



Workforce Planning Review

Department of Health, Social Services and Public Safety
An Roinn Sláinte, Serbhísí Sóisialta agus Sábháilteachta Poiblí

Introduction

Social workers provide and co-ordinate support and, in some situations, protection 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 and people with mental ill-health.

Most social workers are employed in the statutory and voluntary sectors with only a small number working 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.

Social workers and social care staff endeavour to deliver social care to clients in a way that is sensitive to their needs and expectations, is empowering, offers advice and support, and facilitates seamless provision across care organisations. Social Services requires the skills and flexibility to deliver the right care at the right time to those who need it.

This document is a summary of the Comprehensive Review of the Social Services Workforce February 2002. The review was co-ordinated by a Project Group which comprised representatives of the DHSSPS, service providers, education, the NISCC, commissioners and staff side. The report includes a profile of the current workforce, a projection of the supply and demand within the Social Services Workforce over the 5-year period 2002-2006 and recommendations to address issues arising from the Review. This information is vital to assist the Department primarily in developing strategies that will ensure that the correct numbers of social workers and other social care staff are trained, in place and working effectively to offer the maximum benefit to service users.

Methodology

Various stages were utilised to undertake this review:

- An analysis of the current Social Services Workforce in Northern Ireland.
- An analysis of current and future recruitment and retention issues.
- The prediction of future trends and requirements in the supply and demand of Social Services Workforce over the next 5 years using an applied model.
- Consultation with stakeholders across all areas of workforce.
- Statistical data provided from Human Resource Management System.
- Data collection showing the composition of the social care workers (i.e. not qualified Social Workers) section of the statutory Social Services Workforce.

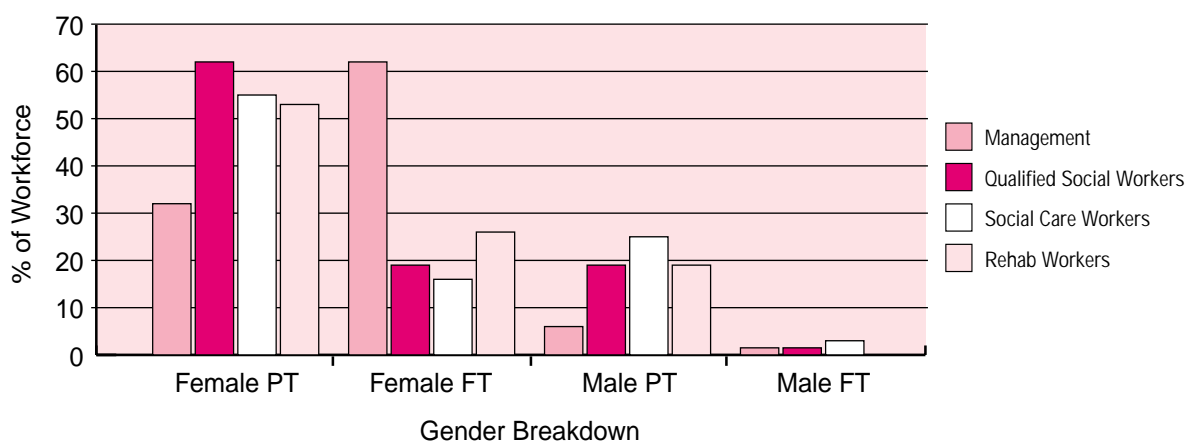
Key Findings of The Review

Workforce Structure

Key findings identified include the staffing profile, supply issues, demand issues and predictions. The Social Services Workforce consists of a diverse range of staff grades with different roles, entry requirements and career structures. The gender and part/full-time split of Social Services Workforce shows a predominately female workforce, of which the majority work in a part-time capacity.

Graph: Gender and part-time/full-time split of Social Services Workforce

Source : HRMS (September 2001)



Below is a table indicating the breakdown of the Social Services Workforce in headcount.

Social Services 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)

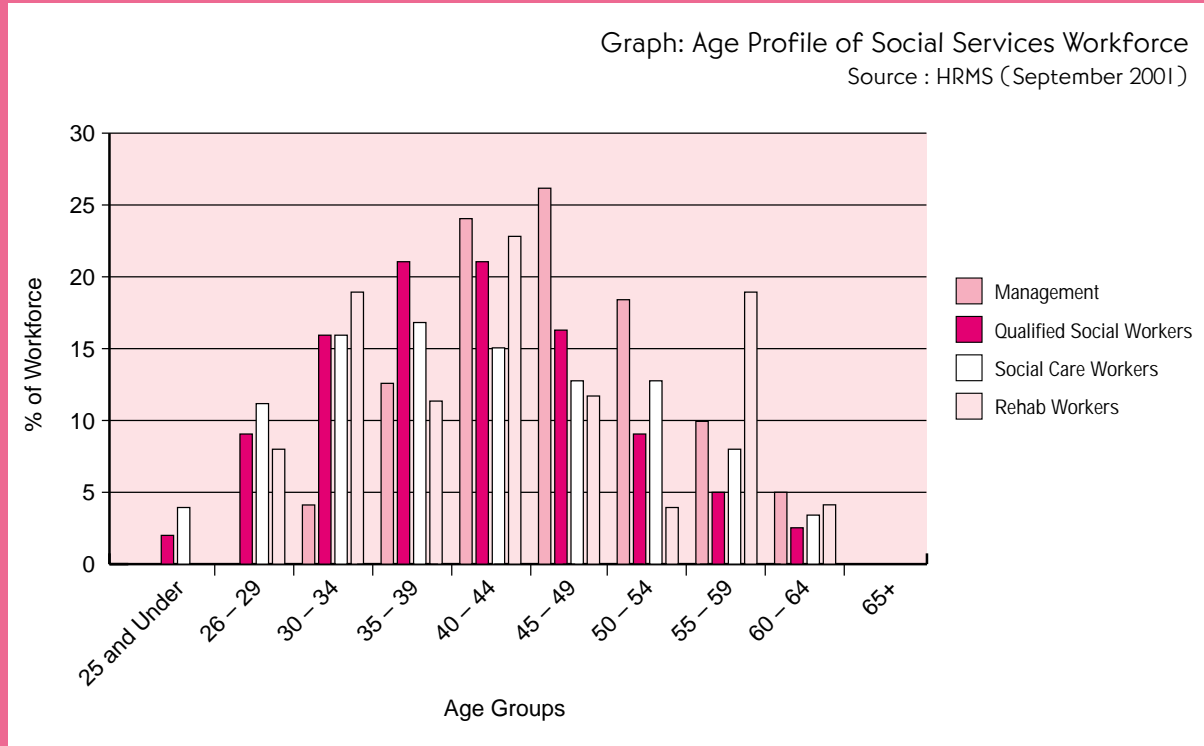
NB: Not included in the above table are the domiciliary care workforce numbers.

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The Social Services Workforce, including qualified social workers, are employed in a range of sectors including criminal justice, education welfare and a range of voluntary sector organisations. The private sector employs social care staff but few social workers.

Below is a graph representing the age profile across the Social Services Workforce.



Supply and Demand Issues

Supply Issues

Set out below are the key perceived 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.

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 students per year or 1,031 in total completed professional social work training in Northern Ireland.
- There was a significant decrease in the number of students enrolling for the full-time non-graduate course in 2000. Only 24 enrolled that year compared to an average of 40 in previous years.
- A high proportion of students on all of the college-based training courses work part-time on top of their studies.

Recruitment & Retention

- Recruiting social workers has been particularly difficult in certain areas and for certain types of posts, which includes senior posts, voluntary sector youth justice and residential child care.
- Northern Ireland employers are competing with Republic of Ireland employers for social services staff at all grades, but in particular for newly qualified social workers.
- Low retention rates have had a more serious impact than recruitment problems. This is particularly true of residential child care, and family and child care teams.
- 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 suggest 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.
- Newly qualified social workers tend to start their careers in family and child care or residential child care, which has the greatest number of job opportunities, then leave for a position which is perceived to be less stressful.
- There are difficulties in filling vacancies across the social care sector in residential, day-care, family and child care provision including residential child care.
- The demand for community and residential care for adults has increased substantially due to demographic and medical factors.
- Social care, including social work has become more complex and challenging.

Career Progression and Post Qualifying Development

- Social workers can feel tied to a particular area of work at an early stage of their career.
- The social work career structure provides very limited opportunities for senior roles that still allow client contact. Many social workers progress to the team leader (Senior Social Worker) position. However, this role is now 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.
- A senior practitioner post was introduced in 1994 to enable social workers with considerable experience to maintain a client facing role and provide specialist support to less experienced practitioners. However, nearly ten years later there are only a few of these posts in existence.
- Both participation in post qualification awards and in-service training has been affected by workload pressures leading to an increase in deferrals and even withdrawals.
- The residential child care social workers consulted felt that there was 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.

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Professional Status

- There is a perceived lack of esteem for the social work profession, both from other health and social services professionals and public perspective.

Volume and Nature of Work

- Recent legislative changes, most notably the Children Order, have resulted in greater regulation, control, record-making and administration.
- The lack of IT support causes considerable difficulties and work pressures.
- While motivation levels are reportedly high among newly qualified social workers, they can become de-motivated and cynical as a result of the heavy workload and high levels of personal responsibility they continuously face.
- Increased demand as a result of demographic change, legislative change and related service development..

Working Hours and Work-life Balance

- Unsocial working hours was considered to be one of the key factors relating to staff turnover in residential care.
- The impact of the European Working Time Directive on residential and other social services has not yet been fully addressed.
- Employers reported some increase in requests for work-life balance arrangements and this trend is expected to continue linked to the predominantly female workforce.

Pay and Conditions

- Rates of pay are reasonably consistent within sectors but there can be large variance in the pay and terms and conditions between statutory and private sector providers.
- Many social care staff work on part-time contracts. Staff are often contracted for a guaranteed minimum number of hours, and some work on zero hour contracts which often present considerable financial instability.
- Temporary contracts for new social workers reportedly had a negative impact on the morale of newly qualified staff and may also be implicated in poor retention in some settings.
- 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.
- Car ownership is an essential requirement for domiciliary care workers and this presents financial implications for staff.

Working Hours and Working Time Directive

- 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.

Training and Career Progression

- In the voluntary and statutory sectors social services staff benefit from a comprehensive funded training strategy.
- The current career structures in social services do not facilitate practitioners' progression in direct practice.

Demand Issues

Set out below are the key perceived demand issues raised during stakeholder interviews and focus groups in relation to the social work and social care areas of the workforce.

Demographic Change

- The number of people needing care is set to increase as medical techniques and improved living standards lead to greater life expectancy.

Development of the Workforce

- The advent of Northern Ireland Social Care Council (NISCC) with responsibility for registering the social care workforce.
- Continuation of the targets for improvement in the qualifications at all levels of the workforce under the PSS Training Strategy.
- The reform of professional social work training and the introduction of a new degree in social work from September 2004.
- Increases in the numbers of social workers to be trained to meet workforce needs.

Family and Child Care Developments

- An additional 52 residential child care places between August 2001 and March 2003.
- Development of links between residential homes and schools, and provision of educational support services for looked after children.
- Development of Phase II of the Children Matter Taskforce plan.
- Provision of leaving care services.
- Consolidation and improvement of fostering services.
- Development of solutions to meet the needs of severely disabled children who could be cared for at home.
- Implementation of SSI recommendations following the review of adoption services.

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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.

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.

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.
- Continued implementation of the programme of re-settling long-stay hospital patients with a learning disability.

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;
- Development of the Regional Acquired Brain Injury Centre;
- Development of the range of therapy provision to reduce waiting times (children and adult services).



Supply And Demand Projections

Conclusions were drawn and assumptions made concerning the future profile of the workforce utilising supply and demand projections. These were developed into a workforce model to predict the requirements of the Social Services Workforce over the 5-year period 2002-2006.

Supply and Demand Predictions - Practising Social Workers in Workforce 2002 NB () denotes a shortfall

WORKFORCE	02/03	03/04	04/05	05/06	06/07
Supply					
Retirements	-23	-23	-23	-23	-23
Other Leavers	-134	-134	-134	-134	-134
Work-life 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
Over (under) numbers required	(317)	(261)	(93)	(114)	(86)

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Supply and Demand Predictions - Social Work Management in Workforce

NB () denotes a shortfall

	02/03	03/04	04/05	05/06	06/07
Supply					
Retirements	-14	-14	-14	-14	-14
Other Leavers	-26	-26	-26	-26	-26
Work-life 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
Over (under) numbers required	(116)	(116)	(100)	(112)	(112)

Supply and Demand Predictions - Other Social Care Workforce

NB () denotes a shortfall

	02/03	03/04	04/05	05/06	06/07
Supply					
Retirements	-68	-68	-68	-68	-68
Other Leavers	-496	-496	-496	-496	-496
Work-life 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
Over (under) numbers required	(1151)	(1165)	(822)	(867)	(881)

Supply and Demand Predictions - Social Care Management

NB () denotes shortfall

	02/03	03/04	04/05	05/06	06/07
Supply					
Retirements	-11	-11	-11	-11	-11
Other Leavers	-20	-20	-20	-20	-20
Work-life 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
Over (under) numbers required	(91)	(91)	(78)	(88)	(88)

Private and Voluntary Sector Demand Prediction

There is no readily available statistical source for either the private or voluntary sector's social care workforce. These sectors impact significantly on health and social services provision within the HPSS. A substantial piece of work would be required to establish the current workforce profile and then to predict the requirements over a 5-year plan.

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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 child care social work and residential care, these difficulties are particularly acute.

- A positive publicity campaign by employers in co-ordination with NISCC could help to improve the public's perception of social care careers including social work and, therefore, improve recruitment.
- Employers should factor into workforce planning any current and future requirements for CPD for their workforce.
- Employers should address the reports of overload; in particular with reference to newly qualified social workers in child care services, with a view to improving consistency.
- Trusts should carry out further work to enable the definition and quantification of the Social Services Workforce by reviewing the categorisation of Social Services staff, in order to standardise statistics across HPSS.
- Consideration should be given ways of monitoring the workforce voluntary and private sector.
- Further workforce planning should be undertaken for each Programme of Care covering all levels of the workforce taking into account the demands of all sectors.
- Career structures within the social care division would benefit from further work which would facilitate progression in the practitioner roles beyond that which is currently available in the senior practitioner grade.

Conclusion

This review of the Social Services Workforce can only be considered as the baseline for further work. This includes developing an action plan to take forward the recommendations outlined above and further discussion to consider the implications of the workforce trends presented. The models presented in the report will need to be updated and refined on a regular basis to continue to inform decision making and priorities concerning the investment in the social services workforce over the next 5-years

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NOVEMBER 2003

Social Services Review

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