CHALLENGES AND OPPORTUNITIES FOR THE ADULT SOCIAL CARE WORKFORCE IN NORTHERN IRELAND

SOCIAL CARE MATTERS

CHALLENGES AND OPPORTUNITIES FOR THE SOCIAL CARE WORKFORCE IN NORTHERN IRELAND

Northern Ireland Social Care Council
SOCIAL CARE WORKERS HIERARCHY OF NEEDS

NEEDS

- CPD: Developing Skills & Competence

PROFESSIONAL DEVELOPMENT

- SUPPORTIVE WORK ENVIRONMENT: SUPERVISION, APPRAISAL, TRAINING & LEARNING

CAREER STRUCTURE

- CORE TRAINING & QUALIFICATIONS

A GOOD WORK ENVIRONMENT

- STABLE WORK ENVIRONMENT: WAGES, TERMS & CONDITIONS

THE RIGHT WORKFORCE

- VALUES: COMPASSION, EMPATHY, RESPECT, HONESTY, INTEGRITY, PERSON-CENTRED

VALUES LED WORKFORCE

- EMPOWERING SOCIAL CARE WORKERS

- QUADRUPLE AIM

DEVELOPING A SKILLED & AGILE WORKFORCE

- A GOOD WORK ENVIRONMENT

CORE TRAINING & QUALIFICATIONS

- CARE ENVIRONMENT

STABLE WORK ENVIRONMENT: WAGES, TERMS & CONDITIONS

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INTRODUCTION

Social Care provides care, support and safeguards to people with a wide range of needs arising from disability, illness or other life situations. Good care and support transforms lives, it helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with rights and offers essential help at times of crisis. It supports health and wellbeing, increasing independence, choice and control.

Social Care touches the lives of many thousands of people in their own homes, in Residential and Nursing Home care, in Supported Living, in Day Care, in Social Education Centres, in Faith Based organisations and in other community based settings. There are more than 500 Social Care providers in Northern Ireland ranging from larger Health and Social Care Trusts and private corporate organisations to small, family run businesses, charities and social enterprises.

As well as meeting social need, Social Care contributes to economic growth. Social Care providers form a significant part of the local economy in many local communities - it is estimated that Social Care produces £821m in Gross Added Value (GAV) to the economy in Northern Ireland. The value of social care is found not only in its role as a critical contributor to primary and secondary health care but also in the way effective personalised care and support helps reduce the impact and incidence of physical and mental ill-health and supports people to live better and more fulfilled lives. Social Care collaborates, innovates and connects local services to help build resilient, healthy families and communities that promote independence, dignity and choice.

However, as acknowledged in Health and Wellbeing 2026 – Delivering Together: “while there is much to celebrate, we must recognise the challenge in the current system”. There are significant challenges in Social Care in Northern Ireland: growing demand; changing demographics; increasing acuity of needs and co-morbidity; the adequacy of funding and the design of the care market; the value placed on the workforce; and the position of Social Care within an integrated health and social care system.

Delivering Together presents a commitment to change and transformation, part of which will be proposals for the reform of Adult Social Care and Support, to ensure the long term sustainability of this system. These proposals will be informed by an Expert Panel and form the basis of a
process of consultation, debate and discussion on the future of Adult Social Care. Social Care is a relationship between those who provide care and those who receive care.

Person centred care relies on a workforce that is well supported, is stable and whose experience of delivering care empowers them and values the work they do. Social care workers are the silent majority in our health and social care system. However, social care workers have a Hierarchy of Need which if not met will continue to impact on the level and quality of care provided and impede the journey to transform services.

The Northern Ireland Social Care Council (NISCC) has responsibility for the regulation and development of the Social Care workforce in Northern Ireland. It is also the Northern Ireland partner of the UK Sector Skills Council, Skills for Care and Development, which focuses on upskilling and developing people who work in Social Care.

To support and inform its work in this area, NISCC facilitates a Workforce Development Partnership which is a strategic partnership of senior managers from Social Care employers in the statutory and independent sector. The Workforce Development Partnership believes that the Social Care workforce will be central to the reform of Adult Social Care. To highlight this, the Partnership has prepared this paper to focus on the strategic challenges and opportunities presented by the Social Care workforce as part of the reform process.

It presents an optimistic view of the way forward, suggesting that with the right strategic and collaborative approach many of the opportunities offered by this large and diverse workforce can be converted into real change for health and social care in Northern Ireland, if we collectively move from Vision to Action.

“WHILE THERE IS MUCH TO CELEBRATE, WE MUST RECOGNISE THE CHALLENGE IN THE CURRENT SYSTEM”

1. Distinctive, Valued and Personal: Why social care matters even more in 2017 and into the long term future, ADSS, March 2017
2. Assessing the Economic Value of the Adult social Care Sector in Northern Ireland, Ulster University Economic Policy Centre, NISCC, Bryson Care, Cedar, Inspire, October 2016
CHALLENGES AND OPPORTUNITIES FOR THE ADULT SOCIAL CARE WORKFORCE IN NORTHERN IRELAND
FROM VISION TO ACTION

This paper highlights a number of challenges and opportunities facing the social care sector and its workforce. Meaningful engagement is now required with the Providers of social care to effectively plan for future service delivery. The Workforce Development Partnership offers the following 4 areas as key considerations in moving from the vision of transformation to the reality of real sustainable change:

1. SUSTAINABLE FUNDING

The value of social care as a major contributor to the transformation of our health and social care system cannot be underestimated. The lack of recognition of the contribution of social care as an equal partner is played out in part through the availability of funding to deliver and sustain stable and effective services.

Current funding and procurement arrangements leave social care vulnerable to being undermined by financial pressures, potentially leading to either a reduction in the quality of service or no service.

Providers believe there is an urgent need to create a realistic financial platform going forward, providing sustainable funding to support effective transformation and deliver safe services. Social Care Providers believe that it is time for an open and responsible debate with Commissioners and Government about sustainable funding for social care.

2. WORKFORCE PLANNING

Recognition that the workforce is an enabler in transformation is the first step on this journey. However, Social Care Providers report that they have difficulties with both the recruitment and retention of social care workers and experience a significant churn in this workforce.

All Providers across all social care provision report vacancies in their workforce and job recruitment sites show rolling vacancies for social care workers.

Workforce planning carried out at a local level is insufficient for the delivery of social care within the scale of transformation proposed and regional approaches are required. A major limitation is the lack of comprehensive and reliable data necessary to plan for the workforce of today and into the future.

Social Care Providers believe the following actions are necessary to improve workforce planning:

- A commitment to a regional approach that links models of social care to workforce need and plans for a sufficient workforce to meet future demand;
- The development of a National Minimum Dataset and a regional system of data collection to inform workforce strategies.

3. A STRATEGIC APPROACH TO THE WORKFORCE

The Social Care Sector contributes £821m in GVA to the economy of Northern Ireland. The majority of social care is provided by the Independent Sector - a growing sector in its own right which provides opportunities to support Government strategies to increase employment in local communities.

However, social care competes with other low wage sectors for its workforce and requires support to recruit, develop and retain a sufficient and competent workforce, just like any other sector within our local economy.

Programme for Government outlines the Northern Ireland Executive’s plan to “improve wellbeing for all – by tackling disadvantage and driving economic growth.” It places an emphasis on collaborative working across Government and with the public, voluntary and private sectors in tackling the biggest challenges facing our society. There is a clear
“THE ONLY TRUE VOYAGE OF DISCOVERY WOULD BE NOT TO VISIT STRANGE LANDS BUT TO POSSESS OTHER EYES, TO BEHOLD THE UNIVERSE THROUGH THE EYES OF ANOTHER, OF A HUNDRED OTHERS”

MARCEL PROUST

interconnection between transforming social care services and the skills and employment strategies proposed. These strategies offer opportunities for Social Care Providers to collectively address the challenges they currently face.

Social Care Providers believe there is a real opportunity for Government to engage with the Social Care sector, as a growing contributor to the economy of Northern Ireland, to develop an ‘Employability Pipeline’.

Social Care providers want to work in partnership with Government within the proposed Strategic Skills Forum, to influence and support the development of skills strategies and initiatives.

4. NEW APPROACHES TO CARE

Leadership and Partnership are the cornerstones of opportunity, innovation and change. Working together to develop approaches which support early intervention, prevention, co-production and co-design are integral to transforming social care services.

Courageous and Collective leadership is needed to support the move to new approaches to social care which recognise the inherent worth of the individual and seeks to define and manage the axis of accountability, risk and safeguarding. This will require a competent and confident workforce with the skills to support, enable and empower service users while understanding and balancing autonomy and risk.

Social Care Providers are ready to provide courageous and collective leadership, to take an active part in the transformation of social care and are open to sharing and developing innovative models of person centred care.

Social Care Providers support the establishment of a Leadership Network, which would recognise social care as part of a whole system and support the delivery of new models of care at a local community level.
A DIVERSE SOCIAL CARE SYSTEM

Working in social care is not a low skilled occupation - it is challenging and complex. Many people are supported by social care workers every day - from the 18 year old with learning difficulties living independently to the 80 year old living with dementia. Social care is provided by Health and Social Care Trusts and Independent sector providers (voluntary and private sector).

WHO RECEIVES SOCIAL CARE?

In March 2016 there were 42,028 care packages provided to adults.¹

These care packages were provided to the following groups of service users:

- 67% OLDER PEOPLE
- 12% PEOPLE WITH A MENTAL HEALTH DIFFICULTY
- 11% PEOPLE WITH A PHYSICAL DISABILITY
- 10% PEOPLE WITH A LEARNING DISABILITY

¹ Delegated Statutory Functions Statistical Report, 1st April 2015 – 31st March 2016, Health and Social Care Board
...and were provided in the following settings:

**SETTINGS FOR CARE PACKAGES**

- **Residential Home Care**: 9%
- **Nursing Home Care**: 22%
- **Domestic Care**: 64%
- **Supported Living**: 5%

15,219

People in receipt of centre-based day care and day opportunities
WHO PROVIDES SOCIAL CARE?

REGISTERED PROVIDERS

There are 902 registered providers of social care services. 74% of social care provision is delivered by the Independent sector.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes</td>
<td>98%</td>
<td>251</td>
</tr>
<tr>
<td>Residential Homes</td>
<td>77%</td>
<td>193</td>
</tr>
<tr>
<td>Supported Living Facilities</td>
<td>72%</td>
<td>180</td>
</tr>
<tr>
<td>Day Care Settings</td>
<td>35%</td>
<td>161</td>
</tr>
<tr>
<td>Domiciliary Care Providers</td>
<td>76%</td>
<td>117</td>
</tr>
</tbody>
</table>

% relating to Independent Sector

5. Regulation and Quality Improvement Authority, Registered Social Care Providers as at 30th June 2017

PEOPLE EMPLOYING THEIR OWN CARERS

Self-Directed Support enables people to choose how their care and support is provided and gives them as much control as they want over their personal budget. Department of Health figures show that during the 2016-2017 financial year, 13,937 Direct Payments were paid to recipients, with 29% provided to older people.

OLDER PEOPLE - 29%
PEOPLE WITH A PHYSICAL & SENSORY DISABILITY - 22%
CHILDREN WITH A DISABILITY - 21.5%
PEOPLE WITH A LEARNING DISABILITY - 21%
PEOPLE WITH MENTAL HEALTH DIFFICULTIES - 5%
FAMILIES WITH CHILDREN - 1.5%
THERE ARE 902 REGISTERED PROVIDERS OF SOCIAL CARE SERVICES
WHAT IS SOCIAL CARE?

Social care supports, protects, and empowers people – social care workers work with children and young people, and adults. Social care is diverse in its approach and ranges from providing personal care to those who are frail or unwell, to supportive and rehabilitative care which enables people to live independently. Work with children and young people focuses on early intervention and prevention work which supports the development of a more positive adult experience. Examples of the range of innovative social care services provided include:

INNOVATION IN DOMICILIARY CARE

Providing over 6000 home visits daily is a challenging task for any home care provider and one which is undertaken by Homecare Independent Living. In seeking out new and innovative ways to provide high quality care they have developed a new service delivery model underpinned by international research and creative technology, that empowers frontline workers to play a vital role in the co-ordination and control of the provision of care to service users.

The introduction of self-managed teams, supported in the community by locally based, well trained, community managers creates a bottom-up approach that ensures that all members of the team are proactively engaged in the co-ordination and delivery of person centered care.

SUPPORTING PEOPLE TO LIVE INDEPENDENTLY

The Cedar Foundation provides a range of living options for service users ranging from residential care to supported living. In their Meadowvale service Cedar provides tenancy based accommodation with care for 13 adults over the age of 18 who have brain injury, physical, sensory or neurological disability.

SMART assistive technology is available in all of the accommodation to maintain and promote independence. These technology enriched apartments enable tenants to live independently to do everyday tasks, such as, controlling their lighting, heating, entertainment system, and opening doors, windows, shutting the blinds. Social care workers provide personalised support and care based on individual assessment of need - including assistance with daily living activities, personal care, leisure and social skills, and household management.

“SOCIAL CARE SUPPORTS, PROTECTS, & EMPOWERS PEOPLE. IT IS DIVERSE IN ITS APPROACH & RANGES FROM PROVIDING PERSONAL CARE TO THOSE WHO ARE FRAIL OR UNWELL, TO SUPPORTIVE & REHABILITATIVE CARE WHICH ENABLES PEOPLE TO LIVE INDEPENDENTLY.”

SOCIAL CARE MATTERS
SUPPORTING PEOPLE TO RETURN HOME FROM HOSPITAL

The NHSCT is providing a rehabilitation service to support people to leave hospital and return home. Social Care staff in the Pinewood Unit, which was formerly a residential home, have been instrumental to the success of this innovation. They have developed their knowledge and skills and drawn upon their personal and professional value base to make a significant positive contribution to the lives of service users to support their rehabilitation and return to their own homes.

The social care worker’s role requires commitment to collaborative working with service-users, carers, other professionals and voluntary and community sectors to improve life opportunities and maximise an individual’s independence through a recovery approach. They are supported by community-based colleagues from Social Work, Nursing, Occupational Therapy and Physiotherapy to guide the rehabilitation and discharge from the home.

SUPPORTING THE FAMILIES OF CHILDREN WITH LEARNING DISABILITIES & COMPLEX NEEDS

Family Support Services, delivered by Positive Futures, provide holistic, local, family-centred support to parents whose children have learning disabilities and complex needs. A designated Family Worker is identified for each new family accessing the Service. The Family Worker acts as an individual contact for practical support and advice, and also advocates on behalf of the family with health professionals and other agencies.

The Family Worker supports each family to identify their needs and to match the child/young person to a range of activities of preference using person-centred planning approaches. With each family an individual plan is devised that identifies new opportunities for the child/young person to participate in. This helps the child/young person to develop their own interests and assist with the development of new life, social and interpersonal skills. The family worker helps the family to plan for their future and that of the child/young person.

COMMUNITY WELLBEING SERVICES

Inspire Mental Health provides day opportunities in 15 services across Northern Ireland. It provides support to approximately 1500 people per annum and receives approximately 250 new referrals per annum. Community Wellbeing Services are focussed on supporting Recovery and social integration through close links with the local community. Social care workers provide support to enable people to develop independent living skills, provide extra support at times of crisis, support social wellbeing through social and recreational activities, and help people to prepare for employment or education.
THE SOCIAL CARE WORKFORCE

There are 32,806 registered social care workers\textsuperscript{6}, including social care managers. They work for Health and Social Care Trusts, Voluntary and Private Sector organisations, Faith Based organisations and are also employed by Recruitment Agencies. The Social Care workforce is the largest workforce within the Health and Social Care system in Northern Ireland and represents 4% of the total Northern Ireland workforce\textsuperscript{7}.

Key facts about this workforce include:

32,806
REGISTERED SOCIAL CARE WORKERS

4%
OF THE TOTAL NORTHERN IRELAND WORKFORCE

\textsuperscript{6} Registered and pending registration at 2nd August 2017
\textsuperscript{7} NISRA, Labour Market Report, 12th July 2017

SOCIAL CARE MATTERS
The profile of the social care workforce provides opportunities for the Social Care Sector. While the workforce is largely female, 81% are aged between 16 – 54 years, with capacity to develop in terms of enhanced skills and career progression. The challenge for employers is their ability to hold onto this workforce, as it competes with other low wage sectors for example in retail and hospitality.
Recent reports and reviews into health and social care all point to the impact of our changing demography on the delivery of services. An increasingly aging population brings with it a greater demand for health and social care services, as people live with more complex conditions such as dementia, disability, and chronic illness.

The Northern Ireland Statistics and Research Agency (NISRA) has projected that by 2039, 1 in 4 people will be aged over 65yrs and the number of people over 85yrs will have increased by 157% from 2014 figures.

The report of the Expert Panel led by Professor Rafael Bengoa: Systems not Structures – Changing Health and Social Care (the Bengoa report) includes Department of Health projections for future demand for domiciliary care, residential care, and nursing home care based on NISRA’s projected population growth, stating that:

“THE DEMOGRAPHIC SHIFT FOR THE PERIOD 2015 – 2023 WILL BE EQUAL TO THE DEMOGRAPHIC SHIFT IN THE PRECEDING 40 YEARS.”
AN ADDITIONAL 20,101 CARE PACKAGES WILL BE REQUIRED IN 2037 COMPARED TO 2016, AN INCREASE OF 68%

Department of Health figures also show that expenditure on the Older Person’s Programme of Care amounts to 62% of total expenditure on adult social care services, with £543m of a total £873m being spent in this area. It is clear that an increase in an older population, and the growing demand for social care services has implications both for the nature of future service provision across all Programmes of Care, and the workforce needed to provide care and support. In such a context of growth there is also a clear need to establish sustainable service models, in collaboration with Providers of social care, which will enable care to be provided in ways which better meet service users’ needs.

Working in Partnership with the providers of social care is key to successful transformation. Reform of social care can only be fully realised if the models of service delivery and workforce strategies are developed together so that providers can recruit, develop, and retain a sufficient workforce equal to the task ahead.

9. Programme for Government, Delivery Plan Indicator 9. Number of adults receiving personal care at home or self-directed support for personal care as a % of the total number of adults needing care, Northern Ireland Executive, 2016
**SUSTAINABLE FUNDING**

The value of social care in supporting the lives of those in need in our society cannot be underestimated, nor can the vital role it will play in supporting the effective transformation of the health and social care system.

Key among the challenges for social care is the lack of recognition of its contribution and value to the health and social wellbeing of the people of Northern Ireland. The social care workforce provides support to those in need of direct care, but also much needed support to family carers. Carers UK\(^\text{10}\) have stated that in Northern Ireland 80% of family carers struggle to get a break from their caring duties and highlight that access to breaks is the single biggest factor in supporting the health and wellbeing of carers.

Carers have a vital role in providing care to their family, and our health and social care system depends on this support. The social care workforce has an important role in underpinning the value and supporting the wellbeing of family carers, by providing much needed respite, and enabling carers to continue to care. However, in order to recognise the value of the contribution of social care to those in need, it must be seen as an equal partner in our integrated system of health and social care. There needs to be a recognition that the mixed economy of social care will remain – acknowledging that the majority of social care is currently provided by the Independent sector means we need a model of procurement which provides adequate resource to deliver stable, safe and effective services.

Social Care Providers believe that it is time for an open and responsible debate about how social care is resourced. Current funding and procurement arrangements leave social care vulnerable to being undermined by financial pressures, potentially leading to either a reduction in the quality of service or no service.

Much of the debate about finance for social care confuses the need for a realistic financial context with the price to deliver social care at home or in the residential/nursing home environment. Both the financial context and price need to be appreciated as does the interplay of one with the other. However they need to be understood as distinctive and separate factors in social care. Demand for services is determined by two factors, absolute growth driven by the changing demographic profile of society, and greater demand from those already in receipt of care as their needs increase. These two factors set in the context of the adoption of the Triple Aim (Patient Experience, Population Health and the Cost of Care) as recommended in the Bengoa report mean there is an urgent need to create a realistic financial platform going forward. Social care needs sustainable funding if it is to support effective transformation and deliver safe services.

\(^{10}\) State of Caring 2017, Carers UK
RECRUITMENT

Social Care Providers report that they have difficulties with both the recruitment and retention of social care workers and experience a significant churn in this workforce. All Providers across all social care provision report vacancies in their workforce and job recruitment sites show rolling vacancies for social care workers. It is difficult to accurately quantify vacancy rates in social care because there is an absence of regional sector-wide workforce data and vacancy rates need to be considered within the context of unmet need.

The value placed by prospective employees on their chosen career is often based on factors such as - the salary they will receive, good terms and conditions of employment, and a recognised career pathway. Social care falls short in all of these areas. Social care is low paid – often at the level of minimum wage, and for some the national living wage; terms and conditions for employees can include zero hours contracts and no payment for mileage or travel time; there is not a recognised career pathway for social care workers, although employers try to provide opportunities for staff to progress to supervisory and management levels.

Social care competes with other low wage sectors to recruit staff, for example the retail and hospitality sectors. In this context social care needs to demonstrate that it is an attractive and worthwhile career choice. Given the current recruitment and retention issues it would appear that prospective employees see little incentive to enter the social care workforce and even less incentive to remain. All of the above leads to instability in this workforce, which impacts on Providers’ ability to provide stable and safe services.

The changing political landscape will also present workforce challenges. Brexit will impact across the whole of the economy, including social care. It is therefore important that the impact is assessed both in terms of existing migrant workers and the potential to recruit new social care workers.

A major limitation in responding to the challenges outlined above is the lack of comprehensive and reliable data necessary to plan for the workforce of today and into the future. We do not have a National Minimum Dataset for social care, a resource which is used effectively in other parts of the UK. This deficit means that we have a ‘data desert’ in terms of adequate workforce planning information at a system-wide level. Workforce planning at organisational level is insufficient for the delivery of social care within the scale of transformation proposed. Therefore, it will be important to invest in a regionally agreed and maintained set of workforce and sector data which will properly inform future social care workforce strategy and policy.

Recognition that the workforce is an enabler in transformation is the first step on this journey. Effective workforce planning linked to models of social care will support the development of a sufficient workforce to meet future demand.

It is clear that the conditions to support the workforce – adequate funding to provide a living wage, a learning and development strategy to support a competent and agile workforce, and a career structure to support retention, are vital to sustain, grow and develop the social care workforce. We cannot continue, as we do now, to leave the recruitment of this vital workforce to ‘happenstance’.

‘HAPPENSTANCE – A CIRCUMSTANCE THAT ESPECIALLY IS DUE TO CHANCE’
LEARNING & DEVELOPMENT

Having the right people, in the right place, at the right time requires a workforce which is safe, effective and agile in its responsiveness to changing service user needs. The skill and capacity of the social care workforce is integral to the delivery of high quality social care and successful transformation of service provision.

The sector requires a workforce at different levels of qualification from level 2 through to level 5. In 2014, NISCC carried out a survey with Independent Sector Providers to ascertain the qualification profile of social care workers (across all grades) in domiciliary care, nursing and residential home care and supported living settings. The survey concluded that overall 51% of social care workers held a relevant vocational qualification.

However, in comparing settings the survey also found that domiciliary care and nursing home care settings were the two service areas where the least number of care staff held a relevant vocational qualification. It suggested a number of reasons for this, including issues such as time available for training, cost, lack of staff confidence, and staff with no history of having achieved any formal qualifications. Social Care Providers report that there is a skills shortage at qualification levels 2 and 3.

To ensure the continued development of a competent social care workforce there are 3 areas which require development and change:

• Core training - developing core training for social care workers which maintains the competence of those at the ‘front line’, focusing on the values and skills necessary to provide compassionate and human rights based care to people with greater levels of dependency and more complex needs;

• CPD - increasing opportunities for continuous professional development, beyond minimum standard requirements, to ensure social care workers keep up to date with the changing patterns of service user need and developing technologies;

• Career Pathway - providing training and qualification opportunities to support the development of a career pathway in social care which will build competence and support access to higher level roles.

The realisation of these 3 key areas will require responsive skills strategies and development programmes which are flexible, make better use of technology as a means to develop such a diverse workforce, and are focussed on developing the skills and competencies necessary to deliver safe, effective and high quality person centred care.
OPPORTUNITIES FOR CHANGE

COURAGEOUS & COLLECTIVE LEADERSHIP

Leadership and Partnership are the cornerstones of opportunity, innovation and change. Working together to develop approaches which support early intervention, prevention, co-production and co-design are integral to transforming social care services.

Courageous leadership is needed to continue to co-produce and co-design new models of care which recognise that people should be able to exercise choice and control over their preferred method of care. Courageous leadership seeks to define and manage the axis of accountability, risk and safeguarding – moving from a risk-averse basis of decision making to a more collaborative, empowering model which recognises a service user’s right to autonomy and seeks to take a shared approach to the management of risk.

Such an approach changes the nature of the care we have traditionally provided and will require a competent and confident workforce with the skills to support, enable and empower service users while understanding and balancing autonomy and risk. Honest conversations with service users and their carers, with commissioners of services and with regulators are therefore needed. The courage to try new approaches, to fail and to learn is key to transformation.

Collective leadership supports Partnership – partnership with service users and their carers; partnership with the social care workforce; partnership within and across the Health and Social Care system; partnership across Government; and partnership with local communities. Social care needs to be connected more directly with Government strategies and with local community planning, which aim to support the economy, the NI workforce and local communities.

Social Care Providers are ready to provide courageous and collective leadership, to take an active part in the transformation of social care and are open to sharing and developing innovative models of person centred care. The establishment of a leadership network, which would recognise social care as part of a whole system and support the delivery of new models of care at a local community level, will ensure that the social care workforce is structured and developed to deliver sustainable, person centred social care services.

“IT IS PEOPLE, NOT STRATEGIES THAT BRING ABOUT CHANGE AND IT IS RELATIONSHIPS, NOT SYSTEMS, WHICH MAKE IT WORK.”

BENGOA REPORT
The value and importance of the Social Care sector as a significant contributor to both the health and wellbeing of the people of Northern Ireland and to the local economy cannot be underestimated. This is a growth sector with the majority of provision delivered through the Independent sector – a growing industry in its own right.

A recent study undertaken by Ulster University Economic Policy Centre on behalf of NISCC, Inspire, Cedar Foundation and Bryson Care, found that the Adult Social Care Sector supports employment for over 100,000 people in Northern Ireland and contributes £821m in Gross Value Added (GVA). This contribution is greater than the Professional Services sector, Agriculture, Finance and ICT.

Programme for Government offers opportunities for the Social Care sector to tackle both workforce recruitment and workforce development challenges. It outlines the Northern Ireland Executive’s plan to “improve wellbeing for all – by tackling disadvantage and driving economic growth.” It places an emphasis on collaborative working across Government and with the public, voluntary and private sectors in tackling the biggest challenges facing our society. There is a clear interconnection between transforming social care services and the skills and employment strategies proposed in Programme for Government. These strategies offer opportunities for Social Care Providers to collectively address the challenges they currently face.

“More people working in better jobs” is a key outcome in Programme for Government. One of the areas it aims to tackle is those people who are economically inactive or wish to work more than their existing part-time hours. Programme for Government document shows that in 2015:

- 20% of the working age population were economically inactive
- 15% (approximately 39,000) of people working part-time want to work more hours

A key action to address these factors is the proposal to develop an ‘employability pipeline’ to better match supply and demand in key sectors, with specific reference made to ‘caring’. Social care takes place in local communities and the case study below illustrates how even those who don’t initially see care as a career can develop into lifelong careers.

CASE STUDY: A LIFELONG CAREER CLOSE TO HOME

Joan did not initially see care as a career, more of a stop gap. However, while waiting for something else to turn up she was persuaded to complete NVQ Level 2 and that changed her perception of care as a career.

Joan realized that she could have a secure, flexible job for life if she continued to progress in social care. Over time she completed QCF Diploma Level 5 and has held a full-time Service Manager position for a number of years. She has worked part-time and full-time, in different types of care environments for different organizations but always close to home.

She has raised her family and her work has helped sustain the family farming business and has helped maintain the family in the local rural community.
and employment in local areas, including rural areas, which is close to home and provides a range of working patterns, will be attractive to those considering a return to work or wishing to increase their working hours. This action affords Social Care Providers with an opportunity to engage in strategies and initiatives to support people into social care work.

“The skills agenda remains at the heart of Programme for Government”. There is recognition that the development of workforce skills across the economy is necessary for success and that a skilled workforce makes a major contribution to the economy and increases social inclusion.

Programme for Government places a particular focus on raising the proportion of the workforce in employment qualified to levels 1 – 4 and above. It recognises that in order to do this Government needs to work in collaboration with ‘industry’ and education to ensure that there is a pipeline of people ready to contribute to the workforce.

Programme for Government has a focus on 3 groups of people:
• those entering the workforce;
• those already in the workforce; and
• those furthest away from work.

Social care is a growth area of employment for all of these groups and Social Care Providers require access to supports to help recruit a competent workforce and to upskill its existing workforce to meet the challenges of new and innovative models of social care.

The sector requires a workforce at different levels of qualification from level 2 through to level 5, and is experiencing a skills shortage at levels 2 and 3. Within Programme for Government delivery plans, reference is made to the establishment of a Strategic Skills Forum which will have ownership of overarching skills plans and cross cutting strategies.

This Forum should include Social Care Providers as key partners who can assist in the development of suitable skills strategies and plans for the sector.

Programme for Government places a strong emphasis on improving economic activity and workforce skills – with more people working in better jobs and recognition that skills underpin many of the societal changes to which Programme for Government aspires. There is a real opportunity for Government to engage with the Social Care sector as a growing contributor to the economy of Northern Ireland and a key partner in supporting these Outcomes.
Bryson Care held a recruitment day at the Shankill Women’s centre. A number of interested people came along with their application forms and discussions took place regarding the roles and responsibilities of a care worker.

Mrs Brown came to speak to Bryson Care representatives and was very shy and lacking in confidence. She said she felt embarrassed about submitting an application as she had never worked. She was reassured that her experience as a mother and a carer had provided her with valuable life skills which could be transferred to a domiciliary care worker role.

Following a successful interview, Mrs Brown was employed as a domiciliary care worker. After a period of induction, training and supervised practice, Mrs Brown now works in a permanent part-time job. She has said that the job has changed her own personal circumstances and given her greater independence - for the first time Mrs Brown is earning her own wage.

The job has given Mrs Brown increased confidence, through gaining new experiences, learning new skills and meeting new people. Working as a domiciliary care worker has helped her to become more engaged in her own local community.
CONCLUSION

Social Care Matters because its workforce collaborates, innovates, and works in local communities with local people - to support those in need, and to sustain and build resilient, healthy lives.

Our social care workforce is our most valuable asset. To underestimate its value to society and its contribution to the transformation of our services will be to our detriment. However, to date we have consistently done just that – underestimated its value through low pay, poor terms and conditions, a lack of coherent skills strategies, and by supporting a system which while based on human need is the first to fall in the face of financial constraints. It is time for change.

It is time to take Courageous and Collective Leadership – to work in partnership to develop a strategic approach to build a self-sustaining workforce – one which is incentivised to grow into a resilient workforce with the potential to develop and sustain its own momentum and future, and is no longer governed by happenstance.

Developing a strategy which is framed by the Social Care Workers Hierarchy of Need, and which accepts that the social care workforce is an essential component in the vision for health and social care, will provide a real opportunity for change. In this paper, the Workforce Development Partnership have outlined both the challenges and opportunities for social care.

In Vision to Action they offer a blueprint for the way forward through meaningful engagement and partnership, honest conversations and courageous leadership to create a strong and vibrant social care workforce for the future.
FROM VISION TO ACTION

SOCIAL CARE MATTERS

- Courageous & Collective Leadership
- Improve Workforce Data Systems
- Regional Approaches to Workforce Planning
- A Leadership Network
- Working in Partnership with Government to Develop Employment Pipelines & Skills Strategies
- Debate on Sustainable Funding
- Strategic Approach to the Social Care Worker’s Hierarchy of Need

CHALLENGES AND OPPORTUNITIES FOR THE ADULT SOCIAL CARE WORKFORCE IN NORTHERN IRELAND
MEMBERSHIP OF THE WORKFORCE DEVELOPMENT PARTNERSHIP

ARC UK
BELFAST CENTRAL MISSION
CEDAR FOUNDATION
DOMESTIC CARE NI/OPTIMUM CARE
FOUR SEASONS HEALTH CARE
HEALTH AND SOCIAL CARE TRUSTS
HOMECARE INDEPENDENT LIVING
INDEPENDENT HEALTH AND CARE PROVIDERS
INSPIRE MENTAL HEALTH
MINDWISE
POSITIVE FUTURES
PRAXIS CARE
PRESBYTERIAN BOARD OF SOCIAL WITNESS
SIMON COMMUNITY
TRIANGLE HOUSING