



**Scottish Care
Workforce Development
Survey**

Executive Summary

DECEMBER 2007

1. INTRODUCTION

This summary report is the result of a questionnaire distributed to the 772 Care Commission registered private and voluntary sector care homes for older people in Scotland. It was undertaken by Scottish Care which is regarded as the main voice of the independent care home sector in Scotland. It is a not for profit organisation, with over 600 homes in its membership and it represents around 74% of all care homes including many from the voluntary sector.

The full report is available from Scottish Care.

CONTEXT

Development of the workforce is a significant challenge for the independent care home sector. The Scottish Social Services Council (SSSC) qualification criteria and timescale for registration of the adult residential care workforce requires considerable planning and resource allocation from care homes.

In order to address this issue, Scottish Care was successful in attracting funding from the Scottish Government, through the Changing Lives programme, to undertake a Workforce Development Project to determine the current and future skills needs of care homes for older people in Scotland and to develop a strategy to facilitate the development of the workforce. The outcomes of the project will feed into the Sector Skills Council review of resources to meet identified training and qualification needs, the Sector Skills Agreement. In order to arrive at as comprehensive a picture as possible Scottish Care undertook to include all care homes for older people in the private and voluntary sectors, whether or not they are members of Scottish Care.

The first phase of the project involved a survey to ascertain as fully as possible the existing level of skills and qualifications, as well as workforce development requirements for the future.

A key objective was to identify the obstacles and limitations faced by care homes in seeking to train and qualify employees to meet the regulatory requirements of the SSSC and the Care Commission. Through this survey it was hoped that the issues which are most important to service providers across the sector will be highlighted.

2. METHODOLOGY

A questionnaire was distributed in May 2007 to all 772 Care Commission registered private and voluntary sector care homes for older people in Scotland. This was delivered by hard copy and an email to those who had an email address. Response was by the same means or by entering the data onto an online tool commissioned for the project, 'Survey Monkey'.

The composition of the questionnaire was drawn up in collaboration with the Sector Skills Council to ensure the data collected would be consistent with that collected through their Stage 1 and 2 Sector Skills Agreement survey. The questionnaire, however, was amended to take accounts of lessons learned by the Sector Skills Council in their survey and augmented to ensure it was fully focused on the requirements of registered care homes for older people.

The report does not compare previous statistical information or trends with that obtained through this survey, except to draw some comparisons with the Sector Skills Council's 2007 Stage 1 & 2 Survey, as appropriate.

Further analysis was undertaken, comparing across the respondents. Comparisons were made in relation to small to large homes; rural and urban homes; voluntary and private sector homes; and single home providers to multiple home providers. These groupings were then sampled through a series of Focus Groups in November. They examined in more detail the reasons for organisations responding the way they did.

3. THE SURVEY

OVERVIEW, WORKFORCE COMPOSITION AND GROWTH

Using information available from the Care Commission, the Table below shows the number and proportion of registered services for older people and their employees by local authority, voluntary and private sector.

Table 1				
Numbers of workplaces and employees in older people care home sector in Scotland by type of employer (i.e. local authority, private, voluntary)				
Employer	Number of workplaces	Number of employees*	% of total workplaces	% of total employees
Local Authority	180	6,051	19%	14%
Voluntary	140	4,375	15%	10%
Private	632	32,678	66%	76%
Total	952	43,104	100%	100%

*IMPORTANT INFORMATION** Care Commission Annual Returns for period to 31 March 2006. The information available on total numbers of staff is incomplete, with data available for only 665 of the 952 services. The information that has been provided by 665 services has been used by the Care Commission to estimate the total number of staff working in care homes for older people in Scotland. It does this based on the number of staff per care home place (or bed). This assumes that there is a relationship between the number of beds a service has and the number of staff working there, and does not take account of any other variables that might affect this relationship (e.g. working patterns of staff, the complexities of meeting service user needs or achieving the correct skill mix of staff). The resulting number of staff estimated should therefore be regarded as an approximate number only.

Within the above, 81% of the total number of care homes in Scotland and 86% of the workforce is independent provision, 66% of all care homes for older people in Scotland are run by the private sector and they employ around 76% of all staff in the sector. The reason for the latter discrepancy is due to many of the care homes previously being nursing homes and they were generally larger establishments with a larger staff group.

The total workforce of 138,000 social service employees in Scotland comprises approximately 43,100 working in care homes for older people, or 31% of the total national workforce. 32,600 of these work in the private sector, or 24% of the total workforce; 6,000, or 4% work in the statutory sector; and 4,375, or 3% in the voluntary sector.

Respondents to the questionnaire were 48 (12%) from the voluntary sector and 309 (88%) from the private sector, a total of 353 and an overall response rate of 46%. This is high for this type of survey.

The workforce comprises 95% permanent staff; 59% working full-time and with 86% female.

There are significant differences in the age profile of staff in care homes. Overall, the returns show that 26% of employees are under the age of 30 years whereas 32% are over the age of 50 years.

In breaking this down further, the larger the care home the younger the age profile. Homes of 50+ employees have 30% of the staff group under 30 years and homes of 0-10 employees have 19% under 30 years. Consistent with this, the larger homes have 40% of staff between 40-59 years and for the smallest the figure is 58%.

The ethnic mix showed 90% of employees to be white, with 4% to be asian or asian British. 6% of the workforce are from an EU country outwith the UK and 7% are employed under work permits, bringing the total to 13% of care home staff who are from outwith the UK.

From the sample of the Focus Groups, those employed from within the EU predominately are from Poland and Czechoslovakia and those outwith the EU are from the Philippines, India and China. They are usually nurses qualified in their own country and with varying levels of English language ability. They are mainly employed as care workers, occasionally as nurses, depending on whether they have obtained NMC registration. Small homes are much less likely to employ from outwith the EU, partly due to the administrative issues around immigration and the lower rate of turnover of smaller homes.

In relation to expectations of growth there is optimism from employers that employment in the care home sector will stay the same or grow over the next three years (87%).

SKILLS NEEDS

Below are the outcomes of the key perceived future skills needs in relation to each category of staff registered by the SSSC namely Managers, Supervisors, Practitioners and Support Workers. Employers were also asked about Ancillary staff.

	Current Skills Needs	Future Skills Needs over 3 years	Current & Future Skills Needs
Managers	<ul style="list-style-type: none"> • Planning & organising • Basic computer literacy/IT 	<ul style="list-style-type: none"> • Financial management • Operational management 	<ul style="list-style-type: none"> • Health & safety • Supervision & people development • Protection of vulnerable adults
Supervisors	<ul style="list-style-type: none"> • Reporting & recording • Care planning 	<ul style="list-style-type: none"> • Health & safety • Financial Management • Operational management 	<ul style="list-style-type: none"> • Supervision & people development • Team working • Leadership
Practitioners*	<ul style="list-style-type: none"> • Written communication • Interpersonal skills 	<ul style="list-style-type: none"> • Customer handling 	<ul style="list-style-type: none"> • Team working • Reporting & recording • Health & safety
Support Workers*	<ul style="list-style-type: none"> • Oral and written communication 	<ul style="list-style-type: none"> • Team working • Reporting & recording • Health & safety 	<ul style="list-style-type: none"> • Customer handling
Ancillary staff	<ul style="list-style-type: none"> • Oral communication 	<ul style="list-style-type: none"> • Team working • Reporting & recording • Health & safety 	<ul style="list-style-type: none"> • Written communication

*The highest rated current and future needs for **Practitioners and Support Workers** in relation to service user skills were consistently **dementia, challenging behaviour and nutrition**.

Specifically, the need for team working indicated throughout is primarily about the need for the internal workplace to function better and for the management, supervisory, leadership and communication skills and aptitudes required to achieve this. The other feature highlighted in this context is the lack of confidence/self-esteem (e.g. "I'm only a care assistant or cleaner") on the part of many staff.

Soft skills needs in relation to literacy and written communication are high largely due to older people who have not engaged in learning for some years and who lack the confidence to tackle the reflective writing required for the SVQ. In addition there is a perceived need that many of the younger staff also lack these skills.

With regard to meeting the identified skills needs, the Focus Groups indicated that many will be met through internal learning and development programmes, specifically those around supervision, people development, reporting & recording, team working, care planning and protection of vulnerable adults.

Those needs which will require to be met externally include: vocational qualifications to meet SSSC requirement, dementia awareness, challenging behaviour and those around health and safety including moving & handling, food hygiene, fire safety and first aid.

VACANCIES AND RETENTION

Vacancies for staff were based on those workplaces which currently possess them, and this runs from Manager vacancies at 5%; Supervisors at 12%; Practitioners/Support Workers at an average of 27%; and Ancillary staff at 16%.

In relation to difficulties in filling the vacancies, the most difficult to fill are those of Practitioner or Support Worker, with 74% of workplaces indicating difficulties in recruiting staff. The reasons given for these difficulties were in relation to poor attitudes, motivation and personality; followed by there being too few applicants. For Managers it was the mainly the lack of skills or qualifications and for Supervisors it was predominantly too few applicants for the posts.

Turnover runs at around 19% overall, with the lowest being in voluntary homes and those which are smaller. Only 4% of those who left moved out of social services. Of these, 50% moved into public services (25% into a local authority and 25% into the NHS); 47% moved to the private sector; with only 3% moving to the voluntary sector.

The main reasons given for leaving the workplace were improved pay (74%), closer to home (33%), improved conditions (20%) and promotion (19%).

Those who left to go into a local authority moved to a support worker role in a care at home provision or a support worker role in another care home; those who moved to the NHS moved into nurse training or a health care support worker role. Public services it is said offers greater security and better pay and conditions.

In relation to sickness absence, the figures were banded. Respondents stated that 40% of staff were absent for 0% - 4%, 27% for 5% - 7% and 19% of staff were absent for 8% - 10%. There were significant differences between homes, with small homes irrespective of sector and homes in the voluntary sector having the lowest level of absence, and large private homes having the highest level of sickness absence. Reasons such as "small home means small team, increased loyalty to not letting others down, older age population of staff", voluntary home typically also means a smaller home, older age range of staff and possibly a feature related to the charitable nature of the home, which may in some cases be faith based.

CURRENT TRAINING ACTIVITY

The main external training arranged across the categories of staff in the last 12 months is:

- ◆ **Managers** - driven by the need to register with the SSSC, the Registered Manager Award and the SVQ in Health and Social Care Level 4. In respect of internal training this in the main was on health & safety, fire safety and IT skills
- ◆ **Supervisors** - external training focused around Care Commission themes and clinical care processes. These were led by infection control, palliative care and the management of medication. In relation to internal training, moving & handling, fire safety and challenging behaviour were the most frequently indicated
- ◆ **Practitioners** - external training was primarily driven by the need to have staff qualified at SVQ Level 2 or 3 in Health and Social Care. This was followed by palliative care, dementia and infection control. Internally, moving & handling, fire safety and challenging behaviour predominated
- ◆ **Support Workers** - in relation to external training, SVQ Level 2 and 3 in Health and Social Care followed by palliative care, moving & handling and dementia. Internal training focused on fire safety, moving & handling and infection control
- ◆ **Ancillary staff** - in respect of external training, inputs on food hygiene, fire safety and other health & safety programmes, and internally on moving & handling, food hygiene and other health & safety programmes.

So, the overall picture of current activity is very consistent across the sector. Apart from the need to meet the upcoming registration requirements of the SSSC, issues around health & safety in the workplace and the skilling of staff to meet the increasing dependency needs of service users is the common theme.

On being asked about the types of training provider used in the last 12 months, 84% indicated they had most predominantly used internal provision, followed by private providers (79%), FE college (60%), professional association (36%) and university (23%).

Organisations were asked why they chose not to use the above provision. Respondents gave their main reasons in relation to FE colleges that they were not affordable (40%) and there was a lack of flexibility in fitting in with the needs of the establishment (37%). For universities the response was that they do not offer appropriate training in subject areas (47%) and they are not affordable (40%). For the private training provider the response was that the organisation could provide training internally (51%) and that they were not affordable (43%).

QUALIFICATIONS OF WORKFORCE

Respondents were asked to give percentage figures for those staff *"who meet the SSSC registration requirements."* Accompanying the questionnaire was a statement of the SSSC qualification criteria for each category of staff. The responses were as follows:

Managers – 87%; Supervisors – 73%; Practitioners – 64%; Support Workers – 34%

In responding to this question it appears that many respondents presumed that the ability to register with the SSSC was sufficient to be able to say that staff meet the criteria for registration. That is, from the SSSC qualification criteria it states *"Applicants for registration who do not hold required qualifications may, if they meet all of the other eligibility criteria for registration e.g. evidence of 'good character', be granted registration subject to the condition that they achieve the required qualifications within a specified period - normally their first three year period of registration"*. This of course significantly affected the accuracy of the figures.

When the outcomes from the Care Commission 2007 Annual Return are known it should provide a clearer picture.

WORKFORCE SKILLS

With regard to the impact of skills gaps on the performance of the care homes 56% indicated there had been an impact, although only 11% perceived it to be major. The main impacts were in relation to the difficulty in meeting quality standards for registration or those of the Care Commission.

In addition to asking about the training conducted for specific staff categories, a question was asked about the types of training arranged overall in the last 12 months. The most frequent responses were:

- ◆ health and safety
- ◆ care planning
- ◆ service user specific training in dementia, challenging behaviour and nutrition
- ◆ protection of vulnerable adults
- ◆ supervision & people development.

OBSTACLES TO AND KEY ISSUES IN WORKFORCE DEVELOPMENT

In response to a question about what are the key obstacles to providing training for staff, overwhelmingly the lack of access to funding was indicated followed by the lack of cover for training.

The final question asked was requesting organisations to indicate the key issue to address in developing the skills of the workforce. Funding was again the predominant issue and the need to address the pay and conditions of staff was rated highly.

The other more general and frequent response to this question was in relation to the need for and the lack of affordable availability of a range of learning and development programmes for staff, for example in respect of dementia and communication skills, as well as the requirement to ensure staff have the relevant SVQs for registration with the SSSC.

4. SUMMARY OF FINDINGS

- ◆ It is clear from the survey that the providers of care homes for older people who operate in the independent sector are investing significantly in the skills of their workforce. This is shown in the volume of learning and development activity towards registrable qualifications; maintaining the professional development of employees; and ensuring skills meet the changing needs of service users
- ◆ The development of skills in the care home workforce is driven largely by four factors:
 - Care Commission quality themes and inspection focus
 - SSSC registration requirements
 - key legislation (such as greater employer accountability in relation to fire safety)
 - increasing dependency needs of service users
- ◆ Key learning & development skills needs highlighted in the survey:
 - Qualifications towards the registration of the workforce, primarily the Health and Social Care SVQ at Level 2 and the Registered Manager Award SVQ at Level 4. The Health and Social Care SVQ at Level 3 is less used in the independent sector, mainly due to this role largely being covered by nurse qualified staff in supervisory positions
 - health & safety for Managers and Supervisors
 - management/supervisory skills for Managers and Supervisors
 - service user skills for Practitioners and Support Workers, including dementia, challenging behaviour, nutrition
 - soft skills for Practitioners and Support Workers, mainly in relation to literacy
 - team working for Supervisors, Practitioners and Support Workers

The required competence levels of staff are anticipated to increase as the needs of the service users in care homes becomes more complex

- ◆ There is a lack of knowledge about the SSSC requirements for Supervisors and some reluctance by nurse qualified staff to undertake supervisory competences (it is noted there is no requirement on them due to their being registered with the NMC). An implication from this is for social care staff who are supervising others not to be given the opportunity at the present time to undertake supervisory competences, although the register is now open for Supervisors in adult residential care
- ◆ Career pathways in care homes are limited for those who do not have a nurse qualification and who do not wish to follow a career as a nurse. Most appointments for Manager and Supervisor are to nurse qualified applicants
- ◆ There is difficulty recruiting people with appropriate skills as Managers and there are too few people applying for posts as Supervisors
- ◆ The most difficult to fill group of staff are those of Practitioner and Support Worker. The reasons given for these difficulties are in relation to poor attitudes, motivation and personality; followed by there being too few applicants. Recruitment would benefit from a raising of the profile of social care as a valuable, purposeful career
- ◆ Lack of access to NHS run programmes is inhibiting care home nurses in their professional development. In addition, there are few practice learning opportunities for private sector nurses to work in the NHS, or indeed for NHS nurses to experience the private sector
- ◆ There is concern that the Care Commission, the SSSC and COSLA make a range of demands on the sector irrespective of each other and often around the same time. There is no joint planning in relation to timing or requirement to ensure the ability of the sector is maximised to deliver on these demands
- ◆ There is a need to have appropriate advanced information and support to plan for skills requirements in relation to Care Commission inspections
- ◆ It is clear there is not an equality of opportunity for employees in social services in Scotland to be supported in acquiring appropriate qualifications and continuing professional development opportunities. A model is required for the delivery of resources which is fair for all.

5. CONCLUSIONS

Needs and Infrastructure

As the demography of the care home population alters; as more complex care needs require to be met; and in order to meet the challenges of legislative, regulatory and policy targets to maintain and improve the levels of service in the future, there is required a support infrastructure which will enable care homes to best meet these requirements.

From the survey and stakeholders' discussions it is clear that providers of services feel they are significantly lacking in the supports required to plan for the future.

The sector has a need to be supported through the provision of qualitative, targeted, current information, advice and guidance; research and analysis which informs workforce development; relevant networks, events, publications and website; and a means to be consulted on and to contribute to the local and national policy agenda. Links to and an interface with other key stakeholders e.g. the Learning Networks, NHS Education, Sector Skills Councils and so on, is required.

An infrastructure might be provided in a number of ways. It would need to include dedicated resources in relation to personnel and facilities.

Resources

The breakdown of workforce by size shows that the local authority sector has around 57,000 staff, or 41% of the Scottish social services workforce of 138,000. The private sector has a workforce of around 46,000, or 33% of the total and the voluntary social service sector has a workforce of around 35,000 employees in total, or 25%. (Labour Force Survey, 2004).

However, the *Discussion Paper on Review of Funding for Training* (Scottish Government, Workforce & Capacity Issues Division, June 2007) shows that for every £3 received by local authorities to support social services training, £2 is received by the voluntary sector and £1 by the private sector.

The situation above is further aggravated when it is noted that the primary external funding for the private sector has been through Modern Apprenticeships/Skillseekers and that this has diminished in the sum of 74% in the financial years 2005 – 2007. In addition, the significant reduction to and the re-configuring of the European Structural Fund make it likely that there will be less available in the future.

There requires to be an agreed and equitable level of funding to support the sector, and it has to be delivered in a transparent manner within a partnership framework. The Childcare Partnership model and the Voluntary Sector Workforce Development Unit offer possible examples of how this issue might be approached.

Resources will also be required to support an infrastructure, as above.

Content and Delivery of Learning and Development

The learning and development needs highlighted in this survey only address the beginnings of the process towards suitably skilling the workforce.

As noted, with the shift in the balance of care services to care at home it is likely that care homes for older people will require to provide services for an increasing level of dependency and with a greater and more enhanced level of clinical activity. This has significant implications for the skills needs of all staff in the future and in the supply of adaptable and responsive learning opportunities to meet the increased skills needs.

Effective partnerships will need to be developed further between employers and the providers of training and education. Training providers will require to be responsive to the demands of the employer, in particular the FE sector and private training providers. The delivery of this should be local.

The Learning Networks can play an important role in linking together service and training providers across all social services and promote an economy of scale which would benefit all, in particular the smaller and more isolated providers.

The role of the NHS and NHS Education needs to be explored in the context of flexible arrangements for resourcing and delivering on this agenda.

Scottish Care in this overall context can act as 'broker' for the care home sector, analysing, interpreting and leading on workforce development requirements nationally and linking to the Learning Networks and other stakeholders to ensure delivery for the sector. In addition, Scottish Care would wish to promote models of good practice in collaborative skills development cross all sectors.

Policy Framework

The policy agenda specifically encourages partnerships in workforce planning and delivery between employers, learning and training providers, government agencies and other intermediary bodies.

The Scottish Government's Lifelong Learning Skills Strategy, '*Skills for Scotland*', in its 3 overarching objectives, promotes the individual to be at the centre of his/her own learning and development; challenges employers to develop staff and use skills more productively; and encourages a decluttering of the delivery landscape. In this context, 'cohesive structures' and partnerships are seen as the key to delivery; learning and training providers should 'consider themselves as part of one system geared towards helping people develop the skills they need'.

Furthermore, there is encouragement for employers to articulate what skills are needed to meet business objectives and to enable them to have the capacity to deliver.

There is strong support for the Sector Skills Councils to engage with employers in order for them to speak with legitimacy; to ensure that employers have a say in the design and development of learning 'at all levels and in all settings' and to maintain strong partnerships with all key players in their sector including learning providers and intermediary bodies.

The *Changing Lives* agenda places a focus on personalisation of services; the recognition that to develop effective teamwork there needs to be an investment in growing the capacity of workers to respond to changing demand; and the development of 'effective approaches to integrated workforce planning, ensuring that we have the right skills now and in the future'.

The *National Strategy for the Development of the Social Services Workforce*, in seeking to create an adaptable and flexible workforce, promotes the message of opportunities and choices for staff to progress their careers across disciplines and service provision. The strategy challenges those with an interest in social services to make sure the whole workforce is able to develop and respond positively to changing demands. It suggests employers, training providers and others need to work in partnership to ensure the learning supply meets the need of employers.

SUMMARY OF CONCLUSIONS:

- 1. The relevant statutory bodies to adopt a sustained joint approach to workforce development and regulation**
- 2. The creation of a structure to deliver effective strategic and operational co-ordination of workforce development across the sector such that agreed standards and targets are met**
- 3. Collaborative interface between the relevant social and health care initiatives current and in the future to ensure clarity of purpose and for maximum benefit to be drawn from each**
- 4. Sufficiency of resources to meet the assessed needs, applied equally across the workforce and managed in a transparent way**
- 5. All parties committed to taking forward an agreed agenda in partnership.**

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