

# Options for Excellence

## Building the Social Care Workforce of the Future





# **Options for Excellence**

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October 2006

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# Ministerial foreword

Social care is a key public service and this Government values highly the contribution the sector makes to creating a stable and inclusive society. We are committed to long-term reform of public services to improve outcomes for all in society, and particularly for the most disadvantaged. We cannot achieve this goal without striving to deliver excellent social care services.

Social care is fundamentally about building a strong and trusting relationship between workers and service users and carers. Those who work in this sector are all too often castigated in the press when things go wrong, but rarely praised for the huge and positive difference they make to people's lives on a daily basis.

As we have shown since 1997, we are ambitious for the social care sector, and recognise the essential role it plays in our society, including the fulfilment of statutory duties to protect children and adults. Social care is vital to achieving the integration of services set out in both *Every Child Matters* and in *Our health, our care, our say*. The social care workforce is increasingly working in an integrated way with other services, particularly with education, health and housing, and we would expect this trend to continue in the future. We have seen improvements across the social care workforce – with registration of social workers for the first time, increased levels of funding for training resulting in higher levels of qualifications for workers, and steps to improve the status of work in the sector – proving that the workforce can adjust and advance into the future.

We want to improve further and that is why we launched the Options for Excellence Review in 2005. The Review has looked at how the social care workforce needs to develop in the future – working in different and innovative ways. The Options for Excellence Review has been a very important piece of work, providing an excellent forum for discussing and tackling key issues, as well as strengthening partnerships across the sector and Government, and reflecting the views of service users.

The Review has produced a clear vision of a proud, professional and successful workforce by 2020. It has identified priority areas for change which will now help to set the agenda for the policies of Government and the plans of key partner organisations, and which provide a framework for workforce development by employers. Drawing on experience of what works, the Review has drawn up a clear list of options to be considered to progress these priorities over the next 15 years. This document sets out which actions the Government and its partners will seek to take forward, and which actions will be given further consideration, including in the context of this and future Comprehensive Spending Reviews. Implementation will be dependent on priorities, and on available resources going forward.

We intend to work closely with the sector, including employers, trade unions and professional associations, to make even greater strides in improving our social care services. In working towards the vision of the workforce in 2020, local authorities and their partners will play a key role in meeting the needs of local people.

We would like to express our personal thanks for all those who have been involved in the Options for Excellence Review.



A handwritten signature in black ink that reads "Parmjit Dhanda".

**Parmjit Dhanda**  
Parliamentary Under Secretary of State  
for Children and Families



A handwritten signature in black ink that reads "Ivan Lewis".

**Ivan Lewis**  
Parliamentary Under Secretary of State  
for Care Services

# Options for Excellence Review Board members

Our thanks go to the following Review Board members for their work on Options for Excellence:

David Behan, representing the Commission for Social Care Inspection (CSCI) (to July 2006)

Peter Beresford, Shaping Our Lives

Lynne Berry, General Social Care Council (GSCC)

Chris Bull, Southwark Primary Care Trust and London Borough of Southwark Social Services

Stephen Burke, Counsel and Care

Vic Citarella, Local Government Association (LGA)

Jo Cleary, Association of Directors of Social Services (ADSS)

Andrew Cozens, Improvement and Development Agency (IDeA)

Owen Davies, UNISON (to January 2006)

Martin Green, English Community Care Association (ECCA)

Jane Haywood, Children's Workforce Development Council (CWDC)

Ian Johnston, British Association of Social Workers (BASW)

Bill Kilgallon, Social Care Institute for Excellence (SCIE)

David Monk, Youth Justice Board

Joan Munro, Improvement and Development Agency (IDeA)

Helga Pile, UNISON

Michael Preston-Shoot, Joint University Council Social Work Education Committee (JUC SWEC)

Sheelagh Richards, College of Occupational Therapists (to May 2006)

Lesley Rimmer, United Kingdom Home Care Association

Andrea Rowe, Skills for Care (SfC)

Julia Scott, College of Occupational Therapists (from July 2006)

Paul Snell, Commission for Social Care Inspection (CSCI) (from July 2006)

Tom Starkey, Independent Children Homes Association

Clare Tickell, NCH, the children's charity

Hilary Tompsett, Joint University Council's Social Work Education Committee (JUC SWEC)

Brian Tytherleigh, Training and Development Agency for Schools

# Messages from Board members

“For service users, the most important person in social care is the person who works face to face with them. Their influence for good or ill can be enormous. That’s why Shaping Our Lives welcomes the work of Options for Excellence, to improve the experience of service users, to ensure that they can routinely expect to receive reliable and good quality practitioners in their lives and homes.” *Peter Beresford, Chair, Shaping Our Lives, the national user network.*

“We are proud that we have made a successful start to the task of registering the social care workforce. Social workers, and also others such as occupational therapists, already have the recognition and responsibilities that come with registration. For the rest of the social care workforce, the proposals in this report – alongside the extension of registration – offer the opportunity of achieving the higher status they deserve too.” *Lynne Berry, General Social Care Council (GSCC).*

“Our ageing population and rapidly changing expectations require a social care workforce fit to deliver ‘independence, wellbeing and choice’ for older people. It’s also crucial to support unpaid carers without whom our care system would collapse. This report points the way forward.” *Stephen Burke, Chief Executive, Counsel and Care.*

“This report comprehensively brings together all the achievements and hard work of the last five years to modernise the social care workforce. It provides a blueprint which, if followed, will ensure that users of services have access to a well trained, appropriately qualified and motivated workforce where vacancy rates and turnover would be at a manageable level; and workers would feel supported in their work by excellent leadership and management. LGA and IDeA are pleased that it goes further and pin-points the necessary developments that will require the investment of resources.” *Vic Citarella, Local Government Association (LGA); Andrew Cozens, Improvement and Development Agency (IDeA); Joan Munro, IDeA.*

“ADSS welcomes the direction of travel for building the social care workforce of the future and in particular the recognition by Government that delivery of *Our health, our care, our say* and *Every Child Matters* depends on a competent and confident workforce across all sectors.” *Jo Cleary, Association of Directors of Social Services (ADSS).*

“CWDC welcomes the focus on social care provided by the Options for Excellence Review. We are clear that high quality social care is key to the delivery of the *Every Child Matters* outcomes for all children and young people. We will be taking forward a programme of work which invests in the looked after children workforce in support of this agenda.” *Jane Haywood, Chief Executive, Children’s Workforce Development Council (CWDC).*

"The Options for Excellence Review Board has united a wide range of stakeholders in a common endeavour to secure the best possible social care services for all citizens. The British Association of Social Workers welcomes the positive profile given to the contribution, competency and commitment of social workers. Further investment in accessible local services and earlier intervention is urgently required." *Ian Johnston, Chief Executive, British Association of Social Workers (BASW).*

"Options for Excellence shares the same aspiration as people who use social care services – both want a knowledgeable, competent and empathetic workforce. As the national organisation responsible for developing and sharing knowledge and good practice, the Social Care Institute for Excellence welcomes the vision set out in this report, its clear statement of the vital role of social care and its workforce and the call for that contribution to be recognised and valued. SCIE will continue to support social care workers, managers, commissioners and students to develop their skills." *Bill Kilgallon, Chief Executive, Social Care Institute of Excellence (SCIE).*

"To a large extent during the period between now and 2020, the workforce we have now will be the workforce we have to deliver the improvements outlined in this report. It will need to be better led, supervised, supported and managed to meet the demands this 2020 vision makes. Skills for Care is dedicated to supporting the sector in delivering the vision and celebrating the success of employers, people who use services and carers." *Andrea Rowe, Skills for Care (SfC).*

"Options for Excellence demonstrates the essential value of social care to the whole community and the substantial contribution the paid and unpaid social care workforce make to improving people's lives. CSCI shares the Review's vision of a committed, well-trained and properly supported workforce to ensure positive outcomes for all people who use social care services." *Paul Snell, Commission for Social Care Inspection (CSCI).*

"NCH looks forward to working with local communities and commissioners in developing integrated local workforce strategies. A joint approach will ensure the delivery of safe and high quality local services, with volunteers adding value to services provided by the voluntary sector." *Clare Tickell, Chief Executive, NCH, the children's charity.*

"The universities that form the Joint University Council Social Work Education Committee look forward to continuing to work in partnership to develop the social workers of the future, who will be part of the new dynamic social care

workforce envisioned in this review. We are delighted to have participated in a review that provides great opportunities to change outcomes for and with people who access services, and those who care for them, through valuing social care professionals – ‘a workforce to be held in high esteem – one that is confident and filled with people who can build rewarding careers’ (Beverley Hughes, 2006). The options outlined here could create a social care sector to be proud of, whose members are educated, research-informed and professional, and capable of transforming lives and life chances.” *Hilary Tompsett, Joint University Council Social Work Education Committee (JUC/SWEC).*

“The evidence in this report adds up to a powerful case for major investment in the social care workforce and the proposals contain much that UNISON members will want to see implemented. Establishing a definition of the roles and tasks of social workers and other social care staff will give a clearer focus for staff deployment and workforce development. A framework of good employment practice for personal assistants will ensure that this group are also properly supported and valued. And the proposal to implement effective systems for managing the workloads of staff is long overdue and has the potential to make a huge difference to the quality of social care services and to the well-being of staff and service users. UNISON will want to work closely with organisations at all levels to shape how these proposals are put into practice.” *Heather Wakefield, National Secretary, Local Government Service Group, UNISON.*

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# Executive summary

## Reform

Social care makes a substantial positive difference to people's lives. It helps people retain or regain their independence and dignity. It helps them overcome difficult situations or transitions in their lives, giving them more choice and control, and rebuilding fractured relationships. It safeguards individual children and adults from harm, helps individuals who are more likely to harm others, and protects society from potential harm. Social care is vitally important to the estimated 2 million individuals (adults and children) who receive social care services in England.

The social care workforce has been undergoing transformational change in recent years with a range of reforms and significant investment. The Care Standards Act 2000 put in place key structures to improve the quality of social care services. This included establishing the Commission for Social Care Inspection (CSCI), the General Social Care Council (GSCC), a Training Organisation for Personal Social Services (Topss) (now superseded Skills for Care (SfC) and the Children's Workforce Development Council (CWDC)), and the Social Care Institute for Excellence (SCIE).

## Options for Excellence Review

To improve on recent advances in the sector, the Options for Excellence Review of the social care workforce has been jointly led by the Department of Health (DH) and the Department for Education and Skills (DfES). In particular the Review was asked to bring forward recommendations in order to:

- increase the supply of all workers within the sector, such as domiciliary care workers, residential care workers, social workers and occupational therapists and look at measures to tackle recruitment and retention issues;
- improve the quality of social care practice;
- define the role of social workers (including training and skill requirements); and
- develop a vision for the social care workforce in 2020 and a socio-economic case for improvements and investment in the workforce.

Prominent organisations representing social care stakeholders have been integral to the Review, and have participated as Review Board members, and on task groups. This report draws together the different strands of work that have been developed as part of the Review, including consultations with service users, carers and frontline workers.

## Challenges

The report reviews present and future challenges and identifies a number of key priorities for action now and in the future, including:

- **Appropriate support** from supervisors, managers and leaders to ensure that staff feel valued and committed to their roles – particularly for new workers.
- Workforce strategies need to include a focus on training and development and **include support for continuing professional development**, to equip workers to deal with change and for career progression.
- **Effective supervision and systems for managing workload should be the norm.**
- **Addressing key issues in leadership and management**, including the need to embed the approach offered by the SfC and CWDC Leadership and Management Strategy, which promotes a common approach to leadership and management development based on a whole systems model that integrates individual and organisational needs.
- **Improving human resource management** which, if not effective, can contribute to delays in workforce reform, failure to tackle recruitment and retention issues and a lack of longer-term planning including looking at, for example, the ability of an employer to 'grow its own' employees.
- **Drawing clear lines of management accountability and extending registration** to develop the accountability and professionalism of the social care workforce.
- **Using commissioning as a tool to raise quality in social care services**, including greater focus on improving outcomes and considering workforce quality as part of the commissioning process.

## Vision

The vision of the workforce in 2020 set out in this report is that of a highly skilled, valued and accountable workforce drawn from all sections of the community. This trained and trusted workforce will provide imaginative and innovative services, looking at individuals in their personal, family and community context. Alongside carers and volunteers, the workforce will make a positive difference, contributing to people's health, happiness and well-being.

The workforce will have the following characteristics:

- A **positive perception** of the social care workforce, ensuring social care workers receive recognition for the work they do.

- A workforce which promotes **participation** from users and carers.
- **Partnership** working across the workforce, and with other professionals and sectors.
- A **professional** workforce, where all workers are trained, skilled, appropriately qualified, held accountable for their actions and committed to delivering an excellent standard of care.

## Next steps

This report sets out actions that the Government, with partners in the sector, will seek to take, forward in the short term and also options for the longer term to 2020, many of which are dependent on funding available.

These actions and options are grouped in five main areas:

- **Learning organisations**, including continuing professional development (CPD), improving support for newly qualified professionals and those new to managerial positions, further developing capacity for research in social care, and integrating the views and experiences of service users in workforce development.
- **Recruitment and retention**, looking at publicity campaigns to raise awareness, measures to reduce reliance on temporary staff, supporting informal and formal carers and developing a Code of Practice for international recruitment.
- **New ways of working**, covering the development of new roles and remodelling the workforce, the use of new technology and workforce development for personal assistants.
- **Improving leadership and management**, with proposals focused on human resource management, workforce planning and workload management systems.
- **Commissioning**, and in particular considering ways to ensure that those commissioning services have the necessary skills, and enhancing the role of commissioners in improving the quality of social care services.

The options set out in this report are ambitious and would require the involvement and commitment of all those involved in the delivery of social care – including central and local government, partner organisations and national agencies with responsibilities in social care, leaders and managers, and workers themselves.

## PART ONE

The first chapters of this report aim to set the background and context for the Options for Excellence Review. Chapter 1 explains how and why the Review was established and Chapter 2 contains a vision for where we want to be by 2020. Chapter 3 sets out the scope of the social care sector, defining what social care is, who works within the sector and why social care is so important. Chapter 4 examines the current issues in the workforce and looks to the future and new challenges.



# Introduction



**1.1** In July 2005, the Government announced a review of the social care workforce in England to be led jointly by the Department for Education and Skills (DfES) and the Department of Health (DH).

**1.2** The social care workforce is integral to delivering the vision for the future set out in both *Every Child Matters* and the White Paper *Our health, our care, our say*.

- *Every Child Matters* set five outcomes which are key to well-being in childhood and later life: being healthy; staying safe; enjoying and achieving; making a positive contribution; and achieving economic well-being. To realise a vision for a future in which outcomes are improved for all children, and the gap in outcomes narrowed for the disadvantaged, the *Children's Workforce Strategy* set out plans to enable and encourage professionals to work together in more integrated services, built around the needs of children and young people.
- The White Paper *Our health, our care, our say* set out a vision for high-quality support, based on clear outcomes, that meets people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs. A fundamental change in the provision of services and the workforce that delivers them is needed to ensure this vision can become a reality in the future – better integration of those working in the NHS and those working in social care.

**1.3** The forthcoming White Paper on local government will reinforce the direction of travel set out in *Every Child Matters* and *Our health, our care, our say* by making it easier for health and social care bodies to work together in providing a seamless service to citizens and communities.

**1.4** Options for Excellence focuses on what we mean by the social care workforce (see Chapter 3) and how to enhance the contribution this sector makes to achieving better outcomes for both children and adult service users.

**1.5** The Options for Excellence Review was established with three key aims: firstly to feed into the implementation of the *Children's Workforce Strategy* and the White Paper *Our health, our care, our say*; secondly, to produce an analysis of the economic and social case for investment in the social care workforce; and thirdly to set out a vision for the social care workforce to 2020. In particular the Review was asked to bring forward recommendations in order to:

- increase the supply of all workers within the sector, such as domiciliary care workers, residential care workers, social workers and occupational therapists, and look at measures to tackle recruitment and retention issues;
- improve the quality of social care practice;
- define the role of social workers in the wider context (including training and skills requirements); and
- develop a vision for the social care workforce in 2020 and a socio-economic case for improvements and investment in the workforce.

**1.6** The work of the Review has been led and overseen by a Review Board, comprising representatives from prominent social care stakeholder organisations, supported by a series of task groups.

**1.7** This report draws together the different strands of work that have been developed as part of the Review and includes views gathered during consultation events with adults and children who use social care services, carers, workers and key stakeholders. A summary of these views, including those raised at events arranged by the Children's Workforce Development Council (CWDC) and the Social Care Institute for Excellence (SCIE), is included at Annex A.

**1.8** The Review covers all those employed in the social care sector, including social workers, occupational therapists and social care workers. Where specific groups are referred to in this report, they will be named separately.

## Foundations

**1.9** The Review findings build on the existing regulatory framework created by the 2000 Care Standards Act, other reforms arising from the *Modernising Social Services* White Paper in 1998 and subsequent developments. These have established:

- **A new infrastructure** to carry forward major national developments. This included the establishment of the General Social Care Council (GSCC) to regulate the social care workforce. Skills for Care (SfC) and the Children's Workforce Development Council (CWDC) were set up to lead on workforce training, qualifications, support and advice. In addition the National Care Standards Commission (now the Commission for Social Care Inspection (CSCI)) was established to register and inspect providers of social care coupled with the development of National Minimum Standards on which inspection is based.

- An **improved status for the social care workforce** through a new three-year social work degree course, the introduction of registration for social workers, and a national recruitment campaign for the social care sector as a whole.
- Measures to **protect service users and improve the public profile of social care** including: restricting the title of social worker to professionally qualified and registered practitioners; the issue of codes of practice governing the activities of individual workers and their employers, and independent regulation of the workforce.
- Greater **training opportunities** and higher standards in staff training at all levels of the workforce as exemplified in SfC and CWDC's National Training Strategy and the Leadership and Management Strategy.
- The collection, synthesis and **dissemination of best practice** led by SCIE.

**1.10** These reforms and the accompanying investment put in place firm foundations to improve the quality of social care services. In particular:

- Government spending on social care workforce development and training reached £284 million in 2005/06, three times as much as the amount spent in 2002/03.
- Funding to SfC and CWDC for Training Strategy Implementation in 2005/06 was used by 160 employer partnerships comprising 8,927 employers. This funding also supports small organisations in the independent sector.
- The Topss 2000 *Modernising the Social Care Workforce – National Training Strategy for England* set a recommended level for employers' investment in training costs (3% of their staffing budget).

**1.11** Success to date can be seen in areas such as the intake of students to the three-year social work degree. In England, a total of 5,382 students enrolled for the social work degree in 2003/04. This is an increase of 33% on the 4,005 students starting courses in 2000/01. In addition, the overall number of care sector NVQ registrations increased by 22.4% and NVQ certificates rose by 42.7% from June 2005 to June 2006.<sup>1</sup> The performance of services for adults and children against the National Minimum Standards (NMS) has also improved. CSCI data shows that all types of service (with the exception of domiciliary care agencies where inspection only began in 2004) met on average between 15% and 20% more of the NMS on 31 March 2006 than at the same point three years previously.<sup>2</sup>

**1.12** We need to continue this progress, and ensure we get the best value for money from all current and any future investment. The short-term actions outlined here are the responsibility of a range of stakeholders, and in many instances support existing work programmes. Other actions will require additional resources but should result in longer-term savings.

**1.13** This report aims to address underlying issues that have yet to feel the impact of current reforms, and to set the agenda in order to make a reality of the long-term vision for the social care workforce in 2020. It contains options for short and longer-term action at all levels – for central and local government, for partner organisations, leaders and managers, and for workers themselves.

## Next steps

**1.14** The vision and priorities for change set out in this report provide an agenda for employers, the workforce, local and central government, and national agencies with responsibilities in social care, over the coming years. This report has set out some early actions, and possible longer-term options to be considered, across the full range of priorities for change.

**1.15** The Government expects to update on progress against the early actions in the updated *Children's Workforce Strategy* by April 2007 and through the White Paper *Our health, our care, our say* implementation process. These priorities will inform the Government's remits to partner organisations and the guidance it produces for the social care workforce.

**1.16** The options included in this report will also inform the Government's decisions on the allocation of funds for social care identified in this and future Comprehensive Spending Reviews, which will set funding levels for the future, within a tightening fiscal context. Decisions on options that can be achieved within existing resources can be taken forward in the short term but any other decisions will be dependent on future spending decisions and investment by those involved in commissioning and providing services. We will ensure the net costs of any new burdens placed on local authorities are fully funded by Government.

# Looking to the future: a vision for the social care workforce of 2020



**2.1** The Options for Excellence Review has produced a vision statement for the social care workforce. All of the options set out in Part Two have been chosen because they will help to achieve this vision. Our vision is that by 2020 we will have a **highly skilled, valued and accountable workforce** drawn from **all sections of the community**. This **trained and trusted** workforce will work within the ‘**social model of care**’\*, looking at individuals in their personal, family and community context, and providing imaginative and innovative services. Alongside **carers, volunteers and workers from a range of other services**, the workforce will make a **positive difference, contributing to people’s health, happiness and well-being**.

**2.2** The workforce will have the following characteristics:

### PERCEPTION

A positive public perception of the social care workforce.

Social care workers receive recognition for the work they do.

The workforce is proud of its role in society.

### PARTICIPATION

Workforce reflects the community it serves.

The views of users and carers inform decisions and shape the services provided.

User-driven structures for inspection and regulation.

### PARTNERSHIP

All work within the social model of care – recognising the individual in family and community context, improving their own ability to overcome challenges, using local support networks and public services to stay independent.

Social care works in partnership with other professionals and sectors, with social care playing a key role in integrating services.

### PROFESSIONALISM

Workers are trained, skilled and appropriately qualified.

All in the workforce are well supported, led and managed.

Excellent standard of care provided by the workforce, applying knowledge and reflecting on practice.

Workforce is proactive and responsive to changes including technological developments.

Workers are registered and accountable.

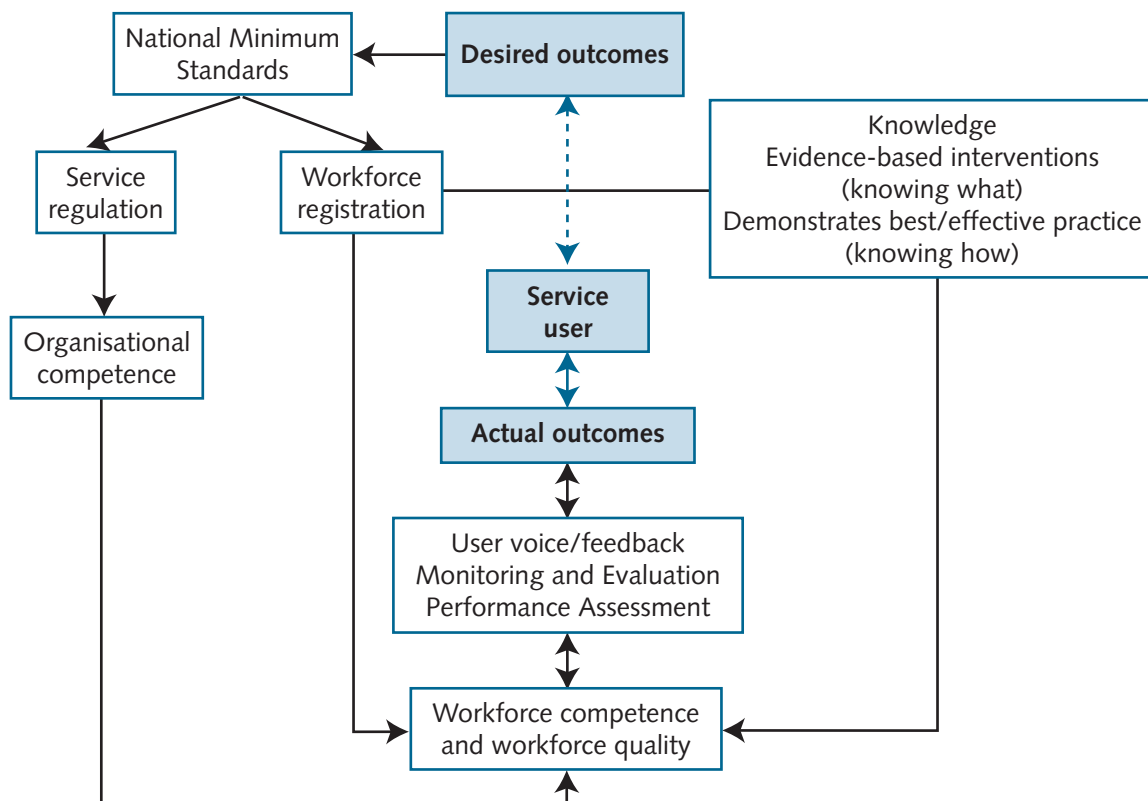
\*See Annex B for more information on the social model of care.

**2.3 Making this vision a reality would require the commitment of all those individuals in the delivery of social care: from central Government setting the direction at national level to local government, employers, leaders, managers and workers.** Building a workforce to meet changing needs, expectations and circumstances will not be easy. Some steps can and will be taken forward in the short term but others will require more time and investment.

## The Quality Framework

**2.4** The options outlined in Part Two to achieve this vision fit together within a quality framework for the social care workforce developed as part of the Options for Excellence Review. The framework sets out the key components for assuring quality and for promoting good practice across the social care workforce, centred around the needs of service users. Workforce competence and knowledge are key components of the framework, as is user and carer feedback, monitoring and evaluation.

Figure 1 – Quality Framework for the social care workforce



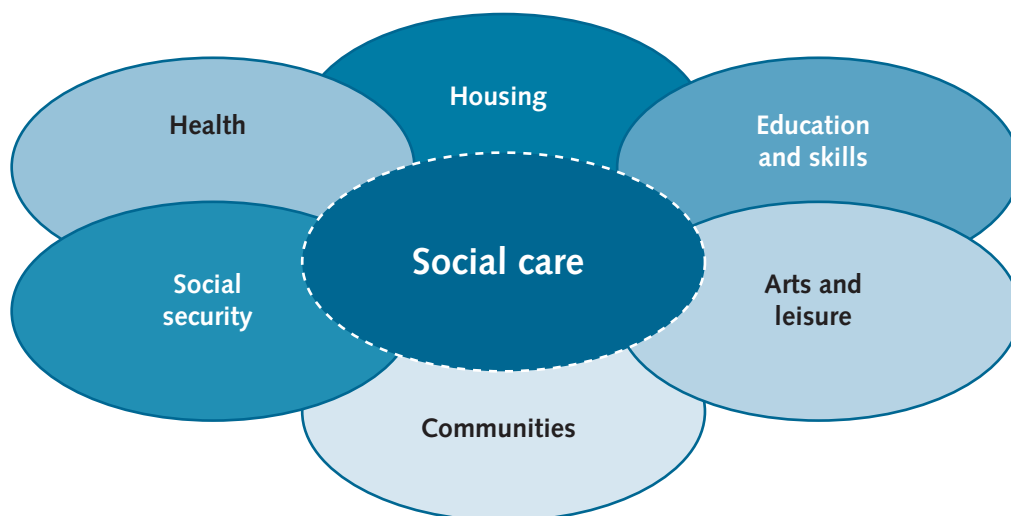
# Why an excellent social care workforce matters



## What is social care?

**3.1** The term 'social care' refers to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in difficult situations and manage complex relationships.<sup>3</sup> Social care works in partnership with many other public services, and often acts as the 'glue' that joins these services together, around the needs of the service user, as well as having a role in its own right. Therefore, social care has to be flexible across roles, responsibilities and organisational and sector boundaries, as its remit and scope change to meet the needs of users and carers, as illustrated below.

Figure 2 – Scope of social care



**3.2** The social care sector is characterised by a diversity and multitude of employers, job roles and methods of working, reaching two million service users and including over 30,000 provider organisations. Local authorities employ around a third of the workforce directly, with the remainder employed in the private and third sector (62%). These consist of large corporations and small local enterprises, as well as not-for-profit voluntary organisations. The social care sector also has a growing self-employed workforce of both professionally qualified and frontline carers, such as personal assistants and other community-based practitioners and independent social workers. In addition, increasing numbers of service users who hold individual budgets or receive direct payments are becoming employers.

## Workers

**3.3** When the report refers to 'social care workers' this means primarily those working in the sector who may have vocational rather than professional qualifications (for example, domiciliary workers, personal assistants and support workers) who provide personal care and support services to individuals, families and communities to improve their lives.<sup>4</sup>

**3.4** There are also a range of professional groups working in the workforce (such as social workers, nurses and occupational therapists). The term 'social workers' refers to those workers trained to assess and respond to people with complex personal and social needs. It is a protected title and can only be used to refer to those workers who are qualified and registered and hold a social work qualification recognised by the General Social Care Council (GSCC) (see paragraph 3.9). Social workers carry out a variety of tasks, including casework, acting as an advocate, risk assessment and working as a care manager. As a profession, social work promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.<sup>5</sup>

**3.5** The Skills for Care (SfC) *The State of the Social Care Workforce Report 2004* estimates that 922,000 people are in paid employment in core areas of social care, defined as including social work, residential, day and domiciliary care staff in all sectors, agency staff and a limited number of NHS staff. The wider social care workforce is estimated at 1.6 million including childcare and early years, additional NHS staff with caring functions, foster carers and adopters, and some school staff.<sup>6</sup>

<b>Core social care workforce</b>	922,000 people <sup>7</sup> <ul style="list-style-type: none"><li>– 12% local authorities (area office/field work staff)</li><li>– 18% domiciliary care</li><li>– 10% day care services</li><li>– 50% care homes</li><li>– 3% agency staff</li><li>– 7% NHS staff</li></ul>
<b>Unpaid carers</b>	5 million people (estimate) <ul style="list-style-type: none"><li>– 69% spend 20–49 hours per week caring for another person(s)</li><li>– 20% care for more than 50 hours per week<sup>8</sup></li></ul>

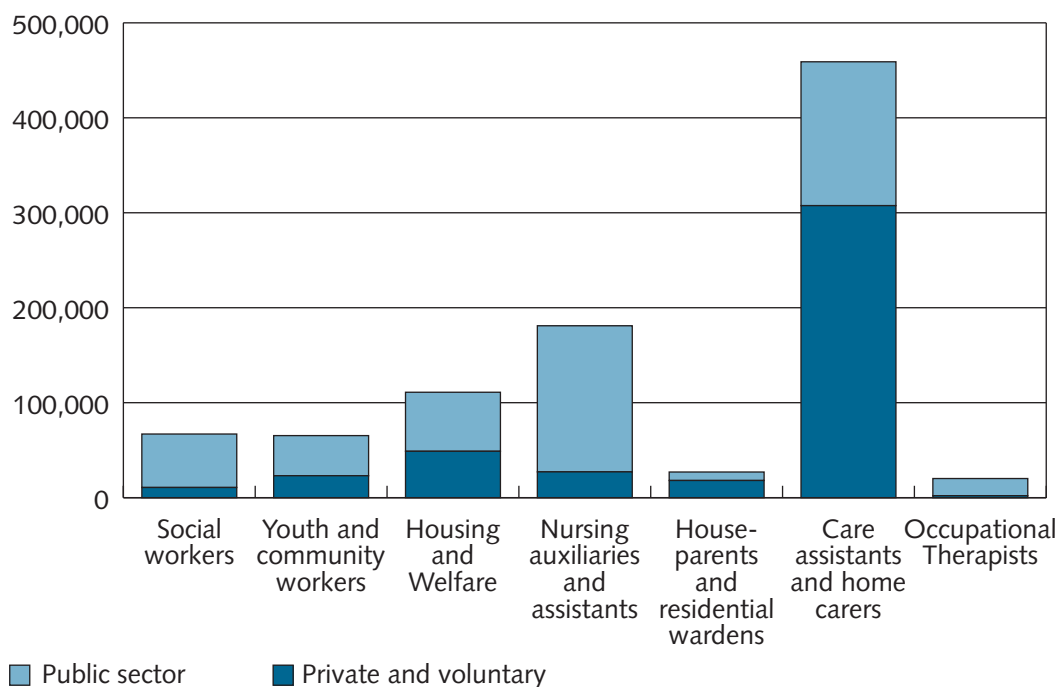
**3.6** Of the 922,000 workers in the sector, almost two-thirds work in services for older people:

Service	Headcount (and % of total)
Older people	559,000 (61%)
Adults with disabilities	177,000 (19%)
Children's services	123,000 (13%)
Mental health	63,000 (7%)
TOTAL	922,000 (100%)

**3.7** There are many different professional and occupational groups within the social care workforce. The chart below indicates the range of different types of workers in care-related occupations in England.

**3.8** For both children's and adults' services, there is an increasing drive for every service user to have a lead professional to act as the main point of contact and advocate, and to guide service users and their carers/families through the system. The lead professional will be whoever is best placed to carry out the role; they will not necessarily come from social care, but could be, for example, an

**Figure 3 – Workforce distribution** (data taken from the Labour Force Survey 2003 used in the Skills for Care *The State of the Social Care Workforce Report 2004*)



education, health or housing worker. The Government are currently piloting a range of models whereby lead professionals will also have the ability to purchase services or other forms of support on behalf of the service users – a budget-holding lead professional. In addition to budget-holding lead professionals, there is also increasing use of direct payments in social care, where service users control their own care.

**3.9** Many professional titles are protected in law, which means they must only be used by people who are properly qualified, registered and accountable for their work. Several professional titles used in the social care sector, such as nurse and occupational therapist, have been protected for some time and the title 'social worker' became protected on 1 April 2005.

**3.10** In Scotland, the *21st Century Social Work Review* set out a new direction for social work, and defined the role and tasks of social workers. Options for Excellence has considered the importance of looking at similar issues for England and having an authoritative statement about the purpose, value, role and contribution of social work in the context of the Government's new policies for social care for adults, children and families. A draft statement for consultation will be published in December 2006, which will define the social worker role and its relationship to the work of other groups in the social care workforce and other sectors. The statement will be one which can be used by Government and key organisations in England to:

- support the development of standards and good practice across social work settings;
- ensure social workers are carrying out tasks appropriate for their training and experience;
- inform the general public, service users, carers and workers about what social work can offer; and
- commence the process of defining the role of other social care workers.

## Carers and volunteers

**3.11** In addition, it is important to recognise the contribution made by unpaid carers, often supporting family members, friends and relatives. There are approximately 5 million informal carers and this care is worth an estimated £57 billion per year.<sup>9</sup> Social care helps to assist these carers and allows them to be more productive by supporting them through work or training courses.

**3.12** Volunteers also play a crucial role in improving outcomes for service users. Through volunteering, many individuals gain skills and experience that they

would not otherwise have obtained, and become interested in employment in social care.

**3.13** Developing a better understanding of what roles and tasks are needed across social care, and who can undertake them, is essential. The Options for Excellence Review has recognised that unpaid carers are a vital part of the workforce. Unpaid carers face many of the same issues as the paid workforce, although there are clearly specific difficulties which unpaid carers have to overcome. These are addressed in Part Two of the report.

### Why excellent social care matters: the socio-economic benefits of social care

**3.14** Social care plays a key role in safeguarding children and adults from harm. From securing placements for children in care to supporting people who care for elderly friends or family, social care assists people to lead healthy, happy, safe and stable lives. It protects adults and children by taking action to overcome difficult situations.

**3.15** In supporting those at risk of harm, social care plays a role in maintaining a stable and cohesive society. Social care helps individuals who are more likely to harm others, such as those with alcohol or drug addictions who may turn to crime to try to fund their addiction. Social care gives people choice and control over how they resolve the difficulties they are facing, and aims to ensure that people are able to retain or regain their independence. Support and intervention in these cases can have wider social benefits, such as reducing crime, helping to reach out to the most socially excluded people and increasing the productive capacity of the economy by increasing the number of people in work, and, potentially, the labour force's productivity.

**3.16** In some circumstances social care is provided by family or friends, in other cases individuals look to the state for support and provision of care. Sometimes the state has a statutory duty to intervene, as in child protection cases. Regardless of who provides it, society expects that:

- care is available for those who are unable to look after themselves;
- people will not be isolated and left without help;
- children and adults at risk of harm will be protected;
- people will be given choice and control over their own lives; and
- people will be able to retain their independence wherever possible.

Media reactions to high-profile cases where care has not been adequately provided illustrate these expectations.

**3.17** By looking at society as a whole, and helping those who feel excluded from society to resolve difficulties, social care provides a vital service to around two million people. The specific support provided by social care cannot be offered by universal services, such as health and education.

## Why an excellent social care workforce matters

**3.18** As the workforce accounts for around 80% of expenditure in social care,<sup>10</sup> the service provided *is* the workforce, and the relationships workers build with service users and carers are essential. The experience of people who receive social care is largely based on the people who work with them rather than on the provision of equipment or resources. It is crucial to support and develop this workforce if we are to provide a quality social care service in this country.

**3.19** Good quality social care is founded on strong relationships and regular contact between workers and service users and carers: relationships formed to achieve real change and better outcomes. It requires human input and resource: it is the people who provide the care that make the difference. Focus groups with children, held as part of the Options for Excellence Review, confirm the value that service users place on the relationship with workers. Children said that a social worker “asks what you want rather than telling you what you need”, “lets you have your own say”, and that their carers “should help you with making choices and decisions as they know you better than most”.<sup>11</sup> In a study of service users’ views about what makes a quality residential care home, key factors included the nature of the workforce in terms of age, experience and staff continuity.<sup>12</sup>

**3.20** To be excellent, the workforce needs to be properly trained and skilled. Many workers in the sector are fully qualified and capable of carrying out the highly skilled tasks required of them in the course of their jobs. However, some within the workforce lack essential skills, both basic skills such as literacy and numeracy, and specific social care training or qualifications. Improved skills levels are an important driver of productivity and support broader Government targets on training and skills levels in the national workforce as a whole.

**3.21** Where good quality social care interventions take place, these can address many of the Government's wider aims of well-being for individuals, families and communities, including:

- increasing the proportion of older people being supported to live in their own homes;
- tackling social exclusion and supporting neighbourhood renewal; and
- safeguarding children and promoting their welfare to enable them to gain maximum life opportunities and ensure they are safe, healthy, enjoying and achieving, making a positive contribution and achieving economic well-being.

**3.22** This applies not only to central Government, but also to local authorities, who commission and directly provide social care services for the benefit of their local communities.

**3.23** The Government recognises that a strong, committed social care workforce is needed to meet these challenges, and to deliver the ambitions set out in *Every Child Matters* and the White Paper *Our health, our care, our say*. Both strategies place a strong emphasis on early intervention and prevention, in which social care can provide a vital role. Both emphasise the need for services to focus on outcomes for users. These ambitions are summarised below as:

**Outcomes for children:**

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

**Outcomes for adults:**

- improved health and emotional well-being;
- improved quality of life;
- exercise of choice and control;
- making a positive contribution;
- economic well-being;
- freedom from discrimination or harassment; and
- personal dignity.

**3.24** The rationale for Government intervention in social care and the social care workforce is two-fold:

- First, in the absence of Government intervention, people may not be able to obtain the social care that they need, when they need it. This is due to 'market failures', for example when service users cannot obtain the information necessary to make informed choices about the amount and type of social care provision that they require.
- Second, a private market may not lead to beneficial outcomes for all service users; there could be instances where the burden of care may be taken on by a minority of people and government intervention is required to tackle such inequities.

**3.25** The spectrum of involvement of social care ranges from the kind of problems that people can deal with themselves, such as caring for an ill, frail or disabled family member(s) or friend(s); to services for those with more complex needs. These include services for those with mental health difficulties, protecting children from harm, taking care of the elderly in their homes, as well as intensive support and involvement such as residential care. In particular, social care plays a key role in building up the capacity of communities to solve their own problems. This supports the Department for Communities and Local Government's (DCLG) commitment to create better, sustainable communities and in particular to improve the quality of life for those living in the most disadvantaged areas.

**3.26** Within a European Union (EU) context, social services are seen as fundamental to social cohesion, and their transformation and employment potential are an integral part of the Lisbon Strategy.<sup>13</sup> Social services contribute to several essential objectives and values of the EU, such as high employment, high levels of social protection, high levels of health protection, gender equality, and social and territorial cohesion. The European Commission is undertaking various initiatives in relation to the social care workforce.

# Where we are now: current and future challenges



## Framework and context

**4.1** Structural reforms in recent years have brought significant changes to the social care workforce, including integrated working, information sharing and common assessment processes in both adults' and children's social care services. Social workers are now sometimes employed in multi-agency, inter-professional teams, such as family support teams, youth offending teams, community mental health teams and integrated teams for older people. There is much enthusiasm for innovative and new ways of working in the social care workforce, but a range of factors, including systemic barriers, inhibit such developments. For the last three years, Skills for Care (SfC) have led a programme of pilot 'New Types of Worker' projects that have provided significant action learning on workforce remodelling.

**4.2** In children's services, moves have been made to address these issues, including through the creation of the Common Assessment Framework. The White Paper *Our health, our care, our say* led to the development of a Common Risk Framework, a Common Assessment Framework for adult services, and integrated health and social care plans for people with long-term conditions.

**4.3** There has been a move towards services offering choice, independence and personalisation for service users. The White Paper *Our health, our care, our say* sets out a vision of community health and social care services tailored to the individual's needs. These services are to be personal, offer choice and control to the user, be delivered near to or in people's homes, and ensure that different services work effectively together.

**4.4** Within local authorities, as part of the *Every Child Matters* programme, children's social services are now integrated with other local authority children's services, including education. The aim is for the child to be at the centre of the process, surrounded by a multi-agency team if appropriate, so that earlier interventions are possible.

## Current challenges

**4.5** In a highly effective workforce:

- staff would be well trained, appropriately qualified and motivated;
- vacancy rates and turnover would be at a manageable level; and

- workers would feel supported in their work by excellent leadership and management.

This is not currently the case in all areas of the social care workforce, and there are challenges to overcome to make progress towards this.

#### 4.6 We are not attracting enough people to work in social care.

- Local government data shows that, in 2005, the highest vacancy rates in social care were for care staff in children's homes (15.1%), occupational therapists (13.6%), and care staff in homes for adults with physical disabilities, mental health problems or learning disabilities (12.3%).
- In 2005, an estimated 5.8% of the total local authority social care workforce were agency workers.<sup>14</sup>
- The vacancy rate in the social care sector is double that for all types of industrial, commercial and public employment.<sup>15</sup>
- The vacancy rate in social care is much higher than that in secondary school teaching (0.9% in 2005) and for qualified nurses (0.9% in 2006).<sup>16</sup>

**4.7** Evidence gathered as part of recent research carried out by the Children's Workforce Development Council (CWDC) does not indicate that there is a direct link between the levels of pay and rewards and recruitment and retention across the children's workforce, as a general rule. Other factors, such as non-financial rewards and job satisfaction from working with children contribute to an individual's contentment within a job. However, lower pay is regarded as a factor in the high turnover of staff in some occupations, and better management and training will not be enough to address all of the issues around pay and rewards identified in the research.

**4.8** Further research also suggests that the key reasons for high vacancy rates include poor public perception of working in social care and a lack of career advice. Those who leave the sector often refer to stress, related to poor management and high caseloads. Further work is required to look at the relationship between recruitment and retention difficulties and the issues raised in the research.

**4.9** However, demographic trends suggest that demand for social care services is likely to increase. It is predicted that from 2006 to 2020, the number of staff working with older people will need to rise by over 25%, to meet demographic pressures.<sup>17</sup>

**4.10** Where we are successful in recruiting workers, we don't always get the right kind of workers, and it is not always easy to support them.

- Increasingly, we are dependent on **international recruitment** to fill vacancies. The Labour Force Survey shows that around 95,000 (11%) of the social care workforce were born outside the UK and that 5,000 out of the 75,000 registered social workers qualified overseas.<sup>18</sup> In addition, with EU expansion, citizens of the 25 EU Member States have a right of access to the UK without requiring a work permit. While this helps to address recruitment problems, research has identified practical, linguistic, cultural and working difficulties for many of these overseas recruits.<sup>19</sup> Many will need support in basic skills and ongoing development.
- **Agency staff are often brought in to fill vacancies.** This can impact on the quality of the service provided in terms of continuity, quality and reliability, and have an adverse effect on outcomes. There is also a significant financial cost for employers using large numbers of agency employees.
- Effective recruitment is also hindered by difficulties attracting the right kind of workers. **The workforce needs to reflect the diverse community it serves:** failure to understand particular cultural or language issues can create barriers to service users. Recruitment strategies need to include looking at ways to recruit from the local community, including recruitment of those who have received services in the past.

**4.11** Even when we recruit people into the workforce they do not always stay, as illustrated by:

- Turnover rates in the local authority social care workforce have averaged around 12% between 2001 and 2005.<sup>20</sup>
- In 2005, 49% of local authorities scored their retention difficulties for children's social workers as being difficult or very difficult.<sup>21</sup>
- Turnover levels are highest among home care staff, occupational therapists and children's social workers.

**4.12** To address these challenges, we have identified a number of key priorities for action now and options for the longer-term, which would be dependent on the funding available. These are at both national and local level, and include:

- **Appropriate support** – particularly for new workers – from supervisors, managers and leaders to ensure that staff feel valued and committed to their roles.<sup>22</sup>

- **Training should include support for continuing professional development.** Local workforce strategies need to include a focus on training and development to equip workers to deal with change and support career progression. There also needs to be a focus on practice-based learning, on what skills are needed and what works on the ground. Although many professionals have a career development requirement to renew their registration, it is not only professionals who should receive support from their employers for ongoing training.
- **Career development and progression opportunities.** Opportunities for career development are particularly difficult for people who work in direct practice with service users where often the only promotion route is into management. If a frontline worker moves into management as a matter of good people management practice, they should receive a comprehensive induction and appropriate management training.
- **Effective supervision and systems for managing workload should be the norm,** but this is not always the case in social care. This is often attributed to managers' high workloads as a result of staff shortages. Supervision has been identified as a key factor in the retention of staff.<sup>23</sup> The intensity and pressure of work in some fields such as child protection endangers reflection and supervision time.<sup>24</sup> A lack of proper supervision can result in work overload, stress, sickness absence and workers leaving the sector, further exacerbating workforce shortages.
- **Addressing key issues in leadership and management,** including the need to embed the existing approach offered by the SfC and CWDC Leadership and Management Strategy. This strategy promotes a common approach to leadership and management development based on a whole systems model that integrates individual and organisational needs. It can be applied to all leaders and managers and to any size of organisation, whether a large social services department, a small care home or service users managing their own service.
- **Improving human resource management,** including strategic support to Directors of Adults' and Children's Services, and Public Health, in local and integrated workforce planning. Ineffective HR management can contribute to delays in workforce reform, failure to tackle recruitment and retention issues and a lack of longer term planning, including looking at, for example, the ability of social care employers to 'grow their own' employees.
- **Drawing clear lines of management accountability.** Lord Laming stated that "the single most important change in the future must be the drawing of clear lines of accountability."<sup>25</sup> A lack of clear lines of accountability results in unclear role definitions and a feeling of lack of support among employees, which may lead to negative outcomes.

- **Extending registration** to develop the accountability and professionalism of the social care workforce.
- **Using commissioning as a tool to raise quality in social care services**, including improving the skills of commissioners themselves, so that they are able to focus on improving outcomes for children and adults, and to consider workforce quality as part of the commissioning process.

## Future challenges

**4.13** Over future years, the social care workforce will not only have to overcome today's challenges, but will also have to adapt to wider changes, including an ageing population, changing public expectations and the development of new technology.

**4.14** Users' expectations of social care are changing as we move to a system where users have greater influence over budget decisions and can exercise their ability to choose the most appropriate services for their individual needs.

**4.15** The social care workforce has proved over the past twenty years that it is adaptable and flexible. To respond to future changes in society, local and central Government and employers will need to enable the workforce to be flexible, open to opportunity and willing to be innovative when circumstances are difficult.

## Demography

**4.16** Our population is ageing. Over the next twenty years, the number of people aged 85 or over is predicted to increase by two-thirds, compared to an estimated 10% growth in the overall population.<sup>26</sup> Not only are people living longer, but their needs are becoming more complex as shown by:

- the number of people with cognitive impairment, such as dementia, is predicted to increase from 461,000 in 1998 to 765,000 in 2031, at a rate faster than the predicted increase in numbers of people with functional disability alone;<sup>27</sup>
- the number of older people who have a high level of need for services is expected to increase by 54%;<sup>28</sup> and
- the number of people with a severe learning disability is likely to increase by between 1% and 2% per year for the next 15 years.

**4.17** The social care workforce itself will also be ageing, so we will need to capture the potential contribution of older workers and attract and retain younger workers.

**4.18** Despite a 4% reduction in the proportion of children in the population, evidence suggests that the number of children with complex and significant needs appears to be increasing.<sup>29</sup> In the past ten years, the prevalence of severe disability and complex needs in children has risen. This is due to a number of factors, including increased survival of pre-term babies and increased survival of children after severe trauma or illness.<sup>30</sup>

## New models of care

**4.19** We know more today about users' views of what tasks and skills they want from their social care workers and social workers. Service users are given choice and control over the social care services they receive, and participation of users in decisions is becoming the norm. To adapt to this new model of care, the workforce will have to work in different ways, have new skills and work flexibly across organisational and professional boundaries, involving a wide range of service providers such as health, housing, education and youth justice.

**4.20** Users often want to choose for themselves what services they need, where they are able to do so. The views and aspirations of service users and carers need to move to the heart of commissioning practice, in a way that engages people in the development of options, including considering their affordability.

**4.21** Users' expectations of the type of workforce they want are similar among both adults and children. Human qualities are stressed as important, such as respect, willingness to listen, courtesy, warmth and accessibility, as well as skills acquired through training.<sup>31</sup> Continuity of the relationship with a specific worker/s is also important.

## New technologies

**4.22** Advances in technology, and in particular in Information and Communications Technology (ICT) equipment, are already impacting on the social care sector. Laptops, hand-held mobile devices and internet training packages are changing the way people work, including providing better management and exchange of information. Assistive technology is increasingly used for people needing support, and staff in the sector will need to work with these advances to enable people to continue living independently.

**4.23** In future years, as technological advances continue, we will need to improve ICT capacity and understanding in the social care workforce to keep up with developments.



## PART TWO

We have seen in **Part One** why the social care workforce is important, reviewed present and future challenges and set out the vision for the workforce in 2020. **Part Two** of this report includes proposals and options that have been developed over the course of the review. These are structured in a way that illustrates where we want to be in 2020; include views and opinions on what the sector wants and needs; highlight areas of good practice; and set out proposals that have been generated by the review.

Part Two includes actions that we can take forward in the short term, working with our partners in the sector. There are also options for longer-term action up to 2020; many of these are dependent on future decisions about resources.

The proposals in Part Two have been grouped as follows:

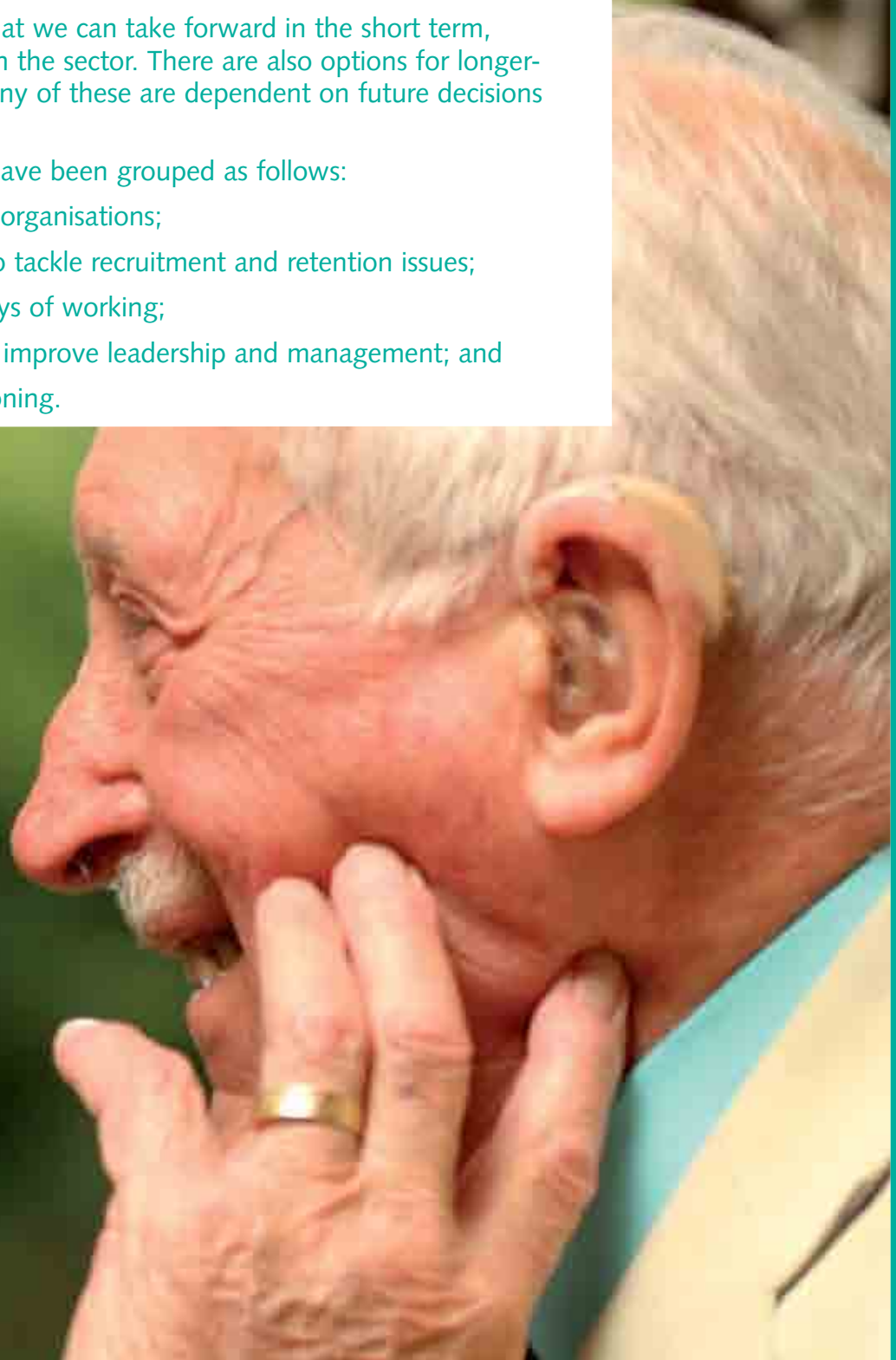
Chapter 5 looks at learning organisations;

Chapter 6 considers work to tackle recruitment and retention issues;

Chapter 7 explores new ways of working;

Chapter 8 presents ways to improve leadership and management; and

Chapter 9 covers commissioning.





# Learning organisations



Our vision is that by 2020, the social care sector will be made up of learning organisations demonstrating a commitment to continuing professional development (CPD) for all those within the sector and to raising the quality of their practice. This chapter sets out a range of work grounded in effective Human Resources (HR) systems and practices for workforce planning and development to ensure that this ambition can be realised for all. It considers how to:

- further integrate professional development for all workers in all organisations;
- improve the quality of experience and learning for newly qualified social care professionals;
- provide better support for those newly appointed to managerial positions;
- improve capacity for research in social care, including ways to allow managers and practitioners to keep up to date with the latest research;
- integrate the views and experiences of services users in workforce development; and
- increase the availability of high quality practice learning.

## 5.1 Further develop and integrate continuing professional development (CPD)

“We do not yet have a profession in which continuing professional development is taken for granted.”

CHILD PROTECTION ADVISER

### Where it works

NCH, the children's charity, has developed a CPD pack as an in-house tool to enable staff members to:

- provide evidence of their learning and development achievements;
- demonstrate their personal investment in self-development; and
- extend options for their own learning.

The pack offers a systematic approach to personal development irrespective of grade or job role as all staff have access electronically. It takes account of the fact that learning is more effective when it is integrated with normal working activities and is not regarded as something separate, additional or a burden.

Initial indications are that this is supporting managers in the development of a learning culture in which individuals take responsibility for their own learning.

### The vision for 2020...

...CPD will be available to all, regardless of professional status or employer. Members of the workforce will be supported in developing skills and producing personal development plans which promote lifelong learning and career progression.

### Early action...

- Build on the Skills for Care (SfC) and the Children's Workforce Development Council (CWDC) CPD strategy and framework to produce a Charter for CPD to be endorsed and adopted by partner organisations on a voluntary basis.
- The Charter should:
  - Demonstrate the sector's commitment to the ongoing learning of the workforce. Responsibility for implementation of the Charter will rest jointly with employers, including those in the private and third sectors, and with individual workers;
  - link to commissioning, registration, the new CPD framework and Post Registration Training and Learning (PRTL); and
  - include a commitment to equal opportunities for all those working in multi-agency settings to access a minimum level of CPD.

- Disseminate the good practice set out in General Social Care Council (GSCC) Code of Practice for employers of social care workers in relation to supporting workers to carry out CPD activities.
- Continue to support National Vocational Qualifications (NVQ) training in the private and third sectors for workers to achieve the relevant NVQ status.
- Encourage all employers to develop plans to ensure their employees have Level 2 training in literacy and numeracy.

**Options for the longer term...**

- Consider methods for assessing an organisation's commitment to CPD through commissioning and inspection processes.



## 5.2 Support for newly qualified social care professionals

“There are often enormous emotional demands on staff in social care where they are frequently working with people in difficult circumstances. This can make working in social care both rewarding and particularly stressful and is where induction, training and continued supervision are important to help staff to manage these issues.”

SOCIAL WORKER

### Where it works

Leicestershire County Council Social Services Department has developed a programme of support for newly qualified social workers through Common Learning Sets. After completing a departmental and team-based induction, staff are invited to attend a series of workshops, which will commence in their first six months of practice, with one workshop per month. The workshops cover topics such as the involvement of service users and carers; assessment and recording; and self-management techniques.

The programme uses the post-qualifying (PQ) awards as its basis, and staff begin the PQ programme after completing the workshops. This gives newly qualified workers a clear path for CPD, and ensures training and development support is focused upon what is required of them in their complex roles as social workers. Evidence so far suggests that staff value the opportunity to reflect on their learning in their first twelve months of practice, and the link to the PQ framework is invaluable, particularly as they stay together as a group to complete their PQ1 award in each service area.

### The vision for 2020...

...employers, supported by other partners and, where appropriate, Higher Education institutions (HEIs), will ensure that all newly qualified professionals and new and returning entrants to social care are provided with a structured induction package offering supervision, mentoring, workload management and the development of wider skills.

### Early action...

- Promote implementation of the SfC national induction programme for social care workers in adult services and the CWDC induction framework for children's social care workers.

- Work with employers and national partners to support new and returning workers (including newly qualified social care professionals) in receiving effective induction, including training, supervision, mentoring support, workload management and skills development.
- Consider any recommendations which emerge from the evaluation of the social work degree, which will report in 2007.

**Options for the longer term...**

- Establish a Newly Qualified Social Worker (NQSW) status, similar to the Newly Qualified Teacher (NQT) status in teaching, for the first year in practice and after qualifying, which will provide a full induction programme to build on initial training and set the tone for future career development.
- Link induction to early stage qualifications, including a post-qualifying award related to a specialist area, for example childcare or mental health.

### 5.3 Strengthen and make better use of teaching and research in social care

“Central to effective new ways of working is having research evidence and research mindedness in all practitioners and managers. Everyone needs to be concerned with constant improvement and this must be evidence-based.”

PROFESSOR OF SOCIAL WORK

#### **Where it works**

A joint initiative between the University of Bedfordshire and Luton Borough Council's Children and Learning, Housing and Community Living Departments was created in 2005, called the Centre for Development of Social Care Practice. The centre was established to provide practice-based learning opportunities for social work students and to develop CPD opportunities for newly qualified social workers, experienced social work practitioners and social care staff who are interested in acquiring further experience and qualifications. The centre supervises a range of projects to provide learning opportunities and offers partner agencies a valuable resource for exploring important practice issues.

The practice learning opportunities provided to students have influenced workforce development within Luton Council. Students are encouraged to be creative, combining opportunities to enhance their learning while contributing to the provision and delivery of a service.

#### **The vision for 2020...**

...workers will be able to access quality teaching and research and to make decisions founded on a sound evidence base.

#### **Early action...**

- Take forward the findings of the joint DfES and DH Strategic Learning and Research Advisory Group (StLaR)<sup>32</sup> which has identified actions to improve research capacity in social care, including capturing existing research and building up an evidence base.
- Ensure employers are able to access good practice networks (either through existing arrangements or by putting new ones in place) to help identify and disseminate what works in terms of integrating research into practice and vice versa. Employers will recognise the importance of research and incorporate it into CPD arrangements.

- Encourage universities to develop research in social care management (including HR) and practice, and incorporate it into qualification standards for managers and practitioners. Universities need to build capacity for supplying education and embedding and disseminating research across the sector.
- Consider the results of the UK-wide Social Care Institute of Excellence (SCIE) consultation on social care research, which SCIE is undertaking on behalf of central government.

#### **Options for the longer term...**

- Develop joint posts such as practitioner/researcher, practitioner/teacher, user/researcher and user/teacher between universities and local employers and support jointly funded initiatives.
- Make more systematic use of research into good practice to inform the future content of training, CPD and qualifications.
- Promote a step change in the quality and quantity of social work research in HEIs, including increased investment in research infrastructure and in workforce research.



## 5.4 Integrate the views and experiences of service users in workforce development

“All staff should have induction training, which would include training by service users on how they want to be supported, and what they expect from staff supporting them, as well as person-centred planning/approaches training.”

TRANSITION DEVELOPMENT WORKER

### Where it works

The Involve Project supported by the Joseph Rowntree Foundation was set up to find out the desired outcomes for users of palliative care social work (both people with life-limiting illnesses and conditions and people facing bereavement). The project identified their views about the strengths and weaknesses of existing practice, as well as their ideas about preferred outcomes and training needs for the future to improve practice.

It established user-defined outcome measures for such social work practice and is an example of linking research, practitioners and service users at national level to improve the quality of practice and the social care workforce through developing inclusive evidence. Findings from the project have regularly been fed back to specialist palliative care social workers, their professional organisation and their agencies to inform improved practice.

### The vision for 2020...

...all education and training for the social care workforce will involve service users and carers, and be outcome focused.

### Early action...

- Build on existing good practice such as the involvement of service users and carers in the social work degree, induction, NVQs and expert witness programmes.
- Encourage and support employers to develop strategies for involving service users in designing services, training the workforce and evaluating outcomes.

### Options for the longer term...

- Implement an evaluation system to assess the impact of training and qualifications on outcomes for users and carers in order to highlight what works and embed good practice across the workforce.
- Ensure initial training develops an understanding of the desired outcomes and how practice impacts on bringing about those outcomes.

**Where it works**

Common Aims, a partnership between SCIE and Shaping Our Lives, the national user network, has developed a user-led strategy to support service users' involvement in social work/social care education. The project has brought together a diverse range of service users and representatives from key national social work/social care education and training organisations to develop and seek to implement a strategy for effective user involvement in social work education at national and local level.

The initiative is in its second developmental stage and success so far can be seen in the requirement for user involvement in all aspects and stages of the social work degree and post-qualification studies.

## 5.5 Work-based practice learning

“At the beginning of my placement, I was very nervous, anxious and had low self-confidence as a result of my inexperience. My fears and anxieties of being incompetent and inadequate remained unfounded as a result of constant reflection and invaluable supervision. Now at the end, I feel that I am well on my way to developing competence as a practitioner and look forward to the challenges of my second practice learning opportunity.”

STUDENT SOCIAL WORKER

### Where it works

Sefton Social Services' Learning Resource Network organises support groups for their practice teachers, the minutes of which are circulated to all practice teachers. There is also an annual newsletter to update everyone with changes in the local degree programme and what is happening in the world of practice teaching. To thank the practice teachers, Sefton organise an annual meeting with the director and management team.

For employers, practice learning placement students bring fresh ideas and with 39% taking up posts in the organisation where they undertook their practice learning, there are also clear benefits for recruitment and retention.

### The vision for 2020...

...it will be standard practice for employers to offer work-based practice learning placements to students and, as part of CPD, to existing staff, and there will be strong partnerships with HEIs.

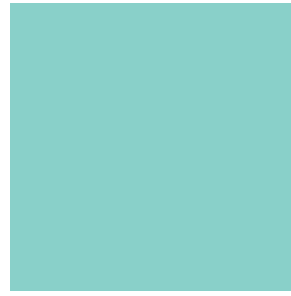
### Early action...

- Enhance the quality and number of work-based learning placements by disseminating good practice in the use of such placements, as identified by the work of the Practice Learning Taskforce set up in January 2003 (now in the remit of the SfC Learning Resource Networks).
- In promoting practice learning, give appropriate emphasis to the need for HEIs and employers to ensure that practice learning opportunities are accompanied by the necessary support and mentoring and that adequate training is offered to mentors and practice educators in the workplace.
- Promote work-based practice learning opportunities within social care for other professions and occupations (such as occupational therapists and nurses) as supported by the White Paper *Our health, our care, our say*.

### Options for the longer term...

- Expand practice learning to cover qualifications and training for the existing workforce, including through CPD and the new Foundation degree provision.

# Recruitment and retention



For too long, the social care sector has suffered from an ‘image problem’ – perceived as an undesirable career choice by those outside the sector, and having high vacancy and turnover rates. The image and public value of social care must be enhanced and send out a clear message that the social care sector is characterised by diversity; with a multitude of people who work in and use that service. We must reduce the stigma associated with the use of social work and social care services and actively demonstrate that social care is a valued choice and is integrally about every day people who use and work in that service.

This chapter looks at how this image can be turned around, not only to recruit new members of the workforce but, importantly, to improve the retention and increase the pride of those already in the workforce. Work outlined includes:

- publicity campaigns to raise awareness of the work that the social care sector does and to improve its image;
- creation of a more diverse sector by supporting workforce development in private and third sector providers;
- promoting the role of people who use services in shaping and delivering services;
- support for informal and formal carers (including foster carers);
- an initiative to ensure safe and ethical international recruitment;
- research into the links between rewards offered in the sector, recruitment and retention difficulties and outcomes for service users; and
- measures to reduce reliance on temporary staff.

## 6.1 Perception and recruitment

“When people ask me what I do for a living, I don't always want to say I'm a social worker because the job has such a bad image. I know what I do is important, but no one else seems to appreciate this.”

SOCIAL WORKER

### Where it works

The Thurrock Council Care Ambassadors scheme has trained five Care Ambassadors to go into schools and talk to year 9 and 10 students about their own work and the career routes they took. The aim is to support students to gain work experience in various settings within the sector and for Care Ambassadors to act as mentors in an ongoing programme of work experience placements. A bursary scheme has been introduced which offers year 10 students £200 per year to help them in their studies. In return they will undertake various work placements, training in issues such as child protection, protection of vulnerable adults, basic first aid and other basic skills training. The scheme has built closer working relationships with the partners involved and provided an innovative approach to engage with young people and raise awareness of careers in health and social care.

### The vision for 2020...

...all those who work in social care will be proud to work in the sector, will be valued by the public for the work they do, and vacancies arising will be swiftly filled by high quality candidates.

### Early action...

- Promote working in the sector through central government action, including the existing recruitment campaigns for social work and wider roles in social care.
- Strengthen the wider image of social care by promoting the extension of the Care Ambassadors scheme to encourage more young people to consider the sector as a career choice.
- Continue work to extend the social care register (operated by the General Social Care Council (GSCC)) to social care workers, including those in residential and domiciliary care.
- Extend the careers pathways project led by Skills for Care (SfC) and the Children's Workforce Development Council (CWDC).

- Develop simplified and streamlined qualifications and development frameworks to show career progression routes, such as the Integrated Qualifications Framework for the children's workforce.

**Options for the longer term...**

- Develop a long-term campaign to raise the profile and improve perceptions of social care services, by focusing on recruitment of new workers. This national campaign will engage employers from all sectors and incorporate a strong local element. It will include targeting high vacancy areas and demonstrating the benefits gained from working with the local community.
- Dedicated recruitment campaigns aimed at under-represented groups, including:
  - black and minority ethnic communities; and
  - users and informal carers who will already have gained expertise from their experiences of social care.
- Focus on recruiting career changers and returners – promoting flexible entry routes to social work and social care occupations.

## 6.2 Supporting workforce development in private and third sector providers

“With about two-thirds of the social care workforce outside the public sector it is vital that independent providers are central to workforce planning and development and that the resources that are available for training and development are distributed in direct proportion to where services are delivered.”

CHIEF EXECUTIVE, REPRESENTATIVE BODY

### Where it works

The Birmingham Care Development Agency (BCDA) provides a vehicle for workforce planning and development for around 650 private and third sector care provider organisations. The BCDA supports its member organisations in a number of ways, including:

- funding for training qualification programmes (in 2004–06, 342 people enrolled on courses);
- recruitment advertising for BCDA members;
- production of induction resources including a workbook and guidance;
- collaboration between care providers, training providers, local authority commissioners and CSCI to develop specific training; and
- regular care provider meetings to enable employers to share and develop knowledge, skills and experience in priority areas such as leadership and management, recruitment and retention, and practice.

It demonstrates the added value of collaborative working between organisations to access different funding streams, and shows the local authority lead role in relation to the whole social care sector workforce.

### The vision for 2020...

...all providers will be able to access workforce development initiatives in the social care sector to ensure that staff in this sector are supported and able to provide high quality social care services.

### **Early action...**

- Develop a strategy to support the workforce development of the third sector, working with the newly created Office of the Third Sector, based in the Cabinet Office, and the Third Sector Commissioning Taskforce.
- Encourage private and third sector workers and employers to access and benefit from existing and emerging national, regional and local workforce initiatives.

### **Options for the longer term...**

- Develop career pathways, as part of the new Integrated Qualifications Framework for the children's workforce and also for adult services. These model and promote routes by which workers can progress their careers in social care across the full range of public, private and third sector employers.



## 6.3 Support for informal and formal carers

“All employers (in all sectors, not just social care) should make allowances for a carer’s situation as they do with parents – flexible working, sensitivity, job share, home working and the recognition of caring as real work.”

CARER

### Where it works

The Princess Royal Carers’ Centre in St Helens produced an annual training plan of both in-house and externally commissioned training courses for carers. The centre employed a training co-ordinator with a rolling programme of courses broken into three key areas:

- training to assist carers in their caring role (for example, moving and handling);
- training to assist carers back into employment (for example, CV writing skills); and
- leisure courses giving carers a break (for example, craft courses).

Carers were able to have a training needs interview to identify suitable training opportunities, and ex-carers were supported to access suitable training to assist their return to paid employment.

### The vision for 2020...

...carers and volunteers will receive the support they need to carry out their vital roles, including access to training, information and advice for their caring role, and support to continue in or return to paid employment.

### Early action...

- Develop options for supporting the commitment in the White Paper *Our health, our care, our say* to an ‘Expert Carers’ programme, to support carers to manage their lives and support the person they assist.
- Commission CWDC to undertake work to support foster carers, whom we recognise as part of the wider social care workforce. This will include developing standards for the support, training and development of foster carers, as part of a comprehensive training and development framework that will be available to all employers.

- Continued implementation of the national minimum allowance for foster carers, which sets a benchmark for the allowance rates for all foster carers – including ‘family and friends’ carers.

#### **Options for the longer term...**

- Develop a comprehensive support, training and development framework for foster and residential carers in children’s services, incorporating the principles of social pedagogy, leading to qualifications, offering flexible working and respite opportunities and including continuing professional development.
- Ensure that systems are in place to enable informal carers to move in and out of the paid workforce both in social care and in other sectors of the economy.
- Consider further options to recognise the important work of unpaid carers, such as extending the ‘Expert Carers’ programme.



## 6.4 International recruitment

“I started work in the UK two years ago and have been really disappointed by my experience of employment here. I was offered no induction, no supervision and no support and got the impression that senior managers didn't want international recruits to be there. Most of the other international recruits I joined with have had similar experiences and gone home.”

SOCIAL WORKER

### Where it works

St Helens, Wirral and Sefton recently conducted a clearly structured recruitment process for Spanish social workers, including comprehensive preparation and a detailed interview process. Potential candidates were assessed for language skills, motivation, and understanding of cultural and societal differences. Working jointly with Spanish authorities, common standards were established for the recruitment process and pay and conditions, including police checks, occupational health, relocation and expenses. Upon arrival in the UK, the Spanish social workers were offered a detailed induction programme, including a local mentoring system and support network.

### The vision for 2020...

...all employers will be clear about their responsibilities when recruiting social care workers from other countries. All international recruits will receive full cultural and professional induction, and mentoring support when they start work.

### Early action...

- Launch the Code of Practice for international recruitment alongside this report. This voluntary code will help employers to recruit from abroad ethically and safely and support international recruits in UK employment. The Code sets out actions employers should take when planning international recruitment campaigns, and aims to address three main issues posed by international recruitment:
  - problems around verifying past records, including criminal convictions, and qualifications, in order to ensure that the potential recruit is safe to work with children and vulnerable adults;
  - cultural, language and skills issues presenting difficulties around training and inducting overseas recruits upon arrival in the UK; and

- supporting ethical recruitment by not recruiting in countries with a shortage of workers.

### **Options for the longer term...**

- Establish a policy to manage known and emerging concerns around international aspects of social care workforce development, including:
  - introducing a sector-wide policy expectation that the Code of Practice is adhered to and appointing a relevant organisation to monitor providers' adherence to the Code; and
  - supporting employers to develop comprehensive training (both cultural/societal and skills-based) and induction/support programmes for overseas workers.



## 6.5 Rewards and incentives

“Pay is an important consideration for the supply of people willing to work in social care.”

COMMISSION FOR SOCIAL CARE INSPECTION (CSCI)

### Where it works

Kent Social Services introduced a staff care package in 1998 and their vacancy rate in social services has since fallen from 27% to under 6%.

The package includes:

- a competency-based career grading scheme offering career pathways from administrative support to senior practitioner;
- a training framework and assessment tool for use in recruitment and progression into senior practitioner roles;
- free health checks, stress management, long service recognition awards;
- quality service awards;
- flexible working conditions;
- extended social work career paths up to practice and development consultant (equivalent to district manager) supporting social workers who wish to progress their career in practice; and
- introduction of a new practice supervisor role to free up practitioners to concentrate on case work.

### The vision for 2020...

...reward systems provide effective incentives to workers to enhance their skills and performance and progress their careers.

### Early action...

- Initiate a project to consider the link between rewards for staff, recruitment and retention, and outcomes for service users.
- Consider the full findings of the CWDC's report on pay and rewards in different occupational groups within the children's workforce. The CWDC report from this project will refine the existing data, analyse the key trends and make recommendations for future action.

**Options for the longer term...**

- Consulting on a social partnership forum as a means for all the stakeholders to discuss service improvement, including rewards.
- Respond to the longer-term recommendations arising from CWDC's report on pay and rewards in different occupational groups.

## 6.6 Reducing temporary staffing

"I have had 30 social workers in 10 years. You get to know one and they leave and you have to start from scratch with a new social worker."

YOUNG PERSON

### Where it works

Brighton and Hove Council has established the Brighton Care Crew to manage and motivate temporary workers and to utilise their skills properly. The Care Crew use a relief pool of care workers to work across a variety of adult care establishments and in children's services. They recruit people to join the pool and contact them whenever work becomes available. They have 230 registered staff and provide about 2,500 hours of work a week for 22 council care services. All applicants undertake a two-week induction course which includes training and shadowing. The scheme began three years ago and has proved extremely successful in terms of saving on agency costs.

### The vision for 2020...

...employers will no longer rely on temporary staff to cover tasks that would normally be carried out by a permanent social care worker. Those receiving care will be able to count on continuity in the person providing their care.

### Early action...

- Disseminate good practice from pan-London approaches to dealing with recruitment and retention – including establishing a framework to reduce dependence on agency staff – through an Options for Excellence supported project led by SfC London region and London Councils.
- Promote a lead professional approach to improve continuity of care, enabling one person to co-ordinate the delivery of multiple services when required by users, so enhancing the attractiveness of the social work role and giving individual workers more autonomy.

### Options for the longer term...

- Implement measures to improve retention of staff in permanent employment (such as improved access to professional development, better management and supervision, improved workload management) to improve continuity of care for service users.
- Develop local/regional non-profit agencies to provide local authorities and other employers with a flexible staff supply, and to reduce over-reliance on agency staff.

# New ways of working



As the social care workforce changes and adapts to fulfil the ambition for integrated services, as set out in *Every Child Matters* and the White Paper *Our health, our care, our say*, it will need to continue to adopt new ways of working. This will not only help to make efficiencies in the workforce, but also help workers to do the jobs they are trained to do, and help service users. This chapter considers some of these new methods, including the development of new roles, increasing the use of new technology and workforce development for personal assistants.

## 7.1 Remodelling the workforce and defining the role of social workers

“It is important to be clear about roles and expectations, both of existing staff and any new types of posts created.”

SENIOR PRACTITIONER – ASSESSMENT AND CARE MANAGEMENT

### Where it works

In 2005, Sedgefield PCT, Sedgefield Borough Council and Durham County Council Social Services Department established the Sedgefield Adult Community Partnership with five integrated teams. The teams include district nurses, social workers and social work assistants, housing support officers, business support officers and occupational therapists.

Evidence so far has been positive: local people who use the services were involved in designing how the partnership should work and an evaluation shows that people are impressed with the support they now receive.

### The vision for 2020...

...all those who work within social care will have clarity about their role and how it fits with those of their colleagues, including where social care staff work with other professionals in multi-agency teams. Qualified staff will use their time to carry out the tasks in the most effective way to improve outcomes for service users, and aim to intervene early to prevent problems developing.

### Early action...

- The General Social Care Council (GSCC) to produce a definition of the role of social workers. This will be published for consultation in early 2007.
- Consider work on standards for inter-agency working such as those outlined in the Salford University report,<sup>33</sup> and further research set out in Creating an Inter-Professional Worker Project, such as the development of shared core values between professions and across groups.
- Extend the joint values statement being produced by the GSCC, the Nursing and Midwifery Council and the General Teaching Council to other professions.

### Options for the longer term...

- Provide regional support for employers to use the definition of the role of social workers to identify what social workers currently spend their time doing, and review how to make best use of their expertise. This would lead to remodelling of wider job roles and delegation of appropriate tasks to other professionals or workers.

- Continue to roll out the work carried out in the Skills for Care (SfC) and Children's Workforce Development Council (CWDC) New Types of Worker project, looking at new roles and more flexible working practices to optimize the time of all qualified workers in the social care sector. This work will help employers to consider how best to remodel their workforce, and devise the best skill mix within their teams, to ensure services are focused on improving user outcomes.
- Produce guidance to clarify the authority, accountability and autonomy of social workers. This is in line with Lord Laming's recommendation in the Victoria Climbié Inquiry to draw clear lines of accountability. It is particularly relevant to social workers employed in multi-agency teams, where other professionals within the team could benefit from understanding the skills that the social worker brings to the team.

### **Social worker defined**

A group of national organisations co-ordinated by the GSCC will publish a draft statement describing the role and tasks of the social worker. An extensive consultation exercise involving stakeholders is planned to take place early in 2007.

Social work is a problem-solving activity, carried out by the worker through relationships with the individual, family and community. Social work is usually needed when individuals, families or groups are facing a major and often life-changing problem or challenge. Social workers help individuals and families to achieve the outcomes they want in the ways they prefer.

Social work has a specific focus on:

- promoting people's ability to maximize their own capabilities and life options, including participation in education, training, employment, social and leisure activities;
- developing people's ability to form positive relationships within their family and their social network;
- helping people to create and maintain independence, and, when this is not possible, to benefit from alternative forms of support that protect their dignity, rights and choices; and
- protecting people's human rights, and promoting the exercise of their rights and responsibilities as citizens.

## 7.2 Approaches to workload management

“Workload is a fundamental factor that has to be addressed.”

PROGRAMME MANAGER, CHILDREN, YOUNG PEOPLE AND LEARNING DIRECTORATE

### Where it works

The Borough of Telford & Wrekin (jointly with Shropshire) is one of ten national Information Sharing and Assessment trailblazers for children’s services, tasked with looking at how to break down barriers between agencies, maximise skills and resources and join services up by co-ordinating service delivery through workload management, information sharing and common assessment protocols.

In Telford & Wrekin and Shropshire each agency had its own practices, processes, assessment arrangements, statutory requirements, powers and duties. These were determined by areas of responsibility and available resources, and responded accordingly by setting thresholds and eligibility criteria. There is now a multi-agency joint partnership board across the two authorities and a programme manager responsible to the board for co-ordinating activities across agencies.

Work culminated in a toolkit, offering guidance for practitioners, information sharing protocols and data-processing agreements to use secure and shared technology holding basic non-sensitive information managed within the existing legislative framework. Services are now being realigned to focus on what the child needs, not what the service can deliver, challenging service thresholds and attitudes across agencies in relation to delivery, highlighting the fact that this is a programme about cultural change.

Public confidence in their specialist services has developed, reducing duplication of assessments and leading to quicker service provision.

### The vision for 2020...

...effective workload management systems will offer more support for workers, clearer information for managers, better safeguards for service users and reduce inefficiency.

### Early action...

- Support employers to develop effective systems for workload management and reviewing workloads. This includes both the management of case load and the management and distribution of work within teams.

- Develop standards for effective systems for workload management linked to good ICT infrastructure, tailored to local needs and circumstances.

**Options for the longer term...**

- Further research into workload management, with a particular focus on identifying and disseminating good management and best practice, including research to consider the effectiveness of current workload management tools.
- Provide regional support for employers to enable them to develop effective workload management systems.



## 7.3 New ways of working with new technologies

“Mobile working enables social workers to spend more time on what they have been trained to do – which is work with service users.”

DIRECTOR OF SOCIAL SERVICES

### Where it works

In the London Borough of Islington, the use of mobile technology, including laptops and Personal Digital Assistants (PDAs), by children’s and adults’ care staff and some key health workers is making a difference to working conditions. Key outcomes include:

- flexible ways of working so that staff can work from home and bring up records and files remotely while working with clients;
- reduced pressure on office space; and
- more contact with clients and a better working environment.

Next steps will include looking at improvements to the Information and Communications Technology (ICT) infrastructure across the borough and, in particular, access in children’s centres.

### The vision for 2020...

...all those who work in the social care sector will be able to use technology to maximise the time that they spend working to improve user outcomes, and so improve the quality and effectiveness of the services provided. Social care workers and social workers will regularly access online training resources. Service users will be aware of the range of assistive technology available, and be able to make use of it to suit their needs, with support as appropriate from staff.

### Early action...

- Disseminate widely among employers and delivery partners the results of research carried out by MORI and the Social Care Institute of Excellence (SCIE), which found that the social care workforce is generally supportive of the use of ICT.<sup>34</sup>
- Encourage the incorporation of ICT training into a greater range of training and development opportunities.
- SfC and CWDC to include skills in using assistive technology within National Occupational Standards, to promote innovative ways of meeting service users’ needs.

### **Options for the longer term...**

- Support employers to invest in improved ICT infrastructure, including broadband access and equipment such as laptops and PDAs. This investment will help to improve business processes, and so bring benefits such as improved workload management and better use of time for social care workers and social workers.
- Develop the use of ICT to promote continuing professional development, including e-learning and other interactive programs.
- Support employers to improve the ICT skills of their workers. Some workers will require a basic level of ICT training, whereas for others it will involve comprehensive training in the use of specific tools and resources, such as the Integrated Children's System and the Information Sharing Index.

### **Where it works**

The SfC Eastern (New Types of Worker Project) has introduced seven assistive technology support worker posts in Norfolk. The workers undertake assessments for assistive technology and co-ordinate all arrangements for installations, as well as raising awareness of assistive technology among a wide range of professional staff, service users and carers. All workers are offered induction and an ongoing training programme.

From April to December 2005, 349 service users were referred to the programme and the workers have played a key role in ensuring that service users can use technology in a way that effectively enhances their ability to live as independently as possible.

## 7.4 Workforce development for personal assistants

“There’s a lack of training for these workers. The people are not trained properly or encouraged to go on courses.”

PARENT REFERRING TO PERSONAL ASSISTANTS

### Where it works

In Lancashire, a series of training sessions are being run for people wishing to work as personal assistants for people with disabilities, employed through direct payments. The training is run by disabled people who use direct payments along with their personal assistants, supported by the West Lancashire Peer Support Group and part-funded by the European Union Social Fund through Lancashire County Development Ltd, the County Council’s economic development company.

These training sessions allow people considering becoming personal assistants to learn more about the scheme, what it entails and the benefits. Most importantly, the training is delivered by people with disabilities who will directly employ personal assistants.

### The vision for 2020...

...personal assistants will be able to access training and support so that they are able to deliver the best possible care.

### Early action...

- Sfc to develop proposals to carry forward the work of their recent study on personal assistants, which found that out of nearly 28,000 recipients of direct payments, the majority of the funding is used to pay for personal assistants.
- Consult on possible registration of personal assistants alongside the rest of the social care workforce, and assess the case for regulation of personal assistants.
- Identify specific issues facing personal assistants and explore options for support and training.

### Options for the longer term...

- Develop a framework to support personal assistants, covering issues such as recruitment and retention, pay, terms and conditions of employment, training and regulation. It would need to draw on existing consultations, research and pilots and include a full user consultation exercise on regulation.

# Leadership and management



Without strong leadership and management, including management processes, much of the proposed action in this report will not be implemented effectively. It would be difficult to create learning organisations, retain staff and change the way that staff work without visionary leadership and effective people-management. In this chapter we consider not only ways to improve leadership and management, but also look at key processes – human resource (HR) management, workforce planning and workload management systems.

## 8.1 Support for newly appointed managers

“All managers and team leaders need general training to support them in their care roles, but also management training such as supervision, managing people, teamwork and legal awareness of grievance procedures.”

TRAINING CO-ORDINATOR

### Where it works

The Social Care Institute for Excellence (SCIE) has created the Leading Practice programme designed to support first line managers in their new roles. The programme recognises the vital role played by first line managers in leading and supporting their staff to improve and sustain practice standards, and to provide an excellent service to users and carers.

Leading Practice is designed for any individual, in any social care setting, who has responsibility for managing the direct practice and service delivery of a group of staff. The programme is designed to assist first line managers to:

- understand the nature and characteristics of professional knowledge and its application in practice;
- maximise the potential of team members;
- review and analyse current tasks and the best use of resources to undertake them; and
- contribute to the strategic development of the organisation through practice-focused management.

The programme is made up of twelve sessions which each take around three and a half hours to complete. Material is available on SCIE's website ([www.scie.org.uk/publications/leadingpractice](http://www.scie.org.uk/publications/leadingpractice)) for facilitators and course participants.

### The vision for 2020...

...all newly appointed managers in social care settings will be given support and training. Effective induction will link into leadership and management training and promote the development of career pathways.

**Early action...**

- Support the Children's Workforce Development Council (CWDC) and Skills for Care (SfC) in implementing their Leadership and Management Strategy which has identified the key areas for developing, supervising and inducting individuals into their first line management role in social care.
- Promote the Management Induction Standards, currently being developed by CWDC and SfC, including the implementation of a unit on supervision.
- Enhance existing induction materials such as the SCIE Leading Practice programme.
- Develop an understanding across the sector of practice-focused management and the skills required by new managers.

**Options for the longer term...**

- Develop a full support and training package for all newly promoted managers in social care.
- Link first line management posts to relevant qualifications (including the social work post-qualifying framework) and support employers to offer qualifications to all new line managers in social care settings.
- Identify support packages to allow managers in multi-agency settings to develop effective cross-management practices.

## 8.2 Leadership and management

“The IDeA programme proved to be a positive experience for me. I was able to consolidate all my previous experiences, knowledge and insight of people, services and organisational structures. Through this, I feel I have gained the ability to give more back to Luton Borough Council and in turn, the community.”

PARTICIPANT ON IDEA SOCIAL CARE FUTURES PROGRAMME (LEADERSHIP DEVELOPMENT FOR BLACK, ASIAN AND MINORITY ETHNIC MIDDLE MANAGERS)

### Where it works

In Wigan, the Leadership and Management Development Strategy (2005–08) identifies current and future factors that need to be addressed by managers and leaders in commissioning and providing social care services. The strategy includes mentoring, a 360-degree framework for assessing leadership and management style, change management training and a social care competencies framework for managers and leaders which incorporates different management competencies. The strategy has been successful as it develops a range of skills for managers and leaders to meet their needs at different levels throughout the organisation. It complements and links with existing social care operational and strategic initiatives, for example meeting the requirements of the National Minimum Standards and SfC Induction Standards.

### The vision for 2020...

...social care leaders and managers will be equipped with the right skills through well-timed and comprehensive training that will give them the confidence to lead and manage effectively.

### Early action...

- Promote initiatives to improve management and leadership skills, including the SfC and CWDC Leadership and Management Strategy.<sup>35</sup> This work incorporates a framework to ensure appropriate training, development and qualifications are available for managers, which include the views and input of service users. It also incorporates career signposting and ongoing development for senior managers.
- Disseminate good practice guidance such as the SCIE Social Care Leadership Development programme aimed at senior leaders in children’s and adults’ social care.

- Promote implementation of the post-qualifying framework for leaders and managers qualified in social work.
- Emphasise practice management and the importance of keeping leaders and managers in touch with frontline practice.

**Options for the longer term...**

- Commission SfC to carry out a feasibility study for the development of a leadership and management centre to provide access to appropriate skills training and qualifications.
- Develop regional networks to consolidate leadership and management skills through partnership working.

## 8.3 Raise the profile and standard of HR practice

“People need support to engage in learning as well as management support and drive.”

FRONTLINE WORKER

### Where it works

In Knowsley, the establishment of an integrated Health and Social Care Learning and Development Team has brought together the HR and workforce development functions across Knowsley Primary Care Trust and the Department of Social Services. The integrated team is involved in the planning of learning and development needs across the joint workforce. Collaborative working has made it possible to work across traditional boundaries and share good practice, streamline processes and reduce duplication. The integrated approach has also generated savings through the effective delivery of shared learning and development activities.

The joint planning activities, shared objectives, appraisal processes and integrated delivery of learning and development have delivered a significant improvement for both staff and service users. The integrated approach ensures greater clarity of purpose for staff, supported by relevant, shared learning opportunities.

### The vision for 2020...

...strong leaders and managers will be supported by good HR practice across the social care sector, thus promoting value and respect and developing confident and skilled workers.

### Early action...

- Promote the Investors in People (IIP) standard in social care.
- Establish a mechanism to share and embed good practice, for example in ensuring that social care leaders have access to specialist transactional HR assistance, as well as strategic HR support.
- Promote the use of the *2005 National Framework to Support Local Workforce Strategy Development – A Guide for HR Directors in the NHS and Social Care*.

### Options for the longer term...

- Further develop and improve HR practice through:
  - introducing an annual national HR conference, similar to the successful *HR in the NHS* event;
  - exploring ways of sharing good HR practice across partnerships, and working closely with private and third sector organisations; and
  - commissioning SCIE to work with inspectorates on outcome standards for HR linked to inspection frameworks.

# Commissioning



Commissioning is about using local knowledge of communities and service users' needs to get the best value and quality services within available resources. Commissioners should work to improve the outcomes of their local population by securing the best possible services.

Commissioners will be encouraged to use open tendering as a way of ensuring innovation, quality and value, and to offer real choice to people who use services. Effective commissioning will lead to:

- improvements in health and well-being;
- reductions in health inequalities and social exclusion;
- better access to a comprehensive range of services;
- improved quality, effectiveness and efficiency of services;
- increased choice and a better experience for service users; and
- improved integration of services.

In recent years there has been a marked shift from social care services provided directly by local authorities, with directly employed staff, to the commissioning of these services from a wide range of providers in the private and third sectors. This trend has made commissioning a key lever for shaping services. It will also be a crucial means for influencing the shape and size of the workforce, including the skills and competencies required to deliver desired outcomes for service users.

This chapter considers two main issues: the first is how to ensure that those commissioning services have the necessary skills; and the second is how to enhance the role of commissioners in improving the quality of social care services.

## 9.1 Commissioning skills

“Commissioners are under pressure to work smarter, but do not always feel they are receiving the support to do so.”

COMMISSIONING NEWS

### Where it works

London Councils (formerly the Association of London Government) provide a post-graduate level course for local government staff in commissioning. The course offers grounding in policy and practice while enabling staff to work with colleagues in neighbouring boroughs and other statutory agencies to secure efficiencies by combining procurement needs and managing contracts.

In addition to improved commissioning of adult support services, the course led 23 London boroughs, working jointly with London Councils, to commission consultants to provide model care procedures and practice for London. The internet advice enables boroughs to work to common standards for procedures. It has saved over £100,000 in consultants' fees, as well as providing non-cashable savings in procurement and offering consistent services across the city.

### The vision for 2020...

...all commissioners will have the skills to plan local service provision to work alongside service users and commission the highest quality services accordingly.

### Early action...

- Work closely with key partners to increase the quality and standard of skills for those commissioning services in social care. More guidance and information will be made available as part of the current DH commissioning framework consultation, and as part of the ongoing work to implement the *Joint Planning and Commissioning Framework* for children's services.
- Support the continuing development of National Occupational Standards led by Skills for Care (SfC) and Children's Workforce Development Council (CWDC). The skills that commissioners need include data analysis, needs assessment, user engagement, strategic thinking, influencing/negotiating, procurement, market analysis, service remodelling, workforce development, financial management, legal awareness, partnership working, project management and leadership.

### Options for the longer term...

- Development of a qualifications framework for commissioning. The skills and competency framework will cover the three levels of individual, local and strategic commissioning, and will be focused on how to achieve the best outcomes for service users.
- Develop commissioning career pathways and professional networks, led by regional representatives of SfC and CWDC, working closely with Higher Education Institutions (HEIs) and employers.



## 9.2 Commissioning for quality

“Services should be commissioned in response to what services people are saying they need and want.”

SUPPORT WORKER

### Where it works

In Trafford, twelve local employers and the Council have formed the Trafford Homecare Improvement Partnership. Together they have developed a quality assurance framework for monitoring services and introduced performance-related commissioning.

The commissioning officer role has been evaluated and contacts made at operational level. As a result of the changes:

- the workforce has been stabilised;
- intensive home care packages have increased by 62%;
- communication between commissioners and providers has improved considerably;
- the quality of home care has improved;
- there is a growing trend for independent providers to recruit permanent staff and to appoint senior home care workers; and
- the commissioning service has strengthened.

### The vision for 2020...

...commissioners will have a menu of high quality service providers, with highly skilled workers, from which to commission services.

### Early action...

- Establish protocols to enable commissioners to ensure that the revised National Minimum Standards, including those relating to workforce and qualifications levels, are met before contracting with a provider. Following the extension of GSCC registration to all social care workers, ensure commissioners insist upon a fully registered workforce to provide the services they commission.
- Develop model contracts, as used in health, that commissioners could use to ensure workforce development and other workforce quality issues are addressed.

- Disseminate current good practice commissioning processes as developed by the Care Services Improvement Partnership (CSIP).
- Co-ordinate and reinforce the work set out above with the work already under way in local government Regional Centres for Excellence.

**Options for the longer term...**

- Consideration of a statutory duty of quality which would mean that each organisation has a legal responsibility for ensuring that the quality of care it commissions and/or provides meets a minimum required standard.
- The Commission for Social Care Inspection (CSCI) performance assessment of councils should incorporate methods to assess whether commissioners are appropriately trained and their ability to commission for quality.

## 9.3 Commissioning for workforce

### Where it works

Dudley Metropolitan Borough Council has worked through the Black Country Care Partnership, supported by the Learning and Skills Council (LSC), to commission the collection of workforce data from independent sector employers.

This workforce data has been used to develop a workforce strategy and the review is now repeated annually by the council.

### The vision for 2020...

...local areas will have a clear idea of their current and future workforce needs to best meet the requirements of local communities; these will be supported by integrated strategies setting out how these needs will be met.

### Early action...

- Support implementation of the National Minimum Data Set (NMDS) system and CSCI data to inform workforce commissioning at all levels, from employer to local/regional areas.
- Encourage the incorporation of the good practice set out in the DH *National Framework to Support Local Workforce Strategy Development*<sup>36</sup> in social care and cross-boundary working and build on local government guidance on workforce planning.
- Continue to work with CWDC to support local areas in producing local workforce strategies for children's services as part of the Children and Young People's Plan.
- Encourage Directors of Children's Services, Directors of Adult Social Services and Directors of Public Health to work collaboratively to commission for the future workforce needs in their local areas.

### Options for the longer term...

- Produce guidance on and develop mechanisms for a simplified, streamlined and integrated workforce planning and commissioning structure for adults' and children's services that incorporates the requirements of children's trusts, local government, health and social care, and private sector employers at both a local and national level.
- Use the NMDS to develop a more systematic analytical model of the social care workforce to inform future workforce needs at both a local and national level.

## Thank you

Our thanks go to all members of the Review Board and associated task groups for their dedication and work over the course of the Options for Excellence Review.



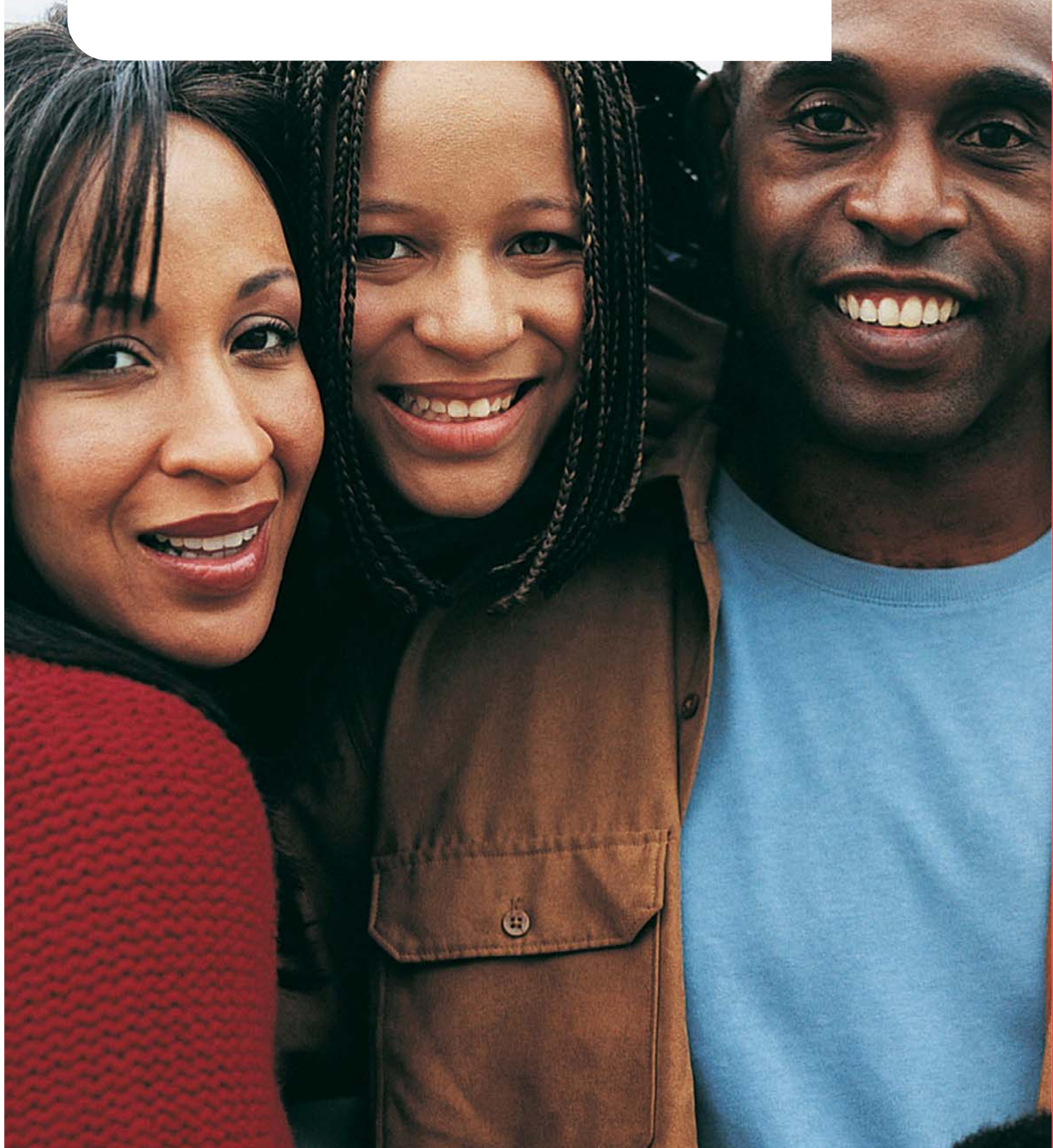
## ANNEXES

Annex A – Feedback from Options for Excellence focus groups

Annex B – Social model of care

Bibliography

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# Feedback from Options for Excellence focus groups



## Children and young people's consultation on their experience of social care

### Background

Options for Excellence commissioned the National Children's Bureau (NCB) to gather the views and opinions of children and young people with specific experience of social care and social workers to support the work undertaken by the Review to improve recruitment, retention and service quality.

Children and young people interviewed included children in care, young carers, and young people with disabilities.

The report gives feedback on each of the recommendations devised from the views and opinions of the children and young people who took part.

### Recommendations

The recommendations from the children and young people support the work and many of the priorities outlined in this final report.

- Social workers should have comprehensive ongoing training and support. Social care employees need to be given the time to back up training opportunities and further develop their learning.
- Policies should be developed to inform the setting of minimum standards for social workers when carrying out their role.
- Further training and development to support social workers/foster carers/care workers to be able to advocate effectively on a child's/young person's behalf.
- A review of how to reduce the caseload of social workers and allow them time to deliver better services to their children and young people.
- Technology use should be further reviewed to allow the development of ideas that could lead to this untapped resource being used more effectively.
- Opportunities should be devised to bring together children/young people and social care staff to discuss issues and concerns about service quality.

## Consultation with adult service users and carers on key themes in Options for Excellence

### Background

The Social Care Institute for Excellence (SCIE) was commissioned by the Department of Health to consult with service users and carers on the key themes addressed within the Options for Excellence Review.

### Recommendations

#### *Leadership and management*

- Listen to the grassroots and maintain close connection to service users and carers.
- Ensure workers have the right skills set and background.
- Support and supervise staff better.
- Address allocation of budgets and funding issues.
- Increase service user and carer involvement in recruitment of leaders and managers.
- Appoint service user and carer 'champions'.
- Capacity-build and support user-controlled organisations.

#### *Service user and carer involvement in education and training*

- Value the input of carers and work around their needs.
- Support the involvement of service users and carers in education and training.

#### *Improve recruitment, employment and retention*

- Expand routes into social care.
- Change the public image of social care.
- Improve pay.
- Enhance working conditions.
- Address the role of social workers.
- Adopt a career structure including 'super' social workers.

#### *Service user and carer involvement in assessing performance*

- Establish mechanisms for involving service users and carers.
- Introduce 'mystery shoppers'.
- Involve service users and carers in complaints monitoring.
- Be wary of superficial performance monitoring.
- Acknowledge people's fear of negative repercussions.

### *Regulation of workers employed by service users*

- Recognise the potential impact of regulation on the principles and practice of direct payments.
- Address the perspectives of service users and carers in relation to risk and 'vulnerability'.
- Develop service-user-controlled organisations to provide support to service users employing workers.

### *Support employment of service users in social care*

- Challenge discrimination.
- Create employment incentives to recruit service users in social care.

### *Support employment of carers in the wider labour market*

- Challenge discrimination.
- Establish government incentives to encourage the employment of carers.
- Create flexible employment arrangements.

### *Wider issues*

- Learn lessons from the private sector.
- Support the social model of disability in social care.
- Address low estimation and reliability of service user and carer statistics.

## Focus group with frontline staff in social work and social care

### Background

The purpose of the event was to bring together frontline staff and obtain their views on the proposals and themes being developed by the work of the Options for Excellence Review.

The attendees came from frontline staff working in social work and social care for children and adult services.

Attendees were split into groups to discuss the merits or otherwise of the work being taken forward. This included an outline of specific proposals and how they could be developed and implemented.

### Recommendations

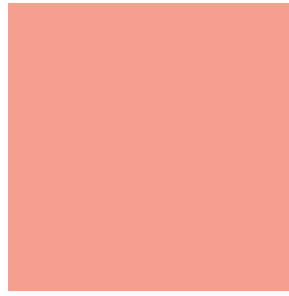
Three topics received the most support and generated discussion:

- Support for **new managers** was welcomed but will need to be supported by resources; include skills in performance assessment/skills assessment; mentoring should be linked to management qualification.
- Support for **workforce remodelling** and defining the role of social worker. Welcomed the idea of a national career framework for social workers and other roles. We should consider national role/grade structure but factoring in local variation.
- People felt their **career pathway** was stilted as progression was into management and away from working with service users. Welcomed the role of teacher/ practitioner and research/ practitioner.

### Other concerns that needed to be addressed

- Great emphasis was placed on the need to raise the profile of the profession, making it clear that social care workers add value to society.
- Pay and rewards. Retention problems arise because retailers such as Asda are more attractive as employers, paying workers more money than they can earn in frontline services for social care.

# Social model of care



The desired outcomes for adults and children could be met through a 'social model' of care.

The 'social model' looks at individuals in their personal, family and community context, bringing their strengths, capabilities and resources to bear on their own situations and the barriers to the outcomes they want. It looks at the local support networks as well as the publicly-funded services to help them to stay independent, in control and engaged with the wider community. The model supports earlier interventions that can focus on extra support to reinforce individual and family coping strategies.

On a wider scale, the social model is committed to principles of anti-discrimination and social justice and to recognising and using the strengths of individuals and communities. Care and support will be carried out within a rights and responsibilities framework, with the necessary safeguards and advocacy frameworks in place.

The model requires a workforce that is flexible and multi-skilled to respond to the needs of individuals, as well as being reflective, practical and solution-focused. It needs to move from a 'person-centred' to a 'relationship-centred' approach to practice.



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