

**DEPARTMENT OF HEALTH, SOCIAL SERVICES
AND PUBLIC SAFETY**

**WORKFORCE PLANNING REVIEW- SOCIAL
SERVICES STAFF GROUPS**

FINAL (V3)

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1. INTRODUCTION

1.1 Background

Social Services should deliver social care to clients in a way that is sensitive to their needs and expectations, empowering, offers advice and support, and ensures 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 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 five to 10 years. This report is the result of that review.

There are an estimated 30,000 social services staff in Northern Ireland providing a wide range of personal and therapeutic support services. The group includes professionally qualified social workers, vocationally qualified care workers and unqualified staff working in domiciliary, daycare, residential and fieldwork settings. It is spread across the statutory, voluntary and private sectors and may focus on families, children, adults with learning difficulties, disabilities or mental health issues or the elderly.

This initial 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:

- The plans for state registration of the social services workforce under the new Northern Ireland Social Care Council;
- Changing arrangements for social work education and training;
- Changing employment patterns and policies relating to work-life balance;
- The impact of recent and forthcoming legislation such as the European Working Time Directive;
- Forthcoming service developments such as the provision of additional residential childcare places; and
- Increased competition from other sectors in recruiting and retaining social services staff.

1.2 Terms of Reference

Against this background the aim of the 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 services.

The terms of reference for this review stipulated that the main outcome will be a report containing comprehensive qualitative information, setting out the following key elements:

- a prediction of the number of social services professionals that will be required over the next five to 10 years;
- a model that can be applied to predict trends in the supply and demand of social services professionals;
- the model should identify the parameters that will impact on the supply and demand of these professionals within the context of developments both within the professions and in the wider operating environment including economic context and society's requirements;
- identification of current and indicative future trends in the development of these services.

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;
 - continuing development commitments;
 - specialist service commitments;
- an analysis of current and future recruitment and retention issues, including:
 - pay;
 - career development and specialisation;
 - career breaks/leaving the profession;
 - returners;
 - working arrangements;
- a prediction of future demand, including:
 - number of social services professionals required to meet service demands;
 - sectoral distribution including specialisation;
 - services demanding the skills of these professionals and the context within which these services are delivered.

The scope of the review for the social services was defined as:

- focusing on a province wide analysis and subsequent reporting content;
- taking into account professional issues including changing arrangements for professional Social Work training, developing access to NVQs, etc., developments in policy/legislation and in service provision along with the needs of society in relation to provision of service;
- utilisation of qualitative information gathered throughout the consultation process to formulate likely assumptions around future supply and demand trends from which scenario planning can be carried out;
- the review is not required to carry out any detailed feasibility analysis;
- the review is not required to carry out any detailed economic analysis;
- the review is required to build on currently available workforce data and not to carry out primary research;
- supply and demand projections will be produced for qualified Social Workers in the statutory sector based on HRMS data and output from consultation programme;
- data showing the composition of the ‘unqualified’ (i.e. not qualified Social Workers) section of the statutory social services workforce will be included in the report and indicative, high-level supply and demand assumptions will be developed for this group;
- where possible data will be presented according to standard categories – Domiciliary, Daycare, Residential and Fieldwork;
- private and voluntary sector provision will be considered within the exercise.

1.3 Review Methodology

1.3.1 Steering Group

The approach taken within this project has been similar to that taken in other workforce reviews recently commissioned by the Department. The project has been overseen by a Steering Group (see Appendix A) established by the Department and chaired by the Director of Human Resources, DHSSPS. The Steering Group approved the project approach and scope, made recommendations as to involvement from the sector and reviewed the initial findings and draft report prior to approval in its final form. This Steering Group also acted as a forum for discussion and debate around the assumptions to be used for the modelling to ensure they reflected the experiences of those in the service.

1.3.2 Work Format

The format for the work carried out was the same for each group and consisted of the following;

- i. Key informant interviews with relevant personnel (see Appendix B for a complete list of personnel interviewed) and a series of focus groups (see Appendix C) with a range of social services practitioners. These were held to identify the key issues affecting recruitment and retention within the disciplines, to gather information to inform predictions of future demand and to identify useful sources of relevant literature and data;
- ii. Review of relevant literature and work carried out to date; and
- iii. Data modelling based on centrally available workforce data and key assumptions, derived from the above review work, for projecting factors affecting supply and demand.

1.4 Structure of this Report

This report sets out the findings of the review of the social services workforce as follows:

- Section 2 – An overview of the context within which the review is taking place, including key policy drivers;
- Section 3 – A breakdown of the current workforce, including current career structures and roles;
- Section 4 – Analysis of the current supply issues being faced with subgroup analysis where appropriate;
- Section 5 – Analysis of the current major demand issues affecting social services and impacting on staff workloads;
- Section 6 – Modelling of the current workforce data to provide a prediction of future need against the projected supply within the workforce;
- Section 7 – Conclusions and recommendations arising from the report.

2. CONTEXT

2.1 Overview

When considering workforce planning for the future a framework needs to be established which can be regularly and easily updated in line with evolving policies and strategies. Therefore, this report represents a starting point from which further work can be taken forward as policies are further developed and new arrangements established.

This section provides an overview of the key policy changes and developments impacting on the provision of social services in Northern Ireland over the next 5-10 year period.

2.2 Priorities for Action 2002/03

‘Priorities for Action’ sets out the Minister’s expectations for the Health and Personal Social Services (HPSS) in the forthcoming year and the overall planning goals and key actions required to secure their achievement. Detailed priorities and actions are given for areas such as health development, primary care, workforce, winter planning and community care, acute hospital services, maternity and child health, the ambulance service, family and child care, care of older people, mental health and learning, physical and sensory disability as well as areas such as estate and IT. These priorities will guide the detailed planning and direction that the service in Northern Ireland will take in the short-term. (The priorities most relevant to this review are listed in Section 5.6)

The longer-term strategies to which these priorities relate are described in the following sections.

2.3 The Review of Acute Hospital Services

The Department commissioned an independent review of the provision of acute hospital services in 2000 and the results were published in June 2001. The Acute Hospitals Review Group report (led by Dr Maurice Hayes) set out proposals for changes to acute service provision which were subject to consultation and review. In June 2002, the Minister for Health, Social Services and Public Safety published ‘Developing Better Services. Modernising Hospitals and Reforming Structures’ which reflects the findings of the Acute Hospitals Review Group and the consultation process, and sets out proposed structures.

The new proposals highlight the significant changes there have been in healthcare needs, changing expectations about how those needs should be met and improvements in the diagnostic and therapeutic techniques available. The key pressures for change are:

- An ageing population requiring increased treatment and care;
- The availability of new medicines and new treatments;

- Advances in medical technology;
- New ways of working;
- More stringent training requirements; and
- Improving standards.

In response to these pressures, the Minister has set out a proposal for healthcare provision in Northern Ireland which aims to balance concentration of specialist acute services, the need for accessibility and the opportunities for decentralisation of services. The proposals are underpinned by closer integration of primary, community and secondary care.

Under the new proposals there would be:

- 9 Acute Hospitals;
- 7 Local Hospitals, 2 of which will be Enhanced Local Hospitals;
- 2 protected elective facilities;
- 9 consultant-led maternity units; and
- 2 pilot stand-alone midwife-led maternity units.

‘Developing Better Services’ recognises that the proposals will result in a significantly increased requirement for staff including, 30% more consultant medical staff, 20% more qualified nurses, 25% more therapeutic staff, 25% more GPs and investment in other staff required to support these increases. It is suggested that while these shortfalls will eventually be met through increased training places, there will be a time-lag while new professionals complete their training. Actions proposed to attract and retain already qualified staff in this period are:

- extending the return to practice initiative from nursing into other professions;
- increasing the proportion of graduates who choose to enter HPSS employment on completion of training rather than other employment sectors;
- developing unqualified staff roles and enhancing their skills by providing additional training;
- using qualified staff from other countries; and
- increasing retention through provision of enhanced professional development and flexible working practices.

These proposals are likely to have a considerable impact on the number of social services staff required to provide the community care underpinning new arrangements as well as continuing to provide social work services in hospitals. This impact has not yet been determined.

2.4 Building the Way Forward in Primary Care

The Programme for Government 2001-2004 made a commitment to replacing the GP Fundholding Scheme with structures which would be more equitable and which

would encourage greater co-operation between primary care providers and other statutory, community and voluntary organisations that can contribute to improving health and wellbeing.

‘Building the Way Forward in Primary Care’ (DHSSPS, 2000) set out proposals for the future of Primary Care beyond the cessation of GP Fundholding. The consultation paper emphasised the vital role of primary care services delivered through GP surgeries, pharmacies, dentists and opticians, and by a wide range of health and social services professionals working within community Health and Social Services Trusts. These professionals are generally the first and most frequent point of contact for the population.

Under the proposals set out in ‘Building the Way Forward in Primary Care’, all primary and community care will be co-ordinated through Local Health and Social Care Groups (LHSCGs), which are due to be established during 2002. It is hoped that the LHSCGs will form the bridge between hospital and community-based health and social care. LHSCGs will be organised around natural geographic boundaries serving populations of between 50,000 and 150,000. Every GP will be a member of a LHSCG and all patients registered with a GP will become the responsibility of the group to which their GP is aligned. LHSCGs will have Management Boards comprising local GPs, nurses, social workers, pharmacists, professions allied to medicine and community and service user representatives. Members’ employment and contractual status would not be altered.

2.5 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.

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; and
- The impact of changes in pay and conditions such as the minimum wage, the Working Time Directive and increased public sector pay awards.
- 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;
- 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.

2.6 Best Practice - Best Care

The April 2001 consultation paper Best Practice - Best Care set out a range of options for ensuring the quality of HPSS services and focused on:

- **Setting Standards** around new procedures, drugs and technologies to improve services and for continuous professional development to improve professional practice;
- The introduction of **clinical and social care governance** to ensuring local accountability for delivery of services;
- Improving **monitoring and regulation** of health and social care services in both the statutory and independent sectors. The regulation of services would be extended to include:
 - statutory homes;

- homes covered by Charters and Acts of Parliament;
- small residential homes for adults;
- supported accommodation;
- nursing agencies;
- schools with boarding departments;
- the private and voluntary healthcare sector; and,
- agencies providing domiciliary care, fostering, adoption, services for under 12s and nursing home care.

A range of new structures and organisations for the implementation, monitoring and regulation of new quality arrangements is currently under consultation.

2.7 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. In Northern Ireland the introduction of Agenda for Change for Social Services will be subject to negotiation with staff side organisations.

2.8 European Working Time Directive

The European Working Time Directive requires that staff should not be working more than 48 hours per week. It also sets out recommendations for compensatory rest after working anti-social hours, and determines what (with regards to on-call) constitutes “work” versus “duty”. It is a current legal requirement for employers to implement the directive in all areas, and with all staff groups. Whilst it is recognised that this has not yet been achievable it is a necessary requirement for all HPSS organisations and their service providers to meet the Directive as soon as possible.

2.9 Northern Ireland Social Care Council

The Northern Ireland Social Care Council (NISCC) was established in October 2001 to take forward the work of the former Central Council for Education and Training in Social Work (NI) or CCETSW and the Training Organisation for the Personal Social Services (NI) or TOPSS. Similar Councils have been established in Scotland, Wales and England.

The NISCC functions are 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 practice;
- Promote education and training for all social care staff; and,
- Regulate social work training to ensure it prepares staff appropriately for the job.

Public consultation on the draft codes of practice developed for social care workers and employers of social care workers was recently completed by NISCC and following consideration of consultee views, the Council will submit the codes of practice to the Department for final approval.

All social care workers will have to be registered to practice and appropriate criteria in terms of qualifications and experience will be set for each staff group. Workers will have to re-register annually and provide evidence that they have maintained and developed their practice in the previous year. Employers will be required to support staff in meeting eligibility criteria for registration and its requirements for continuing professional development. NISCC will have the power to suspend or remove any social care worker deemed unfit to practice and therefore prevent them from being employed in a social care setting.

While the Social work professional qualification will be the requirement to register as a social worker, it is not yet clear what requirements will exist for other social care staff. Work is ongoing to match qualifications to functions and positions. In the early 1990's, the Department estimated that around 80% of social services staff did not have an appropriate qualification and set targets for the achievement of vocational qualifications. Progress has been made towards meeting these targets and statutory sector qualification profiles indicated that up to 40% of social care staff now have vocational qualifications in some Board areas. However, there is still a significant number of staff working in the sector without any appropriate qualification. Therefore, if registration required a qualification from the outset, many staff would be unable to register and continue to practice. Therefore, it is likely that a 'transitional' register will be opened for an introductory period, to enable unqualified staff to obtain a qualification and full registration.

Registration of social care workers will be implemented in phases, with the first phase being the registration of professionally qualified social workers, team leaders, residential childcare staff and heads of residential homes and day centres. This phase will begin in 2002/2003. The rollout timetable for remaining staff groups has not been confirmed.

2.10 New Arrangements for Social Work Training

Social work training arrangements are currently going through a change process and new arrangements are due to come into effect from the student intake in autumn 2004.

There are currently four routes through which professional social work training may be completed in Northern Ireland. These programmes will continue until the new qualification is introduced in 2004. The four routes to obtaining the Diploma in Social Work (DipSW) are as follows:

- **Post-graduate** Diploma in Social Work at Queens University Belfast or University of Ulster (Magee) – a 2-year full time course. Support is provided by the Department in form of a bursary which includes tuition and fees (paid direct to the University), a means tested maintenance grant and expenses associated with placements and childcare;
- **Undergraduate** training at University of Ulster (Magee) – a 4-year full time degree course. The qualification obtained is a BSc Hons Social Work including the Diploma in Social Work. Grant support and fees payment are means tested as with other undergraduate courses;
- **Non-graduate** training at University of Ulster (Jordanstown) – a 2-year full time course. The qualification obtained is a Diploma of Higher Education Social Work including the Diploma in Social Work. Grant support and fees payment are means tested as with other undergraduate courses;
- **Employment Route** – secondment from employer to part-time training over two and a half years. The Department supports the cost to the employer of secondment and the trainee maintains his/her salary for the duration of training.

In addition to the four standard training routes there are 2 pilot trainee social worker schemes running. The first of these was developed to inform the reform of social work student funding arrangements and to address the fall in recruitment to training through the traditional systems and thereby recruitment problems of the Trusts. The second pilot was developed to address the staff shortages associated with the development of children's services as a result of Children Matter. The first pilot started in 2000 and involved 30 trainees and the second began in 2001 and involves 36 trainees. The pilots involve both employment and college based training.

The major change as a result of the review of social work training will be the introduction of a minimum qualification threshold at honours degree level and a mandatory year in employment during which their competence to practice will be assessed. Postgraduate, distance learning and employment-based routes are still under consideration.

Under the new arrangements the Department will assume responsibility for all social work student funding following a re-examination of the current student funding.

3. THE SOCIAL SERVICES WORKFORCE

3.1 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. Figure 3.1 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.

Figure 3.1
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	✓	✓	✓	✓	✓	✓
Daycare	✓	✓	✓	✓	✓	✓
Domiciliary	✗	✗	✗	✓	✓	✓
Probation	✓	✗	✗	✗	✗	✗
NI Guardian Ad Litem Agency	✓	✗	✗	✗	✗	✗
Education Welfare Officers	✓	✗	✗	✗	✗	✗

3.1.1 Professionally Qualified Social Workers

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

- Families and children;
- The elderly;
- People with physical, sensory or learning disabilities;
- People with mental ill-health.

Most social workers are employed in the statutory and voluntary sectors and a small number work in the private sector. The entry qualification for Social

Work is also required to become a Probation Officer, an Educational Welfare Officer and a Guardian Ad Litem.

The Diploma in Social Work (and its predecessor equivalent qualifications) is the qualification requirement for all Social Workers. The four routes through which this qualification can be obtained in Northern Ireland were described in Section 2.10.

On satisfactory completion of qualifying training Social Workers are eligible to apply for practitioner posts and to register for the first stage of post-qualifying (PQ) training. The PQ framework includes Post Qualifying Awards in Social Work (PQSW) and Advanced Awards in Social Work (AASW). Both these awards are based on credit accumulation and can be achieved through completing an accredited training programme (for example the Practice Teaching Award), through work-based learning and the construction of a portfolio or through a combination of both.

PQSW is divided into two parts, Part I being the consolidation of learning during the DipSW and Part II being the development of more advanced expertise and skills. Social Workers can register for the ASQW on completion of the PQSW. The advanced award recognises the achievements of Social Workers who have demonstrated leadership and expertise in their practice.

Accredited training programmes enable specialisation in particular fields of practice. The accredited programmes at the PQSW level are:

- Consolidation Programme;
- Community Care Programme;
- Approved Social Worker Programme;
- Child Care Award Programme;
- Criminal Justice Complex Work Programme;
- Practice Teacher Training Programme

The accredited programmes at the AASW level are:

- MSc in Advanced Social Work;
- PG Dip/MSc in Professional Development within the Community;
- PG Dip in Health and Social Services Management;
- Diploma in Applied Social Learning Theory in Childcare;
- Introduction to Research Methods and Quality Assurance; and
- Advanced Counselling.

With the exception of the Consolidation Programme, Social Workers require two-years practice to register for the PQSW accredited programmes and five-years practice to register for the AASW programmes. While completion of

the PQ and advanced awards provides a basis for career progression, there is no system of pay increases or bonuses linked to the PQ framework.

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;
- Assistance Principal Social Worker (APSW) – 5 years post-qualifying experience; and
- Principal Social Worker (PSW) – 5-7 years post-qualifying experience.

Practitioner rates of pay range from £16,734 at the entry level Social Worker grade to £31,971 at Principal Social Worker grade.

3.1.2 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 clients, providing support in residential units, daycare establishments and in clients' own homes (domiciliary care). A large proportion of the social care workforce is employed by voluntary and private sector organisations, many of which deliver services under contract to the four Health and Social Services Boards.

The main qualifications available for social care are NVQs in:

- Care (Level 2, 3 and 4);
- Caring for Children and Young People (Level 3);
- Diagnostic and Therapeutic Support (Level 3); and
- Promoting Independence (Level 4).

Employers are increasingly stipulating NVQ Level 2 in Care or equivalent as a minimum entry criterion for social care posts, but for many such jobs, 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 daycare workers are paid on an hourly basis. Hourly rates range from minimum wage (£4.20 per hour) up to around £6 per hour.

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.

3.2 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, 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.

3.3 Statutory Sector

3.3.1 DHSSPS Human Resources Management System

All HSS Trusts provide a download of their combined payroll and personnel systems to the Department on an annual 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/speciality;
- Grade;
- Trust;
- Age;
- Gender; and
- Part-time/Full-time working.

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);
- Unqualified Social Workers and Social Work Assistants;
- Care Staff in Daycare 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 excluded domiciliary care from its analysis on the grounds of data quality.

The dataset compiled from HRMS for this exercise produced the workforce figures in Table 3.1.

Table 3.1

HRMS Workforce Figures (Headcount)

Senior Management	64
Management	207
Total Management	271
Senior Social Worker	471
Senior Practitioner	12
Social Worker Qualified	1,617
Total Social Work Practitioner	2,100
Social Worker Unqualified	173
Social Work Assistants	338
Care Staff (Day)	712
Care Staff (Residential)	452
Total Social Care	1,675
Rehab Workers for Blind	26
Workforce Total	4,072

Source HRMS September 2001

The HRMS dataset provides information on the age and gender breakdown of each staff group. This is summarised in Table 3.2.

Table 3.2
Age, Gender and Part-Time/Full-Time Breakdown of Social Services Staff

Age Groups	Management	Qualified Social Workers	Social Care Workers	Rehab Workers
25 and Under	0%	2%	4%	0%
26 - 29	0%	9%	11%	8%
30 - 34	4%	16%	16%	19%
35 - 39	13%	21%	17%	12%
40 - 44	24%	21%	15%	23%
45 - 49	26%	16%	13%	12%
50 - 54	18%	9%	12%	4%
55 - 59	10%	5%	8%	19%
60 - 64	5%	2%	3%	4%
65+	0%	0%	0%	0%
Total	100%	100%	100%	100%
Female PT	31%	62%	55%	54%
Female FT	62%	19%	16%	27%
Male PT	6%	19%	26%	19%
Male FT	1%	1%	2%	0%

Source: HRMS (September 2001)

This data indicates that the workforce is predominantly female and, with the exception of Rehabilitation Workers for the Blind, generally quite young.

3.3.2 Training Support Programme Applications

Data has been provided from the Applications made by each Board for the Department's Training Support Programme which provides funding for education and training of social services staff. The applications require Boards to detail the social services workforce employed by each respective Trust and their qualification profile. The forms provide a snapshot of staff in post (headcount rather than whole time equivalent) as at 1st February 2002.

The definition of Social Services Workforce used in the applications comprises:

- Care Assistants;
- Day Care Workers
- Family Aids;
- Family Support Workers;
- Community Workers;
- Rehabilitation Workers for the Blind;

- Deputy Officers in Charge;
- Officers in Charge;
- Heads of Homes;
- Social Workers;
- Project Workers;
- Care Managers;
- Senior Practitioners;
- Senior Social Workers;
- Assistant Principal Social Workers;
- Principal Social Workers;
- Programme Heads;
- Directors;
- Chief Executives;
- General Managers;
- Training Staff.

It does not comprise Domiciliary Care Workers who are counted separately or fostercarers, childminders, volunteers, administrative, clerical and general ancillary staff, or early years workers who are not qualified Social Workers.

Table 3.2 sets out the number of social services staff in the statutory sector according to this data source.

Table 3.2

Training Support Application Workforce Figures (Headcount)

	EHSSB	NHSSB	WHSSB	SHSSB	Total
Practising Social Workers	713	389	306	268	1,676
Social Work Management	272	162	89	125	648
Domiciliary Care	1,659	1,468	1,628	2,109	6,864
Other Social Care	1,408	648	614	429	3,099
Other Social Care Management	231	145	65	65	506
Total Social Services Workforce	4,283	2,812	2,702	2,996	12,793

Source: NISCC February 2002

This is the most complete data set available in terms of coverage of the range of social services jobs, but it does not provide the information on age, gender, and working patterns necessary for workforce projections.

3.3.3 NISCC Workforce Plan for Social Workers

NISCC published a Workforce Plan for Qualified Social Workers in March 2002. The plan was based on a survey of the statutory bodies employing qualified social workers (Community HSS Trusts, PBNi and other Criminal Justice Establishment, Educational Welfare and the Northern Ireland Guardian Ad Litem Agency, NIGALA) and a sample of voluntary sector employers. Workforce data returned reflected headcount of practitioner grade social workers at March 2001 and provided the following figures.

Table 3.3
**NISCC Workforce Plan - Practitioner Grade Social Workers
(Headcount)**

HSS Trusts	1459
Criminal Justice	176
Education Welfare	65
NIGALA	39
Total	1739

Source: NISCC 2002 (Figures as at March 2001).

3.4 Voluntary and Private Sectors

There is little information about the social services workforce in the voluntary and private sectors.

NISCC in partnership with the Voluntary Organisations Forum (VOF) and the Northern Ireland Council for Voluntary Action (NICVA) undertook a scoping study in 2002. '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 rather than social care as defined by 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 2,500-3,000 voluntary sector employers to be disaggregated into social care as opposed to community development.

If a conservative estimate of fifty per cent is taken and the average number of employees found in the survey is applied, there are an estimated 19,500 social care staff employed in the voluntary sector (50% of 3,000 times average of 13 staff per organisation).

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 Registration and Inspection Unit maintains data on the number of private

sector residential and children's homes but since private sector domiciliary and daycare providers are not required to register with the R&I Unit no information is collated on this provision.

A very high level estimate of the number of people working in voluntary and private sector social services can be obtained by subtracting statutory sector employees from the number of employees in this industry group as a whole. The Northern Ireland Census of Employment (DETI, 1999) records the number of employee jobs by Standard Industrial Classification (SIC). The number of employee jobs in the category Health and Social Work in 1999 (the date of the last Census of Employment) was 94,006. Of these, 35,216 fell into the sub-category Social Work Activities. The Training Support Application figures in Section 3.2 above which provide the most complete estimate at this point of social services staff in the statutory sector, suggest that around a third of these are accounted for by statutory sector employees. Therefore, it is estimated that there are some 23,000 in the voluntary and private sector workforce. No information is available on the age breakdown within this sub-category, but a gender and part-time/full-time split is provided in the Census of Employment. The breakdown is as follows:

- Male – 14%;
- Female – 86%;
- Part-time – 61%;
- Full-time – 39%.

3.5 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. The Training Support Programme Application figures have been used as the base population for the statutory social services workforce complemented by trend data from HRMS. The estimated total number working in the private and voluntary sectors is the figure quoted above of 23,000.

4. KEY ISSUES - SUPPLY

Set out below are the key supply issues raised during stakeholder interviews and focus groups in relation to recruitment and retention within the Social Work and Social Care areas of the workforce. Both groups within the workforce raised many similar issues. Comments represent the perceptions and experiences of those consulted during the review.

4.1 Social Work

4.1.1 Professional Social Work Training

The number of people applying for professional social work training courses has declined nationally in recent years. Between 1996/97 and 2001/02, an average of 172 trainees per year or 1,031 in total completed professional social work training in Northern Ireland. These figures are shown in the table below.

Table 4.1
Number Completing DipSW 1996-2002

Intake Year	Outturn Year	Number Qualifying
94/95	96/97	187
95/96	97/98	183
96/97	98/99	187
97/98	99/00	177
98/99	00/01	188
99/00	01/02	109

Source: NISCC (Includes all training routes)

NOTE: 2001/02 OUTTURN FIGURE TO BE CONFIRMED BY NISCC

There was a significant decrease in the number of students enrolling for the full-time non-graduate course in 2000. Only 24 trainees enrolled that year compared to an average of 40 in previous years. The decrease has been attributed to the level of financial support available to students undertaking the course. Those seeking to enter the profession via the non-graduate route tend to be mature students seeking a career change. Many have families and existing financial responsibilities. University of Ulster reports that the current support arrangements for this entry route can be off-putting to prospective students.

A high proportion of students on all of the college-based training courses (even those on the DipSW course which attracts a bursary) are required to work part-time on top of their studies and practice placements. University of

Ulster reports that financial difficulties have led to a small number of students dropping out of its non-graduate course altogether.

NISCC figures show that between 1996/97 and 1999/00, there was an attrition rate of between 4 and 8.8 per cent or 6.75 per cent on average.

The new arrangements for social work training will involve completion of a three-year, full-time degree followed by a pre-registration year in practice during which trainees' competence to practice will be assessed. Key informants expressed concern about how the pre-registration year will be supported in the service. Many Trusts already find it difficult to meet the number of placements required of them as social workers are reluctant to take on the role of Practice Teacher. There was a perception that new arrangements will require many more practice teachers.

Current arrangements for financial support for the Practice Teacher system are not perceived to be effective. The Department provides some financial support to the provider to cover the amount of time spent by the Practice Teacher in supporting students. It is felt that the sum is too little to enable someone to be employed part-time as backfill for the Practice Teacher so some Trusts are giving the payment directly to them as a bonus. While this solution may encourage social workers to take on the Practice Teacher role it does not address the issue of reallocation of a component of his/her caseload.

4.1.2 Recruitment & Retention

Consultation suggests that recruiting social workers has been particularly difficult in certain areas and for certain types of posts. These include temporary posts and senior posts, voluntary sector childcare and youth justice and residential childcare. One statutory children's home recruited unqualified staff and trained them as it could not get qualified staff for its vacancies. Most of the key informants indicated that they had current vacancies and recent experience of a very poor response to advertisement. Some social workers also complained that there are delays between posts becoming vacant and being advertised resulting in increased workload for remaining members of a team.

Northern Ireland employers are competing with Republic of Ireland (ROI) employers for social work staff at all grades, but in particular for newly qualified social workers. Advertisements regularly appear in Northern Ireland newspapers for qualified social workers in ROI. These posts offer a higher salary than in Northern Ireland and are a particular threat in the border regions.

For most employers however, low retention rates have had a more serious impact than recruitment problems. This is particularly true of residential childcare and family and childcare teams. For example, in one voluntary sector focus group, one participant reported that around 10 social workers had come and gone from the organisation in which she works in the last two years and another had advertised four times for social workers in the last year. Retention rates are reportedly higher in other programmes of care.

Variation was evident between rural and urban settings, in that it tends to be easier to recruit for posts in urban than in rural areas but turnover rates are higher.

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. Unfortunately data on the flows between sectors is not maintained.

Typically, newly qualified social workers start their careers in family and childcare or residential childcare 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.

Many residential social workers moved from the statutory to voluntary sector when Boards contracted these services out during the 80s and 90s. However, this trend has slowed recently and there has been some movement back into the statutory sector again following the closure of some voluntary residential units.

Employers in both the statutory and voluntary sectors have made attempts to enhance their offering to social workers to try to fill vacancies and improve retention. Steps taken have included:

- an aggressive approach to recruitment, using a range of newspapers and journals, and targeting students on the social work training programmes;
- advertising in national press to target professionals from Northern Ireland working in GB who might want to return to practice here;
- encouraging students already on placement with them to consider taking up positions on completion by offering enhanced supervision and support and by offering more placements overall;
- providing an enhanced induction programme involving a welcome from senior staff within the Trust and more opportunities for the new staff to familiarise themselves with the team before taking on a full caseload;
- generating positive local public relations by issuing a press release and inviting local newspapers to a welcome event for new recruits; and
- offering enhanced starting salaries or ‘golden hellos’ (a starting bonus).

4.1.3 Salary, Terms and Conditions

There is a view that social worker salaries have fallen behind similar professions and that they are not commensurate with the level of responsibility they have and the risks associated with the job. Entry salaries are broadly in line with those for similar professions, but reward for

experienced Social Workers is limited in comparison with other health and social services professions.

The basic starting salary for a newly qualified social worker is £16,734 (DHSSPS, 2001 Pay Circular) compared to:

- A newly qualified nurse (Grade D) who starts at £16,005 (DHSSPS 2002);
- A Clinical Psychologist (Grade A) who starts at £17,078 (NHS 2002);
- Teachers who start at £17,001 (unless they hold a 2.2 at honours degree level in which case they start at £16,038) (DE 2002); and
- Police constables who stand to earn £19,842 after initial training (PSNI 2002).

Post qualification, salary levels for practising Social Workers are as follows (2001 figures):

- Social Worker - £16,734 to £24,072;
- Senior Social Worker - £24,072 to £26,310 (requires around 3 years post-qualifying experience);
- Senior Practitioner – as Senior Social Worker but with additional points to £27,003 for those working on average 10% of their hours at weekends (requires around 3 years post-qualifying experience);
- Assistant Principal Social Worker - £26,310 to £29,133 (requires around 5 years post-qualifying experience); and
- Principal Social Worker - £29,133 to £31,971 (requires around 7 years post-qualifying experience).

The maximum salary within ‘practitioner’ grades (Social Worker and Senior Practitioner) is therefore between £26,310 and £27,003. Nursing pay scales are similar up to the first management grade (Grade G Sister/Charge Nurse), which attracts a salary of between £22,385 and £26,340. However, there is greater scope for career progression within practice in nursing than in Social Work, with the availability of Nurse Specialist (Grade H and I) and Nurse Consultant positions. The latter are involved in direct patient care for at least 50 per cent of their time and carry out research, education and development activity for the remaining time. Salaries for these posts are well in excess of the practitioner grades within Social Work:

- Nurse Specialist Grade H - £25,005 to £29,065;
- Nurse Specialist Grade I - £27,695 to £31,830; and
- Nurse Consultant - £33,940 to £46,675.

Similarly, while remuneration for Clinical Psychologists in the lowest Grade A position is only slightly higher than for newly qualified Social Workers, it extends to a considerably higher level. The top of the Grade A scale is £38,919 and the Grade B scale goes from £37,421 to £62,312.

There is no differentiation between rates of pay for different areas of social work. While some consider that work that is perceived to carry higher risk and greater personal responsibility should be rewarded at a higher rate, many are of the opinion that salary differentiation would be divisive and would have a negative impact on the profession as a whole. Rather they suggest that a higher level practitioner grade should be used for more complex, higher risk cases.

Salaries offered by voluntary sector organisations are generally equivalent to those in the statutory sector to enable them to compete for staff. However, terms and conditions may vary, for example holiday entitlement may be lower and contracts may be fixed-term rather than permanent. Voluntary sector organisations reported difficulties in recruiting more experienced staff because they are unable to offer equivalent pension arrangements to those in the statutory sector.

As noted above, some employers have offered higher rates of pay for entrants into the profession taking up posts or 'golden hellos' to new recruits. This is evident in residential childcare and youth justice.

As regards terms and conditions, variation was reported between Trusts and even between teams in the same Trusts in terms of the way in which social workers are recompensed for overtime hours they are required to work. Some are paid at normal or enhanced rates while others are offered time in lieu.

4.1.4 Career Progression and Post Qualifying Development

Consultees reported difficulties in moving between programmes of care once qualified and limited opportunities for career progression within professional practice.

Social workers can feel tied to a particular area of work at an early stage of their career. There was support for the provision of more opportunities for secondment to other teams or sabbatical leave to pursue further training or research. However, these periods of absence would have to be backfilled appropriately to ensure other staff do not suffer as a result of increased workload.

The social work career structure provides very limited opportunities for senior roles that still allow client contact. Most Social Workers progress to the Team Leader (Senior Social Worker) position. However, this role is seen as unattractive because of the loss of client contact and the relatively small pay increase it carries compared to the increased level of responsibility. There is only £621 difference between the bottom of the Team Leader scale and the top of the Social Work scale and Team Leaders tend to do less mileage than Social Workers so accrue fewer expenses. The Team Leader post does however provide general management experience, which enables holders to qualify for positions outside of their current area of work.

In addition, there is low turnover among the senior management grades so there tend to be few vacancies for positions above Team Leader. In residential settings opportunities for progression are perceived to be even poorer as turnover at Head of Home level tends to be very low.

A new Senior Practitioner post was introduced to enable Social Workers with considerable experience to maintain a client facing role and provide specialist support to less experienced practitioners. The post is positioned at the same point of the scale as the Senior Social Worker post. However, there has been some variation in the way in which the Senior Practitioner grade has been used by Trusts and not all Trusts have introduced Senior Practitioner Posts. There is therefore potential to improve the use of this role and to develop more advanced level practitioner posts in the same way that senior nursing practice posts have been developed. Development of senior and advanced practitioner grades could contribute to retention of experienced Social Workers in practice.

A national post-qualifying (PQ) awards framework exists for social work, but completion of PQ training is not directly associated with career structure and there is currently no requirement for Social Workers to undertake training and development following qualification. However, it is likely that a minimum amount of continuous professional development (CPD) will be required in order to maintain registration with the NISCC.

Newly qualified social workers are expected to complete the PQ1 award within two years of qualifying but, while many start the award only some actually complete it within that timescale. It is felt that there is little incentive to undertake post-qualifying training and courses as they are not linked in any systematic way to career progression or reward. For example, there are no arrangements for additional salary points on completion of training as in other professions, for example the 'responsibility points' used for teachers and the increments now available to nursing auxiliaries on completion of NVQ Level II and III in Care.

Uptake of post-qualifying awards and in-house training has been low in recent years and those that do enrol often defer or cancel due to workload pressures. Working in small teams exacerbates the problem because it makes it more difficult to release people for training, particularly if another team member is absent due to illness. There is a sense that dropping out of a planned training event is almost inevitable.

One of the awards in the PQ framework is the Practice Teacher award. Reluctance to undertake this qualification reduces the capacity to provide student placements.

The residential social workers consulted feel that there is limited training provision relevant to their work and that training tends to be practically difficult for them due to the mismatch between the hours in which courses are delivered and the shift patterns in which they work.

4.1.5 Professional Status

Almost all of those consulted during this review perceive a lack of esteem for the social work profession, both from an internal (other health and social services professionals) and external perspective (public perception).

Social workers increasingly practice in multi-disciplinary teams and with the proposed development of primary care services this trend is likely to

continue. They are concerned that the healthcare professionals in these groups are afforded greater respect, with the social work contribution being undervalued. There is also concern around social workers being managed by other professionals within a multi-disciplinary team. In these situations a third party social worker from outside the team is required to provide supervision. This situation is perceived as potentially damaging to the status of the profession.

Focus group participants were concerned with the negative public view of social work, which they attributed to high profile instances of, for example, child abuse, where the role of the social workers involved has been put under intense public scrutiny. With the exception of the recent advertisement campaign that sought to attract people into a social work career, focus group participants were unable to name any other positive public relations associated with the profession. It was felt that the public does not understand the range of services that social workers provide.

It is hoped that the NISCC can have a positive contribution in terms of raising the professional and public status of social work above current levels.

4.1.6 Volume and Nature of Work

Discussion in this area focused on:

- The challenges faced by social workers in terms of the volume and complexity of cases each social worker has to deal with and the associated levels of risk;
- Changes to social work practice as a result of recent legislation; and,
- The impact of both these factors on practitioners' stress levels and absenteeism.

There is currently no generally accepted systematic means by which to measure or manage the number and type of cases each social worker has, so it is not possible to assess any change in caseload objectively as part of this review. However, social workers reported that the number and complexity of cases they deal with has increased along with the level of personal responsibility and risk they carry. This was particularly evident in Family and Childcare where social workers have a statutory child protection responsibility and in residential settings where social workers have 24-hour responsibility for children in their care. Both these groups also raised the issue of verbal and physical violence inflicted on social workers by clients or clients' families.

As noted previously, many of those working in these settings are the most inexperienced social workers, some of whom may not even have had a practice placement in the area in which they have secured a post. There is limited capacity within these teams to support progressive introduction of new staff and they tend to feel they have been "thrown in at the deep-end".

Recent legislative changes, most notably the Children Order, have resulted in greater regulation, control, record-making and administration. The time

family and childcare social workers spend preparing for or attending court hearings has increased substantially and is the subject of a current review by the Children Order Advisory Committee. IT equipment (for example laptop computers) is not always available to support administration activity.

Consultees complained that as a result of these additional administrative requirements, they have no time to “do social work”, that is, the sort of therapeutic and client support that went into the profession to provide. They feel they simply respond to case crises rather than being a position to manage their caseload more proactively. Many social workers take paperwork home so they can spend as much of their working day as possible on client contact.

Resource provision for Family and Childcare teams in Northern Ireland Trusts has been the subject of industrial action within the last twelve months. Both North and West and Foyle Trusts have increased staffing resources following the completion of independent reviews of childcare provision.

The voluntary sector seems to be perceived as being less bureaucratic, offering more opportunities for client contact and therapeutic intervention. Social workers in voluntary sector organisations reported having more autonomy, more flexibility to try new approaches, less regulation and less public scrutiny. Also, focus group participants felt that voluntary sector positions evoke a much higher level of respect from the public than statutory social work positions.

Absenteeism among social workers was not reported to be a significant problem in the voluntary sector agencies with whom we consulted, but was considered to be a growing difficulty in the statutory sector.

While motivation levels are reportedly high among newly qualified social workers, they quickly become de-motivated and cynical as a result of the heavy workload and high levels of personal responsibility they continuously face. This can have an impact on health and lead to absenteeism or loss of staff. NIPSA reports that people tend not to go on sick leave at an early stage of illness as they have concerns that their workload will simply increase in their absence. Rather they wait until their illness no longer allows them to continue working and often require more time off as a result. This view was echoed by focus group participants. Absence of one or more staff members due to illness puts further pressure on remaining staff who may have to cover their caseload.

Social workers participating in focus groups felt that the workload and stress in Family and Childcare results in staff losses and the reputation of this area of work means that only the newly qualified social workers keen to begin practice will consider filling vacancies. The view was expressed that Trusts need to pay attention to health of workforce to ensure that absenteeism and related staff turnover does not increase further.

While counselling services are available to many working in the statutory sector through Occupational Health, focus group participants reported being reluctant to use the service in case they are perceived as less than competent by peers and managers. In addition, they considered there are insufficient

opportunities for peer support and development, for example through regular discussion groups.

Some employers are considering introducing more formal workload management systems that will restrict the number of cases each social worker has. Consultees were ambivalent with regard to this issue. While some cannot countenance the idea of waiting lists for social work clients, others consider that each social work team can only provide a service to a finite number of clients without incurring increased risk and personal stress.

4.1.7 Working Hours and Work-life Balance

The requirement to provide 24-hour cover in residential settings results in shift working patterns, which are not attractive to everyone. Many find the pattern of night working and on-call shifts disruptive to their lives outside work and will seek positions where '9 to 5' working is the norm after a relatively short period. Working hours is considered to be one of the key factors relating to staff turnover in residential care.

Employers have not yet fully addressed the impact of the European Working Time Directive on residential and other social services where out of hours or on call services are provided but will be required to do so as soon as possible.

Employers reported some increase in requests for different working arrangements and this trend is expected to continue as a result of the predominantly female workforce in social work and European trends towards greater work-life balance. It was felt that while the number of formal applications was still quite low, a demand for alternative working patterns does exist. Most Trusts react to formal applications on a case by case basis and try to come to an arrangement that meets the needs of the service and the individual concerned. There was some perception among social workers though that employers did not always replace the hours lost due to, for example, term-time working or extended maternity leave.

Flexible working patterns and other work-life balance policies are recognised as a key element of an attractive package employers could establish to encourage people into the profession and increase retention.

4.2 Social Care

4.2.1 Recruitment and Retention

While many organisations employing social care staff have a highly stable core group of staff they suffer from quick turnover of the remainder who tend to be younger, less experienced staff, perhaps on the first rung of the career ladder. In some organisations the stable group consists of older staff so succession planning is an issue.

There are difficulties in filling vacancies across the social care sector in domiciliary, residential and daycare provision, and in the statutory, private and voluntary sector. Many providers have constant advertisements placed with jobcentres and regularly use agency staff to meet staffing requirements.

Recruitment difficulties seem to be most significant in domiciliary care in the statutory sector, and recruitment of care staff is also a growing problem care for residential units (in all sectors) and early years childcare. There are fewer difficulties recruiting into daycare.

It can be even more difficult to recruit social care staff in rural settings where there is a smaller pool from which to attract candidates. Employers in urban areas (Belfast in particular) tend to attract social or health care students and graduates seeking work experience. However a high turnover rate is associated with these recruits.

There is concern that the quality of provision may suffer because of staff shortages and the poor calibre of applicants.

The key issue with regard to attracting people into the sector is competition with work perceived to be cleaner, less challenging, at least as well and generally better paid and usually requiring limited experience or qualifications. Social care employers are often competing with retailers, commercial firms and call centres for staff.

Recruitment and retention difficulties have prompted reviews and changes in terms and conditions. Employers have tried to encourage people into the sector and create loyalty by introducing:

- Loyalty bonuses – increase in hourly rate and holiday entitlement for long serving employees;
- Higher rates of pay; and
- Improved provision of training and development opportunities.

4.2.2 Nature of Work

Social care work encompasses a broad spectrum of activity in residential, daycare and domiciliary settings. Care workers could be providing:

- domestic services – for example, preparing light meals or cleaning in a clients home;
- personal care services – for example, washing and changing adults in their home, a residential home or in a daycare centre, or caring for young children in a crèche;
- healthcare services – for example, changing dressings and providing stoma care; and
- social, emotional, educational or vocational support – for example, delivering a programme of activities in a daycare centre or residential home, supporting disabled young people to attend college or providing vocational training for adults with mental ill health.

Activities therefore range from general tasks requiring little training to tasks where specialist skills and knowledge are required, which may previously have been undertaken by professionally qualified social workers, nurses or health visitors.

The demand for community and residential care has increased substantially due to demographic, medical and political factors. People live longer and can live out of hospital with more severe medical conditions than was the case previously. Government policy has favoured increased community care and decreased hospital-based provision for non-acute cases.

Social care has become more complex and physically challenging than before because of the nature of clients' physical conditions. Other factors also make many social care roles difficult. For instance, staff providing home care are unsupervised and operating in a relatively high risk situation in terms both of risk to clients and themselves. Care workers in residential children's homes face many of the same stresses as residential social workers in that setting, with respect to 24-hour working patterns, risk from physical harm and verbal abuse.

Despite the challenging nature of social care work, staff perceive that there is little respect for their role both from the public, and from social and healthcare professionals. There is a perception that they assume all social care workers simply provide domestic services.

Although team working has been introduced for some domiciliary care workers, others still work alone, with little contact with colleagues. These workers suggested that more time should be allowed for staff development and support through team meetings.

4.2.3 Pay and Conditions

The hourly rate of pay for social care workers is usually close to minimum wage. Consultees considered that this rate does not always reflect the complex and difficult nature of much of the work undertaken.

Rates of pay are reasonably consistent within sectors but there can be large differences in the hourly rate paid by statutory and private sector providers (as much as £1/hour). Community based employers can also pay poor rates (for example, community based crèche provision). Voluntary sector pay rates are generally equivalent to statutory rates.

Terms and conditions also vary between the statutory, voluntary and private sectors. Statutory sector conditions are generally perceived to be most favourable whereas, private sector conditions are seen to be poorest; with staff often receiving little or no enhancements for overtime, weekend, nightshift or holiday cover. Private sector agencies providing care staff to other providers may not provide any holiday or sick pay for their workers. While voluntary sector care staff perceive that terms and conditions in the statutory sector are better some consider the higher level of morale in the voluntary sector offsets any financial disadvantage.

There is no clear differentiation in pay and conditions based on the type of care provided. Residential childcare staff feel that their work deserves a higher rate of pay commensurate with the level of responsibility they have for clients. Also domiciliary care staff feel there should be differentiation between those providing personal care and those providing domestic care services. Focus group participants were keen to emphasise that while it

important to ensure remuneration is consistent with the work undertaken and equitable across similar jobs, salary is not the most important factor with regard to retention. Social care workers who stay in the sector are motivated to care for others and develop a commitment to their client group.

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.

Social care workers in the voluntary sector may be employed on short-term contracts consistent with the pattern of funding in this sector. This has an impact on staff retention as many will seek permanent employment contracts in favour of fixed-term. It also affects morale within the organisations.

Car ownership is an essential requirement for domiciliary care workers. Focus group participants complained that the travel expenses paid were insufficient and that there was no allowance for the higher cost business insurance required.

4.2.4 Working Hours and Working Time Directive

The social care staff in residential settings provide 24 hour / shift working patterns which are unattractive to many and are linked to staff turnover.

Domiciliary care workers work a variety of patterns, including the traditional 7 day patterns where the worker provides a small number of hours every day and therefore does not regularly have days off. Many domiciliary care workers now work over a five-day period and therefore have two days off every week. This is considered preferable by the workers.

Working hours are less problematic in the day care setting where social care staff generally work a set number of hours per day on a Monday to Friday basis.

There are issues with regard to the impact of the Working Time Directive on social care staff, particularly those working in shift patterns and providing 24-hour cover. Some staff in private and voluntary sector organisations are being asked to opt out of the Working Time Directive, but consultees expressed concern about this, wondering how informed their decision is and whether they are in a position to refuse given their dependence on managers' goodwill regarding allocation of hours.

4.2.5 Training and Career Progression

While many employers now seek an NVQ Level 2 in Care from new recruits to social care jobs, this is often a desirable rather than essential criterion and work experience is generally accepted as an alternative.

NISCC will set the qualification standards for social care workers but the process of matching qualifications to the diverse range of social care posts has not been completed as yet. It is anticipated that NVQ Level 2 in Care will be the registration requirement set for social care workers.

The social care workforce is provided with variable levels of training. Some staff may only receive basic induction training whereas some employers have comprehensive staff appraisal and development systems that allow staff to undertake further training and qualifications. A number of focus group participants reported having undertaken NVQ training at their own expense. Employers providing training opportunities perceive benefits in terms of workforce motivation and staff retention and hope to pre-empt the anticipated requirement for qualifications when registration is introduced.

The Department estimated in the early 1990's that 80% of social services staff did not have a relevant social care qualification and therefore set training targets for employers. While good progress has been made towards meeting these targets, there is still a large number of staff within the Social Care element of social services without an appropriate qualification. In view of the levels of unsupervised contact these staff have with clients and the responsibility they have for their wellbeing there is great concern over this situation.

Consultation suggested that students and assessors had concerns regarding NVQs, including:

- The amount of time required to undertake them and to assess trainees in the workplace and therefore the reluctance of some staff to undertake them;
- They are perceived as inflexible with regard to applying them to individual work settings and required competencies;
- Candidates presenting for vacancies who have appropriate NVQs cannot always demonstrate the competencies required for the job;
- There is no allowance for the years of experience staff may already have;
- They require a certain level of literacy skills which not all employees will have; and
- They involve costs in terms of assessor time, time out for trainees and registration.

Service providers are working under contracts or with programme budgets which generally do not include training costs. There are concerns about the capacity to support the costs associated with training a very large number of staff in the event that NISCC registration makes vocational qualifications a requirement. These costs could not be supported within programme budgets.

There is no established career structure for social care workers as a whole. Opportunities for progression vary from employer to employer and within different settings. There are generally better career progression opportunities in residential care and daycare than in domiciliary care. Staff in residential and daycare setting can progress to senior care assistant/daycare worker posts and deputy manager posts but turnover is low in these positions so opportunities can be rare. Some social care staff in residential care and daycare settings also have opportunities for secondment to complete

professional social work training through the employment route. In 2000/01, 78 social care staff registered for the employment based training course (NISCC). This enables them to progress to Head of Unit positions or to move to other areas of practice. However, focus group participants from voluntary sector providers reported their perception that it is very difficult to get a place on a social work training course due to high levels of competition.

Consultees were of the opinion that a formal career structure should be developed which spans the continuum of social care work from entry level care positions, through senior care positions reflecting experience and qualifications, to management positions and professional social work. They considered that a better career structure would have positive impact in terms of recruitment, retention and service quality.

5. KEY ISSUES – DEMAND

Those participating in the interview and focus group programme identified the following key demand issues.

5.1 Meeting Current Needs

Priorities for Action 2002/2003 reports a “substantive increase” in the number of people waiting for community care services and 433 care-managed patients delayed in hospital at the end of November 2001 due to the pressure on limited follow-up care resources in the community. This is only one area in which there is unmet demand - consultation during this review reported pressures on social services across the spectrum.

5.2 Demographic Change

The number of people needing care is set to increase as medical techniques and improved living standards lead to greater life expectancy. A growing number of elderly people could increase demand for health and social services in general and the demand for specialist services associated with medically complex cases could increase. In addition the trends towards smaller family units and greater mobility may also reduce the number of people available to assume the role of carer.

5.3 Skill Mix and New roles

Consultation suggested that in some areas there are opportunities to develop new roles and to differentiate roles to meet some of the current demands on social services staff time. Examples of newly developed positions include Contact Officers who supervise contact between parents and children subject to court orders and Court Officers who provide support services for court appearances relating to social work cases. Generation of positions in these and other areas could assist in meeting the demands placed on Social Workers.

5.4 CPD Requirements Following State Registration

While no requirement has been stipulated by NISCC for CPD as yet, consultees predict that in order to maintain registration, social care staff will be required to undertake a certain amount of training and development every year. For social care staff without appropriate qualifications, there will be a requirement to actually obtain them. It is expected that employers will have to bear much of the cost in terms of staff time (of both the trainee and the supervisor or assessor) associated with an increased focus on qualifications and CPD.

5.5 New Social Work Training Arrangements

The new arrangements for Social Work training will require all those who have completed the degree course to complete an assessed pre-registration year. The number of places available for Social Work trainees is also set to increase. Both of

these developments will increase demand for student placements, supervision and assessment.

5.6 Priorities for Strategic Service Development

The range of strategic policy reviews to which the Health and Personal Social Services in Northern Ireland currently underway were described in Section 2. Priorities for Action acts as an action plan for these strategic developments by stipulating the agreed actions for each year. The priorities set out in the 2002/3 paper which are most relevant to this workforce planning review are listed below.

5.6.1 Family and Childcare Developments

- An additional 52 residential childcare places between August 2001 and March 2003;
- Development of Phase II of the Children Matter Taskforce plan by October 2002;
- An additional intake of 36 trainee social workers by March 2003;
- An additional 15% practice placements to meet the needs of additional Social Workers;
- Consolidation and improvement of fostering services and implementation of SSI recommendations following the review of adoption services;
- Development of links between residential homes and schools and provision of educational support services for looked after children by September 2002;
- Provision of leaving care services by March 2003;
- Development of solutions to meet the needs of severely disabled children who could be cared for at home.

5.6.2 Care of Older People

- Community support for an additional 1,000 people to facilitate their return to independence and reduce the need for residential and long-term nursing home care;
- Reduce inappropriate admissions to hospital and reduce the number of people remaining in hospital after they have been assessed as medically fit to leave;
- Development of flexible respite services for carers by March 2003.

5.6.3 Mental Health

- Development of Assertive Outreach services for people with severe mental ill health in the community, with an overall goal of supporting 1,000 people in community settings by March 2003;

- Resolution of workforce issues to enable the provision of the 10 adolescent psychiatric beds from June 2002.

5.6.4 Learning Disability

- Development of community based services for people with disabilities in the community, with an overall goal of supporting 1,000 people in community settings by March 2003;
- Continued implementation of the programme of re-settling long-stay hospital patients with a learning disability.

5.6.5 Physical and Sensory Disability

- Development of a range of services for people with a physical or sensory disability or brain injury, with an overall goal of supporting 1,000 people in community settings by March 2003;
- Development of the Regional Acquired Brain Injury Centre according to the agreed implementation plan;
- Development of the range of therapy provision to reduce waiting times (children and adult services).

Implementation of these priority areas has the potential to significantly increase the demand for human resources in social care.

6. DATA MODELLING

6.1 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 domiciliary care workforce. 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.

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

- Practising Social Workers;
- Social Work Management;
- Domiciliary Care;
- Other Social Care;
- Social Care Management.

It has been possible to provide greater detail in the model for professionally qualified Social Workers than in the other models.

The impact of high level demand factors has been modelled for voluntary and private sector social care workers as one 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 HRMS data, feedback from key informants, the NISCC Workforce Review and national workforce figures. The assumptions were agreed by the Steering Group are set out below for each group.

6.2 Modelling Assumptions - Statutory Sector Models

6.2.1 Workforce Population

The base population used for the statutory sector social services workforce modelling is the data collated by NISCC for the Training Support Programme Applications as this data source provides the most complete and up-to-date estimates of the workforce for the purposes of this review. The population is summarised in Table 6.1.

Table 6.1
Statutory Sector Population Used in Workforce Models

	Total
Practising Social Workers	1,676
Social Work Management	648
Domiciliary Care	6,864
Other Social Care (excl. Domiciliary Care)	3,099
Social Care Management	506
Total Social Services Workforce	12,793

Source: NISCC February 2002

6.2.2 Retirements

The following average retirement ages are based on information gathered by the Department (HRMS snapshot for September 2001) on current retirement trends:

Management	57 years
Qualified Social Workers	55 years
Social Care Workers	55 years

The Management average of 57 years has been applied to the Social Work Management and Other Social Care Management models. The Social Care Workers average of 55 years has been applied to the Domiciliary Care and Other Social Care Models.

Age information for each staff group was only available from HRMS in five year age bands. These age trends (as set out in Table 3.2) have been applied to the models assuming a linear spread to give the following results:

Practising Social Workers	7% aged 55 and over
Social Work Management	11% aged 57 and over
Domiciliary Care	11% aged 55 and over
Other Social Care	11% aged 55 and over
Social Care Management	11% aged 57 and over

These percentage figures have been applied to the base population in each case (spread across five years) to provide an estimate of the number of people retiring each year.

6.2.3 Other Leavers

The Department has completed an analysis of staff leaving HPSS employment during 2001 (i.e. coming off the HPSS payroll) and the following percentage estimates were calculated for each staff group (excluding retirements):

Management	4%
Qualified Social Workers	8%
Social Care Workers	8%

However on discussion with Steering Group it was felt that the percentage turnover for Domiciliary Care and Other Social Care would be much higher. Data provided by North and West Belfast, Homefirst, South and East Belfast and Craigavon and Banbridge HSS Trusts suggests considerable variation in average turnover rates between Trusts and within the staff groups used for the models. On the basis of this information, higher rates have been applied for the Domiciliary Care and Other Social Care groups. Turnover rates for each model may not reflect the higher turnover among certain sub-groups or in certain areas but it has been necessary to use averages for this high-level review. The rates applied are as follows:

Practising Social Workers	8%
Social Work Management	4%
Domiciliary Care	20%
Other Social Care	16%
Social Care Management	4%

In the models, these figures represent the turnover of staff. It should not be assumed that all of the posts vacated by these leavers cannot be filled. However they represent the quantum of recruitment activity required as a result of the high rates of turnover associated with some of the social services staff groups.

6.2.4 Newly Qualified Social Workers & Supply into Other Groups

The projected number of newly qualified Social Workers for the next five years was provided by NISCC. The numbers include those qualifying through each of the training routes and assume full uptake of the training places on offer. The numbers are as follows:

2002/03	223
2003/04	283
2004/05	283
2005/06	295
2006/07	325

It is assumed that a proportion of Social Workers will take up positions in the voluntary sector, PBNI, Educational Welfare or other areas rather than HPSS employment over the next five years. Those transferring from HPSS employment to other areas will have been included in the turnover figures above, but it is likely that some newly qualified Social Workers will take up employment outside HPSS.

PBNI estimate that they will require six Social Workers per year over the next three years to replace those lost due to turnover. We have assumed that 2 of these positions per year could be filled by newly qualified Social Workers.

The NIGALA only recruits Social Workers with five years experience in Family and Childcare so it is assumed that none of the newly qualified Social Workers will be recruited by the Agency.

The NISCC Workforce Plan indicated that Education Welfare Service would require 24 newly qualified Social Workers between 2001/02 and 2003/04 (an average of 8 per year). We have assumed that this requirement will continue until 2006/07.

It is more difficult to predict how many newly qualified Social Workers will take up positions in the voluntary sector. Some trainees may have been seconded from voluntary sector employment to professional training and will return on completion. Others may go directly into voluntary sector employment on completion. On the basis of survey responses from 11 major voluntary sector employers of Social Workers, the NISCC Workforce Plan estimated that an average of 26 newly qualified Social Workers would be required per annum between 2001/02 and 2003/04. Consultation suggests that this is a conservative estimate and therefore, we have assumed that 35 newly qualified Social Workers will go into voluntary rather than HPSS employment per annum.

Some newly qualified Social Workers may choose not to take up a professional social work position at all, but this number is estimated to be very low and has not been accounted for in the projections below.

There is a degree of attrition associated with every training programme and in Social Work this ranged from 4 to 8.8 per cent of registrations per year between 1994/95 and 1997/98 or 6.75 per year on average. An average attrition rate of 6.75 per cent of registrations has been assumed for this model (this converts into a completion rate of 93.25 per cent).

Taking these factors into account, the following estimates of newly qualified Social Workers available to enter HPSS employment have been applied:

2002/03	163 (223 * 0.9325) – 45)
2003/04	219 (283 * 0.9325) – (45)
2004/05	219 (283 * 0.9325) – (45)
2005/06	230 (295 * 0.9325) – (45)
2006/07	258 (325 * 0.9325) – (45)

There is no defined entry/training route for the other staff groups so it is not possible to project the likely number of available recruits for these posts. While management positions will be filled by those already in the Social Work, Domiciliary and Social Care workforces, the pool of potential recruits for any additional Domiciliary and Other Social Care positions will depend on general economic conditions. In addition, new entrants into each staff group may also come from outside Northern Ireland and it has not been possible to take account of this group.

6.2.5 Unfilled Vacancies

No central information on vacancies within the statutory social services sector was available. However, Unison estimates that there is a 15% vacancy rate for Social Workers nationally and this figure was matched by the NISCC Workforce Plan for Social Workers completed in 2001. A 15% vacancy rate has thus been assumed for Social Workers.

Steering Group members considered that the vacancy rate for Management would be lower than 15% and that for Social Care and Domiciliary Workers would be higher. Data was not available to confirm this view but in order to take account of consultee's experience the following vacancy rates have been applied:

Practising Social Workers	15%
Social Work Management	5%
Domiciliary Care	20%
Other Social Care	20%
Social Care Management	5%

It is assumed that these unfilled vacancies will be filled in the first two years.

6.2.6 Working Time Directive

All of the Trusts are currently considering the impact of WTD on their staffing and rotas but very little definitive work has been undertaken on which to base an estimate of the impact of WTD on the social services workforce group. Therefore assumptions have been developed on the basis of qualitative feedback from key informants and agreed with the Steering Group.

Only Social Care staff and Social Workers working in residential settings will be affected by the Working Time Directive as they are required to provide 24 hour cover and the Steering Group agreed that a 10% increase in staff numbers would be reasonable to accommodate WTD for these groups. However, residential Social Care staff only make up a proportion of the Other Social Care group for which a model has been produced and similarly, only some of the Social Workers included in the model below are Residential Social Workers. Therefore, a conservative increase of 5% has been assumed for both these groups. On the assumption that this loss is met in the first two years, no further increase for WTD is projected.

6.2.7 Loss to Workforce Due to Work / Life Balance

Consultation suggests that there is a growing demand for alternative working patterns including term-time working and reduced weekly hours. The Social Care workforce is predominantly female and experience of consultees is that demand for work-life balance measures tends to be greater among female staff. We have assumed that employers will increasingly be expected to meet demands for revised working patterns and have therefore assumed that an additional 2% of all staff groups will wish to work part time per year in Year 1-3 and an additional 3% in Year 4-5. This is considered conservative given the increasing introduction of family friendly policies.

6.2.8 Continuing Professional Development

It is expected that policies for mandatory CPD will be introduced as registration of the Social Care Workforce with NISCC is rolled out but these requirements have not been quantified as yet and courses may change following the revisions to qualifying training. Therefore, we have assumed a loss of 5 days per person per year in Years 1-3 for Qualified Social Workers, Social Work Management and Social Care Management who will be included in the first phase of NISCC registration. In Years 4-5 this increases to 7 days per person per year. For Social Care and Domiciliary staff, it is assumed that 5 days per person per year will be required, but this loss has been phased in so that there is a loss of 1 day per person in Year 1, 2 in Year 2 and so on. A 225-day working year is assumed. It is assumed that staff in these groups are already undertaking some training so this loss is to reflect additional training requirements.

6.2.9 Other Demand Factors

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

- current unmet demand (for example, waiting lists for domiciliary care, unallocated social work cases);
- the impact of revised acute and primary health and social services structures;
- requirements for support of newly qualified social workers in their pre-registration year;
- increased demand as a result of demographic change; and
- service developments such as the development of 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 6.6 Sensitivity Analysis).

6.3 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 2002 to 2007. Each table includes an estimate of the number of additional posts to be filled and 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 and population data sources are noted in each case;**
- **Supply and demand estimates in the tables are based on 2002 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 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;**
- **The Department is committed to revisiting the models on an annual basis to verify ongoing validity of the assumptions used and to build in any additional posts created in the previous year but not met;**
- **Other Leaver figures are an indication of turnover and recruitment activity within this staff group and it should not be assumed that these positions will not be filled; and**
- **All of the models assume Other Demand Factors at 5% (see Section 6.3 for Sensitivity Analysis).**

6.3.1 Practising Social Workers

Table 6.2

Supply and Demand Estimates – Practising Social Workers

Current Workforce (2002)	1676				
	02/03	03/04	04/05	05/06	06/07
Supply					
Retirements	-23	-23	-23	-23	-23
Other Leavers	-134	-134	-134	-134	-134
Worklife Balance Loss	-34	-34	-34	-50	-50
Newly Qualified Social Workers	163	219	219	230	258
Total Supply	-28	28	28	22	50
Demand					
Unfilled Vacancies	126	126	0	0	0
Working Time Directive	42	42	0	0	0
CPD	37	37	37	52	52
Other Demand Factors (5%)	84	84	84	84	84
Total Demand	289	289	121	136	136
Posts to be Filled	317	261	93	114	86

NB - Other Leaver figures are an indication of turnover and recruitment activity within this staff group and it should not be assumed that these positions cannot be filled.

The model suggests that, if filled, increases in the number of places for training can comfortably meet the losses as a result of retirements and work-life balance measures. However, the high turnover represented by the Other Leavers figures in the table indicates the instability of the workforce and the quantum of recruitment activity required. Research into turnover patterns would help to define which staff are leaving, where they are going, whether they have left statutory social work permanently or if they might be encouraged back into the staff group.

The potential demands in terms of vacancies that cannot be filled, CPD and other service developments (modelled at 5%) exceed the flow of Social Workers into the system.

Measures to improve staff retention could decrease turnover rates, reduce vacancy levels and therefore free up newly qualified staff to meet additional service demands. However, even if such measures were successful at least 300 newly qualified Social Workers would be required to allow for retirements, worklife balance, CPD, and Working Time Directive loss and other demand factors.

6.3.2 Social Work Management

Table 6.3

Supply and Demand Estimates – Social Work Management

Current Workforce (2002)	648					
		02/03	03/04	04/05	05/06	06/07
Supply						
Retirements		-14	-14	-14	-14	-14
Other Leavers		-26	-26	-26	-26	-26
Worklife Balance Loss		-13	-13	-13	-19	-19
Total Supply		-53	-53	-53	-60	-60
Demand						
Unfilled Vacancies		16	16	0	0	0
CPD		14	14	14	20	20
Other Demand Factors (5%)		32	32	32	32	32
Total Demand		63	63	47	53	53
Posts to be Filled		116	116	100	112	112

NB - Other Leaver figures are an indication of turnover and recruitment activity within this staff group and it should not be assumed that these positions cannot be filled.

This model also suggests a considerable number of additional posts will need to be filled over the next five years, largely due to the impact of service developments (Other Demand Factors). As previously noted, it has not been possible to estimate the likely supply from which the losses due to retirements, turnover and work-life balance can be met.

6.3.3 Domiciliary Care

Table 6.4

Supply and Demand Estimates – Domiciliary Care

Current Workforce (2002)	6864				
	02/03	03/04	04/05	05/06	06/07
Supply					
Retirements	-137	-137	-137	-137	-137
Other Leavers	-1373	-1373	-1373	-1373	-1373
Worklife Balance Loss	-137	-137	-137	-206	-206
Total Supply	-1647	-1647	-1647	-1716	-1716
Demand					
Unfilled Vacancies	686	686	0	0	0
CPD	31	61	92	122	153
Other Demand Factors (5%)	343	343	343	343	343
Total Demand	1060	1091	435	465	496
Posts to be Filled	2707	2738	2082	2181	2212

NB - Other Leaver figures are an indication of turnover and recruitment activity within this staff group and it should not be assumed that these positions cannot be filled.

The very high turnover rate associated with this group means that the number of posts to be filled on a rolling basis is extremely high and losses due to retirements and work-life balance will also need to be filled. The ability to fill these posts will continue to depend on local economic conditions unless enhanced career structures for this part of the workforce can be developed to increase retention and reduce turnover. In addition the potential impact of the new demand modelled above could be significant, even assuming a 5% impact.

6.3.4 Other Social Care

Table 6.5
Supply and Demand Estimates – Other Social Care

Current Workforce (2002)	3099				
	02/03	03/04	04/05	05/06	06/07
Supply					
Retirements	-68	-68	-68	-68	-68
Other Leavers	-496	-496	-496	-496	-496
Worklife Balance Loss	-62	-62	-62	-93	-93
Total Supply	-626	-626	-626	-657	-657
Demand					
Unfilled Vacancies	310	310	0	0	0
Working Time Directive	46	46	0	0	0
CPD	14	28	41	55	69
Other Demand Factors (5%)	155	155	155	155	155
Total Demand	525	539	196	210	224
Posts to be Filled	1151	1165	822	867	881

NB - Other Leaver figures are an indication of turnover and recruitment activity within this staff group and it should not be assumed that these positions cannot be filled.

This group shows a similar pattern to the Domiciliary Care group, with high turnover and a large number of unfilled vacancies. Again, steps to improve retention will be vital to maintain this workforce, meet current demand more effectively and develop the workforce to meet future demands.

6.3.5 Social Care Management

Table 6.6

Supply and Demand Estimates – Social Care Management

Current Workforce (2002)	506					
		02/03	03/04	04/05	05/06	06/07
Supply						
Retirements		-11	-11	-11	-11	-11
Other Leavers		-20	-20	-20	-20	-20
Worklife Balance Loss		-10	-10	-10	-15	-15
Total Supply		-41	-41	-41	-47	-47
Demand						
Current Vacancies		13	13	0	0	0
CPD		11	11	11	16	16
Other Demand Factors (5%)		25	25	25	25	25
Total Demand		49	49	37	41	41
Posts to be Filled		91	91	78	88	88

NB - Other Leaver figures are an indication of turnover and recruitment activity within this staff group and it should not be assumed that these positions cannot be filled.

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.

6.4 Assumptions – Private and Voluntary Sector Model

Unfortunately sufficient data is not available to produce individual models for the various social services staff groups within the voluntary and private sector which range from practising Social Workers to casually employed Domiciliary Care Workers. 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 23,000). 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%;
- Working Time Directive – only some of this workforce will be affected by the Working Time Directive therefore a conservative estimate of a 1% increase in staff required has been assumed spread over Year 1 and Year 2;
- 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 – the same increase is assumed for the private and voluntary sector as for statutory sector Social Care staff; that is an loss of 1% in the Year 1 rising to 5% by Year 5.

It has not been possible to factor in the following:

- Retirements – an age breakdown is not available for these sectors so losses due to retirement cannot be projected;
- Other leavers – turnover rates will be highly variable within this group;
- Entry – the number of newly qualified Social Workers entering voluntary sector employment was included in the Statutory Sector Models and it is assumed that 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, 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.

6.5 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 2002 to 2007.

The following points should be noted:

- **All calculations are based on headcount, as opposed to whole time equivalents and population data sources are noted in each case;**
- **Supply and demand estimates in the tables are based on 2002 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 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;**
- **The Department is committed to revisiting the models on an annual basis to verify ongoing validity of the assumptions used and to build in any additional posts created in the previous year but not met; and**
- **All of the models assume Other Demand Factors at 5% (see Section 6.2.9 for Sensitivity Analysis).**

Table 6.6
Private and Voluntary Sector Demand Estimates

Current Workforce (2002) 23,000

	02/03	03/04	04/05	05/06	06/07
Demand					
Working Time Directive	115	115	0	0	0
Worklife Balance Loss	230	230	230	230	230
CPD	102	204	307	409	511
Other Demand Factors (5%)	1150	1150	1150	1150	1150
Total Demand	1482	1584	1687	1789	1891

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 very high if the demand factors considered come into effect.

6.6 Sensitivity Analysis

Tables 6.2 to 6.6 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 impact on workforce requirements is potentially huge. 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 6.7

Impact of Increased Demand on Number of Posts to be Filled

Year	02/03	03/04	04/05	05/06	06/07
10% Impact	Number of Posts to be Filled				
Practising Social Workers	401	345	177	198	170
Social Work Management	149	149	132	145	145
Domiciliary Care	2776	2807	2151	2113	2143
Other Social Care (excl. Domiciliary Care)	1306	1320	977	1022	1036
Social Care Management	116	116	103	113	113
15% Impact					
Practising Social Workers	484	428	261	281	253
Social Work Management	181	181	165	177	177
Domiciliary Care	3119	3150	2494	2456	2486
Other Social Care (excl. Domiciliary Care)	1461	1475	1132	1177	1191
Social Care Management	141	141	129	138	138

As noted above, the Department will re-visit the models annually to assess the validity of assumptions and make any necessary changes.

7. CONCLUSIONS AND RECOMMENDATIONS

The qualitative analysis and detailed data modelling undertaken for this review leads to the conclusion that there are difficulties in recruiting and retaining social services workers across the statutory, private and voluntary sectors in Northern Ireland to meet current service demands. In some areas, such as Domiciliary Care, Family and Childcare Social Work and Residential Care, these difficulties are particularly acute. The key issues associated with recruitment and retention difficulties are:

- Social Work:
 - workload and demands flowing from legislative and procedural change;
 - levels of personal responsibility and associated stress and absenteeism;
 - perceived low professional esteem;
 - career structures, salaries and opportunities for development and progression within practice; and
 - salary levels in comparison with similar professions, particularly with regard to more experienced professionals.

- Social Care:
 - low rates of pay and poor or inconsistent terms and conditions of employment;
 - instability of employment in voluntary sector and for those on minimum or zero hours contracts;
 - perceived poor esteem for social care work;
 - complex and difficult workload with high levels of personal responsibility;
 - limited opportunities for training and development;
 - limited and variable opportunities for career progression; and
 - in the face of the above, competition from employers in service and retail sectors.

The implementation of current policies on how health and social care should be delivered will further increase the demand for community-based services and social services resources. Without action to improve the recruitment and retention pattern in the sector, it will be difficult to meet service demands for the future. Some key steps have been taken at a regional level - the review of Social Work training, the establishment of the NISCC, the forthcoming programme of registration and discussions around Agenda for Change – and at an individual employer level – aggressive recruitment policies and improved training and development opportunities. On the basis of this review further recommendations relating to Social Work and Social Care have been made. Recommendations relate to increasing the

number of Social Work trainee places and introducing measures to improve retention across the social services staff groups. Recommendations are set out below.

7.1 Social Work Trainees

It is vital that the projected number of Social Work trainee places is filled, and if possible increased to ensure that the number of people entering Social Work training is sufficient to meet future demands on the service. The projections above suggest that at least 300 Social Work training places is required to meet additional demands placed on the service as a result of service developments, Working Time Directive, CPD and increased demand for worklife balance policies. The aim should be to increase the profile of Social Work and increase public awareness, particularly amongst school leavers, in order to attract a greater proportion into the relevant higher education courses.

The recent advertising campaign for Social Work reportedly had a significant impact on expressions of interest in Social Work and Social Care careers. However, such interest must be converted into actual trainees by providing a range of attractive training and career options across the Social Work and Social Care continuum. The current review of Social Work student finance should consider the financial hardship faced by many students (in every area not just Social Work) and the range of financial incentives that other professions have offered students to encourage uptake of the new degree and make the career more attractive.

Following the review and approval of qualifications for other Social Care groups by NISCC, similar plans should be developed to encourage people to choose a career in Social Care and provide a range of attractive training and qualification options.

7.2 Positive Publicity for Social Care

As well as helping to attract new trainees into the social care sector, positive publicity can also help to improve the public's perception of social care careers and help retain existing staff. Employers should consider raising the profile of services and successes at a community level through local publicity.

7.3 Career Structures

The work of the NISCC in reviewing the career structure and roles:qualifications mapping for the entire social services sector is to be continued and, on the basis of its findings, Social Work and social care career structures should be revised to ensure that a clear continuum exists through which workers can progress on the basis of experience, expertise, personal/professional development and level of responsibility. This will be key to reducing the very high turnover rates among many of the social services staff groups.

The Department should provide guidance to employers on the use of the Senior and Advanced Practitioner posts and their place in the Social Work career structure. Increased use of alternative posts to support Social Work activity and grade mix should also be considered.

7.4 Supporting CPD

Employers already find it difficult to meet the demand for Social Work practice placements and demand for trainee supervision and assessment is set to increase with the proposed increased intake of students and the pre-registration year. In addition, consultation shows that opportunities for CPD are limited, either because employers do not offer training opportunities or because workload pressures are such that employees cannot be released to take them up.

With registration, it is likely that the requirement for CPD will be more strictly controlled and the many Social Care staff without appropriate qualifications will be required to obtain them for full registration.

It is recommended that employers be supported to ensure that CPD can be accessed and targets for qualification and ongoing development of the social services workforce can be realised.

7.5 Professional Esteem

The development by NISCC of state registration and recognised career paths for this workforce will in time contribute to greater professional esteem for social services careers. Other opportunities to help build professional identity at a regional level should be explored. These may include the promotion of existing professional groups such as the British Association of Social Workers or creation of new forums for discussion and debate.

7.6 Workload Monitoring

Staff side organisations and individual employers are currently exploring the development of workload benchmarking for social services. The Department should consider the advantages and disadvantages of setting workload boundaries in the context of service quality and staff welfare objectives.

7.7 Work-life Balance

Consultation suggests that while the number of formal requests for alternative working patterns has not increased substantially, there is a latent demand for such opportunities. Provision of work-life balance measures is now generally accepted as an essential feature of attractive careers and therefore, where possible, Social Services employers should be supported to facilitate reasonable work-life balance measures.

7.8 Workforce Data

No central data source for this workforce is available to assist in workforce planning. Further work needs to be done to enable quantification and definition of the social services workforce. This should include reviewing and providing guidance to Trusts on the categorisation of social services staff on Trust payroll and personnel systems. In addition, consideration should be given to developing some form of central return for voluntary and private sector employers in advance of registration with the NISCC.

7.9 Further Workforce Planning

This workforce planning review took a sector wide approach and due to data limitations could not provide detail on individual social services staff groups or service areas. Further workforce planning should be undertaken at a service area, sector and professional group basis to refine the supply and demand projections developed for this review.

APPENDIX A
COMPOSITION OF STEERING GROUP

APPENDIX A – Steering Group Members

David Bingham, Director of Human Resources, DHSSPS
Joyce Cairns, Deputy Director Human Resources, DHSSPS
Eleanor Simpson, Inspector, Social Services Inspectorate
Brendan Johnson, Chief Executive NI Social Care Council
Brian Dornan, Director of Social Services, SHSSB
Craig Emerson, Representative Private residential sector
Eamonn Molloy, Director of Human Resources, North & West Belfast HSS Trust
Eileen Thompson, Deputy Director Cedar Foundation
Hugh Connor, Executive Director of Social Work (S&E Belfast)
Jan Maconachie, Assistant Director Training, Homefirst HSS Trust
Cecil Worthington, Ulster Community and Hospitals HSS Trust
Joan Ross, Principal Social Worker Training, WHSSB
Kieran Donaghy, Director of HR Craigavon & Banbridge HSS Trust
Miss Caroline Ferguson, Independent Sector (voluntary) day care provider, Fermanagh New Horizons
Mrs. Mary Jones, Proprietor, Dunmary House
Rosemary Simpson, Acting Director Community Services, Homefirst
Una Magee, Learning and Development Manager, Barnardos
Vivienne Walker, Director of Human Resources, South & East Belfast Trust
Gerry Largey, NIPSA
Terry Thomas, NIPSA

APPENDIX B
KEY INFORMANT INTERVIEWS

KEY INFORMANT INTERVIEWS

Name	Organisation
Eleanor Simpson	SSI
Jan Maconachie	Homefirst HSS Trust
David Vance	EHSSB
Joan Ross	Westcare
Ian Montgomery	SHSSB
Moore McGaghey	Northern Ireland Association for Mental Health
Eileen Thompson	Cedar Foundation
Finbar Fitzpatrick	Cedar Foundation
Jim Loughrey	Causeway HSS Trust
Brian Dornan	SHSSB
Caroline Ferguson	Fermanagh New Horizons
Una Magee	Barnardos
Rosemary Simpson	Homefirst HSS Trust
Mary Jones	Dunmary House
Brendan Johnston	NISCC
Eamonn Molloy	N&W Belfast HSS Trust
Hugh Connor	S&E Belfast HSS Trust
Paul Brown	NISCC
Christine Smyth	NISCC
Graham Kelly	PBNI
Mary McColgan	University of Ulster
Mary Anderson	University of Ulster
Maxine Devenny	Belfast Education and Library Board
Declan McAlester	NIGALA

APPENDIX C
FOCUS GROUPS

FOCUS GROUPS

Sector	Client Group	Staff Group	Board Area	Venue
Statutory	Childcare, fieldwork, child protection	Social workers - non-managers	South	Gilford
Statutory	Childcare, residential	Social Workers and Deputy Heads of Home	North	Antrim
Voluntary	Childcare, fieldwork, specialist (family support etc.)	Social Workers, Care Workers, HR/Training Managers	East	Belfast
Private & Voluntary	Adult, residential, daycare	Domiciliary and Daycare Workers - non-managers	East	Belfast
Statutory	Adult, domiciliary care	Domiciliary Care Workers - non-managers	North	Antrim
Private & Voluntary	Adult, residential/daycare, MH & LD	Domiciliary and Daycare Workers - non-managers	West	Enniskillen
Statutory	Adult, fieldwork	Social Workers, Senior Social Workers & APSWs	West	Derry