHCA and NISCC 'Independent Sector Home Care Provision' in Northern Ireland estimated in 2002 (based on a survey of voluntary and private sector organisations with a response rate of 65%) that "there are 4,250 domicilliary workers and 210 managers working across the voluntary and private sector in Northern Ireland". (Note that this figure of 4,250 is used later in this report for workforce modelling purposes, along with the data from

the Registration and Inspection Unit report on residential care. It should be recognised that there is likely to be a level of “double counting” between this figure and that from the NICVA/VOF/NISCC survey, but from a practical modelling perspective, this is not thought to be significant.)

The UKHCA survey highlights that the voluntary and private sectors are playing an increasingly important role in the provision of domicilliary services, with the private sector reporting a 29% growth in the number of workers deployed and the voluntary sector reporting a 3% growth in the year to June 2001.

2.4.1 Statutory Domicilliary Care Workers

To validate the data on the voluntary and independent home care workforce, and to determine the number of statutory sector domicilliary staff, contact was made to the Performance Review Branch in the Department. The Branch was able to provide details on the amount of care hours procured both for residential care and domicilliary care. In agreement with the Social Services Inspectorate, it was decided to use the number of hours of domicilliary care procured to approximate whole time equivalent figures for the domicilliary care workforce, both for the statutory sector (for which details were not available from HRMS) and independent sector. This is shown in Table 2.7 and Table 2.8 overleaf.

Combined WTE figures were derived by dividing the total number of hours procured by 52 weeks and by a 37.5 hour working week.

Contact was also made with the individual Boards in order to collect domicilliary staffing data for the trusts in the four Boards, however, given their varying approaches to data collection and aggregation, complete, accurate and comparable data was not available.

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Table 2.7
Domicilliary Care – Independent Sector

Board	EHSSB				Totals
Trust	Down Lisburn	North & West	South & East	Ulster	
No of Hours Worked	583,189	355,289	499,368	454,406	1,892,252
WTE	299	182	256	233	970
Board	SHSSB				Totals
Trust	Armagh & Dungannon	Craigavon & Banbridge	Newry & Mourne		
No of Hours Worked	382,106	184,324	284,096		850,526
WTE	196	95	146		436
Board	NHSSB				Totals
Trust	Causeway	Homefirst			
No of Hours Worked	16,949	197,565			214,514
WTE	9	101			110
Board	WHSSB				Totals
Trust	Foyle	Sperrin Lakeland			
No of Hours Worked	240,351	822,036			1,062,387
WTE	123	422			545
Combined WTE Total					2,061

Source: Performance Review Unit DHSSPS 2003-04

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Table 2.8
Domiciliary Care – Statutory Sector

Board	EHSSB				Totals
Trust	Down Lisburn	North & West	South & East	Ulster	
No of Hours Worked	561,876	827,548	837,256	521,988	2,748,668
WTE	288	424	429	268	1,410
Board	SHSSB				Totals
Trust	Armagh & Dungannon	Craigavon & Banbridge	Newry & Mourne		
No of Hours Worked	645,807	506,464	405,341		1,557,612
WTE	331	260	208		799
Board	NHSSB				Totals
Trust	Causeway	Homefirst			
No of Hours Worked	500,358	1,409,060			1,909,418
WTE	257	723			979
Board	WHSSB				Totals
Trust	Foyle	Sperrin Lakeland			
No of Hours Worked	637,958	481,615			1,119,573
WTE	327	247			574
Combined WTE Total					3,762

Source: Performance Review Unit DHSSPS 2003-04

As shown in Tables 2.7 and 2.8, there is an estimated 2,061 domiciliary whole time equivalents in the independent sector and 3,762 domiciliary whole time equivalents in the statutory sector.

Balancing the estimated 4,250 headcount figure in the independent sector (from NISCC ‘Independent Sector Home Care Provision’) against 2,061 WTE, this gives a headcount to whole time equivalent ratio of approximately 2:1. (The application of this ratio was agreed during consultation with the independent sector representative on the project steering committee). It should also be noted that it is impossible to disaggregate accurate headcount figures due to significant numbers of staff working less than 37.5 hours. Indeed, many work less than 10 hours.

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Applying this ratio to the statutory sector, gives a domicilliary staff headcount in the statutory sector of 7,524.

2.5 Residential Care

Data on residential care was available from the Registration and Inspection Unit Statistical Report on residential care is detailed in Table 2.9 below.

Table 2.9
Residential Care Staff

	Eastern	Northern	Southern	Western	Total
Number of relevant establishments	284	170	102	91	647
Sample size	135	170	75	91	471
Number of staff	2,803	4,639	2,286	2,111	11,839
Percentage of sample	48%	100%	74%	100%	-
Extrapolated sample	5,897	4,639	3,109	2,111	15,756
Qualifications					
Social work	147	77	70	49	343
NVQ	287	634	223	318	1,462
Nursing	606	832	643	594	2,675
Other	79	193	122	117	511
No Qualifications	1,674	2,903	1,201	1,033	6,811
Unknowns	10	0	37	0	47
Total staff with qualifications	1,119	1,736	1,058	1,078	4,991
Statutory sector residential homes	31	15	6	9	61
Statutory sector children's homes	16	6	5	8	35
Total statutory sector establishments	47	21	11	17	96
Percentage of total establishments	17%	12%	11%	19%	
Staffing in Statutory Sector	976	573	335	394	2279
Staffing in Non Statutory Sector	4921	4066	2774	1717	13,477

Source: R&I Unit Statistical Results 2003/04 and extrapolation

It should be recognised that the Registration and Inspection Unit report expressed concerns over the accuracy of some of this data, and the fact that it is an incomplete survey (including staff qualification information). This is acknowledged. However, given the limited data available for this sector, the project Steering Committee approved its use to determine approximate staffing levels. Extrapolating in this way naturally assumes that all the organisations who did not respond to the survey have comparable staffing levels with those who did.

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The top part of the table shows the actual sampling data from the Registration and Inspection Unit report (relevant establishments being those requiring inspection). This was consequently extrapolated based on the sample size to derive the total number of staff working across each Board area. For information purposes, the second part of the upper table also shows qualifications across the sector, based on the sample size return.

The lower table separates the independent and statutory sectors, as Registration and Inspection Unit inspections cover statutory and independent establishments. The percentage of statutory establishments (children's homes and residential homes) was calculated against the total number of relevant establishments. This calculated percentage was then applied to the total headcount figures to separate the two settings so that a true figure can be estimated for the independent sector, as the statutory sector data will also be recorded in the HRMS data detailed in Section 2.3 above.

2.6 Others

Other social care staff (mainly social workers) work in other settings. These are estimated in Table 2.10 below based on data provided by the organisations concerned and estimates included in the 2002 workforce review.

Table 2.10
Other Staff

Social Workers	
Guardian Ad-Litem	45
Criminal Justice Sector	176
Education Welfare	65
Totals	286

Source: Estimated from Contact with various organisations

2.7 Summary Headcount Data

Table 2.11 below summarises headcount data across the various social care settings.

Table 2.11
Social Care Staff Summary

SECTOR	SETTING	DATA SOURCE	HEADCOUNT
Statutory	All, less domicilliary	HRMS	5,022
Statutory	Domicilliary	Department Performance Review Unit 2003-04 (and extrapolation)	7,524
Statutory	NIGALA, CJ, EWO	Organisations	286
		Total Statutory	12,832
Non Statutory	Independent and Voluntary Sector Home Care	NISCC "Independent Sector Home Care Provision in Northern Ireland". 2002	4,250
Non Statutory	Non Statutory Residential Care	R&I Unit Statistical Results 2003/04 (and extrapolation)	13,477
Non Statutory	Additional Voluntary Sector	NICVA/VOF/NISCC "Scoping the Voluntary Social Care Sector". 2002	9,581
		Total Non Statutory	27,308
		Total Social Care	40,140

NB. There is potential for double counting between the NICVA/VOF/NISCC survey & other non-statutory sector headcount estimates.

2.8 Data Used for the Review

Elements of the various data sources described above have been used for this review with appropriate caution regarding data quality and coverage. All stakeholders who advised us and provided data for the various settings recognised the challenges and difficulties in deriving accurate headcount data from all social care areas. This is acknowledged.

However, these stakeholders also recognised that in the absence of effective data collection mechanisms, the data supplied is the only planning data available. From discussions with NISCC, their original expectation was that around 35,000 people would eventually register with them when all registration phases are complete, however, this figure could be an underestimate. The original expectation for the number of applicants in the first phase of registration (social workers) was 3,500 but this has been exceeded by approximately 40% to 4,892. If this was to be repeated with subsequent groups of applicants registering with NISCC it is possible the actual headcount of staff may be greater than originally envisaged.

Given the growth being experienced in the workforce (as can be seen in HPSS data over the last 5 years) and the transient nature of the wider social care workforce, the total figure of 40,140 does not seem to be an unreasonable estimate.

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3 RECENT DEVELOPMENTS WITHIN SOCIAL SERVICES WORKFORCE

3.1 Northern Ireland Social Care Council

The Northern Ireland Social Care Council (NISCC) was established as an executive Non-Departmental Public Body (NDPB) on 1 October 2001 under Part 1 of the Health and Personal Social Services (Northern Ireland) Act 2001 (the 2001 Act). It is an integral part of the DHSSPS's programme to further promote and develop the quality and safety agenda for the Health and Social Services in Northern Ireland.

It is NISCC's role, through effective regulation of the social care workforce and social work training to:

- set standards of practice for social care workers and their employers to promote a safe, reliable and competent service;
- establish and maintain a register of social care workers. Those on the register will be viewed as safe and competent to practise;
- promote education and training for all social care staff; and
- regulate social work training to ensure it prepares staff appropriately for the job.

NISCC, in addition to its functions of regulating the workforce and professional training of social workers, was recently licensed by the Sector Skills Development Agency (SSDA) as one of the four UK countries which make up Skills for Care and Development.

The Social Care Register opened on 1 April 2003 and NISCC commenced the registration of priority groups of staff designated by the DHSSPS (an estimated 3,500 social workers and staff working in specified settings). Prospective applicants in the priority groups from HPSS, Probation Service, Juvenile Justice, Education Welfare in the statutory, voluntary and private sectors across Northern Ireland were invited by NISCC to register. The initial uptake of registration was slow until enactment of Section 8 of the 2001 Act which introduced the Protection of Title (Enforcement of Registration for Social Workers) on 1 June 2005. Over 5,000 applications to register (includes Phase One priority groups and Phase Two social work students (see Table 3.1)) have been received by NISCC.

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Table 3.1
Registration Plan - NISCC

PHASE	STAFF GROUP
PHASE ONE April 2003 onwards	All people with a social work qualification; All people occupying a designated social work post in any sector; Team Leaders and all care staff in residential child care; All heads of residential care homes who are not registered with another recognised professional regulatory body; and All heads of day care facilities who are not registered with another recognised professional regulatory body.
PHASE TWO September 2004 onwards	Social work students (300 per year)
PHASE THREE Planned for April 2006 onwards	Adult Residential Care Staff; Agency/ Casual Staff; Adult Supported Living; All Hostel Settings; and Preparation – Domicilliary Care Staff.
PHASE FOUR Planned for April 2006 onwards	Day Care Staff; Agency Staff; Domicilliary Care Managers; Social Work Assistants; Early Years Staff; All Domicilliary Care Staff; and Direct Payments Scheme.

3.1.1 Qualification Requirements for Registration

The role of NISICC is to ensure that all those admitted to the Social Care Register are fit and competent to be on the Register, and that they meet the requirements to maintain registration. In respect of the groups within Phase One for registration with NISCC, a social work qualification is a mandatory requirement for registration. Where staff within Phase One are either working towards a social work

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qualification or working in line with a Home's Statement of Purpose, an endorsement from the employer/line manager that induction has been undertaken is necessary for registration. The DHSSPS has not at this stage set any specific qualifications for other posts within the social care workforce for registration, however strategic guidance is currently being developed about qualifications for the Social Care Sector in Northern Ireland.

The NISCC in partnership with key stakeholders, including employers, is working to produce a Qualification Framework which will encompass all social care jobs and functions across the entire social care sector for approval by DHSSPS. This will include statutory, voluntary and private sector service provision and will cover Personal Social Services, Education Welfare, Probation, Adult and Youth Justice.

The DHSSPS has the authority to specify qualifications necessary for posts and to date such specification has only been made for a limited number of posts; the remaining posts have been subject to judgements by individual employers. The draft Qualification Framework for the Social Care Sector (Consultation Document) sets out the qualifications that practitioners across social care should possess or aim for, setting out qualifications which are likely to become, or may become, required for a specific post as regulation of the workforce progresses. The Framework aims to assist in the setting of standards for individual workers and also provide benchmark standards for the organisation. The introduction of the standards within the draft document may mean that each registrant must possess a minimum qualification. For example, all care assistants within residential, day care, and domicilliary care and supported living may be required to possess, or aim for, an NVQ Level 2 qualification. In time the specific qualifications in the Framework may be linked to the registration of the workforce by NISCC, however, this has not been confirmed by DHSSPS as its policy at this stage.

3.2 Protection of Title of 'Social Worker'

The title of 'social worker' is now protected by law, therefore all individuals engaged in relevant social work, which is required in connection with any health, education, probation and other contexts of work with both adult and young offenders, or personal social services provision, are required to be registered, or have applied for registration with NISCC. It is now an offence for anyone who is not registered as a social worker in any relevant register with intent to deceive another, to:

- take or use the title of social worker; and
- take or use any title or description implying that he/she is so registered with the NISCC, or any other relevant register, or in any way holds him/herself out so as registered.

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3.3 Framework Specification for the Degree in Social Work

The Framework Specification for the Degree in Social Work is a joint publication by DHSSPS and NISCC published in March 2003. The Framework set out a single comprehensive set of learning requirements and outcomes for the honours degree in social work. The Framework specification addresses the professional education and development of social workers building on the strengths of the Diploma in Social Work and lessons learned from it, providing the basis for quality assurance of the new degree. It sets out 6 key roles of social work as specified in the National Occupational Standards for Social Work:

- prepare for, and work with individuals, families, carers groups and communities to assess their needs and circumstances;
- plan, carry out, review and evaluate social work practice, with individuals, families, carers, groups, communities and other professionals;
- support individuals to represent their needs, views and circumstances and to achieve greater independence;
- manage risk to individuals, families, carers, groups, communities, self and colleagues;
- manage and be accountable, with supervision and support, for their own social work practice within their organisation; and
- demonstrate and be responsible for professional competence in social work practice.

3.4 New Degree in Social Work

In September 2004 the Degree in Social Work (the Degree), became the recognised professional qualification for social workers throughout the UK, as well as for Probation Officers and Education Welfare Officers in Northern Ireland and Criminal Justice Social Workers in Scotland. This Degree replaces the 2 year Diploma in Social Work (DipSW). Entry to all DipSW programmes in Northern Ireland closed in 2003 and it is intended to bring social work into line with other related professions such as nursing, and allied health professions.

The key features of the Honours Degree in Northern Ireland include:

- a 3 year Honours Degree level qualification;
- all social work courses are based on the Northern Ireland Framework Specification which sets out the values, knowledge and practice requirements for this degree;

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- a strong emphasis is placed on developing a student's practice skills and helping them apply theory in practice. A significant proportion (185 days) of the degree course is spent on supervised practice learning in the workplace;
- courses welcome applications from a wide range of people including mature applicants, school leavers and graduates from other disciplines;
- the suitability of applicants to study for a career in social work is made by education providers in partnership with social work employers;
- there is financial support available to social work students domiciled in Northern Ireland and studying in Northern Ireland;
- all newly qualified graduates are required to undertake an assessed year in employment in Northern Ireland;
- all social work students must register with NISCC before they commence study; and
- degree courses are planned and delivered by partnerships by education institutions and social work employers.

NISCC approves and quality assures relevant social work courses in Northern Ireland. Two partnerships (Collaborative Partnership at Queen's and the University of Ulster/FHE Forum) were approved to deliver and award the Degree in Social Work in Northern Ireland. The Degree in Social Work can be studied at the following locations throughout Northern Ireland:

- The Queen's University of Belfast (QUB);
- University of Ulster at Magee (UUM);
- Belfast Institute of Further and Higher Education BIFHE);
- East Tyrone College of Further and Higher Education ETIFHE);
- North Down & Ards Institute of Further and Higher Education NDAIFHE); and
- North West Institute of Further and Higher Education (NWIFHE).

Students who choose to undertake the Degree in Social Work through the institutions of Further and Higher Education will complete the first 2 years at their chosen institution, with the final year being completed at University of Ulster or an alternative approved site such as the Belfast Institute of Further and Higher Education. Normally the degree will be a 3 year full-time course, although opportunities for students with a relevant Degree to undertake a 2 year fast-track route are also available at both QUB and UUM. All courses are currently full-time but work is ongoing to consider the options for providing more flexible provision to widen access. There were approximately 2,200 applications across the 6 locations for 300 degree places in 2004. There were 2,747 applications across the 6 locations for 300 degree places in 2005. Applications for 2006/07 are still open, but at this stage it appears that applicant numbers will at least match those in the first year of the new degree.

Similar to other undergraduates, applicants applying for the Degree in Social Work in Northern Ireland, who are not already employed as Regional Social Work Degree Trainees (see section 4.5), may be eligible to financial support, including access to student loans, from their Education and Library Board. In addition to these provisions, students can apply to DHSSPS(NI) for a Discretionary Incentive Scheme for social work students domiciled and studying for the Degree in Social Work in Northern Ireland.

3.5 Assessed Year in Employment (AYE) for Newly Qualified Social Workers in NI

Government policy requires that from 1st April 2006 all new social work graduates must complete successfully the Assessed Year in Employment (AYE) in compliance with the NISCC (Registration) Rules 2004 (revised in 2005). The purpose of this policy is threefold:

- to satisfy the NISCC and the public on the competence of a social work graduate to practise as a fully accountable social worker;
- to ensure that employers are satisfied that the new social work employees are performing at a level which merits continuing employment as a social worker; and
- to allow the new social work graduate the opportunity to demonstrate sustained, continuous, effective competence in the workplace linked to continuing registration requirements.

During the AYE the registrant will be expected to demonstrate, as appropriate to their post, that they have maintained their competence, in the employment situation, in 6 key roles as specified in the National Occupational Standards for Social Work and in the Northern Ireland Framework Specification for the Degree in Social Work (as set out within section 4.2 of this report). The year is intended to ensure that new registrants have made the transition from student to employee and have demonstrated sustained, continuous, effective competence in the workplace. Within the arrangements for the AYE there are responsibilities for the NISCC, the employer, and the AYE registrant and their line manager.

3.6 Regional Social Work Degree Trainee Scheme

This scheme is employer-led to facilitate more mature and suitably experienced men and women to enter the social work profession and has been initiated to increase the number of professionally qualified social workers in Northern Ireland. It is open to people who meet the academic requirements for the degree in social work and who have at least 3 years relevant experience.

Regional Social Work Degree Trainees are employed by a Health and Social Services Trust, or by a Voluntary Social Care Organisation in Northern Ireland, on a fixed term contract until they complete their Degree in Social Work in Northern Ireland. They are seconded on full salary to complete the Degree in Social Work, returning to their employing organisation during

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holiday periods. Those who are recruited to the Regional Social Work Degree Trainee Scheme are not guaranteed a place on a Degree in Social Work course in Northern Ireland. They must apply for a place on a course through the UCAS system, which is open to all undergraduate applicants. There are approximately 45 trainee posts available per year.

3.7 Draft Proposal for Development of NI Post Qualifying Framework

In February 2004, the Chief Inspector of Social Services, launched the DHSSPS report '*A Strategy For Professional Development in Social Work*': a report on a review of the framework for post qualifying social work education in Northern Ireland. The report recommended that the PQ partnership, in conjunction with DHSSPS and NISCC should set out to develop new PQ arrangements that meet the needs of professionals, employers and service users in Northern Ireland. The timescale for the development project requires work on the proposals to be completed by the end of 2005/2006 financial year. The draft proposals for the PQ Framework in Northern Ireland were published in November 2005.

The Northern Ireland PQ Framework aims to provide opportunity for achievement of Professional Recognition within Social Work. It may also create opportunity for access to Academic achievement as determined by an Academic Institution. The Northern Ireland PQ Framework will reflect the principles underpinning the NISCC Codes of Practice and thus should afford a context in which employers can provide staff training and development opportunities and social workers can assume responsibility for continuing their professional development. The Framework is based on the specified social work knowledge, skills and values that staff require to enable them to do their current job and enhance professional career development both vertically and horizontally. It is intended that the Northern Ireland PQ Framework will provide social workers, as part of their career development, opportunities to gain professional credit and access academic credit for the work that they do and the learning that they have achieved.

3.8 Inspection of Social Work in Mental Health Services

An inspection of the social work contribution to mental health was included in the Social Services Inspectorate's inspection programme for 2002/2004 and subsequently approved by the Minister. This was after a number of Trusts and Boards highlighted that social workers' involvement in mental health services was unclear and being eclipsed by the rising influence of other developing professions. An Overview Report which was published in June 2004 highlighted a number of good practice areas and found an experienced but somewhat demoralised workforce that was making a valuable contribution to a multi-disciplinary service. The Overview Report makes 47 recommendations which aim to raise quality, reduce local variations in practice and promote greater co-operation between Boards and Trusts. The recommendations included:

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- Boards and Trusts should develop and implement comprehensive workforce planning procedures. These will allow them to identify the levels and competencies needed in the workforce to match assessed need. This process should be complemented by regular workload reviews, conducted against an analysis of need. Developments in the area should be shared regionally, to inform the implementation of Agenda for Change. Boards and Trusts should collaborate to identify the factors contributing to current levels of staff turnover and devise a strategy to remedy them;
- Trusts should ensure that they provide sufficient supervised placements in mental health for social work students and for social workers undertaking Approved Social Worker (ASW) training;
- recruitment campaigns for senior management posts should be examined to identify factors that may deter social work applicants and these should be addressed in a proactive way. Findings should be shared regionally, to inform the implementation of Agenda for Change;
- Boards and Trusts should examine their policies and practice in recording, monitoring and addressing unmet need. They should put a robust system in place to ensure that practitioners record unmet need and feed this information to managers and planners at Trust, Board and Departmental levels. Information detailing the number of cases on waiting lists should also be collated; and
- the reform of social work education and training should take account of the observations by some health professionals that newly qualified social workers lack sufficient mental health training, particularly compared to other professions. Implementation of the Northern Ireland Framework Specification for the Degree in Social Work, an increased number of mental health placements and the advent of the PQ1 policy should help to improve the knowledge of future newly qualified social workers.

In the foreword to the report, the Chief Inspector, Social Services Inspectorate, states that he believes that implementation of the report's recommendations will help to raise the quality of social work in mental health services by improving management arrangements and training, reducing local variations in practice and promoting greater co-operation between Boards and Trusts. Furthermore, he states that this will ensure that mental health social workers, working in partnership with service users and carers, will continue to make a unique and valued contribution to improving the health and social well-being of the people of Northern Ireland, whilst safeguarding their individual rights.

3.9 Principal Practitioner (Social Work) – Pilot Scheme

The Principal Practitioner (Social Work) Pilot Scheme, implemented in North and West Belfast Trust, October 2005, has been introduced to test how a professional career structure operates within existing management arrangements. The lessons learned from the pilot will facilitate the further development of a professional career structure for social work practitioners.

The pilot has only been operational for a very short time so its impact is not yet known.

3.10 Registration of the Social Care Workforce

The purpose of registration is to raise standards in social care, building on the commitment and good practice already evident in the workforce. It is also intended to increase safeguards for vulnerable people by taking action against the minority of workers who abuse their position of trust. As set out within section 3, the registration of the social care workforce is undertaken in discrete phases. Registration began in April 2003. Phase One focused on all social workers, team leaders, residential child care staff, heads of residential homes and day care facilities. Phase Two introduced the registration of social work students. The third phase, which is to commence in 2006, targets social care workers. In particular, it will relate to adult residential care staff and domiciliary care managers.

3.11 Renewal of Registration - Post Registration Training and Learning Requirements

The NISCC Registration Rules (2003) require registered social care workers to complete and return a Record of Achievement of their 15 days or 90 hours of training and learning during each three-year registration period. Registrants must renew their registration every three years. NISCC has recently developed a pack of materials to help registered social care workers and their employers to effectively plan and record Post Registration Training and Learning (PRTL); their ongoing professional development. Social care workers will each receive a copy of the PRTL guidance when they become registered with the Council.

It is intended that PRTL will provide benefits for registrants, employers and the profession, offering opportunities to improve the workforce morale, strengthen skills within the profession and enhance public confidence in social care

The requirement to complete and return a Record of Achievement is a must for everyone on the Register, including part-time staff. Registrants are required to keep a record of all the training and learning throughout their career and this includes demonstrating how the activity has contributed to their development. When registrants apply to renew their registration they must provide evidence that they have met the PRTL requirements. If they are unable to provide this evidence, it may be considered misconduct and could affect their registration status. NISCC will randomly sample a registrant's record of evidence for validation purposes.

It is important to note that employers will have a shared responsibility in supporting workers to meet these requirements.

3.12 Revised National Occupational Standards in Health and Social Care

NISCC has been part of a UK project to revise the National Occupational Standards (NOS) for Social Care. The new standards explain what social

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care workers are expected to do and how they should carry out these tasks. They are national standards, which mean that people using social care services, anywhere in the UK, should receive services from staff working to the same social care standards. The new NVQ titles and structure for social care are as follows:

- NVQ level 2 Health and Social Care (4 mandatory units and 2 optional units);
- NVQ level 3 Health and Social Care (4 mandatory units and 4 optional units with either an adult or children and young person pathway); and
- NVQ level 4 Health and Social Care (4 mandatory units and 4 optional units with either an adult or children and young person pathway).

One of the underpinning principles used to develop the new qualification structures included the need to develop a more flexible qualification to enable staff to more effectively meet the needs of users more effectively and as an aid to career progression as well as the need to demonstrate initial competence and to practise safely. The large suite of optional units at each level is designed to reflect the growing diversification and specialisation of the Social Care Sector.

3.13 Codes of Practice for Social Care Workers and Employers of Social Care Workers

In 2003 the Northern Ireland Social Care Council published Codes of Practice for social care workers and their employers. The Codes are intended to reflect existing good practice and form part of the wider package of legislation, policies, procedures and guidance that social care workers and employers must meet.

3.14 Induction / Foundation Standards

The Codes of Practice referred to above clearly state the responsibilities for the training and development of social care staff on the part of employers and made specific reference to induction. The purpose of the Induction Standards is to establish an agreed and effective minimum standard for the induction of staff in new posts across the Care Sector in Northern Ireland.

The Induction Standards are designed to be completed within the first 6 weeks of employment, applicable across the whole of the social care sector. In respect of registration and qualification of the workforce it is anticipated that the induction standards may, in the future, become a training specification or requirement for unqualified staff to enable them to register with NISCC.

The Foundation Standards are intended to roll on smoothly after Induction and are designed to be completed within 6 months of the worker starting work. The Foundation Standards indicate the minimum amount of knowledge, understanding and skill required of workers during their first six months of employment. (Note that the induction/foundation standards are currently in draft form.)

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3.15 Literature Review

The following sections summarises the key documentation gathered as part of this review that particularly relate to the social care workforce.

3.15.1 Independent Sector Home Care Provision in Northern Ireland, Workforce and Training Issues – NISCC 2002

In *Independent Sector Home Care Provision in Northern Ireland, Workforce and Training Issues – NISCC 2002* it was recognised that independent (voluntary and private) organisations are playing an increasingly important role in the provision of home care services but as yet there is little information available about the sector. The NISCC commissioned the United Kingdom Home Care Association (UKHCA) to assist it in finding out more about independent providers of home care services and their training needs. The key data findings from this research were:

- an estimation of 92 providers of home care services in Northern Ireland;
- the 47 organisations participated in the survey deployed a total of 2924 home care workers providing personal care in people's homes and 296 other workers providing domestic and/or sitting services (as at June 2001);
- the turnover rate for home care workers for the year prior to June 2001 was estimated to be 17.6%; and
- it was estimated that there are 4250 home care workers and 210 managers in the independent sector in Northern Ireland.

Eight key recommendations were identified by NISCC based on the findings of this survey. These recommendations are summarised below:

- the DHSSPS(NI) should specify a minimum data set for collection from independent providers and the statutory sector by the HSS Trusts;
- a similar study of the statutory sector home care workforce and their training and qualifications is needed in order to establish overall patterns and trends in home care provision in Northern Ireland;
- a training profile of the independent and statutory home care workforce would assist future planning;
- the cost of providing home care should be quantified, to include the cost of training the home care workforce to future regulatory standards;

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- the issues surrounding induction for home care workers require further exploration, in consultation with service users and providers from the statutory sector;
- further investigation should be undertaken regarding providers' experiences of NVQ assessment, and of training the home care workforce in general;
- the role and tasks of managers in the home care industry should be examined and the appropriate management qualifications identified; and
- a Regional Strategy is needed to establish commissioning practices, promoting collaborative working across Boards and Trusts.

3.15.2 Building the Social Care Workforce – Institute for Public Policy Research (October 2004)

In *Who Cares? Building the Social care Workforce – Institute for Public Policy Research (IPPR) London, October 2004*, it is recognised that social care has been one of the fastest growing sectors of the economy in modern times and constitutes 15% of the public sector in England (DoH 1998). The document also notes that social care providers face ongoing challenges of recruitment and retention. This, it suggests, is heightened through the competition between statutory, private and voluntary care workers, education and retail sectors and the rising overall demand for care. This report also indicates that the public perception of social care is that it is not skilled and not well paid and this view, along with changes in population health and living arrangements, rising life expectancy and the number of people living with complex needs have created challenges in developing an adequately trained and supplied social care workforce.

3.15.3 Research Project to identify the True Economic Cost in Northern Ireland of Independent Residential and Nursing Elderly Care Home Sector Provision; and Domiciliary Care Provision

The DHSSPS commissioned a research project to undertake a range of work in the areas of the independent residential and nursing home provision and domiciliary care. Several key findings of this research are particularly noteworthy in the context of this review:

- concerns were expressed by providers that the home care workforce was increasingly being expected to take on new roles, on occasions providing complex health and person care services for clients who previously may have been cared for in residential settings;

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- the contracting process was found to be a source of frustration by independent nursing and residential homes and domicilliary care providers. There was the feeling across providers that the commissioning process was weighted in favour of price being the key driver and that qualitative aspects were not necessarily focussed upon;
- some providers recognised that the introduction of standardised training requirements across independent providers in Northern Ireland would be beneficial alongside some recognition of these additional costs via the contracting process;
- the main concern relating to recruitment and retention cited by providers was their inability to compete with the statutory sector and large retail organisations, with regard to staff terms and conditions;
- in most cases, providers indicated that retention tended to be good due to staff loyalty and the fact that a large proportion of staff were attracted to the sector due to a desire to make a positive difference to peoples lives;
- specifically with regard to terms and conditions, providers indicated that domicilliary care workers in the independent sector in most cases were not paid in lieu of their travelling time, nor were they adequately reimbursed for mileage expenses incurred; and
- increasing financial pressures were identified as a key concern across providers, particularly in terms of insurance premiums and training costs.

3.15.4 National Minimum Dataset

Skills for Care (part of the Sector Skills Council Skills for Care and Development) in association with the Children’s Workforce Development Council has developed a framework for a National Minimum Data Set (NMDS) for social services in England and Wales. The NMDS is supported by the NHS, the General Social Care Council, UKHCA, NATOPSS, the Federation of Small Businesses, the Social Care Workforce Research Unit, the Commission for Social Care Inspection, the Local Government Association, City and Guilds and the Department for Education and Skills.

The aim of the NMDS is to support the development of flexible, responsive social services through the provision of standardised, comprehensive workforce data across the statutory, voluntary and private sectors. It is hoped that this data will support moves within the sector to improve recruitment, retention and return, strengthen workforce development and improve public safety and confidence.

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The NMDS is based on a series of questionnaires that seek information from employers within the sector and their employees. Employers are asked to provide information on their establishment, the services it provides, their staff (eg. patterns of employment, roles delivered), vacancies and turnover. Individual employees will also be asked to provide information about their current and previous employment (whether within or outside the social care sector), their working arrangements and their training / qualifications. A series of 27 social care job roles has been defined to support consistent responses from employers and employees.

3.16 Summary

Significant changes have taken place for social work and social care in Northern Ireland with legislative changes to support workforce regulation and the development of new standards in education and training. The developments and proposed developments outlined within this section represent a culture change in social work and social care.

Other research studies within the sector have consistently highlighted the requirement for improved information on the social services workforce to facilitate service planning and career development across the statutory and independent sectors. The NMDS offers a framework within which a data collection mechanism specifically designed for workforce planning purposes could be developed for Northern Ireland.

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4 FEEDBACK FROM CONSULTATIONS – SOCIAL CARE

4.1 Introduction

This section details the main themes as expressed through the key stakeholder interviews and focus groups within the context of social care. Most key stakeholders and focus groups were nominated by the project advisory group to give a broad representation of the key themes that impact workforce planning in the social services workforce.

The common themes that have emerged from the analysis of the interviews and focus groups, that is across the statutory, voluntary and private sector, are detailed below. Where themes are specific to one particular sector, this is clearly highlighted.

It should be noted that the issues noted below are solely based upon feedback received during our consultation process.

Key stakeholders and focus group composition is detailed in Appendix I.

4.2 Supply Issues

4.2.1 Recruitment and Retention Difficulties

Although some organisations employing social care staff have a stable core group of staff, many difficulties have been reported in both recruiting and retaining social care staff. These difficulties appear to exist across the social care sector in domicilliary, residential and day care provision, and in the statutory, voluntary and private sector. We reviewed the current JobCentre advertisements in November 2005 and it was apparent that many vacancies currently exist, for example approximately 100 advertisements were posted for Care Assistants across all sectors, mainly within residential and domicilliary care.

Recruitment within rural settings appears to be more difficult than within urban settings. There is a smaller pool of people from which to recruit and some independent providers do not pay mileage rates for staff providing domicilliary care who are required to travel to visit clients.

The report Independent Sector Home Care Provision in Northern Ireland (NISCC/UKHCA, 2002) estimated that the turnover rate for home care workers for the year prior to June 2001 was 17.6%. Anecdotal information suggests that many of these workers leave the independent sector to enter the retail or statutory social care sectors and that the turnover rate may reflect movement of staff between different care home providers.

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Recruitment and retention difficulties have prompted the organisations included within our consultations to review the current staffing trends and introduce measures aimed at improving attracting and retaining staff such as:

- provision of pension scheme;
- improved provision of training and development opportunities;
- increase in hourly rates of pay;
- increase in annual leave allowance;
- offer of more flexible working hours; and
- offer of permanent contracts.

However, it is thought that the key problem centres around financial reward and, more specifically, the hourly rate of pay for social care work. This issue is explored in further detail within the next section.

4.2.2 Pay and other Terms and Conditions

Many social care workers perform personal care tasks with vulnerable people and are paid at the minimum wage (currently £5.05 per hour for workers aged 21 and over). Many consultees viewed the levels of pay as uncompetitive particularly for providing intimate levels of personal care, assuming high levels of responsibility and delivering increasingly complex social care services.

Statutory sector terms and conditions are perceived to be more attractive whereas private sector organisations are generally perceived to be less attractive, particularly regarding travel reimbursements and enhanced pay for overtime, weekend work or shiftwork.

The statutory, private and voluntary sectors all reported the increased levels of competition with the retail sector and this is said to be a significant cause of recruitment and retention difficulties for residential care and domiciliary care employers. Various examples were cited such as Sainsbury's, Tesco and B&Q who pay a higher base rate per hour, offer enhanced rates of pay for weekend and evening work, and offer perks such as staff discounts. Consultees felt that staff, particularly unqualified staff, can secure a role for higher pay with less responsibility.

Private sector and voluntary organisations in particular find it difficult to compete with the enhanced rates of pay offered to staff for weekend working and night working within the retail and statutory sectors. When we looked further at the terms and conditions available to staff within the retail sector it was clear that those being offered for retail assistants was comparable, and often more favourable to the terms and conditions being offered for social care posts. Typical benefits

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available to staff within the retail sector include competitive rates of pay with enhancements for weekend/night work, preferential rates on various financial products, life assurance, staff discount (normally 10% after 3-6 months, 20% in Marks and Spencers), sick pay (normally after 6 months), and free shares within some retail organisations.

There appears to be no clear differentiation in pay and conditions for social care staff based on the type of care provided, even within sectors. Social Work Assistants within the statutory sector feel that there is too much variation in responsibilities for the same rate of pay. For example, some social work assistants have responsibility for the supervision of domiciliary care staff and others do not.

Staff working within family and child care settings feel that the level of risk and demands create the need for additional reward and recognition compared to staff working within what are perceived to be less demanding sectors.

Consultees discussed the temporary nature of the contracts being offered by Trusts and other providers. It was felt that there is a lack of security of employment amongst many social care workers. Many social care staff work on part-time contracts. Domiciliary carers are often contracted for a guaranteed minimum number of hours, and some work on zero hour contracts. While these staff often work many more hours than their minimum guarantee, such contracts present considerable financial instability.

The lack of guaranteed hours was highlighted with reference to a Trusts' domiciliary care service. The difficulty of guaranteeing hours for employees whose client's needs can change from home based services to institutional based services so quickly was acknowledged. It was felt however that a better method of managing these staff is required to help attract more domiciliary care employees. Also, Family Credit arrangements were highlighted as obstacles that prevent staff being available to work more than 22 hours per week. This was seen to be a real constraint in planning shifts. One Trust that has recently moved towards the guaranteeing of hours discussed the difficulty in assuring value for money and the difficulties in managing its domiciliary staff resource.

4.2.3 Propensity to enter social care

Consultees reported that there is a lack of knowledge among what could be potential applicants about roles that exist within social care. Consultees considered that more effort should be given to promoting social care within schools and colleges and raising the profile of social care more generally. It was apparent that some of the consultees had entered social care because they were unable to secure a place to train as a nurse.

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Focus group participants highlighted that the desire to enter social care often comes from personal experiences of caring for a relative or experiences from working as a student or volunteer. It was clear that many social care workers have a clear commitment to working with others and enjoy the sense of satisfaction in caring for others that their role affords.

4.2.4 Lack of career progression

Most employers now seek an NVQ Level 2 in Care for new recruits to social care jobs, however this is often a desirable rather than essential criterion. When we reviewed the current JobCentre vacancies (November 2005) within social care it was clear that an NVQ Level 2 was a requirement to be eligible for the qualified rate of pay but this was not seen to be an essential requirements within many roles.

The change in the educational and training structure for social workers was an issue that was a key concern both for social care workers and line managers in social care. A strong feature of the DipSW was the number of entry routes to social work; non-graduate, under-graduate and post-graduate. The Employment Based Route (a secondment from the employer to part-time non-graduate training over two and a half years where the DHSSPS supported the cost to the employer of the secondment and employee maintained his/her salary for the duration of the training) is no longer available. It was recognised that within social care there are experienced staff who would like to progress to social worker status and there are staff that wish to remain in social care but progress their career and be rewarded appropriately.

The removal of the Employment Based Route for Social Work training was considered to have had very negative impacts on staff morale, leaving a section of the workforce with little or no perceived opportunity to progress their career. The difficulty posed to mature entrants to social work education by the curtailment of the “Employment Based Route” is echoed by those who are unqualified and working in the youth custody setting.

4.2.5 Work-Life Balance

Work-life balance did not appear as a particular issue as most consultees commentated that social care staff can generally work the shift patterns or weekly hours they ask for, subject to working time directive and mandatory regulations.

Some consultees did however comment on the additional pressure that is placed on social care workers to work overtime when the organisation has to cover absence or annual leave. Consultees felt that these requests were exploiting the goodwill of staff.

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4.2.6 Use of agency staff

Consultees commented upon the use of agency staff to cover periods of sick leave or annual leave. It was felt that agency staff are just 'bodies' and are not effectively trained or inducted to provide the level of client care required. Consultees believe that the money regularly spent on agency staff should be invested in providing additional employees rather than paying increased rates for agency staff who have no knowledge of the client's needs. Some consultees discussed how they feel demoralised when they work with agency staff who are often paid a much higher hourly rate but who are less productive given their lack of familiarity with the client's needs.

4.2.7 Impact of Agenda for Change

The impact of Agenda for Change was discussed across each focus group and it appears that a lot of concern and uncertainty exists around the impact of rates of pay and responsibilities in the future for statutory workers.

(The Review Steering Group was keen to stress the importance to note that the views and perceptions expressed on Agenda for Change are those of the consultees. These views and perceptions are not necessarily accurate. The Steering Group advise that Agenda for Change per se will not result in the removal of tasks from groups of staff. Staff will be job matched according to their current responsibilities and all of these will be taken into account. Assimilation will take into account job matching and total remuneration. There may be remodelling – modernisation of services as part of the implementation of Agenda for Change. Such remodelling/modernisation is the result of requirements to provide quality services and to become more people centred. Agenda for Change is simply a platform for facilitating those changes.)

It was suggested by several consultees that social work assistants will no longer be able to devise care plans and that only qualified staff will retain this responsibility and that only qualified staff can act as key workers. The main concerns were based on the belief that this may not only affect future remuneration but also will significantly alter the level of responsibility that social care workers currently have.

One social care worker had twenty years experience and was concerned that Agenda for Change would mean that her level of experience might be devalued by the removal of certain tasks that she has been undertaking for many years.

Agenda for Change will not apply to employees working within the non-statutory sector and therefore consultees from both the voluntary and private sector expect that this will result in an exacerbation of recruitment and retention difficulties across all types of staff. The flow

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of staff from the independent sector to the statutory sector is expected to significantly increase and many private and voluntary sector organisations are uncertain as to how they can manage this with a limited budget.

4.3 Demand Issues

4.3.1 Changing service user needs

The social care sector and the needs of its service users and carers are perceived to have changed markedly, as well as the general social environment. Several consultees noted the enormous positive developments in the Social Care arena and proposed that Northern Ireland is clearly leading the way with its community care agenda and can take real pride in this. Consultees noted that community care reforms have allowed people to come out of hospitals, and to have a greater degree of autonomy than they would ever have had previously. However, it was also noted that social care workers deal with many clients who have the most difficult, complex needs and others who need close support. Service user client needs were reported by consultees as having become more complex and thus creating a higher level of dependency on social services. For example, Praxis, who provide services to adults and children with a learning disability, mental ill health, acquired brain injury and the elderly, identified that service user needs are much more complex than previously. Examples of dual diagnosis, substance misuse, personality and behavioural issues, greater volatility were all characteristic used to describe the changing needs of the client group within the mental health arena. A domicilliary care provider highlighted the impact of more profound care needs – that this means that higher training is required, especially in moving and handling eg. hoists.

4.3.2 Changing social care roles

Consultees representing the social care workforce referred to the higher levels of accountability and regulation that is becoming more and more apparent. This is said to have resulted in greater levels of report writing and causing staff to leave the sector. The term 'home-help' was thought to be unhelpful and misleading with a failure to recognise the greater skill that is required and the greater levels of challenge that domicilliary care workers are presented with. Consultees agreed that much work is to be done in portraying the social care workforce accurately within society.

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4.3.3 New developments in technology

The focus on how people are cared for is believed to have changed considerably over recent years with new developments in technology that will require a much more multi-skilled staff in the future, perhaps with dual responsibility for delivering both personal care and technology care. New technology for tracking patient care has been introduced in some Trusts. Several consultees felt that although the level of paperwork has reduced, the amount of time spent inputting information onto IT systems has impacted directly on the level of care provided.

4.3.4 Commissioning of services

Consultees felt that services from independent providers are commissioned on an ad hoc basis with little planning. It was strongly felt by some consultees that a regional strategic approach should be taken in the commissioning of services from the voluntary and private sector. Inequalities regarding terms and conditions given to the independent sector across Trusts was a source of frustration. It was also felt by some independent providers that there is a lack of effective partnership working with the Boards and Trusts. Consultees from both the private and voluntary sector pointed out that short-term funding is damaging to partnership working as it centres around immediate need rather than on long-term relationships. This makes it more difficult for voluntary and private organisations to plan for future workforce development.

4.3.5 Changing service user and public expectations

Service user and public expectations were reported by consultees to be increasing and whilst this was not seen to be a challenge in itself, the potential staffing implications were a matter of concern for consultees.

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5 FEEDBACK FROM CONSULTATIONS – SOCIAL WORK

5.1 Introduction

This section details the main themes as expressed through the key stakeholder interviews and focus groups within the context of social work. Most key stakeholders and focus groups were nominated by the project advisory group to give a broad representation of the key themes that impact workforce planning in the social services workforce.

The common themes that have emerged from the analysis of the interviews and focus groups, that is, across the statutory, voluntary and private sector, are detailed below. Themes specific to one particular sector are highlighted also.

It should be noted that the issues noted below are solely based upon feedback received during our consultation process.

Key stakeholders and focus group composition is detailed in Appendix I.

5.2 Supply Issues

5.2.1 Recruitment & Retention

Consultation suggests that recruiting social workers has been particularly difficult in certain areas and for certain types of posts. This issue appears to most apparent within Children and Families, according to consultees. Most of the key informants indicated that they had current vacancies and recent experience of a very poor response to advertisement and the need to re-advertise for posts.

Anecdotal evidence suggests that social workers move between client groups and work settings, and between the statutory and voluntary sector but tend not to leave the profession altogether, this is normally to seek a post with what are perceived to be less stressful client groups. Data on the flows between sectors are not maintained and hence we are unable to provide data to help validate this perception; the registration of the social services workforce may assist in reviewing trends and patterns in the future.

Typically, newly qualified social workers start their careers in family and child care or residential child care which has the greatest number of job opportunities, then leave for a position which is perceived to be less stressful, for example, hospital social work or one of the adult programmes. Therefore, the least experienced tend to be in the most acute, stressful environments. Throughout our consultations with the four Boards, consultees raised the potential risk of 'burnout', that is, that younger social workers come through the system and leave the profession completely if their first experience is within a pressurised and under-resourced family and child care setting.

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Many employers discussed the typical response to advertisements for social workers, citing examples of one or two applicants and indeed no applicants at times. Consultees felt that this is a trend that is becoming more and more prominent, particularly within Team Leader roles. This is perceived to be an unattractive role as it is office based and although it affords an additional increment, the grade loses out on mileage rates and therefore it is not a financially attractive post within Trusts. Also, the number of unfilled vacancies was said to be a 'turn-off' for potential applicants.

Many of the social workers we met with as part of the consultation process had experienced intimidating or violent incidents related to their work and this was believed to be a contributory factor to the perceived levels of stress amongst social workers.

5.2.2 Impact of the new Degree in Social Work

The introduction of new qualifying and training arrangements for social workers was largely welcomed by the consultee group. An expectation exists that the intellectual capability of people entering the profession will increase with the view that social workers will have greater analytical ability and, therefore, be capable of making informed and often critical decisions. However, several consultees were concerned about the number of young social work graduates having had no 'life' experience. It was noted that the current intake of social work degree students is made up of a higher number of mature students than had been anticipated by some; however, the consultees were very clear that the demands placed on younger social workers may create an exit trend from the professional altogether. One consultee cited examples where young social workers have been 'devastated' in the courts in recent times.

5.2.3 Career Progression

Consultees reported difficulties in moving between programmes of care once qualified and limited opportunities for career progression within professional practice (as opposed to management). The current social work career structure provides limited opportunity for career progression whilst maintaining client caseload responsibility. The difficulties in attracting applicants for Team Leader posts was discussed within section 5.2.1.

5.2.4 Senior Practitioner Role

It is clear that there has been some variation in the way in which Senior Practitioner posts have been used by Trusts and that not every Trust has introduced Senior Practitioner posts. One Trust described how they introduced the Senior Practitioner post primarily as a retention tool and in preparation for the supervision of graduates

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during the Assessed Year in Employment. Social work practitioners and Trusts highlighted the desire to see an automatic progression built into professional development rather than being competition based. The primary concern of consultees is the lack of a regional approach taken in the development of Senior Practitioner posts.

This creates turnover where social workers move to Trusts where opportunities for progression exist and also can impact upon continuity of work within a team and also continuity for clients and carers. One consultee highlighted the importance of taking a regional approach to Senior Practitioner staffing to help with career progression.

5.2.5 Principal Practitioner Pilot

The Principal Practitioner role is currently being piloted within North and West Belfast Trust and it is intended that the progress of this new role will be monitored over a 6 month period. The pilot represents for some consultees a huge opportunity to recognise a career grade that is linked to social work practice rather than social work management. During our consultation process both the potential benefits and the risks were discussed in relation to the introduction of a Principal Practitioner post across Northern Ireland. One consultee expressed concern about the cultural changes that would be required, particularly related to decision making, to ensure the successful roll-out of a new career grade. It was suggested during our consultations that a much more strategic approach needs to be taken with the view to piloting the grade within 8-10 Trusts and monitoring progress over a much longer period than the current six month pilot.

5.2.6 Agenda for Change

There appears to be quite a lot of uncertainty amongst social workers regarding the impact of Agenda for Change. It is expected that the implementation of Agenda for Change may produce potential positive results for social workers across the statutory sector. However, consultees had a perception that the Agenda for Change Job Evaluation Scheme was not constructed in a way that took account of the large range of social services jobs and therefore a fear exists that certain workers may be disadvantaged when assessing pay bands. Anecdotal evidence suggests that this uncertainty and fear has contributed to stress levels and poor staff morale.

However, as in Section 4.2.7, the Project Steering Group advises it is essential to note that the accuracy of these views should be challenged – “The Agenda for Change Job Evaluation Scheme was tested in Northern Ireland on the full range of social services jobs. NIPSA was fully involved in the work as were a number of practitioners and all the Community Trusts. The Job Evaluation Scheme is robust enough to be able to assess administrative and clerical roles, managerial roles and a wide range of professional caring roles”

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5.3 Demand Issues

5.3.1 Developments within Specific Services

Additional future demand for social work services in particular fields was predicted during our consultations. For example, NSPCC anticipate increased demand in children's services due to the following developments:

- Children's Rights Agenda;
- Children's Commissioner;
- Demand for Counselling Services;
- Schools Counselling;
- Young Witness Service; and
- Child Protection – increasingly complex cases.

Similarly, the expansion in youth justice services such as youth conferencing and bail support was noted as having a potential impact on demand for social workers in the criminal justice sector.

5.3.2 Assessed Year in Employment (AYE)

Consultees discussed the introduction of the AYE and the potential that this may have in creating a demand for additional staff to support newly qualified workers who are working to less than full capacity. However, as it is being introduced to aid retention of newly qualified staff, it is difficult to estimate its full impact.

5.3.3 Changing role of Social Work

Consultees discussed how the role of a social worker has changed in recent years. Many clients have complex and difficult needs. Often social workers work within a multidisciplinary environment and are often called upon to make some of the most taxing judgements about, for example, interventions in the lives of children and their families or people with mental health problems. Social workers who took part in the consultation felt that the demands placed on the role have risen markedly due to the following reasons:

- perceived increase in social deprivation;
- increase of substance misuse;
- paramilitary activity;
- increasing recognition of certain conditions e.g. ADHD;
- public expectation;
- lack of resources (funding, staffing);

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- lack of focus on young people and social issues within education system; and
- public perception given arising from bad press following legal review of recent high-profile cases.

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6 OTHER DEMAND/POLICY DRIVERS

An important element of this workforce planning review was to understand the policy context and environment in which the DHSSPS has to plan its social services workforce. To do this, we assessed the impact of key policies being implemented, those planned for roll out, other developments currently impacting on the social services professional workforce and likely to affect workforce dynamics in coming years, both within social work and social care.

The identification of these policies and strategic documents was through a number of methods:

- those identified by the project Steering Group;
- our own understanding of the drivers in workforce planning; and
- other strategy and policy documents that were highlighted by consultees and by the research carried out during the assignment.

The policies and strategies identified during the initial stages of the project were used to inform and direct the consultation and data gathering. The subsequent literature review provided additional understanding to the review.

It is important to note that this section reflects the views of the individual authors of each document, and does not attempt to draw or infer any particular conclusions.

6.1 Regional Strategy for the Health and Personal Social Services 2005-2025¹

DHSSPS set out its regional strategy 'A Healthier Future – A 20 year Vision for Health and Wellbeing in Northern Ireland 2005-2025' in December 2004.

The strategy presents a vision of how health and social services will develop in Northern Ireland over the next 20 years. It covers issues such as:

- promoting health and wellbeing;
- protecting and caring for the most vulnerable;
- delivering services effectively and efficiently with the available resources; and
- closer working between all of the people and organisations that influence health and wellbeing.

A 'Healthier Future' is organised around five main ideas or themes. They are:

- investing for health and wellbeing;
- involving people, caring communities;

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¹ A Healthier Future – A 20 year Vision for Health and Wellbeing in Northern Ireland 2005-2025

- responsive integrated services;
- teams which deliver; and
- improving quality.

The document also identified, within these themes, 16 Policy Directions. Chapter 6 of the Strategy concentrates on workforce issues with 3 specific Policy Directions:

- *“we must ensure that health and social services employers become ‘employers of choice’ in order to recruit and retain adequate numbers of staff”;*
- *“we will promote the development of shared learning and common competencies throughout the health and social services including the HPSS, the private sector, the independent sector and the community and voluntary sector”;* and
- *“we will build integrated workforce plans which cross professional, organisational and sectoral boundaries. These will provide for changing roles and competencies across the health and social services over the coming years.”*

The Strategy recognises the changing demands for community care packages arising from a growing and ageing population and changing family structures. The document also recognises that demand for community based care is not restricted to older or infirm people and notes that a higher proportion of children experience poverty compared to the adult population and many are at a greater risk in terms of abuse, neglect and other forms of harm. This, together with a rise in the number of children on the Child Protection Register, has placed increased demands on the social services workforce. The report describes how the future service will depend critically on the capacity, knowledge, skills and structure of the future workforce across all sectors – including the statutory, community, voluntary, and private sectors and recognises that the HPSS could not cope without private nursing and residential homes.

Future challenges were identified including the level of suicide and deliberate self-harm among adolescents and young people which require both professional and societal action. Children with behavioural difficulties and conditions such as autistic spectrum disorders appear to be more widespread than was previously thought. These are important when considering future demand.

6.2 Review of Community Care

The Review of Community Care was initiated in October 2000 to identify barriers to high quality community care services, identify examples of good practice and make recommendations for improvements towards realising the vision of choice and independence for service users.

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The First Report fed back the results of a consultation exercise with community care staff and service users. Staff consultation groups commented on the current and expected resource pressures faced by the community care sector which they attributed to:

- lower turnover of service users due to greater life expectancy that previously anticipated and increased demand for community care services;
- a reduction in acute sector beds;
- the impact of changes in pay and conditions such as the minimum wage, the Working Time Directive and increased public sector pay awards; and
- pending costs associated with the forthcoming regulation of the social services workforce would further increase resource pressures.

They also reported on the widespread difficulty in recruitment and retention of skilled staff, which was blamed on poor pay and conditions and growing competition from other sectors of the economy. Those from the independent sector predicted a reduction in the provision of residential and nursing home places as the business of providing these forms of care is perceived as less profitable. They reported that the relationship between the independent and statutory sectors had become strained as a result of contract pricing arrangements and limited scope for participation of independent providers in service development.

The first phase also reviewed schemes implemented by individual organisations which provided evidence of good practice in preventing admission to hospital or institutional care, providing safer and faster discharge for those who do receive hospital care or improving the level of care provided to people in their own homes.

The second phase of the Review of Community Care will involve a range of projects exploring the issues raised in the First Report:

- revisiting 'People First' with the aim of developing a revised strategic policy for community care;
- exploring ways in which collaborative and multi-disciplinary working can be improved;
- the development of infrastructure and services that will support the transfer of traditionally hospital based services into the community care setting;
- a long-term strategy to prevent the use of beds by patients who have been declared medically fit for discharge;
- an improved focus on rehabilitation within community care;
- service users and their carers will be involved in the above projects;
- proposals for a carers strategy will be considered;

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- the partnerships between statutory, voluntary and private sector providers will be reviewed and plans made to improve them;
- the review team will liaise with the Departmental working group on Workforce Planning to ensure all the issues raised are reflected in the Departmental Health and Social Services Workforce Plan; and
- all policies will take cognisance of the issues of equality, inclusion and anti-discrimination.

6.3 Review of Mental Health and Learning Disability

In October 2002 DHSSPS initiated a major, wide-ranging and independent, review of the law, policy and provision affecting people with mental health needs or a learning disability in Northern Ireland. The key purpose of this initiative is to carry out an independent review of the effectiveness of current policy and service provision relating to mental health and learning disability, and of the Mental Health (Northern Ireland) Order 1986. It is expected that recommendations will be made regarding future policy, strategy, service priorities and legislation, to reflect the needs of users and carers.

In June 2005 A Strategic Framework for Adult Mental Health Services was published. This Strategic Framework provides a blueprint for reform and modernisation of services based on agreed principles and standards. It highlights that significant gaps and deficiencies exist in Northern Ireland's service provision for people with mental health needs. It is underpinned by programme recommendations for funding, human resources, information management, research, service evaluation and performance management. It is estimated that the Strategic Framework will take 10-15 years to achieve and depends on a number of underpinning elements and processes, including the development of the workforce. The report states that the *'capacity to deliver the vision turns on having an adequate workforce, appropriately trained and working effectively together and in partnership with service users and carers, to achieve meaningful change in the quality and standards of care delivery throughout Northern Ireland'*. The importance of the independent sector is clear and the report states that *'successfully harnessing the energies and resources of the independent sector and of users and carers will be pivotal in realising the vision'* and refers to the need to develop a culture of partnership, collaboration and empowerment.

6.4 Caring for People Beyond Tomorrow

Caring for People Beyond Tomorrow – A Strategic Framework for the delivery of Primary Health and Social Care for Individuals, Families and Communities in Northern Ireland was published in June 2004 setting out how primary care (encompassing primary health and social care) services should be developed over a 20 year period. The report highlights that every day in Northern Ireland typically:

- 33,000 people are looked after in their own home by some form of domicilliary care;

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- 17,000 people are cared for in residential and nursing homes; and
- 2,400 children are looked after in some form of care.

The report reflects on the major developments that have taken place in the health and social care system over the last twenty years. Lengths of stay in hospital have reduced and trends over the last few years have seen a shift in workload from the acute hospital sector to the primary care sector. There have also been many new service developments offering alternatives to hospital admission or facilitating earlier discharge than used to be possible. The report also highlights that there are many innovative examples of supported living in the community to support people with a mental illness or learning disability.

The development of partnerships involving the public, private and voluntary sectors, and changes to home care services, and the use of new equipment and technology, mean that a growing number of people, who previously have had to rely on residential care, are now being supported at home.

The report acknowledges that looking ahead in 20 years, trying to anticipate services needs and demands cannot be an exact science. It refers to population trends, new advances in medicine and computer technology, new working practices, greater access to information, lifestyle issues, and increasing expectations of people which will all have an impact. As part of the vision for 2025 there are several strands of particular importance to this review:

- increased partnership working across the statutory, private and voluntary sector, (including the criminal justice setting and giving consideration to the appointment of a Minister for Children);
- importance of multidisciplinary team working across organisational and professional boundaries; and
- further development of continuous professional programmes, with particular attention being paid to those staff that provide key support to professionals, eg. care assistants.

6.5 Direct Payments

A central theme of social care policy is the promotion of independence and increasing choice amongst service users. Access to Direct Payments as a means of delivering social services in Northern Ireland has been available since 1996 under the Personal Social Services (Direct Payments) (Northern Ireland) Order 1996. The Carers and Direct Payments Act (NI) 2002 extends the provision of Direct Payments with effect from April 2004. Additionally, Regulations made under this Legislation, also effective since April 2004, impose a duty on Trusts to offer Direct Payments to those people whom they have assessed and agreed to provide services to. The key aim of providing Direct Payments is to effectively enable independence by giving people control over the purchase and delivery of services that support them. Direct Payments are essentially cash payments made in lieu of social service provisions, to individuals who have been

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assessed as needing services. They provide for a more flexible response than may otherwise have been possible for the service user or carer. They allow individuals to decide when and in what form services are provided and who provides them, who comes into their home and who becomes involved in very personal aspects of their lives.

The impact of these developments means that there has been an extension of the service to a much wider group of people and this may mean that there is an even greater differentiation of social care services.

6.6 Health and Personal Social Services Regulation and Quality Improvement Authority (RQIA)

The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 provides for a statutory duty of quality to apply to all HPSS bodies delivering services, and establishes a Health and Personal Social Services Regulation and Quality Improvement Authority (RQIA) which is responsible for monitoring the quality of services delivered by HPSS bodies. RQIA is an executive Non-Departmental Public Body, established in April 2005, with overall responsibility for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvements in the quality of those services

Inspections of regulated services will be carried out to consistent standards (Care Standards) across Northern Ireland. RQIA may issue improvement notices to regulated services where the quality of provision of services does not meet standards and is unacceptably poor quality. RQIA has a duty to report to DHSSPS on the provision of services, their availability and on the quality of care provided by HPSS and other organisations delivering health and social care services.

6.7 Ageing Population

Northern Ireland has a population that is ageing at a faster rate than any other part of the UK (Northern Ireland Statistics and Research Agency). The Northern Ireland population is projected to increase by 8% between 2002–2028, an increase of 134,400 people. Despite the overall population increasing, the number of people aged 16 and under is decreasing. Both the population of working age and the populations of the more elderly age groups are gradually increasing. The recent population projections for Northern Ireland were jointly published by NISRA and the Government's Actuary Department in September 2004. Their report published the following changes in population over the 10 year period 2003 to 2013:

- a 10 per cent decrease in the number of children aged under 16;
- a 21 per cent increase in the number of young elderly aged 60 (female)/65 (male) – 74 years; and
- a 19 per cent increase in the number of elderly aged 75 and over.

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‘Caring for People Beyond Tomorrow’ drew upon research information and the latest populations projections to ascertain the likely population trends over the next 20 year period. The report proposes that it is likely that by the year 2025 Northern Ireland will have a population which is:

- larger, potentially creating more demand generally;
- older, and therefore likely to present additional challenges in respect of both health and social needs;
- living longer, and may have greater incidence of age related chronic conditions;
- likely to exhibit increased prevalence of conditions such as obesity and diabetes due to lifestyle factors evident today, such as smoking, alcohol misuse and bad eating habits;
- better educated and informed, and so better able to access information, take a more proactive role in maintaining their own health and well-being, and more demanding (seeking a person-centred approach service operating to the highest standards); and
- likely to be socially and ethnically more diverse, thus placing a premium on equality of opportunity and targeting of need, with consequences for the way health and social care is delivered.

Although this report looks over the next 5 year period, it is important to acknowledge the developing demographic and lifestyle trends as part of this workforce planning review; the growth in the number of the very elderly, in particular, will present a considerable challenge. There will be fundamental changes in the population which the health and social services serve and from which the workforce will be recruited. Changes to service structures and systems will be required in order to respond adequately to the needs of the changing population if the maximisation in independent living is to be achieved in tandem with reducing reliance on hospital and residential care.

6.8 Agenda for Change

“Agenda for Change”, is the UK plan to modernise the NHS pay system, to reward staff for what they do and for their skills and ability, rather than for the job title. The core aim of the modernisation programme is to link pay progression to development of skills and knowledge. The aim is to define career pathways, which will be assisted by the development of detailed job descriptions that reflect ability and achievement as well as local needs and circumstances and to allow for the development of staff into advanced roles without this necessarily requiring a move into management. It is expected that Agenda for Change will also help address the difficulty in retaining staff in some of the most challenging areas of work, for example, residential child care.

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While Agenda for Change was designed for health care staff only it has been adapted for use in Northern Ireland in consultation with staff side organisations, to include social services staff as well, given the integrated structure of Health and Social Services. Currently regional profiles are being prepared for the job evaluation programmes. Challenges to ensuring the successful implementation of this process include the fact that there are very specific differences in how commonly titled groups of staff are being employed across the HPSS.

It should be noted that Agenda for Change will not be applicable outside of the statutory sector. However, changes in terms and conditions of statutory sector workers are likely to create recruitment and retention pressures on organisations in other sectors if they cannot match statutory sector terms and conditions.

6.8.1 Quality and Safety Agenda

From April 2003, a statutory duty of quality was placed on HPSS Boards, Trusts and Agencies. This means each organisation has a legal responsibility for satisfying itself that the quality of care it provides meets a required standard. Organisations must ensure arrangements are in place to plan for, deliver, monitor and promote safety and quality improvements in the provision of health and social care. The demands for quality improvements, accountability and clinical and social care governance arrangements impacts on expectations and roles and responsibilities of all staff.

6.8.2 Children and Family Strategy

It is anticipated that Children's Services will see the need for a significant increase in qualified social work staff in relation to child protection, residential child care and fostering services.

6.9 Summary of Key Points

The key points from the review of policy and strategy documents are outlined below:

- The vision and associated goals of recent policy developments represent significant ongoing change for the social services workforce.
- The various strategy documents reviewed report that the delivery, and hence the planning of staff, needs to be driven by public need, be inclusive of all stakeholders, and consider the increasing challenges the service faces.
- The key challenges are recognised as increasing demand for services (for example, waiting lists, changes to service provision and ageing population), difficulties in recruiting and retaining staff, and low staff morale. Additionally, the importance of a robust approach to workforce planning and development which crosses professional, organisational and sectoral boundaries is stressed, in order to use valuable resources wisely.

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- It is clear that needs for, and demands on, health and social services will increase significantly over the next 20 years. The increased emphasis on primary and community care will mean that services will become more flexible in the future and that the need to expand capacity will be central to the future agendas.
- The importance of multi-disciplinary working and effective partnerships between the statutory, voluntary and private sectors has been stressed across much of strategic literature issued by the DHSSPS. This represents challenges and opportunities to the way in which the workforce will be shaped to deliver care.

It should be noted that there are other key policy drivers likely to influence the demands on the social care workforce. These include the recently announced Review of Public Administration and the forthcoming “Caring for Carers – Recognising, Valuing and Supporting the Caring Role”. However, at the time of this Review, their impact and implications for the workforce had not been fully assessed.

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7 DATA MODELLING

7.1 Quality and Sources of Data

As discussed in Section 3, the availability and quality of data on the social services workforce is highly variable. In general, better quality data is available for the statutory social services than the voluntary and private sectors. However, even in the statutory sector, full information was not available for some groups. For example, age breakdown figures are not available for the domicilliary care workforce and the headcount figures for domicilliary care are an extrapolation based on assumptions around the percentage of headcount to whole-time equivalent.

In developing workforce projections for this review it has, therefore, been necessary to use data from a variety of sources and projections are not as robust as would be possible if an authoritative central data source for the workforce were available. Indeed, the absence of a central repository for total workforce data was cited by many commentators as being a significant weakness in the ability to forward plan.

Projections have been developed for statutory sector social services staff in the following groups:

- Practising Social Workers;
- Senior Social Workers / Teamleaders;
- Domicilliary Care;
- Other Social Care; and
- Management.

The impact of high level demand factors has been modelled for voluntary and private sector social care workers as a single group as insufficient information was available to develop models for each staff group in these sectors.

In developing the models for the various groups, a series of assumptions was developed based on DHSSPS data sources, feedback from key informants and NISCC data sources. The assumptions were agreed by the Steering Group and are set out below for each group.

7.2 Modelling Assumptions - Statutory Sector Models

7.2.1 Workforce Population

The base population used for the statutory sector social services workforce modelling is the data extracted from HRMS for the 5 year period up to 2005. The headcount data used for modelling is shown in Table 2.1. The groups in Table 2.1 are consolidated into the modelling groups as shown in Table 7.1 overleaf.

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Table 7.1
Statutory Sector Population Used in Workforce Models

MODELLING GROUP	HRMS SUB GROUP	HEADCOUNT
1. Practising Social Workers	Senior Practitioner	1,986
	Social Worker Qualified	
2. Senior Social Workers/Teamleaders	Senior Social Worker	504
3. Domicilliary		7,524
4. Other Social Care	Social Care Worker (Unqualified)	2,247
	Social Work Assistants	
	Care Staff (Day)	
	Care Staff (Residential)	
5. Management	Senior Management	285
	Management	
Total		12,546

Source: HRMS 2005 and Domicilliary Extrapolated from HPSS Performance Review Unit data

For the Voluntary and Private Sector model, the current workforce total was assumed to be 27,308 based on survey data and extrapolation as detailed in Section 2.4 and summarised in Table 2.1.

7.2.2 Leavers and Joiners

Leavers and joiners data was available for the statutory sector groups except for Domicilliary. A joiner or leaver is an addition or removal of a National Insurance number from the HRMS system and, therefore, includes graduate joiners and retirees.

The average number of leavers for each group over the last 5 years (see Figure 2.3) was used for modelling purposes. These average figures include retirees. The corresponding average number of joiners was also used for Senior Social Workers/Team Leaders, other Social Care and Management. For the Practising Social Workers group a different approach was taken to estimate the number of joiners:

- the number of joiners in the Qualified Social Worker group was less than the anticipated number of newly qualifying social work entrants to HPSS employment for the next 5 year period. It was, therefore, assumed that all joiners to this group are new entrants, which are captured separately in the model; and
- due to the recent growth in the number of Senior Practitioners, the 2005 figure of 8 entrants was used, rather than the average of the previous 5 years, which was significantly lower.

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The number of newly qualified social workers entering HPSS employment each year (included in the Social Work Practitioner model) have been estimated as follows:

- 2005/6 – 265 qualifying social workers (65 from undergraduate courses at QUB and UJJ, 100 from the 2 year fast track programme and 100 from the employment based route) less 10 per cent attrition (to account for non-completion and entry into employment other than HPSS); and
- 2006/7 to 2009/10 – 300 qualifying social workers less 10 per cent attrition (to account for non-completion and entry into employment other than HPSS).

7.2.3 Leavers and Joiners - Domicilliary

No accurate data was available to show the dynamics of the statutory sector domicilliary workforce and, as there is no defined entry route for staff in this group, it is not possible to predict the likely number of new entrants. Several assumptions, therefore, have been made in order to model this workforce group. The average percentage of leavers and joiners from the Other Social Care group was used. On average 6 per cent of this group left HPSS employment each year over the last 5 years. A leavers figure of 6% per annum was applied to the statutory sector domicilliary workforce. Similarly, the average percentage of joiners per year for the Other Social Care group (10 per cent) was applied to the statutory sector domicilliary workforce.

7.2.4 Unfilled Vacancies

Trust vacancy data was supplied by the DHSSPS, as shown in Tables 2.3 and 2.4. Normally, only long-term vacancies would be used for modelling purposes in order to remove any potential seasonality, however, it was felt by the Steering Group that this did not reflect the current high level of vacancies in some staff groups, therefore, for consistency, the current vacancies was applied for each group. It is assumed that these vacancies will be filled in the first 2 years.

Vacancy data was not available for the Domicilliary group, therefore, the current ratio of vacancies to headcount for the Other Social Care group was applied as a proxy (3 per cent).

7.2.5 Loss to Workforce Due to Work / Life Balance

Consultation suggests that there is a growing demand across a range of health and social services workforces for alternative working patterns including term-time working and reduced weekly hours. The Social Services workforce is predominantly female and experience indicates that the demand for work-life balance options tends to be higher among female dominated workforces. Many of the roles in the

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social services workforce already facilitate part-time and other flexible working patterns. It is not, therefore, expected that there will be a significant increase in demand from staff for alternative working patterns.

The Social Worker, Senior Social Worker and Management models include a 2 per cent per annum worklife balance factor to account for potential moves to less than full time working. We have assumed there is no requirement to model work-life balance factors into the Domicilliary and Other Social Care workforce given the already high levels of part-time working in these groups.

7.2.6 Continuing Professional Development

We have assumed the mandatory CPD requirement for all statutory sector employees from Agenda for Change, ie. a loss of 5 days per person, per year. A 217-day working year is assumed, based on 260 available days less 10 statutory leave days and 33 annual leave entitlements.

7.2.7 Productivity

DHSSPS is required in all of its workforce planning activity to consider the potential for efficiency gains through increased productivity. Measures of productivity have not yet been defined for social services activity. By its very nature, social care is person-centred and it is difficult to identify an appropriate means by which to make productivity savings without impacting on the quality of care provided. The recent research into independent sector residential and domicilliary care (referenced in Section 3.15.3 above) noted the increasing financial pressure under which these services are being provided, and it might be expected that any moves to introduce further efficiency measures would not be well received by the independent sector. In GB, productivity measures under consideration for health services have typically related to multi-disciplinary approaches, reducing the number of contact points for patients and reducing paperwork for clinical staff. Further investigation is needed in order to determine if any such options are applicable to the social services workforce. To reflect the intention that some productivity actions might be taken, a conservative factor of 2 per cent spread over 5 years has been added to each model.

7.2.8 Other Demand Factors

This assumption relates to demand factors not already covered above including:

- current unmet demand (for example, waiting lists for domicilliary care, unallocated social work cases);
- the impact of revised acute and primary health and social services structures;

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- roll out of the community care strategy;
- increased demand as a result of demographic change; and
- service developments such as the development of new Children and Family Friendly Strategy, a Carer's Strategy, new children's homes, implementation of the Learning Disability Strategy, and new services in mental health, learning disability and physical disability.

While many of the demand factors discussed are likely to have a real impact on service provision and staffing requirements, it is difficult at this stage to translate proposed developments into actual workforce requirements, therefore, a range of increases due to demand factors has been applied, namely 5%, 10% and 15% (see Section 7.6).

7.3 Statutory Sector Models

Applying the above supply and demand assumptions for each statutory sector staff group results in the following estimates of staff losses and requirements for additional staff in the 5 year period from 2005/06 to 2009/10. Each table includes an estimate of the number of additional posts to be filled. Comments about the potential sources of recruits for these posts and their likely availability are included below.

When reading the tables the following points should be noted:

- all calculations are based on headcount, as opposed to whole time equivalents;
- supply and demand estimates in the tables are based on 2005 workforce figures;
- supply and demand estimates and the resulting number of posts to be filled are presented on a year by year basis rather than a cumulative basis. It is assumed for the purpose of the models that supply and demand will be met each year but in the event that this did not occur, any shortfall would rollover into the next year. For example, if all vacancies in Year 1 are not filled the remainder can be added to those created in Year 2 and so on; and
- all of the models assume Other Demand Factors at 5% (see Section 7.6 for Sensitivity Analysis).

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7.3.1 Practising Social Workers

Table 7.2
Supply and Demand Estimates – Practising Social Workers

Current Workforce 1,986

	2005/06	2006/07	2007/08	2008/09	2009/10
Supply					
Leavers	-90	-90	-90	-90	-90
Worklife Balance Loss	-40	-40	-40	-40	-40
Newly Qualified Social Workers	239	270	270	270	270
Other Joiners	8	8	8	8	8
Total Supply	117	148	148	148	148
Demand					
Vacancies	47	47	0	0	0
CPD	46	46	46	46	46
Other Demand	99	99	99	99	99
Productivity	-8	-8	-8	-8	-8
Total Demand	184	184	137	137	137
Posts to be Filled	66	35	-11	-11	-11

The model suggests that if current vacancies are met over the next 2 years, the increased number of training places for social work should be sufficient to meet the additional demands placed on this group. However, if these demands are higher than anticipated or if the numbers entering the workforce are not as high as expected the number of posts to be filled will increase. A consistent focus on retaining those entering training and entering the social work workforce is required to help alleviate any potential staff deficits.

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7.3.2 Social Work Management

Table 7.3
Supply and Demand Estimates – Senior Social Worker/Teamleaders

Current Workforce **504**

	2005/06	2006/07	2007/08	2008/09	2009/10
Supply					
Leavers	-19	-19	-19	-19	-19
Worklife Balance Loss	-10	-10	-10	-10	-10
Other Joiners	11	11	11	11	11
Total Supply	-18	-18	-18	-18	-18
Demand					
Vacancies	13	13	0	0	0
CPD	12	12	12	12	12
Other Demand	25	25	25	25	25
Productivity	-2	-2	-2	-2	-2
Total Demand	47	47	35	35	35
Posts to be Filled	65	65	53	53	53

This model shows a much higher relative posts-to-be-filled deficit, (approximately 10 per cent of the workforce in the first 2 years), when compared to the social work practitioners table in Table 7.2 above. This reflects the views of consultees who reported that filling Social Work Manager/teamleader positions can be difficult. It suggests a considerable number of current vacancies and additional posts will need to be filled over the next 5 years. Improved retention could mitigate against this projected deficit.

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7.3.3 Domicilliary Care

Table 7.4
Supply and Demand Estimates – Domicilliary Care

Current Workforce **7,524**

	2005/06	2006/07	2007/08	2008/09	2009/10
Supply					
Leavers	-451	-451	-451	-451	-451
Other Joiners	752	752	752	752	752
Total Supply	301	301	301	301	301
Demand					
Vacancies	113	113	0	0	0
CPD	173	173	173	173	173
Other Demand	376	376	376	376	376
Productivity	-30	-30	-30	-30	-30
Total Demand	632	632	519	519	519
Posts to be Filled	331	331	219	219	219

The leavers and joiners figures for this group were derived from the actual turnover figures for the most comparable staff group – Other Social Care staff. This is a very dynamic part of the workforce, and the ability to fill these posts will continue to depend on local economic conditions until enhanced career structures, including Agenda for Change, for this part of the workforce can be fully implemented to increase retention and reduce turnover. The potential impact of the additional demand modelled is also significant, assuming a 5% impact.

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7.3.4 Other Social Care

Table 7.5
Supply and Demand Estimates – Other Social Care

Current Workforce **2,247**

	2005/06	2006/07	2007/08	2008/09	2009/10
Supply					
Leavers	-125	-125	-125	-125	-125
Other Joiners	214	214	214	214	214
Total Supply	89	89	89	89	89
Demand					
Vacancies	38	38	0	0	0
CPD	52	52	52	52	52
Other Demand	112	112	112	112	112
Productivity	-9	-9	-9	-9	-9
Total Demand	193	193	155	155	155
Posts to be Filled	104	104	66	66	66

This group shows a similar pattern to the Domiciliary Care group, with relatively high turnover. Again, steps to improve retention will be vital to maintain this workforce if current demand can be met more effectively and to develop the workforce to meet future demands. Consultees would see Agenda for Change as being a positive influence on retention.

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7.3.5 Social Care Management

Table 7.6
Supply and Demand Estimates – Management

Current Workforce **285**

	2005/06	2006/07	2007/08	2008/09	2009/10
Supply					
Leavers	-11	-11	-11	-11	-11
Worklife Balance Loss	-6	-6	-6	-6	-6
Other Joiners	7	7	7	7	7
Total Supply	-10	-10	-10	-10	-10
Demand					
Vacancies	10	10	0	0	0
CPD	7	7	7	7	7
Other Demand	14	14	14	14	14
Productivity	-1	-1	-1	-1	-1
Total Demand	30	30	20	20	20
Posts to be Filled	39	39	29	29	29

While the level of turnover and vacancy rates at this level are relatively low, the impact of service developments and other demands could create a substantial number of additional posts to be filled in Social Care Management substantially.

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7.4 Assumptions – Private and Voluntary Sector Model

Sufficient data is not available to produce individual models for the various social services staff groups within the voluntary and private sector which include practising social workers and social care staff working across domiciliary, residential, day care and child care settings. The population figure for the workforce in these sectors has been estimated on a very high level basis and does not include a breakdown into different staff groups (the total population is estimated at 27,594), therefore, a single model has been developed to reflect the global impact of:

- Increased demand for social services at a rate of 5%, 10% and 15%;
- Loss due to Work-Life Balance – a conservative estimate of 1% has been assumed since many staff in these sectors already work on a part-time basis;
- Continuing Professional Development (CPD) – again a conservative factor of 1% has been assumed given the lower reported training levels in the sector and the fact that Agenda for Change is not applicable. It is, however, recognised that the forthcoming registration requirements for social care staff will impact on demands for CPD allowances and the practising social workers in the non-statutory sector will have ongoing CPD requirements; and
- Productivity – a conservative factor of 2 per cent productivity gained over the 5 year period has been included for consistency with the statutory sector models, although it is recognised that much additional work will be required to investigate the potential for efficiencies that do not impact adversely on quality of care.

It has not been possible to factor in the following:

- leavers – turnover rates will be highly variable within this group;
- joiners – as with leavers, the joiners rates will be highly variable within this group. In many cases local economic conditions will determine the availability of recruits for other posts; and
- unfilled vacancies - there is no data available to provide a reliable estimate of the number of unfilled vacancies in these sectors.

Clearly, more work is required in defining and quantifying this major element of the social services workforce (estimated to account for around two-thirds), and in projecting future requirements more accurately. Registration of Social Care workers will significantly improve the quality and availability of information from these sectors but most of the workers here will not be registered until the later phases, and as registration was designed for purposes other than gathering workforce intelligence, it is unlikely to address all of the information needs identified.

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7.5 Private and Voluntary Sector Model

Applying the above assumptions to the estimated total number working in the private and voluntary sector results in the following estimate of staff losses and requirements for additional staff in the 5-year period from 2006/07 to 2010/11.

The following points should be noted:

- all calculations are based on headcount, as opposed to whole time equivalents (WTE) and population data sources are noted in each case;
- supply and demand estimates and the resulting number of posts to be filled are presented on a year by year basis rather than a cumulative basis for clarity. It is assumed for the purpose of the models that supply and demand will be met each year but in the event that this did not occur, any shortfall would rollover into the next year. For example, if all vacancies in Year 1 are not filled the remainder can be added to those created in Year 2 and so on; and
- all of the models assume Other Demand Factors at 5% (see Section 7.6 for Sensitivity Analysis).

Table 7.6
Private and Voluntary Sector Demand Estimates

Current Workforce **27,594**

	2005/06	2006/07	2007/08	2008/09	2009/10
Demand					
Worklife Balance Loss	276	276	276	276	276
CPD	276	276	276	276	276
Other Demand	1,380	1,380	1,380	1,380	1,380
Productivity	-110	-110	-110	-110	-110
Total Demand	1,821	1,821	1,821	1,821	1,821

The demand estimates above are global rather than providing detailed projections for particular staff groups. However, they suggest that in common with the statutory social services groups, the potential number of additional posts to be filled in the voluntary and private social services is high if the projected demand factors come into effect.

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7.6 Sensitivity Analysis

Tables 7.2 to 7.6 above assume that 'Other Demand Factors' result in a 5 per cent increase in staff requirements. If this factor is increased to 10 or 15 per cent the potential impact on workforce requirements is significant. The total number of posts to be filled for each staff group in the statutory sector and the total demand for the Private and Voluntary sector staff group under each of these scenarios is shown below.

Table 7.7
Impact of Increased Demand on Number of Posts to be Filled

	Demand Factor	2005/06	2006/07	2007/08	2008/09	2009/10
Practising Social Workers	5%	66	35	-11	-11	-11
	10%	166	135	88	88	88
	15%	265	234	187	187	187
Senior Social Workers	5%	65	65	53	53	53
	10%	91	91	78	78	78
	15%	116	116	103	103	103
Domicilliary	5%	331	331	219	219	219
	10%	708	708	595	595	595
	15%	1,084	1,084	971	971	971
Other Social Care	5%	104	104	66	66	66
	10%	216	216	178	178	178
	15%	328	328	291	291	291
Management	5%	39	39	29	29	29
	10%	54	54	44	44	44
	15%	68	68	58	58	58
Private and Voluntary	5%	1,821	1,821	1,821	1,821	1,821
	10%	3,201	3,201	3,201	3,201	3,201
	15%	4,581	4,581	4,581	4,581	4,581

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8 CONCLUSIONS AND RECOMMENDATIONS

8.1 Conclusions

Since the completion of the first workforce planning review of social services in 2002, considerable change has taken place across the sector. There has been significant investment in relation to:

- the reform of social work training and education - the introduction of the honours degree in social work as the registered professional qualification, an increase in the number of training places available and the Discretionary Incentive Scheme to provide financial assistance to social work students;
- the introduction of NISCC, the commencement of state registration of the social care workforce and protection of the title 'social worker';
- the development of a draft Qualification Framework for the Social Care sector and Post Registration Training and Learning materials to support those social care workers due to join the register over the coming years; and
- the expansion in use of the Senior Practitioner grade (social work), and the initiation of a Principal Practitioner (social work) Pilot Scheme to explore opportunities for professional career progression for associated social workers practice.

Consultation undertaken for this update indicates that this investment has resulted in positive benefits in the social work workforce in relation to professional esteem and morale, and that the ongoing registration and workforce development activity is welcomed across the social care sector. The workforce planning model for practicing social workers also suggests that in the medium term, the increased number of entrants through the degree programme should be sufficient to meet predicted demand. There are still significant changes to work through in relation to career progression in social work (eg. a regional policy on the use of senior and principal practitioners) and social care (eg. progression in terms of qualifications, career structure and possible movement into social work).

Recruitment and retention remain problematic in the sector more generally. This is reflected in a number of the workforce planning models, most notably that for Senior Social Workers/Team Leaders where a blockage seems to exist resulting in a large number of current vacancies and reported reluctance to apply for posts which are not perceived to offer a reward package consistent with the level of responsibility they carry.

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Inconsistent terms and conditions of employment across the public and independent sectors can reinforce these difficulties. Retail and other employers often offer similar or better terms and conditions than many social care employers can (particularly those in the independent sector). In the face of increasing demands in terms of complexity of care, social care governance and client expectations, social care employers can find it difficult to compete for staff in the local labour market. If the strategic objectives set for social care are to be met, continued investment in workforce development and reward/benefits coupled with effective partnership working across the sectors is required. The workforce models for the social care groups in the statutory and independent sectors illustrate the large numbers of staff likely to be required to meet demands even at a relatively conservative rate of growth.

In order to address the recruitment, retention and career progression issues across the statutory, private and voluntary sectors, the major gaps and uncertainties in social services workforce data must be filled. The difficulties in collating information about the size of the total workforce are well known and little additional information was available for the second workforce planning review in comparison with the first in 2002. The key areas where collective quantitative information is lacking are the private sector workforce, the voluntary sector workforce, domiciliary staff numbers, workforce dynamics within and between these groups and levels of training and qualification in the workforce as a whole.

During 2005, NISCC should be able to produce an analysis of its Social Care Register in relation to social workers. This data will include the number of social workers registered to practise in Northern Ireland, their age, gender, how long qualified etc. Over the coming years, the Register will also include information on the wider social care workforce. The register, however, has been developed for purposes other than workforce planning and will not provide the detailed information required to systematically address issues around recruitment and retention within and between the various sectors employing the social care workforce. The National Minimum Dataset (NMDS) being rolled out in England and Wales provides a framework that could be applied in NI to address data availability issues.

8.2 Recommendations

This second workforce planning review for social services notes the considerable progress made in addressing the workforce issues highlighted in 2002, particularly for social workers. It is recommended that activity aiming to development the sector and individuals who work in it continue in the following areas:

- undertake a workforce census prior to the next regional workforce planning review for social services to ensure that good quality workforce data is available for the statutory, voluntary and independent sectors. The costs and benefits of applying the NMDS to Northern Ireland should be explored;

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- continue to promote the positive features of a career in social care to attract recruits, and continue to develop career progression routes and qualification frameworks for social care to reduce labour turnover and retain skills;
- monitor policies and practices that aim to improve retention of social workers;
- carry out more detailed research to explore demand, turnover and retention issues among domicilliary and other social care workers;
- review terms and conditions for social care workers to better recognise the complex work done and the high level of responsibility carried, to improve recruitment and retention and to protect the independent sector post Agenda for Change;
- review terms and conditions for Senior Social Workers/Team Leaders to make these positions more attractive, increase the number of applications and thus address the current vacancy situation;
- monitor the demand for social workers and social care workers against the projects set out in this review to ensure that the 5 per cent increase factored in remains reasonable. For example, if growth in demand for social workers reached 10 per cent this would result in a substantial shortfall; and
- monitor the number of applications to the social work degree for courses beginning 2006/07 as part of the annual workforce planning review update.

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APPENDIX I

CONSULTEES

INTERVIEWS

Surname	Forename	Role
Simpson	Eleanor	Inspector, SSI
Newe	Pat	Inspector, SSI
Johnston	Brendan	Chief Executive NI Social Care Council
Keenan	Kevin	Northern Board, Director of Social Services (Acting)
Maconachie	Jan	Assistant Director Training, NHSSB/Homefirst HSS Trust
McAndrew	Fionnula	Southern Board, Director of Social Services
Burke	Dominic	Western Board, Director of Social Care
Doherty	John	Director of Social Services, Foyle Trust
Ryan	Vincent	Director of Social Services, Sperrin Lakeland Trust
Carey	Gabriel	Director of Elderly and Mental Health, Sperrin Lakeland Trust
Jack	Anna	Assistant Director - Workforce Planning / Training
Connor	Hugh	Eastern Board, Director of Social Services
Largey	Gerry	NIPSA
Dunn	Alyson	Director of Care, Praxis
Marshall	James	Training and Consultancy Manager - NPSCC
Askham	Eileen	Fold Housing Association
Kerr	Eddie	Chairman of Independent Homecare Association
Armstrong	Rosemary	Secretary of Independent Homecare Association
Allen	Malcolm	HPSSRIA
McWhinney	Harry	Criminal Justice Services Division, NIO
Grzmek	Brian	Criminal Justice Services Division, NIO
Carroll	Jacqueline	Private Sector Representative, Fermanagh Home Care Services
Lindsay	Brenda	Independent Consultant from Education and Library Board
North West Belfast Trust		<i>Contact Bernie McNally - ref . Pilot of Principal Practitioner Grade - also have 15% SW turnover compared to 30% in rest of Eastern Board</i>
Stephenson	Lynne	Extern
Lyner	Olwen	NIACRO

FOCUS GROUPS

Line Managers in Social Work and Social Care
Social Workers
Social Care Staff (Domicilliary Only)
Social Care Staff - all groups
Social Work Students