



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

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Review of the Social Services Workforce 2011

Final Report

March 2011



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Social Services Workforce Review 2011

1.0 INTRODUCTION

1.1 Purpose of the Review

The purpose of this review is to provide the Department of Health, Social Services and Public Safety (DHSSPS) and Health and Social Care (HSC) with comprehensive current information on the Social Care workforce across Northern Ireland. This will inform the Department's planning in the provision of training for these staff to facilitate the delivery of service over the next 5 years. It also provides an overview of current issues of importance to the social services workforce.

The review is the latest in the cycle, following on from the previous review in 2006. The cyclical approach to workforce planning enables data relating to the workforce to be reviewed on a regular basis, ensuring it is current and accurate. It also affords the opportunity to review and assess the validity of the assumptions underlying previous reviews, taking account of policy-driven and demographic changes together with developments in technology and professional practice that may impact on these.

The review investigated current and future supply and demand factors that will impact on the delivery and development of social care services across all programmes of care.

A key aim of this work is to enable the development of strategies that can ensure the correct numbers of these staff are in place and working in the most effective way to offer maximum benefit to the overall provision of social care services and deliver optimal outcomes for service users, carers, families and communities.

The review has taken into account the current context of service delivery including different service models and related workforce. It has also had regard for changing expectations, technologies and demographics e.g. ageing population.

While the main focus of the review is on the statutory sector, where possible, the voluntary and independent sectors have been taken into account. The review seeks to 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 across all Programmes of Care.

Information on previous social services reviews can be accessed via the following link;

www.dhsspsni.gov.uk/index/hrd/wpu/wpu-planning/wpu-publications.htm

The Terms of Reference for the review are detailed in **Appendix A.** (Page 43)

An update on the recommendations from the previous review is provided in **Appendix B.** (Page 47)

1.2 Methodology

Key elements of the methodology are:

- Consideration of trust-level data on assessed need in line with service delivery plans
- Identification of issues and trends at Trust and regional levels
- Research and literature review
- Key “one-to-one” informant interviews
- Group discussions
- Analysis, reporting and recommendations

1.3 Role of the Advisory Group

HR representation from Trusts, Regional Board and the DHSSPS, independent and voluntary sector, staff side and education sector were invited to join an advisory group to input to and quality assure this work.

With membership drawn from across the social care workforce, the key function was provision of advice as to current issues and planned developments in relation to this field. A membership list is detailed at Appendix D. (Page 50)

1.4 Aims of the Review

This report aims to provide comprehensive qualitative and quantitative information, setting out the following key elements:

- An assessment of the regional demand for social care staff that will be required to meet service needs over the next 5 years;
- An overall assessment of current recruitment and retention and probable reasons for any problems identified.
- Identification of current and indicative future trends in the development of social care services.

2.0 Policy Context

Social services staff work primarily, although not exclusively, with some of the most vulnerable and excluded people in society and provide services covering prevention, care, protection and control. They work in partnership with other public services such as health, education, housing, police and probation to promote, enhance and where appropriate to protect the health, social wellbeing and safety of individuals, families and communities.

At any one time over 190,000 people in Northern Ireland are in contact with adult and children's social services. Expenditure on these services represents approximately 30% of the total health and social care budget.

Social services are delivered by a social services workforce made up of social workers, social care and domiciliary care workers. In total it is estimated there are approximately 30,000 social care and domiciliary care workers and 5,000 social workers employed in the statutory, independent and voluntary sectors providing a range of services to individuals, families and communities. Many are based in the community and provide a service to support people to live at home while others work in residential care homes, day care services, family centres, hospitals, healthcare settings or specialist settings such as Adoption Agencies or Trauma Centres.

While social services offer a range of services such as domiciliary, day and residential care, they also work alongside others to provide a range of specialist services including family support, child protection, safeguarding vulnerable adults, child and adolescent mental health services, addiction, dementia and end of life services. Social workers also have specific duties and powers invested in them through government policies and statute and act on behalf of society when people pose a risk to themselves, or others, or where they are at risk from the actions of others.

The social services workforce plays an important role in contributing to the delivery of the government's policies and priorities for the welfare and safety of children, families, vulnerable adults¹, carers, victims and for communities. Strategies such as those for community care, mental health, learning disability, carers, dementia, physical health and disability, children and families all impact on the shape not only of social services but of the social services workforce needed to deliver those services.

¹ Vulnerable adult – 'a person aged 18 or over who is, or may be, in need of community care services or who is resident in a continuing care facility by reason of mental or other disability, age or illness or who is, or may be, unable to take care of him or herself or unable to protect him or herself against significant harm', Safeguarding Vulnerable Adults, 2006, DHSSPS.

The social services workforce of the future will need to be able to continue to fulfil its statutory responsibilities linked to the protection of children, vulnerable adults and the public as well as provide the full range of accessible, flexible person-centred service provision within the restructured health and social care system.

2.1 Political, social and economic drivers

There are a number of key drivers in the social, economic and policy context within which social services are delivered which are impacting and will continue to impact on service design and delivery and the nature and profile of the workforce. These include:

The Health and Social Care Budget – the current economic climate and pressure on public sector spending will impact on the capacity of the health and social care system to meet rising demand and continue to deliver high quality, safe services in a timely way. Opportunities for the restructuring and re-engineering of services will need to be explored and within this the possibility of changes in the commissioning and provision of services.

Inequalities in health and social wellbeing alongside changes in demography and technological advances have resulted in increased demand for services which are already under pressure. This has led to a greater focus and emphasis in government policy on the need for self-help, prevention and early intervention. The knowledge, skills and profile of the workforce will need to reflect this focus.

Self-directed care – there will be more support for individual approaches to the provision of health and social care services, including self-directed care. This will impact on the role of the social services workforce in supporting service users and carers to plan and purchase their own care and also on the employment patterns of staff providing that care.

Human rights are central to health and social care provision. Putting human rights at the heart of the way services are designed and delivered can improve the quality of services and reflect the core values of fairness, respect, equality, dignity and autonomy. Decisions by social workers, particularly those involving interventions in family life or the placing of restrictions on the liberty of individuals, must be taken with due regard to human rights legislation.

Care in the community – there is an increased emphasis in government policy on treatment and care being provided closer to where people work and live. There is also a drive for better integrated working that utilises the skills of staff across health, social care and other public services to maximise their impact and benefits to service users and carers. The social services workforce needs to be able to work flexibly and in partnership with other disciplines and agencies.

Public protection – there is an expectation that children and vulnerable adults will be protected from harm as well as the public being protected from those who might pose a risk of harm to them. This requires a workforce that is well trained, supervised and managed with appropriate professional supports and adequate resources to do the job safely.

Professional governance – safety, quality and effectiveness are at the heart of the government’s modernisation agenda. This has led to a greater focus over the last few years on the accountability and improvement of health and social care services and on professional governance arrangements whereby organisations and individuals are accountable for the quality and safety of services and for maintaining and improving standards of care and of practice.

Outcomes and evidence-based practice – it is important to invest in services that improve outcomes and make a difference in people’s lives. A strong evidence-base should provide a basis for policy and service development and practice decisions.

2.2 Implications and challenges for the social services workforce

The context outlined above is of significance for the social services workforce and how it evolves in the future.

- **Workforce planning.** To ensure the workforce has the capacity to meet demand it will be important that workforce planning identifies the numbers and grades of staff needed to deliver safe, high quality services.
- **Recruitment.** With growing demand for services and an emphasis on their safety, quality and effectiveness it will be important to attract staff who are caring, committed and resilient in dealing directly with individuals in circumstances that can be emotionally and physically challenging. There is a particular need to consider how recruitment strategies can support the development of a workforce that reflects the diversity of the population it serves

including under-represented groups such as males, disabled people and ethnic minorities.

- **Retention.** High staff turnover can be disruptive to the continuity of service provision as well as detrimental to the quality of the service with the loss of experienced workers and a reliance on newly recruited staff to replace them. The issue of retention in key service areas requires further exploration and the development of strategies to ensure the retention of a level of expertise and experience within teams, at the same time as building greater flexibility and capacity within the workforce to work across client and service boundaries.
- **Workload management.** To ensure safe practice, there is a need for effective workload weighting, allocation and management systems so that managers and staff are realistic about manageable and safe workloads particularly within the context of rising demand.
- **Flexibility.** If employers are to have the right workforce in the right place at the right time, recruitment and deployment of staff should support flexible working patterns to ensure there is a workforce that can be responsive to the variety of demands and pressures of service activity. Qualifying training is general and supports employment of staff across all programmes of care. The extension of career structures will create a better distribution of experienced staff across various programmes of care while at the same time promote more options for specialism. Regular job rotation would promote flexible career patterns across adult and children's services. Flexible working patterns can also support family friendly policies and caring responsibilities.
- **Professional leadership and governance.** There needs to be clear lines of professional accountability from the frontline of practice. This should be through professional management structures to the boardroom, regular supervision, access to relevant learning and development opportunities and research findings as well as mechanisms to share learning and best practice. Developing professional leadership and management capacity is a strategic priority in the PSS Development and Training Strategy 2006-2016 and a target has been set for all newly appointed team leaders to be trained in professional supervision. Building the professional leadership and management capacity within social services is crucial.

- **Skilled, confident and competent.** Staff need to access appropriate learning and development opportunities so that they can maintain and improve their knowledge and skills throughout their careers. Expertise in particular practice and/or service areas should be developed appropriate to the job role. Education, training and whole or part qualification achievement should be linked to career structures and, where relevant, re-registration requirements with the Northern Ireland Social Care Council (NISCC). With increased pressure on services, time and budgets it is essential that learning and development activities are relevant, accessible and effective in improving practice knowledge and/or skills. There is a comprehensive Post Qualifying framework to support CPD for social workers and the new QCF will support on-going learning and development of social care staff. The NISCC are responsible for setting post-registration learning and development requirements for registrants.

- **Safety and accountability.** It is this Department's policy that unsuitable people should be prevented from working with vulnerable people. This will be achieved through the Vetting and Barring Scheme and a phased introduction of registration of social care workers with NISCC. As this policy is implemented it is essential that recruitment and retention of the social care workforce, many of whom are female, part-time and low paid, is not destabilised and that arrangements are proportionate, risk-based and cost effective. There is a view that the regulation of social care staff needs to reflect the level of responsibility and autonomy of staff. Within an integrated health and social care system it is important that comparable standards and sanctions apply to both health care support and social care workers as there is a degree of mobility between these two workforces.

3.0 Analysis of the Social Services Workforce Data

The following section provides an analysis of the current workforce as at 31st March 2010 including:

- Headcount
- Gender profile
- Full and Part-time working
- Age Profile
- Vacancies

The information has been sourced from the Human Resource Management System and has been quality assured by Trusts. Although HRMS data cannot be taken to be 100% accurate it provides an adequate baseline upon which to base projections.

The analysis also includes qualitative information sourced from Trust pro-formas.

3.1 Social Care Workforce Headcount and WTE

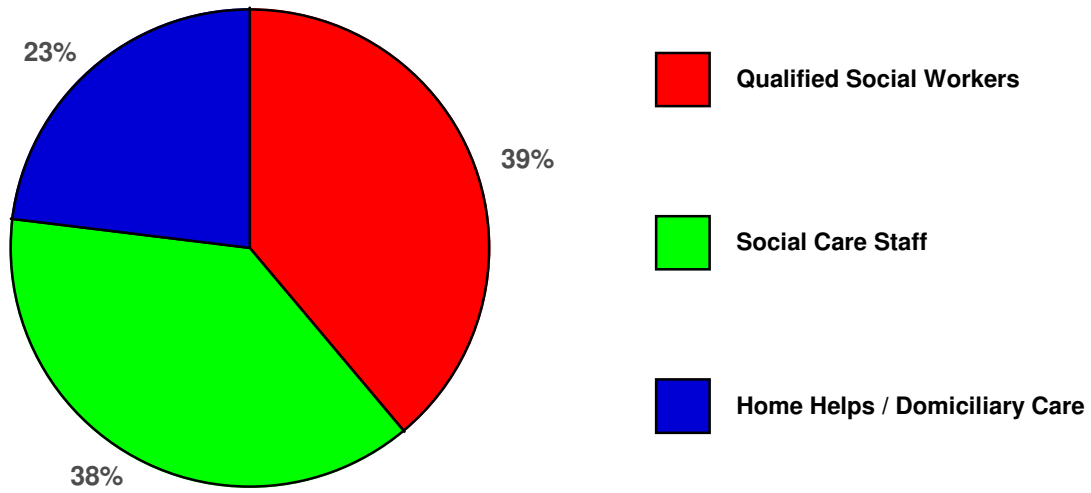
Grade	Headcount	WTE
Hospital Social Workers	135	114.4
Elderly Social Workers	287	263.6
Physical Disability/Sensory Impairment Social Workers	232	205.9
Child / Family Care Social Workers	1,716	1,600.6
Learning Disability Social Workers	156	141.0
Mental Health Social Workers	282	262.4
Training & Education Social Workers	68	62.2
Community Development Social Workers	40	36.5
*Managers/Multi Services Managers/Social Work Audit Social Workers	424	412.3
AYE Social Workers	61	58.8
**Other Social Workers (not categorised above)	161	161.0
Total Qualified Social Workers	3,562	3,318.6
Social Care Staff	3,959	3,286.9
Home Helps / Domiciliary Care	5,508	1,951.4
Overall Social Services Staff	13,029	8,557

Source: Human Resources Management System (HRMS)

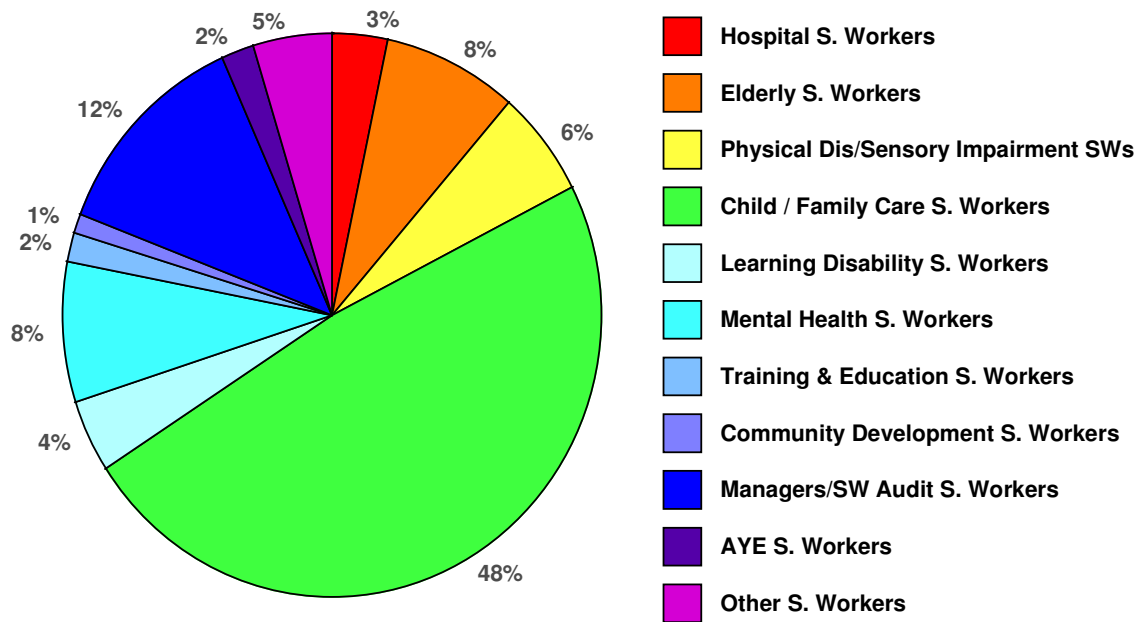
* 'Managers and multi-service managers' are qualified social workers

**'Other' social workers refer to staff awaiting an Agenda For Change grade code – in the main this category is made up of 'social work degree trainee'

3.2 Social Services Staff (WTE) as at 31st March 2010



3.3 Qualified Social Workers by Work Area (WTE) as at 31st March 2010



3.4 Comparison of Social Services Staff – 2005/2010

Grade Group	2005		2010	
	Headcount	WTE	Headcount	WTE
Qualified Social Workers	3,012	2,804.9	3,562	3,318.6
Social Care Staff	3,638	3,043.4	3,959	3,286.8
Unknown	36	35.2	0	0.0
Home Helps / Domiciliary Care ¹	5,691	2,100.2	5,508	1,951.4
Total	12,377	7,983.7	13,029	8,556.8

Source: Human Resources Management System

Note: 1. Figures for Home Helps / Domiciliary Care staff for 2005 are taken from Quarterly Cost Analysis

3.5 Recruitment and Retention Issues

HSC Trusts were asked to provide information via Pro-formas on a range of qualitative and quantitative Issues

3.5.1 Recruitment

The majority of staff are recruited from within the UK and Ireland, with social care staff mainly coming from within NI. Small numbers of staff have been recruited from other EU countries for non-qualified posts.

There are no major difficulties reported in attracting applicants to social work, though there were problems noted in the following areas of social care:

- Children's fieldwork services
- Learning Disability residential posts
- Family support team
- Recruiting to management level positions due to geographical location (particularly noted by the Western Trust)
- Remuneration
- Agenda for Change Bandings for Senior Practitioner and Team Leader are the same, yet Team Leader carries management responsibilities

- Older people services – recruitment of domiciliary care workers in some rural areas due to distance from larger towns and accessibility; noted by the Western, Southern and Northern Trusts
- Difficulty in recruiting for short term temporary positions

The number and quality of applications for vacant posts are good in the main with no difficulty in making appointments. The Western Trust commented that they experienced a lower number of responses but the quality of applications was high.

3.5.2 Promoting Recruitment and Careers

The Northern Ireland Social Care Council (the regulatory body responsible for registration and development of the social care workforce and regulation of professional training) has responsibility to promote training for social work and social care.

A variety of methods are used by NISCC and HSC Trusts to promote careers in social care on a continuous basis including:

- Proactive media promotion, community involvement i.e. schools, engagement with political representatives
- Careers fairs
- Working with universities to promote HSC as an 'employer of choice'
- Strategies for career progression, training opportunities
- Work/Life balance promoted
- Detailed job descriptions
- Open recruitment days for particular posts
- New promotional material to promote a professional image of Social Work.

3.6 Retention Issues

Primary reasons reported for leaving are end of temporary contracts, family or personal reasons, age retirement or illness. Offers of jobs inside HSC were also cited as a main reason for leaving indicating that staff are not lost from HSC altogether but do progress or rotate in posts.

The Northern Trust reported a high level of staff movement out of Mental Health and Older people's services due to high workload commitment. It was suggested staff moves are often prompted by the continual high rates of referral in addition to the complexities of the work. Social Workers

reported a sense of being target-driven rather than carrying out therapeutic work.

There have been a number of recent tragic incidents in Children's services reported in the media which has placed the social services profession in the spotlight. Comments were made that this, combined with the pressures of the work area, makes it difficult to retain staff.

Retention of staff in Gateway Service, can also present a problem. The Gateway service receives referrals and has responsibility to complete the initial assessment within a maximum of 10 working days. Following this, if required, there will be automatic transfer into children's services which operate behind Gateway. This is perceived as a particularly pressurised area of work and turnover is high. Job satisfaction is reported as low, as the role is primarily assessment.

In common with many HSC service groups, certain Trusts experience retention issues in particular rural, geographical areas.

3.7 Joiners and Leavers

Although specific retention difficulties were cited above, turnover rates have remained relatively constant over the last 5 years, until the 09/10 year.

Turnover rates are calculated as Movers (those who have left one HSC organisation and moved to another HSC organisation) plus Leavers (those who have completely left the Social Services) as a percentage of staff in post (headcount).

Trusts are anecdotally reporting major decreases in turnover rates due to the current financial context. This is evidenced in a fall in turnover for the 09/10 year, as shown below. This will require on-going monitoring as it is likely to lead to stagnation within the workforce and could impact on career progression routes and the need for newly qualified workers.

3.7.1 Social Services Leavers & Movers (excluding Home Helps) and Turnover Rates split by Grade.

Grade	Qualified Social Workers			Social Care Staff		
	Leavers & Movers	Average Staff in Post	Turnover Rate	Leavers & Movers	Average Staff in Post	Turnover Rate
Year						
2004/05	186	2,854	6.5%	346	3,659	9.5%
2005/06	208	3,065	6.8%	330	3,656	9.0%
2006/07	190	3,232	5.9%	325	3,694	8.8%
2007/08	295	3,426	8.6%	341	3,692	9.2%
2008/09	228	3,477	6.6%	291	3,813	7.6%
2009/10	172	3,506	4.9%	233	3,957	5.9%

Source: HRMS

- Note that the numbers of movers and leavers are calculated by comparing 2 snapshots of HRMS data (as at 31st March) and as such staff on short term contracts may not be captured on one or both extracts of data.
- Under Agenda for Change, Care Assistants were moved from the Ancillary & General Occupational Family to the Social Services Occupational Family. To ensure continuity of the data, Care Assistants recorded in the Ancillary & General Occupational Family have been included in the Social Care staff figures.

3.7.2 Social Services Joiners (excluding Home Helps) and Joining Rates split by Grade.

Grade	Qualified Social Workers			Social Care Staff		
	Joiners	Average Staff in Post	Joining Rate	Joiners	Average Staff in Post	Joining Rate
Year						
2004/05	266	2,854	9.3%	479	3,679	13.1%
2005/06	210	3,065	6.9%	379	3,638	10.4%
2006/07	224	3,232	6.9%	427	3,674	11.6%
2007/08	238	3,426	6.9%	360	3,713	9.8%
2008/09	200	3,477	5.8%	345	3,671	9.0%
2009/10	215	3,506	6.1%	254	3,954	6.4%

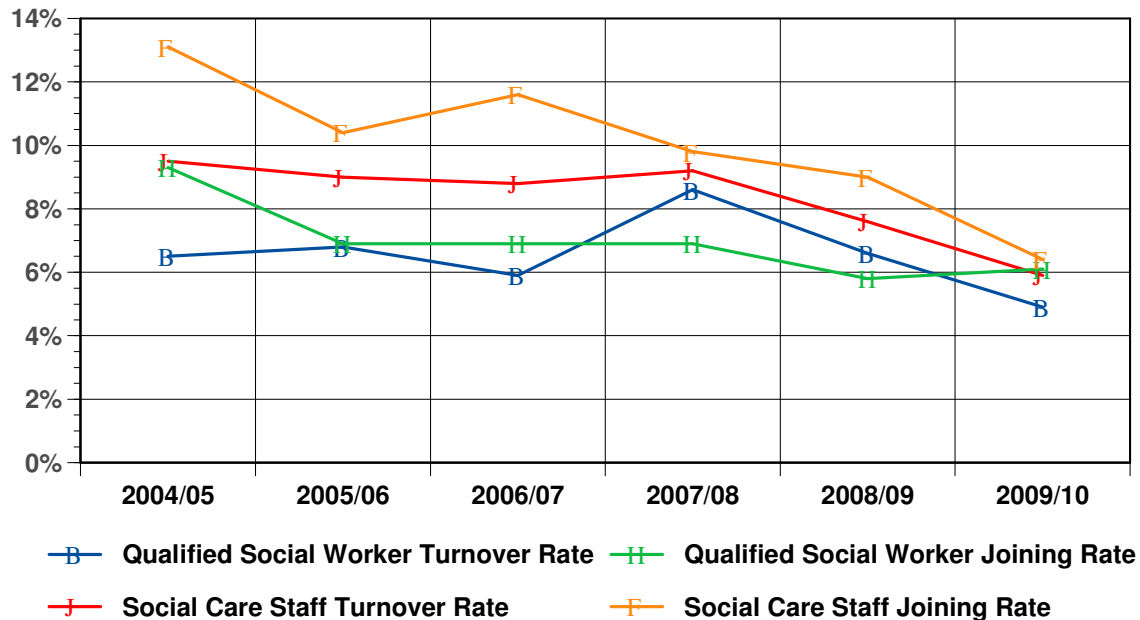
Source: HRMS

- Note that the numbers of joiners are calculated by comparing 2 snapshots of HRMS data (as at 31st March) and as such staff on short term contracts may not be captured on one or both extracts of data.
- Under Agenda for Change, Care Assistants were moved from the Ancillary & General Occupational Family to the Social Services Occupational Family. To ensure continuity of the data, Care Assistants recorded in the Ancillary & General Occupational Family have been included in the Social Care staff figures

Joiners are calculated by comparing March datasets and are defined as those staff recorded in the second year's data set, who are not recorded in the first year's dataset.

The joining rate is also showing a decrease over the last 5 years both for qualified social workers and for social care staff.

3.7.3 Social Services Staff Turnover Rates and Joining Rates by Grade



3.8 Vacancy Rates

Despite the recruitment and retention issues highlighted above regional vacancy rates for the individual grades of staff are low. This is particularly important when examining long-term vacancy rates and it highlights areas where posts may be difficult to fill. The table below shows that regional long-term vacancy rates are low. It should be noted that the vacancy rates given below report vacancies which are actively being recruited. There will be other vacant posts which are not being recruited to e.g. for financial reasons.

Action Point: It is important that Trusts monitor these vacant posts internally to ensure they will not impact on service provision. It is also recommended that input is sought from Social Work Managers in respect of how posts should be prioritised for recruitment.

3.8.1 Social Services Vacancies by Grade as at 31st March 2010.

Grade	Current Vacancies			Long-Term Vacancies		
	HC	WTE	WTE Vac. Rate	HC	WTE	WTE Vac. Rate
Hospital Social Workers	2	1.5	1.3%	2	1.5	1.3%
Elderly Care Social Workers	2	2.0	0.8%	2	2.0	0.8%
Physical Disability / Sensory Impairment Social Workers	0	0.0	0.0%	0	0.0	0.0%
Child / Family Care Social Workers	40	39.0	2.4%	9	8.5	0.5%
Learning Disability Social Workers	2	1.5	1.1%	0	0.0	0.0%
Mental Health Social Workers	7	7.0	2.6%	5	5.0	1.9%
Community Social Workers	0	0.0	0.0%	0	0.0	0.0%
Teaching / Training	8	8.0	11.4%	0	0.0	0.0%
Social Work Managers / Multi Services Managers / Social Work Audit	15	15.0	3.5%	1	1.0	0.2%
Other Qualified Social Work Staff	4	4.0	1.8%	1	1.0	0.5%
Qualified Social Workers	80	78.1	2.3%	20	19.0	0.6%
Social Care Staff	40	31.9	1.0%	13	10.6	0.3%
Home Helps	12	7.2	0.4%	10	5.8	0.3%
Overall Social Services Staff	132	117.2	1.4%	43	35.4	0.4%

Source: NI HSC Vacancy Survey

3.8.2 Current Vacancies by Profession as at 31st March 2010

Profession	Headcount	WTE	WTE Vacancy Rate %
Social Services	132	117.2	1.4
Nursing, Midwifery & Health Visiting	196	183.5	1.0
*Professional & Technical	104	94.6	1.5
Medical	92	91.6	2.6

*includes allied health professionals, pharmacists, psychologists and scientists

Source: NI HSC Vacancy Survey Report March 2010

3.8.3 Long- Term Vacancies by Profession as at 31st March 2010

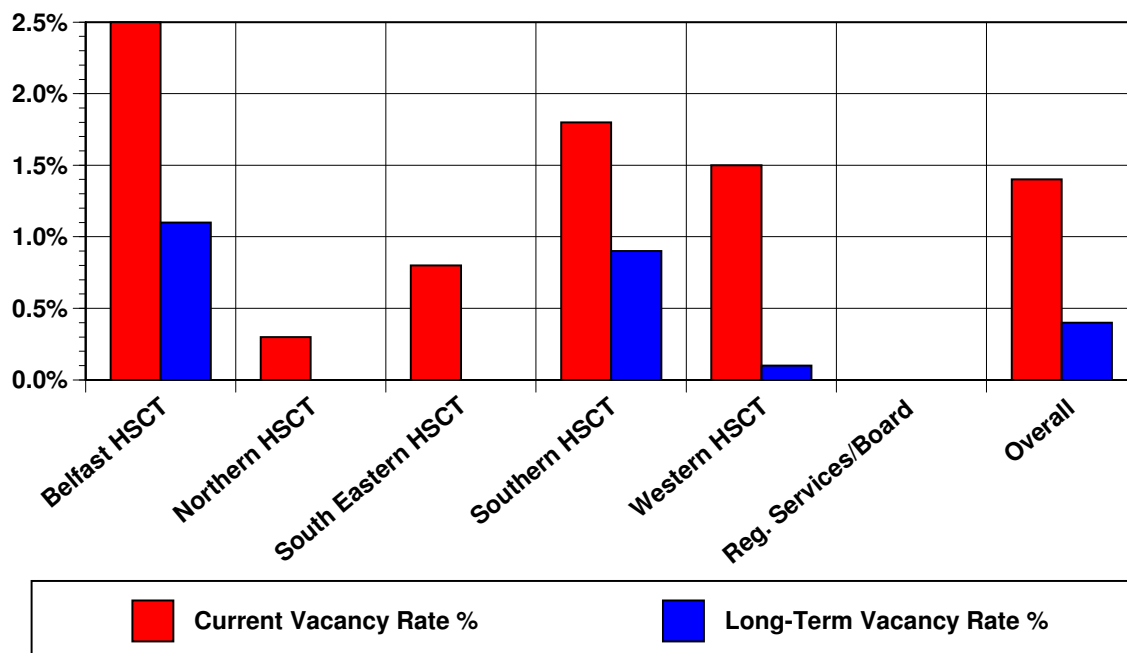
Profession	Headcount	WTE	WTE Vacancy Rate %
Social Services	43	35.4	0.4
Nursing, Midwifery & Health Visiting	92	86.8	0.5
*Professional & Technical	37	33.6	0.5
Medical	40	39.6	1.1

*includes allied health professionals, pharmacists, psychologists and scientists

Source: NI HSC Vacancy Survey Report March 2010

The two tables above show that social work vacancy rates are broadly comparable with those in the other HSC professions.

3.8.4 Social Services Vacancy Rates by Organisation as at 31st March 2010



Source: NI HSC Vacancy Survey Report March 2010

The above table shows that all rates are relatively low.

In the SHSCT some delays occurred in filling these vacancies while the Trust was in the process of establishing a new waiting list for qualified Social Workers, some posts were declined and some were subsequently withdrawn.

Vacancy rates, in the BHSCT were affected by the impact of workforce management processes which included the introduction of a scrutiny process for

all recruitment exercises and the re-configuration of service groups within the Trust. This impacted on recruitment exercises, increasing the vacancy rates.

3.9 Improving Recruitment and Retention

Trusts were asked for views on improving recruitment and retention for this profession. A number of different methods for improving recruitment and retention were suggested and in some Trusts recruitment/retention strategies and action plans are already being implemented.

The recruitment process is being streamlined, vacancies centralized and more robust workforce planning being undertaken to establish the number and nature of jobs proving difficult to recruit. There are plans to establish recruitment/retention forums/groups as staff involvement/surveys are seen as key in providing useful feedback. This focus on succession planning should be adopted by all Trusts and best practice should be shared. Exit interviews and questionnaires are also used to strengthen management information in respect of retention issues.

Action Point: It is recommended that all Trusts develop recruitment and retention strategies, as part of on-going organisational workforce planning.

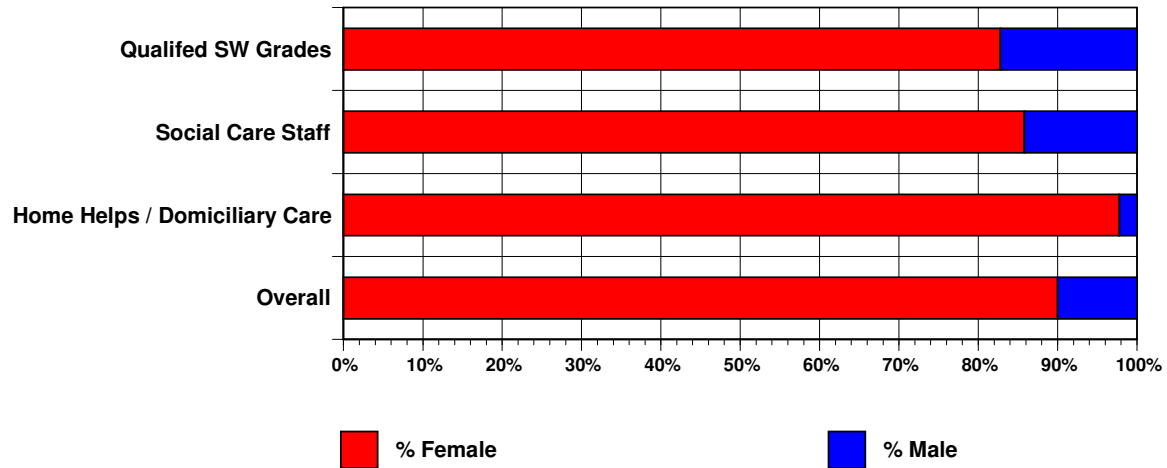
Management are also using team building exercises to raise morale and support retention. Staff engagement is being positively encouraged. Trust websites are being developed to provide a central source of information on policies and procedures as well as job opportunities.

Family Friendly policies are widely accessible across all Trusts which allow staff to apply for flexible working arrangements and help ensure valuable experience is not lost from the HSC due to family and caring commitments.

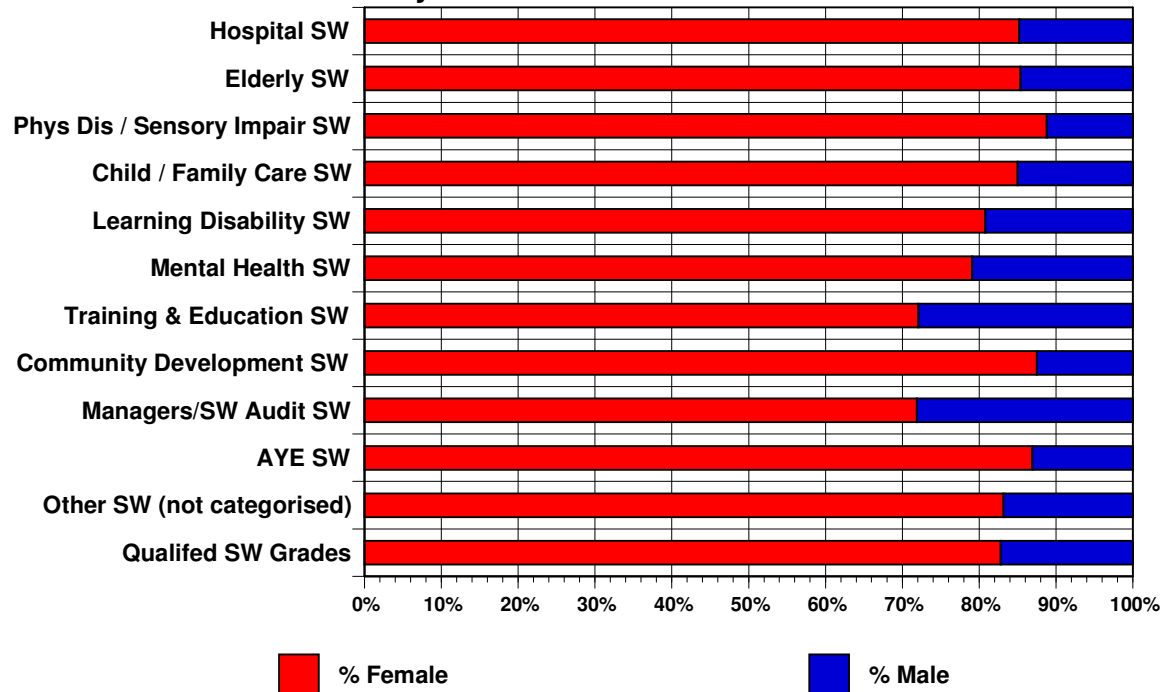
For social care staff, guaranteed hours contracts are being provided for domiciliary care staff along with the improvement of career progression and training.

4.0 Gender Profile

NI HSC Social Services Staff at 31st March 2010 – Female: Male Ratio



Qualified Social Workers by Grade at 31st March 2010 – Female:Male Ratio



Source: HRMS

The statistics show that the majority of the workforce is female. This trend is likely to continue according to data from the 'Report on the 5 yearly Periodic Review of the Degree in Social Work' (March 2009). This data shows that although the % of males enrolled social work has increased from 10.6% in 2004 to 16.3% in 2008, the 16.3% figure is only equivalent to the current number of male social workers in the general social work workforce (17.2%).

Trusts reported that achieving an appropriate gender balance in the workforce is a challenge. Feedback indicated that it would be particularly helpful to have more males in certain areas for example:

- Residential care – providing support and positive role models for young and teenage boys
- Engaging with fathers in family situations
- Domestic violence cases

Diversity

4.1 The issue of achieving ethnic diversity in the workforce was also mentioned.

Through NISCC's work to promote social care careers the following is being done to ensure improved diversity within the workforce-

1. Widening access by ensuring careers in social care and social work are promoted widely to allow a diverse range of people to make social care career choices. NISCC circulate careers material annually to a wide ranging mailing list; ensuring all promotional booklets/material provide images of men and women. The NISCC also are currently working with ethnic minorities to raise awareness of social care/social work career options which includes both genders.
2. In addition as part of work to promote the Degree in Social Work to people from ethnic minority communities, NISCC have extended the career contacts lists to include ethnic minority umbrella groups, community groups and associations across NI. This will be refined to target more closely the people who are working with youth groups, in training or advocacy work with ethnic minorities.
3. In terms of achieving gender balance, NISCC also aim to ensure that both men and women are presenting at careers events and talks.
4. NISCC also help young people to access appropriate work experience by linking students interested in the career with employers who can provide a placement opportunity. This has included male and female students.

Action Point: It is recommended that Trusts proactively monitor gender balance within the social work profession for their organisation and seek to proactively increase the percentage of males in their workforce, to meet identified service needs.

Action Point: It is recommended that Trusts monitor access to employment for disabled people.

Action Point: It is recommended that Trusts monitor ethnic diversity in their workforce and identify the needs of the demographic they serve, proactively recruiting from ethnic communities where necessary and appropriate.

Action Point: It is recommended that all staff are trained to be culturally sensitive to meet client needs.

5.0 Full Time / Part Time working

Social Services staff by Mode of Employment as at 31st March 2010

Grade	By Grade		Overall	
	% Full-Time	% Part-Time	% Headcount	% WTE
Qualified Social Workers	80%	20%	27%	39%
Social Care Staff	45%	55%	30%	38%
Domiciliary Care Workers	2%	98%	42%	23%
Overall Social Services	36%	64%	100%	100%

Source: HRMS

5.1 Qualified Social Workers by Mode of Employment as at 31st March 2010

Grade	By Grade	
	% Full-Time	% Part-Time
Hospital Social Workers	60%	40%
Elderly Social Workers	76%	24%
Physical Disability / Sensory Impairment Social Workers	67%	33%
Child / Family Care Social Workers	81%	19%
Learning Disability Social Workers	73%	27%
Mental Health Social Workers	77%	23%
Training & Education Social Workers	72%	28%
Community Development Social Workers	78%	23%
Managers/Multi Services Managers/SW Audit Social Workers	90%	10%
AYE Social Workers	92%	8%
Other Social Workers (not categorised above)	100%	0%
Qualified Social Worker Grades	80%	20%

Source: HRMS

Although the majority of qualified social workers work full-time, across the workforce as a whole the majority of staff work part-time (64%). 98% of domiciliary care staff work part-time and just over half of social care staff work part-time.

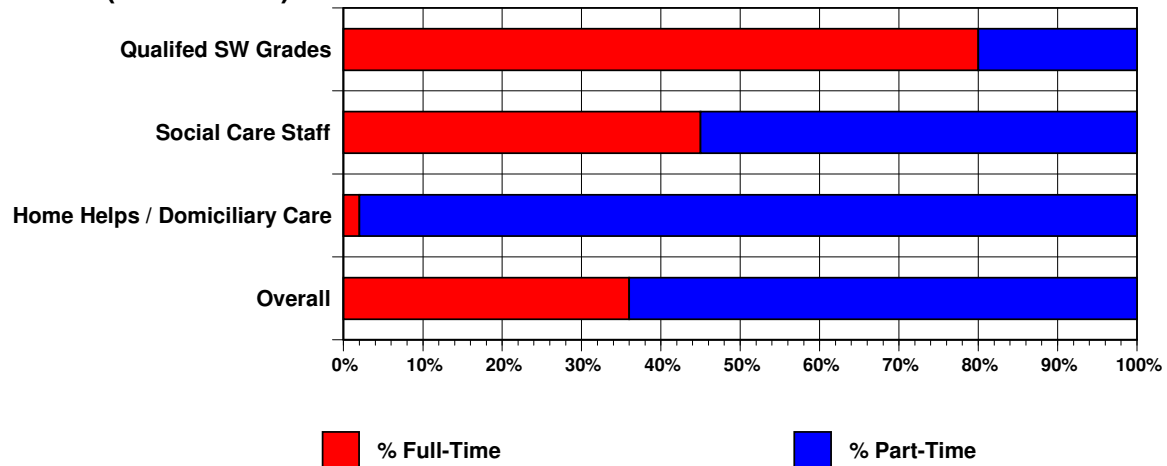
Trusts note that requests for flexible working have increased. The value of being able to facilitate flexible working as a support to the retention of skilled and experienced staff is recognised and welcomed, however challenges in managing service provision are reported.

Difficulties reported in managing requests include maintaining continuity of care, the need to achieve challenging PfA targets and difficulties in promoting Team stability in Gateway and Family Support/Intervention Teams.

Trusts also informed that Children’s and Young Peoples Services are often more affected than other Programmes of Care, given the high percentage of young females within newly qualified Social Workers who may seek reduced working hours to help with childcare arrangements.

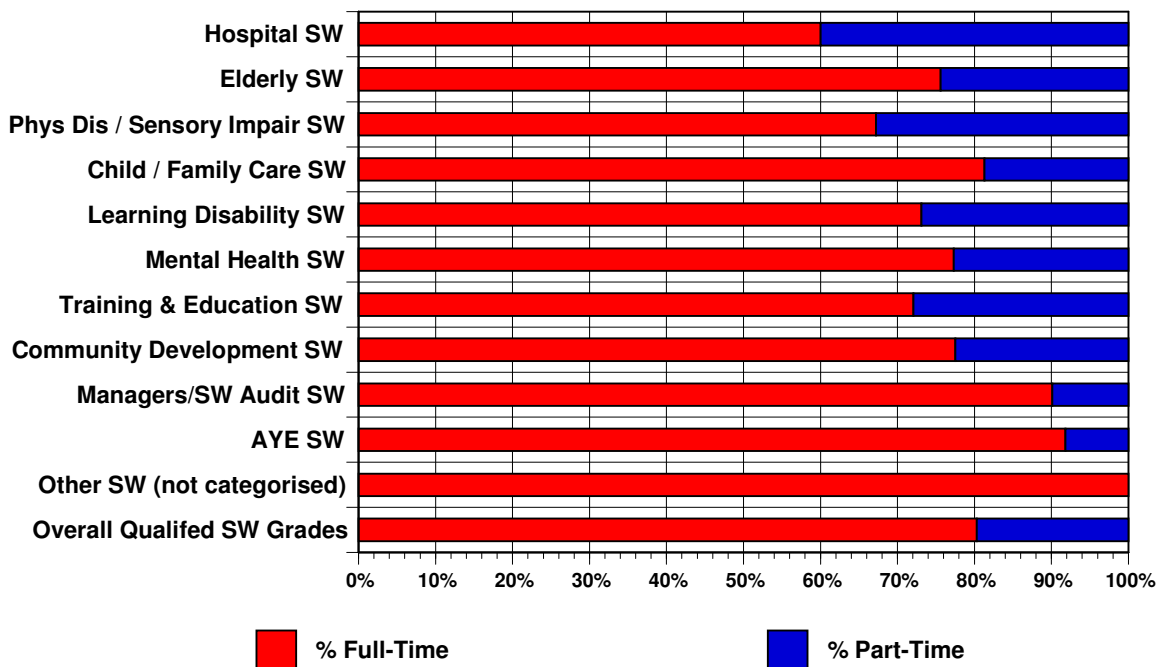
In contrast, one Trust notes a general decrease in requests which could be attributed to the current economic downturn, as families seek to augment incomes affected by job losses.

5.2 Social Services Staff by Mode of Employment at 31st March 2010 (Headcount)



Source: HRMS

5.3 Qualified Social Workers by Mode of Employment at 31st March 2010 (Headcount)



Source: HRMS

Feedback was requested as to whether Trusts could identify any ways in which flexible working could be used more effectively to help aid service provision.

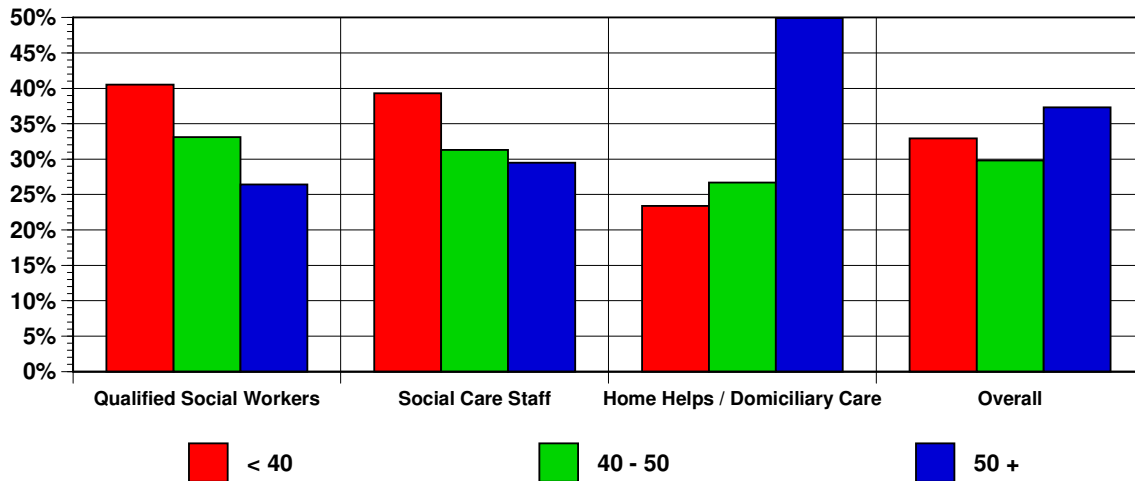
It was reported that where services are generally provided Monday – Friday, with emergency out of hours, there would be value in using flexible working over a 7 day extended hour period, accommodating both service needs and work-life balance options for staff.

It was suggested that the area of Children & Young People would benefit in a change in the working day with the introduction of a 17.00 -21.00 shift. Availability of this shift could benefit staff family life with the potential to reduce or eliminate child minding for staff who are parents but would have cost implications with the need for appropriate support staff during these hours. It was also noted that such an evening shift would be beneficial for staff working with families as the time when the whole family would be present is more often the evening rather than between traditional working hours of 09.00 to 17.00.

Action Point: Implementing these suggestions would require a culture change within the profession as most staff expect to work 9.00-5.00 hours however it is recommended that Trusts explore potential routes for extending flexible working hours within their own organisations.

6.0 Age Profile

6.1 Social Services Staff by Age Group as at 31st March 2010 (Headcount)

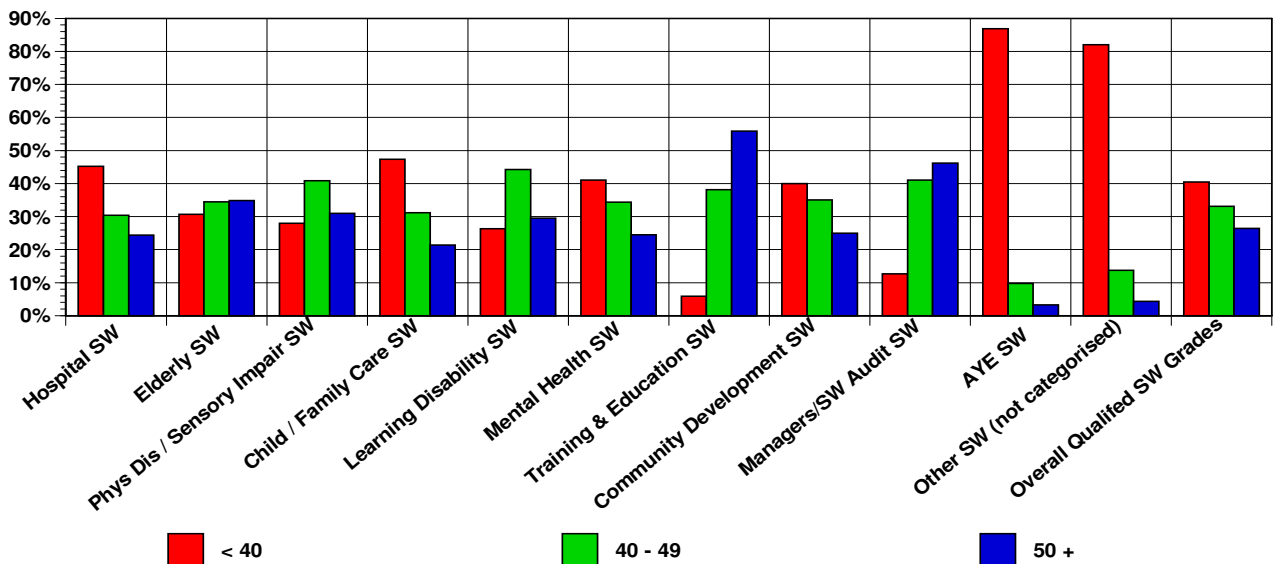


Source: HRMS

It can be seen from the above chart that with the exception of domiciliary care staff the majority of the workforce is under 40. When all staff groupings are combined the age profile in the statutory sector shows a normal distribution. This remains unchanged from the 2006 review.

6.2 Social Services Staff by Age Group as at 31st March 2010 (Headcount)

The below chart shows that social work managers and those working in training and education in social work are typically older. This is to be expected in the main, due to the experience required for these posts and the pattern is replicated across other HSC professions.



Source: HRMS

6.2.1 Age Group (Headcount)

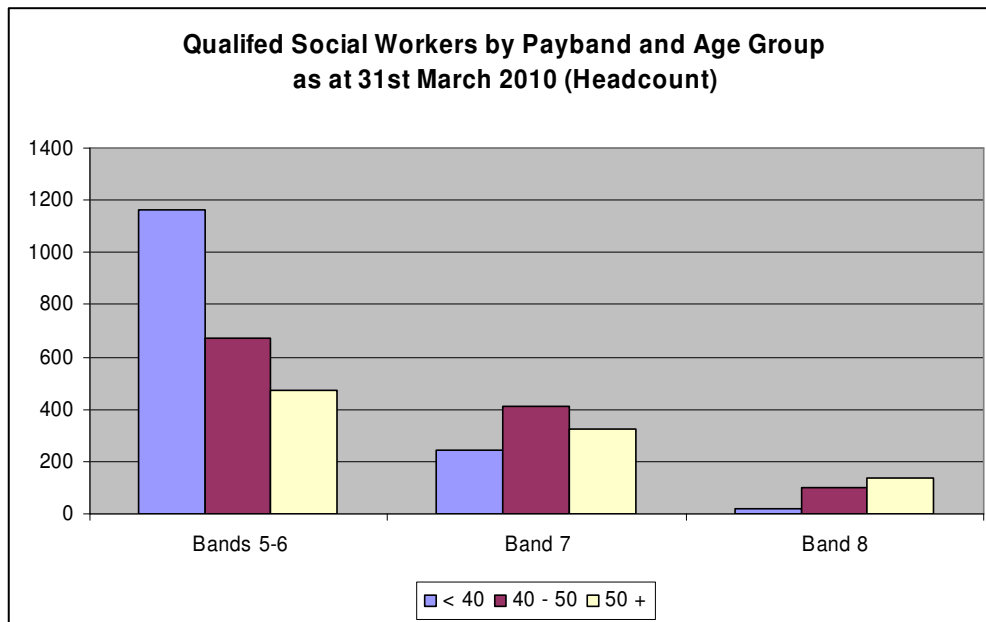
Grade	<40	40 - 49	50+
Hospital Social Workers	45.2%	30.4%	24.4%
Elderly Social Workers	30.7%	34.5%	34.8%
Physical Disability / Sensory Impairment Social Workers	28.0%	40.9%	31.0%
Child / Family Care Social Workers	47.4%	31.2%	21.4%
Learning Disability Social Workers	26.3%	44.2%	29.5%
Mental Health Social Workers	41.1%	34.4%	24.5%
Training & Education Social Workers	5.9%	38.2%	55.9%
Community Development Social Workers	40.0%	35.0%	25.0%
Managers/Multi Services Managers/SW Audit Social Workers	12.7%	41.0%	46.2%
AYE Social Workers	86.9%	9.8%	3.3%
Other Social Workers (not categorised above)	82.0%	13.7%	4.3%
Qualified Social Worker Grades	40.5%	33.1%	26.4%
Social Care Staff	39.3%	31.3%	29.5%
Home Helps / Domiciliary Care	23.4%	26.7%	49.9%
Overall Social Services	32.9%	29.8%	37.3%

Source: HRMS

In response to questions regarding age profile across the Trusts, concerns were raised regarding the age profile in the West. This demonstrates that a significant proportion of Approved Social Workers will leave the service in the near future. The Advisory Group reported that this was particularly the case in the area of mental health and that there was not sufficient supply in this area to replace those who could potentially retire. The Western Trust have been addressing this issue through succession planning and examining, moving social workers across directorates into the main areas of need. This is proving to be a complex issue for the Trust requiring possible restructure of service.

6.3 Qualified Social Workers by Payband and Age Group as at 31st March 2010 (Headcount)

Paybands	< 40	40 - 50	50 +	Total
Bands 5-6	1166	669	475	2310
Band 7	244	410	325	979
Band 8	21	97	140	258
Pre-AfC Grades	13	2	0	15
Total	1444	1178	940	3562



Source: HRMS

6.4 Qualified Social Workers by Payband and Age Group as at 31st March 2010 (% Headcount)

Paybands	< 40	40 - 50	50 +	Total
Bands 5-6	50.5%	29.0%	20.6%	100.0%
Band 7	24.9%	41.9%	33.2%	100.0%
Band 8	8.1%	37.6%	54.3%	100.0%
Pre-AfC Grades	86.7%	13.3%	0.0%	100.0%
Total	40.5%	33.1%	26.4%	100.0%

7.0 Workforce Intelligence – analysis of qualitative factors affecting the workforce

In addition to examination of the quantitative factors, a range of issues were identified by Trusts which have an impact on recruitment, retention and career progression in the workforce. Consideration of these factors as set out below helps develop an understanding of supply/demand balance in the workforce.

7.1 Supporting, developing and training the Workforce

7.1.1 Continuing Professional Development Commitments

CPD of staff is of central significance to Trusts and organisations undertake responsibility under the NISCC Code of Practice, to inform the Corporate and Professional Learning and Development Agenda.

Trusts are committed to staff development releasing staff to attend development opportunities. They report this to be a constant challenge however as there are occasions when operational demands take precedence. The current level of vacancies (due to vacancy control) reduces capacity for CPD, as financial constraints make it difficult for managers to release staff and still continue to provide adequate service delivery.

Over one hundred Degree in Social Work students require practice learning opportunities on an annual basis but Trusts have commented that it is difficult to recruit and retain sufficient Singleton Practice Teachers.

Other challenges include the attainment of post qualifying Masters Level, accredited “in house” and external training using the Post Qualifying Partnership Board, review and development of a career pathway for the non-qualified social care workforce.

These issues are replicated across many of the professions in the current economic climate, where Trusts are being required to make substantial financial savings, whilst maintaining delivery of safe and effective care and reaching Ministerial targets.

Trusts have confirmed that most Social Care staff have Training plans agreed and reviewed or are in the process of doing so. In addition to accessing general Social Services training they can also consider NVQ training, professional leadership etc as appropriate.

Individual Training plans are also linked to post-registration training and learning requirements as detailed by NISSC

The annual training needs analysis takes into account RQIA reports and recommendations.

NVQ is offered in all Trusts at Levels 2, 3 and 4 for all Social Care staff relevant to their job role. Where NVQ is recognised as beneficial to an individual's development, staff are encouraged to avail of it.

7.1.2 Training and Development

The Personal Social Services (PSS) Development and Training Strategy is designed to provide a policy direction for the development of the PSS workforce through a period of major structural change and into the future. The main emphasis in the Strategy is on supporting the Government's Safety and Quality Agenda by ensuring the social work and social care workforce have access to relevant training and development opportunities so they are competent to undertake the work expected of them. The Strategy also aims to improve the qualification base of the social work and social care workforce and in time, to link training and/or qualifications with registration with the Northern Ireland Social Care Council (NISCC).

Northern Trust undertook a Trust Social Work/Care Training Needs Analysis to present a Training Plan for Board approval. The Plan includes a robust In-Service programme, Degree in Social Work, Student Practice Learning Opportunities, Vocational Training (NVQs) and Post Qualifying Education and Training.

The Southern Trust is developing a Learning and Development Strategy covering all staff groups and focus groups have been held to inform this. The Trust reports that as a result of a workforce scoping exercise, those social services staff most in need of training are likely to need a Qualification and Credit Framework(QFC) level 4/5. Work is underway with training providers to agree a suitable course-

The Qualification and Credit Framework has replaced National Vocational Qualifications. This will offer a new flexible way of recognising and rewarding skills and knowledge through qualifications. It aims to simplify how qualifications are achieved through recognising smaller learning achievements.

- There will be 3 sizes of qualifications - Awards, Certificates and Diplomas.
- There will be a move away from "whole qualification" achievement under NVQs to part qualification achievement,
- This will allow a worker to achieve the number of units required to perform their job role which may not be a whole qualification.

Qualifications for social care workers are under development, there is

- An Induction Certificate available at Levels 2 and 3

- A Level 5 Diploma in Health and Social Care (Adult's residential management).

Work needs to be undertaken to determine the qualification needs of the social care workforce.

7.1.3 Rotation of staff

Trusts in the main agree that the rotation of staff should be encouraged and would help enhance and broaden an individual's experiences. This approach could also prevent burnout and assist Trusts to fill some difficult posts.

Trusts comment that it would be helpful if rotation could be managed across Directorates as it would support effective interface working and provide staff with an insight into workload weighting, levels of responsibility etc. It would also be useful to have the opportunity to interchange between training and management/practice.

Some Trusts were concerned that infrastructure is not currently present to support the additional demands rotation would create for managers. It was suggested that a pilot would be the best way to explore options for introducing rotation.

Action Point: It is recommended that Trusts explore potential for a rotation system

7.1.4 Demand and Service Development

It was considered that the following developments will have an effect on supply and demand balance for the Social Care Workforce/Profession:

- CSR and the Acute Reform and Modernisation Programme will impact on the number and location of posts throughout the Trusts. This could make it very difficult to attract the resources necessary to stabilise the Children's and Young Peoples Services Workforce. The development of a 16+ service including Homeless Assessment is a training resource issue.
- Compulsory registration for Social Care Workers may impede recruitment as potential employees may not wish to register because of financial or other reasons.
- The Safeguarding proposal will demand specific Skills sets and impact on recruitment/retention, requiring a revision of Training Strategies.
- Provision in Mental Health and Disability Services will be moving to a better "skill mix" in the context of new teams. These Teams will include a mixture of Professional Social Work grades and vocationally qualified

re-habilitation workers. Some staff will be transferred from Mental Health Hospitals to Community Services, as some services will now be provided by the voluntary/independent sector

- There has also been a reliance on volunteers who are becoming more difficult to recruit.
- Trusts have noted an increase in referrals for services across a number of areas, including child protection. This has an impact on the workforce in terms of capacity and demand.
- Focus on performance will require investment in information and ICT Infrastructure at a time of financial constraints.

7.1.5 Additional strategies likely to have an effect on the workforce

- Bamford Action Plan
- Stroke Strategy
- Brain Injury Action Plan
- Safeguarding Guidance and Protocol
- Forthcoming Strategy for Physical Disability
- Regional Frameworks for each Programme of Care (POC)
- Efficiency saving have to be found while continuing to meet expectations, quality and demand for services
- Trust Strategies for Older People Carers Strategy and Direct Payments
- Focus on the individual “Carer needs” an impact
- Saving requirements are likely to result in requirement for lower staffing levels
- Post Qualifying (PQ) Training Strategies will have an impact on the capacity of the Service as staff need to be released.
- Introduction of Multi-Agency Risk Assessment Conference (MARAC) will impact on skills and capacity

7.1.6 Current initiatives impacting on this workforce

Trusts commented that the issue was not so much with individual initiatives, but rather the fact that huge changes have been visited upon the workforce in rapid succession.

The workforce has had to respond to unprecedented organisational change within a dynamic reform and modernisation agenda characterised by a robust independent inspection process, a focus on performance and substantial overarching financial pressures. The generally negative profiling of social work services for children at a national level has further contributed to a challenging practice delivery context.

Particular concerns were reported that in addition to changes arising from RPA and the CSR, under the Agenda for Change process banding for posts differed

across legacy organisations. This impacted on recruitment to senior positions as some had the same level of banding as some practitioner posts; this has reduced the incentive for management applications.

Caring for Carers has increased public expectations of the services provided and increased the workload of practitioners, resulting in additional pressures.

The workforce has been challenged by negative local and national media, impacting on service delivery aligned to recruitment and retention.

Trusts also stated that many of the acute based targets have eroded the social work role which in many instances has become administrative rather than client-focused.

Summary of the impact on the workforce by the following three services:

- Mental Health & Disability - The initiatives have impacted in terms of drives for efficiency. AFC has offered possibility of more generic support roles and stricter referral criteria which allows for more efficient working in the current financial climate. There are more flexible respite services and approaches to domiciliary care although new high quality initiatives require up-skilling and workforce development.
- Children & Young Peoples (CYP) – Teams with high numbers of AYE staff places additional demands for supervision on team leader and diminishes the workloads capacity in the team. The Regional Implementation Team (RIT) Programme also places considerable pressure on CYP Teams to implement continuous change.
- Older people & Primary Care – RPA has resulted in less management and administrative support to social care staff . AFC has improved the ability to recruit and retain staff as pay and conditions are more attractive. Caring for Carers has not had a significant impact other than slight increases in flexible working.

Generally Trusts manage change through the development of, for example, project teams and significant partnership working. The HR Directorate has supported the implementation of RPA and CSR changes with regular meetings with staff and Trade Unions and professional partners such as NISCC, HSC Board and DHSSPS. Training opportunities are put in place as necessary to ensure staff are able to carry out their role within any set requirements e.g. New Carers Assessment Tool.

7.1.7 Progression Routes for staff

The majority of Trusts have developed clear progression routes for all strands of Social Care. The Western Trust reports that work is ongoing on the development of clear progression routes for the wider Social Care workforce.

With NVQ 4 being accepted by one local University as entry level for professional training, this will increase further opportunities for progression. A member of staff can now enter the Service as a domiciliary care worker and progress to become a qualified Social Worker.

Some Trusts are currently completing a qualifications framework which will provide clarity around the standards that the Trusts require for certain jobs. Others are currently developing plans to ensure Senior staff in Social Care have an opportunity to work in different areas within the Trust. The Social Care workforce also have a mechanism to identify individual progression routes linked to Induction, mandatory training, job specific competencies, professional development and post registration learning.

8.0 Communication

Other Trusts:

As there are a number of "Cross-Trust Groups" in operation e.g. Association of Directors of Social Services and Training and Governance Assistant Directors Groups, communication is good and improving. Other groups which are in their infancy are Children and Young Peoples Services and Older People and Primary Care. Staff who work in these specific areas meet with other Trusts on a range of regional groups such as the Northern Ireland Single Assessment Tool (NISAT) and Social Care Procurement. The communication network has improved greatly since the merging of Trusts.

DHSSPS:

All Trusts have strong communication links with the Department, including participation as requested, in the various Department led initiatives such as this Workforce Planning Review.

Service Users, outside organisation/voluntary bodies etc:

All Trusts commented that the communication in this area was generally good though recognise the need for improvement. Some of the Trusts are represented on local neighbourhood renewal, Community Safety and Partnerships Board Structures.

8.1 Communication between individual staff/colleagues, between different SC Strands/Teams

Trust Social Work and Social Care Strategies direct the communication across the family of Social Work and Social Care. Mechanisms have been established to promote communication in all areas of Social Care e.g. Forums at Trust, Directorate and Divisional levels.

All Trusts feel that the Review of Public Administration (RPA) affected communication networks through voluntary redundancies, role changes and unfamiliar new structures. Trusts are continuing to develop effective linkages and relationships at ground level.

In the context of an organisational and practice environment, Trusts are continuing to profile, promote and review service delivery arrangements to enhance service continuity, performance and quality. Ensuring “a joined up service” is provided.

9.0 Key themes

A number of key themes were raised with Directors of Social Care via a focus group and written submissions. Their views are represented below.

9.1 Social work career structure, first line management, agenda for change and impact on recruitment into management posts.

The reluctance to apply for first line management posts applies within all directorates. If this continues it will also have future impact, as Social Work may not be represented at middle/senior management levels.

There is a significant variation in Senior Practitioner job descriptions and it would be helpful to have more consistency. A review of the job description would also allow for some additional functions to be added in relation to, for example, practice teaching/assessing, professional supervision for AYE's or staff undertaking Institute of Personal Development(IPD). This would create more balance between the two posts, and make a management post more attractive. It would also be helpful to have a more strategic approach to the appointment of Senior Practitioners particularly in Children's Services. Targeting those services, which are particularly under pressure, and determining how many specific teams should have.

It was suggested that consideration be given to offering pre-management training to interested Practitioners/Senior Practitioners, to help support them as part of their career development.

Elements suggested to help make the job more manageable include:

- A span of control which is achievable
- A stable and experienced workforce
- Sufficient capacity at senior manager level to provide staff with support e.g. via mentoring for a specified time period
- Sufficient administrative support

The difficulties with staff retention in frontline Child Protection Teams could be addressed if the commissioner provided adequate levels of resourcing, therefore ensuring the demand for the service is met through sufficient numbers of staff. This would reduce the current work pressures on the staff in these teams and the accompanying levels of stress-related sick leave, as well as addressing the current, and increasing, levels of unallocated cases. There is a need to ensure that staff have access to regular quality supervision from a team leader and annual appraisal, plus learning and development opportunities. Support must be provided in terms of IT and admin. Reviewing working patterns to consider potential for different structures may help widen options for staff.

Some Trusts have developed strategies aimed at improving retention of staff in these teams but advise that full implementation is unlikely due to financial constraints.

One Trust commented that they have promoted stability within their management line and developed “succession” opportunities through:

- ‘acting up’ arrangements,
- attendance at professional supervision, leadership and management development training programmes
- participation in practice teaching with direct responsibilities for supervising and facilitating student learning.

9.2 Use of Assessed Year in Employment and Agency staff.

There had been some anecdotal suggestion that there are too many inexperienced staff in frontline Gateway teams handling complex cases however information provided by Trusts would not seem to bear this out.

It is recognised however that from time to time additional temporary staff are recruited to meet service demand and many of these staff can be on the AYE.

It was also noted that it is important for staff to gain experience in complex settings provided they are appropriately supported.

NISCC will be issuing further guidance in relation to AYE’s and the NISCC Induction Standards are recognised as useful to provide guidance for managers.

DHSSPS has also capped the number of AYE staff in Gateway Teams.

One Trust has developed a range of supports to address needs of AYE workforce. These have included;

- (i) An analysis of the impact of AYE requirements on the workloads of first line managers and options to remediate same.
- (ii) The ongoing development of structured supports, individual mentoring and coaching inputs from Senior Practitioners.
- (iii) Induction strategy to integrate directed learning and development training, structured reflective practice opportunities and participation in corporate induction programme.
- (iv) Consolidation and further development of AYE forum.
- (v) Delivery of regular professional supervision in line with regional requirements.
- (vi) Structured supports for AYE and SSW staff from Learning and Development Service.

9.2.1 Use of Agency Staff

Across the professional social work grades, the use of agency staff has been informed by the need to meet requisite standards in relation to the discharge of statutory functions. The Trusts have reported that they established robust professional, managerial and financial procedures to inform and monitor the authorisation and use of agency staff.

Trusts rely heavily on Bank staff for cover, however there are occasions when Agency staff are required to relieve work load pressures in specific areas.

A workforce control policy is in place to reduce the use of bank and agency usage in all Trusts. Some Trusts have identified that the extension of the internal bank system could provide additional capacity to the Trust, reducing expenditure on agency staff. Trusts are also attempting to secure recurring funding to ensure that positions are filled on a permanent basis which is more attractive to staff and more appropriate in governance terms.

9.3 Preparation of social work students for employment in frontline children's services, e.g. access to relevant practice learning opportunities

Concerns have been raised that newly qualified social workers, the majority of whom are employed by Trusts in children's services do not all get a children's services practice placement. This is included as a target in the draft Regional Strategy for Practice Learning to be achieved by 2011. Some Trusts do provide practice learning opportunities in child care for students who may be located in an adult programme but comment that if this was to be expanded there would be

a need to have an (additional) on-site supervisor for this work. This is potentially another role for the Senior Practitioner.

Trusts raised concerns that this could place additional pressures on one of the service areas with the most acute capacity issues. One Trust stated that the capacity to deliver on this would be improved if the sequencing of the practice learning periods was reviewed and there was a mix of level 2 and level 3 students in each period.

9.4 Unallocated cases

The number of unallocated cases relates to a number of variables e.g. staffing pressures, increase in the number and complexity of referrals etc. The returns provided by the Trusts indicated that none of the unallocated cases were of a child protection nature.

9.4.1 Number of children currently awaiting an assessment of need: (Unallocated cases including disability)

Trust	Unallocated Cases	% By Trust
SHSCT	187	19.8%
WHSCT	358	38.0%
NHSCT	162	17.2%
BHSCT	137	14.5%
SEHSCT	99	10.5%
Total	943	100.0%

Extract from Statutory Function report for period 1 April 2009 - 31 March 2010 re unallocated cases. Department monitors this in an ongoing way.

Trusts have suggested that the figures reflect varying degrees of mismatch between supply and demand in respect of a demand-driven statutory service. Trusts also comment that the principal objective of family and child care services is to protect and support children and their families, in line with statutory responsibilities, to have few or no unallocated cases. Certain Trusts have arrangements in place which stipulate that a case can only be allocated if there is a realistic prospect that it can be dealt with within 7 days however, this does not apply to all Trusts.

Through HSCB's Childrens Services Improvement Programme a demand/capacity analysis is being carried out and will help agree common regional definitions around unallocated cases.

The HSCB along with the HSCTs is currently undertaking a demand/capacity exercise in Children's Services which is due to be completed within the incoming year.

9.5 Impact on performance outcomes of increased investment in staffing or frontline services

In measuring the impact on performance and outcomes of increased investment in staffing for front-line services, there needs to be recognition of how modest this increased investment has been for Family Support and Intervention Teams, which provide the principal Trust child protection service. This is particularly pertinent given the historical, substantial under investment in these services in Northern Ireland compared to each of the other home countries;

The Northern Trust highlighted the need for the Social Services Workforce review to address the need to provide all levels of management with robust training and support, specifically in respect of their evolving management role. It has also defined regional training opportunities for managers in Social Services at different levels.

9.6 Professional leadership

The suggestions for this aspect were:

- Coaching and mentoring could be better utilized
- Corporate and professional development programmes which are linked to accredited pathways and fuse knowledge and skills acquisition
- Discrete training in financial and performance management within a social care oriented performance framework
- Job planning which specifically addresses career progression linked to personal Development Plans and appraisal
- Using the media as a medium for presenting positive images of Social Work on a more regular basis would be beneficial
- There should be more promotion of Social Work champions
- NISCC should lead regionally on the public profile for rewarding good professional management

Northern Trust has specifically trained trainers in coaching and mentoring and will roll this out, targeting Senior Practitioners and Managers. Southern and Western have offered management courses through the Beeches.

9.7 Other Issues

9.7.1 Abuse of Vulnerable Adults

One Trust raised concerns that there appears to be an attempt to replicate the arrangements within child protection services in vulnerable adults. The Trust commented that these arrangements have taken many years to introduce and have been resourced over a significant period of time. It is important that the new arrangements are appropriately resourced to ensure that staff have the appropriate capacity to meet the new requirements.

9.7.2 Assessment of Number of Student places and supply/demand balance

Although Trusts have provided a wealth of useful information regarding the profession there seems to be a great deal of uncertainty as to how this translates into the numbers of student places needing to be commissioned.

This reinforces the need for Trusts to place emphasis and focus on producing organisational level workforce plans which integrate financial and service delivery plans. This will help to provide a robust evidence-based assessments into the future.

Action Point: Trusts must continue to promote workforce planning and commit to training the appropriate staff to equip them with workforce planning skills.

Action Point: DHSSPS to invest in training to help HSC develop skills in and knowledge of workforce planning

The statistical data indicates that training commissions could be held at a steady state i.e. turnover rate has remained relatively constant indicating no major changes over the last few years. Vacancy rates are broadly comparable with the other professions and do not indicate any regional undersupply.

However Trusts have commented anecdotally that turnover rate is falling of late due to the current CSR implications and the economic downturn. As previously stated, CSR and the Acute Reform and Modernisation Programme will impact on the number and location of posts throughout the Trusts. This means that it may take longer for new graduates to find employment in an HSC Trust over the next few years. Therefore in order to avoid a potential 'back-log' of newly qualified social workers trying to access the workforce we are recommending a modest decrease in the number of training places. This would need to be kept under close annual review to ensure undersupply does not occur.

Action Point: DHSSPS should monitor vacancy rates and turnover to inform workforce planning and student places.

Action Point: NISCC should monitor employment destination of new social work graduates and completion of AYE to inform thinking in respect of student intakes.

10.0 Conclusions and Recommendations

The review indicates that there are no major difficulties in attracting applicants to social work. The overall number and quality of applications to fill vacant posts is high, with no difficulty in making appointments. Since the previous review, the headcount has risen from 12,377 (7,984 WTE) in 2005 to 13,029 (8,557 WTE) in 2010.

There continue to be particular areas of service delivery showing difficulty in attracting applications – such as Children’s Fieldwork services, Learning Disability Support Teams and Family Support. For geographical reasons there is some difficulty in filling management positions in the West. While there is movement between Trusts, overall the turnover rate has remained fairly constant over much of the last five years, with a marked downturn in 2009/2010 in line with the current financial environment.

The majority of the social services workforce is female and training statistics indicate that this trend is likely to continue.

Although traditionally working hours have been based on a 9.00-5.00 pattern, with flexibility for employees, the service needs of some clients – such as Family Support/Intervention, do not fit with standard 9.00 to 5.00 working hours. It is therefore indicated that there would be potential value in using flexible working over a 7 day extended hour period, accommodating both service needs and work-life balance options for staff.

In terms of workforce numbers, given the slowing down in staff turnover and the ready availability of applicants to fill vacancies, a modest reduction in training numbers would be indicated. This should, however, continue to be monitored each year to enable early response to changes in the existing trends.

Over the next few years there will be major focus on development of the safety and quality agenda and the development of appropriate training and development to support this will be of particular importance. Given the nature of social care, focus should also be maintained on the further development of effective linkages and communications across sectors and between organizations within the statutory sector.

A list of proposed actions for addressing these issues is set out in Appendix C.

Terms of Reference

1. Purpose

- 1.1 The purpose of this review is to provide Department of Health, Social Services and Public Safety (DHSSPS) with comprehensive current information on the Social Care workforce across Northern Ireland. This will inform the Department's planning in the provision of training for these staff to facilitate the delivery of service over the next 5 years.
- 1.2 The review will 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.
- 1.3 A key aim of this work is to enable the development of strategies that can ensure the correct numbers of these staff are in place and working in the most effective way to offer maximum benefit to the overall provision of social care services and deliver optimal outcomes for service users, carers, families and communities.
- 1.4 The review will take into account the current context of service delivery including different service models, and related workforce. It will also have regard to changing expectations, technologies and changing demographics e.g. ageing population
- 1.5 While the main focus of the review will be on the statutory sector, it will also be necessary to provide information on the distribution of social care workers across the voluntary, private and independent sectors. It will seek to 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 across all Programmes of Care.
- 1.6 Information on previous social services reviews can be accessed via the following link;
www.dhsspsni.gov.uk/index/hrd/wpu/wpu-planning/wpu-publications.htm

2. Objectives of the review

- 2.1 **Provide an analysis of the current social care workforce in Northern Ireland including:**
 - Size, sectoral distribution, age, gender

- Full-time/part-time, working patterns and terms & conditions
- Post-graduate specialisation/Continuing professional development commitments
- Pressure points for supply and demand and distribution
- The staff support, development and training opportunities that are provided by employers

2.2 Provide an analysis of current and future recruitment and retention issues including:

- Career development and specialisation
- Training pathways for social work
- Working arrangements
- Absenteeism
- Growth in use of agency staff for social care services
- Retirement
- Impact of Agenda for Change
- Impact of recent legislative changes
- Service development issues with particular attention to the increasing policy and operational focus on adult abuse and the reconfiguration of mental health and learning disability services taking place in Trusts
- Length of time in post at social worker and team leader level, especially in children's services
- Length of service across the workforce
- Turnover rates
- Overtime worked, both official and unofficial
- Time spent on direct work with service users as opposed to admin or support tasks
- The availability and frequency of professional supervision
- The significance of team size and its impact on caseloads/workloads
- Issues influencing the retention of staff in posts with high turnover rates
- Issues influencing low application rates for certain first line management posts

2.3 Provide a prediction of future supply of and demand for social services staff over the next five years including:

- Number of social workers and social care staff required to meet service demands
- Assessment as to whether current numbers of commissioned student places are appropriate to meet demand for social work services
- Services demanding the skills of social care staff and the context within which these services will be delivered
- Skill-mix options

2.4 Review the impact of the supply and demand position within the social care workforce and identify anticipated impact of supply and demand on the delivery of social care services;

- in the statutory sector;
- across the voluntary, private and independent sectors; and
- through multi-disciplinary working - across the Domiciliary, Day Care, Residential and Fieldwork settings and all Programmes of Care

3. Outcomes

3.1 A report will be produced providing comprehensive qualitative and quantitative information and setting out the following key elements:

- A prediction of the number of social care staff that will be required over the next 5 years;
- A model that can be applied to predict trends in the supply and demand of social care staff. This is not intended to be a formulaic model but one which will identify the parameters that will impact on the supply and demand for social care workers. This will include the economic context and the factors set out in Paragraph 1.4
- An assessment of the recruitment and retention issues in certain sectors, probable reasons for problems and identification of appropriate solutions.
- Identification of current and indicative future trends in the development of social care services.

4. Methodology

Key elements will include:

- Consideration of trust-level data on assessed need in line with service delivery plans
- Identification of issues and trends at Trust and regional levels
- Research and literature review
- Key “one-to-one” informant interviews
- Group discussions
- Analysis, reporting and recommendations

The Department will involve the HSC organisations, especially the Trusts, throughout this review.

5. Role of the Advisory Group

HR representation from Trusts, Regional Board and the DHSSPS, independent and voluntary sector, staff side and education sector were invited to join an advisory group to input to and quality assure this work.

With membership drawn from across the social care workforce, the key function was provision of advice as to current issues and planned developments in relation to this field. **A membership list is detailed at Appendix D.**

Update on Recommendations from the 2006 Review

Recommendation	Action
Promotion of positive features of careers in Social Care	Trusts have a variety of measures in place for on-going promotion of social care careers. NISCC also have a role in distribution of careers booklets to carers advisory offices, schools and universities.
Development of clear progression routes for staff	<p>Senior Practitioners were introduced in the 1990s and introduced a career structure for social work for the first time. The aim was to try to retain experienced social workers in practice as previously the only route was to go into management.</p> <p>Principal practitioners were introduced in 2007 in Children's Services only as part of the reform and modernisation programme and in response to the child protection inspection. There are around 15, 3 in each Trust. This has been looked on as a very positive development. The draft social work strategy paper is looking at extension of PPs into Adult Services and also to look at role and responsibilities of both SPs and PPs to support professional practice and ease some of the burden on first line managers. The aim is to make management an attractive career option alongside the professional practitioner posts.</p>
Development of qualification frameworks for Social Care to reduce turnover and retain skills	Work is ongoing to update the qualifications framework for Social Care in line with the introduction of Q.F.C.
Detailed research to explore demand, turnover and retention of domiciliary care and other social workers.	There has been a Northern Ireland Audit Office report into domiciliary care however other social workers were not included.

Review Terms and conditions for Senior social workers and team leaders and address vacancies for same	Addressed by "Agenda for Change".
Monitor number of social worker degree applications since 2006.	This is routinely monitored by NISCC and data is available.
Carry out a workforce census	Not taken forward
Review terms and conditions for social care workers to better recognise complexity of work. Improve recruitment and retention and to protect the independent sector post Agenda For Change.	Addressed by "Agenda for Change". Post RPA the commissioning of Social Care Services from the independent sector is a matter for the HSC Board and/or HSC Trusts.

Action points identified from report

1. It is important that **Trusts** monitor these vacant posts internally to ensure they will not impact on service provision. It is also recommended that input is sought from Social Work Managers in respect of how posts should be prioritised for recruitment. **Page 17**
2. It is recommended that all **Trusts** develop recruitment and retention strategies, as part of on-going organisational workforce planning. **Page 20**
- 3a. It is recommended that **Trusts** proactively monitor gender balance within the social work profession for their organisation and seek to proactively increase the percentage of males in their workforce, to meet identified service needs. **Page 22**
- 3b. It is recommended that **Trusts** monitor access to employment for disabled people. **Page 22**
- 3c. It is recommended that **Trusts** monitor ethnic diversity in their workforce and identify the needs of the demographic they serve, proactively recruiting from ethnic communities where necessary and appropriate. **Page 23**
- 3d. It is recommended that all staff are trained to be culturally sensitive to meet client needs. **Page 23**
4. Implementing these suggestions would require a culture change within the profession as most staff expect to work 9.00-5.00 hours however it is recommended that **Trusts** explore potential routes for extending flexible working hours within their own organisations. **Page 25**
5. It is recommended that **Trusts** explore potential for a rotation system. **Page 31**
6. **Trusts** must continue to promote workforce planning and commit to training the appropriate staff and equipping them with workforce planning skills. **Page 40**
7. **DHSSPS** to invest in training to help HSC develop skills in and knowledge of workforce planning. **Page 40**

- 8a. **DHSSPS** should monitor vacancy rates and turnover to inform workforce planning and student places. **Page 40**

- 8b. **NISCC** should monitor employment destination of new social work graduates and completion of AYE to inform thinking in respect of student intakes. **Page 40**

Appendix D

Advisory Group Membership List

Joyce Cairns	DHSSPS Deputy HR Director (Workforce Planning Unit)
Melanie McClurg	DHSSPS (Workforce Planning Unit)
Christine Smyth	DHSSPS (SSI)
Deirdre Corrigan	DHSSPS (PSAB)
Jan McConaghie	Northern HSCT (Clinical Rep)
Raymond Irvine	Western HSCT (HR deputy)
Deirdre Mahon	Western HSCT (Clinical Rep)
Stephanie Read	Belfast HSCT (HR deputy)
Paul Kearney	NISCC
Mary McColgan	Head of Social Work, University of Ulster
Una McKernan	NICVA - Director of Corp Services
Laura Mc McCullough	NISCC
Pat Newe	DHSSPS (OSS)
Elaine McEldowney	Northern HSCT
Tracy McKitterick	SE HSCT
David Bickerstaff	HSCB
Barbara Ellis (secretariat)	DHSSPS (WPU)

The following people were also invited to attend:

Alison Dunwoody	DHSSPS FAU
Ian Montgomery	OSS (Seconded)
Fionnula McAndrew	HSC Board
Claire Smyth	Northern HSCT (HR) Senior HR Manager
Noelle Barton	Northern HSCT
Maura Mallon	Southern HSCT (HR)
Karen Anderson	Southern HSCT (HR deputy)
Brendan Whittle	Southern HSCT (Older People and Vulnerable Adult)
Mary McIntosh	Southern HSCT (Clinical rep)
Shirley Young	Western HSCT (HR)
Myra Weir	SE HSCT (HR)
Roslyn Dougherty	SE HSCT (Clinical Rep)
Lily Kerr	Staff side
Brendan Johnston	NISCC CE
Siobhan Fitzpatrick	Chief Executive, Early Years/CO3
Rosemary Armstrong	Independent Healthcare Providers IHCP
Kevin Keenan	HSC - Director of SS (Older people & adults)
Barbara Campbell	SE HSCT
Bernie McNally	Director of Social Work Representing Association of Directors
Geraldine Macdonald	QUB
Jim McCall	Four Seasons Health Care (Managing Director)

