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SCOTTISH
CARE AT HOME

WORKFORCE DEVELOPMENT SURVEY
independent care at home services



WORKFORCE DEVELOPMENT SURVEY OF INDEPENDENT CARE AT HOME SERVICES

CONTENTS	<i>Page No.</i>
Introduction	
Background	
Methodology	
The Survey	
The Registered Services	8
The Workforce	10
Staff Skills and Qualifications	13
Training Activities	16
Recruitment and Retention	22
Development priorities	24
Summary of Findings	26
Conclusions	30
Appendices	
1. Advisory & Focus Groups	
2. Glossary	

INTRODUCTION

This document reports on a workforce development survey of independent care at home services in Scotland carried out from October 2007 to April 2008. It was undertaken by Scottish Care at Home, a national representative body established early in 2006 and currently serving approximately 50% of the independent sector's care at home and housing support services.

The work was funded through the Scottish Government's *Changing Lives* programme and its primary aim was to determine as fully as possible the existing level of skills and qualifications, as well as workforce development requirements for the future for those staff who work in care at home services. Its objectives included:

- scoping the composition of the workforce
- determining the current level of learning and development activity in the sector by:
 - providing an understanding of the current levels of qualifications by support workers, supervisors and managers
 - creating an accurate picture of the skills needs and training gaps in the independent care at home sector
- evaluating the skills gaps and weaknesses
 - including an analysis of the impediments to workforce planning and development in the sector
- making recommendations and proposing priorities for action.

The project is intended to be the first stage in a longer term process to develop a workforce development strategy for care at home services.

The outcomes of the project were fed into the Sector Skills Council review of resources to meet identified learning and development needs within the social services workforce in Scotland, known as the Sector Skills Agreement (SSA).

BACKGROUND

Changing Needs and Demands

The care at home sector in Scotland is in a continual state of change and growth. Since the *'Who Cares Now'* survey of independent sector home care organisations in Scotland carried out in 2004 by the United Kingdom Home Care Association (UKHCA), Skills for Business and the Scottish Social Services Council (SSSC), there has been considerable movement in this sector and its workforce:

- The number of service users and the workforce itself continue to expand; dependency levels are growing; there is an increasing expectation of the quality of the services being provided; and demographic as well as policy developments promote the continuing growth of care at home services
- The current scope of service provision is developing. Home care commissioning includes services for older people, children and young people and their families and carers; adults with a learning disability; adults with mental health problems; people with physical disabilities; people with alcohol and drug problems; and people with HIV/AIDS. The range of competences expected from workers is growing and becoming more technical, clinical and skilled in some areas
- Current services which impact on the role and accountabilities of some care at home staff include, for example, hospital at home services to prevent avoidable hospital admission or enable earlier discharge; supported discharge consisting of nursing and therapeutic support; and even home care such as transfusions, IV antibiotics, pain control, high dependency and palliative care
- From the workforce skills survey carried out by Skills for Care and Development in 2007, through the Sector Skills Agreement, it is suggested that 'the patterns of care may well change over time, with a greater demand for housing support services and home care workers driven by an increasing policy emphasis on supporting people in their own homes'
- The *Range and Capacity Review Report* (Scottish Executive, 2004) identified that the domiciliary care staffing demand is likely to increase by 2017 by 32% or approximately 8,550 full-time equivalent jobs. Given the higher level of part-time working in the sector this is likely to mean more than 11,400 individuals
- There is evidence of problems in recruitment and retention, though little information on the causes. The 2004 *'Who Cares Now'* survey showed that turnover of the workforce has been identified as a serious challenge to delivering continuity of care and there was some data to suggest that annual turnover is between 25% and 40%
- There is evidence of inconsistent and sometimes low standards of induction of staff into care at home services
- Small organisations are increasing in number. Many independent care at home providers operate in relative isolation from wider organisational and operational support networks; and from the systems and processes which support learning and development of the workforce in Scotland. The consequential issues of being small in this sector are the difficulties arising from economy of scale and the resources to fully skill the workforce
- Funding for the skills development of the care at home workforce is problematic, in particular the private providers. As independent organisations they do not fall within the funding framework currently offered to the statutory and voluntary sectors, although European Structural Funds (ESF) and Modern Apprenticeship monies have assisted in part. In the 2004 *'Who Cares Now'* survey only 3% of organisations reported using external funding from sources such as local authorities and the ESF to assist with training costs

- Evidence suggests there continues to be considerable resource issues for the sector in skills development including vocational qualifications and other key workforce needs such as continuing professional development.

The Policy Framework

Care at home services are underpinned by the development of policies, across the age range, which seek to support people in their own homes. The impact of these policies has seen a growth in flexible and responsive care at home services.

Modernising Community Care: an Action Plan (1998) set the agenda for the organisation and delivery of services by 'shifting the balance from institutional forms of care to caring for people at home and by developing more flexible home care services and suitable housing.' This aimed to support people at home and to help them lead independent lives delivered by high quality services.

This policy direction was recently reinforced by Shona Robison, the Scottish Government Minister for Public Health, in November 2007, at a national conference on commissioning services:

- "Firstly, a need to continue to shift the balance of care away from acute and institutional settings to community and home based settings;
- Secondly, a need to ensure we achieve excellence in terms of value while at the same time building personalised services tailored to individual needs;
- And third, a need to focus more on preventative and anticipatory care that reinforces wellbeing and health improvement."

The development of the *Getting it Right for Every Child: Implementation Plan* (2006) for children and young people and their families emphasised the need to ensure that they receive help and support at an early stage to prevent the escalation of needs that may require additional help.

Future challenges for care at home services will be to support the delivery of more personalised services to meet the needs of the people who use them and their carers as recommended in the report of the *21st Century Review of Social Work* (2006). This report also recommended the need to build the capacity of the workforce and sustainable change in the way services are designed and delivered.

At the same time, local authorities and service providers are preparing for the implications of the *Review of Public Sector Procurement in Scotland*, the McClelland Report (2006), which sets the agenda for public procurement reform. It asserts that there are economies to be found in procurement and recommends that effective, collaborative procurement, delivering best value and supporting a competitive, transparent and equitable environment is required.

Another key aspect of Scottish Government policy is contained within *Delivering for Health* (2005), the major policy statement setting out the structures for delivery of NHS services in Scotland for the next 10-15 years. It was followed by *Delivering Care, Enabling Health* (2006) which takes the policy forward from a Nursing, Midwifery and Allied Health Professionals (NMAHP) perspective. Within this a key message is '.....the emphasis on integrating care will require multi-disciplinary team working. It will require collaboration and co-ordination between professionals and across organisational boundaries - in fact, a partnership approach at all levels to achieve continual improvements in quality and value for money.' This has implications across the range of services provided to people in their own homes.

In relation to skills development for the national workforce, it is underpinned by the Scottish Government's Lifelong Learning Skills Strategy, *Skills for Scotland* (2007), which sets the skills policy agenda. In its three key areas for development it 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 simplification of the delivery landscape. In this context, 'cohesive structures' 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'.

Care at Home and Housing Support Services

Housing support was included in the recent SSA survey and discrete care at home services was not. In addition, the sample frame was generic in nature, incorporating all social services, rendering the response from housing support to be partial. Interestingly, from this survey "the vast majority of domiciliary care workplaces (83%) expected their skills needs to change."

There is some overlap of services in relation to their classification in this overall sector, given that many providers offer housing support **and** care at home services, but it is only housing support workers who are currently incorporated into phase two of the SSSC registration process. Care at home has not yet been determined in relation to registration, which leaves a significant group of people working with and alongside others who have the opportunity to register, gain qualifications and possibly have better pay and conditions as a result. Both are registrable services with the Care Commission.

In summary, it is suggested that there needs to be a redefinition of the current and anticipated future skills requirements, activities and main workforce trends of the care at home workforce and a consideration of these alongside the housing support workforce.

METHODOLOGY

The Project was managed by Scottish Care at Home and was steered by an Advisory Group comprising Scottish Care; the UKHCA; the Home Care Practice Licence team; Community Care Providers Scotland and the Voluntary Sector Social Services Workforce Unit (VSSSWU); the Scottish Social Services Learning Networks; the Care Commission and the SSSC (see Appendix 1).

The Project employed a consultant and an administrator to conduct the survey under the management of the Chief Executive of Scottish Care at Home. Significant advice and support was received from Scottish Care, the representative body for the care homes in Scotland who had recently conducted a similar workforce survey of the care home sector.

The key method to gather information required for the survey was through the distribution of a workforce questionnaire to 554 independent Care Commission registered care at home organisations. The content and structure of the questionnaire was agreed following the consideration of a Focus Group established for the purpose. The Focus Group comprised 12 organisations across the private and voluntary sectors; the Care Commission; the VSSSWU; and the Home Care Practice Licence Team (see Appendix 1).

The workforce questionnaire was distributed on 7 January, delivered by hard copy and email to those who requested it. Response was by the same means. A telephone advice line was also available to answer respondents' questions.

Returns up to 14 February were included in the analysis. The completed data was then entered onto an online tool commissioned for the project, 'Survey Monkey'. 128 registered organisations (23%) completed and returned survey forms. This is a significant response and a valid sample given the relative fragmentation of the sector. Respondents indicated that they employed a total 6924 people.

Further analysis was undertaken, comparing across the respondents. Comparisons were made in relation to rural and urban based organisations; voluntary and private sector organisations; and small to large size organisations providing care at home services.

Two Focus Groups were held in March to interpret, augment and inform the issues and questions that arose from the survey analysis, including the comparisons made (see Appendix 1).

The report from the workforce survey was reported to the Scottish Government on 30 April 2008.

THE SURVEY

THE REGISTERED SERVICES

Breakdown of care at home workforce in Scotland (estimate)

Employer	Number of workplaces*	Number of employees*	% of total workplaces	% of total employees
Local Authority	125	16,489	17%	50%
Voluntary	415	8,896	56%	27%
Private	205	7,660	27%	23%
Health Board	1			
Total	746	33,045	100%	100%

***IMPORTANT INFORMATION.** These figures are drawn from the latest available Care Commission returns (March 2007) and local authority census data (October 2006). The information on the total number of workplaces is complete, but staff information is incomplete, with data available for only 98 of the 746 services. In the absence of 'robust' statistics for the staffing numbers, it is noted that the information that has been provided by the 98 services has been used to estimate the total number of staff working in care at home services. Apart from the local authority employee count which is derived from local authority census data, the other employee figures are achieved by taking the average number of staff per service in each sector for the 98 responding services and applying the same averages to the services for which staffing data was not available. **The resulting number of staff estimated should therefore be regarded as very approximate, primarily providing some indication of the size and make-up of the sector.** They are likely to be an under-estimation of the total figures of staff employed in the sector.

Breakdown of returns

Sector	Number	Percentage of respondents
Voluntary	81	64%
Private	40	32%
Social Enterprise	3	2%
Franchise	2	2%

Overall, the response shows a high voluntary sector return. However, from Care Commission registration data, it reflects the higher presence of the voluntary sector in care at home provision (56%) in relation to private sector organisations (27%), the remainder being local authority. It is worth noting, by comparison, that care home services have a balance heavily towards private provision.

Configuration of care at home organisations

Scale of Organisation	Number	Percentage of respondents
Single Organisation	56	50%
Part of a larger Organisation	57	50%
<i>Of which -</i>		
▪ <i>Up to 9 registered services</i>	16	-
▪ <i>Between 10 – 19 registered services</i>	6	-
▪ <i>Between 20 – 29 registered services</i>	11	-
▪ <i>30 + registered services</i>	9	-

This shows that a very significant proportion of care at home providers are running the service as a sole provider and with it the concomitant issues of economy of scale.

Services provided

Services Provided	Number	Percentage of respondents
Only Care at Home services	33	27%
Combined Care at Home and Housing Support service	80	66%
Of which -		
▪ Care at Home		74%
▪ Housing Support		26%

The majority of organisations are offering both care at home **and** housing support services and those offering both have much a higher proportion of care at home than housing support provision.

Combination of services provided

Combinations of Care at Home Services and OTHER*	Percentage of respondents
Day Care Services	7%
Nurse Agency	4%
Care Home	4%
Support Service	2%
Hospice	1%
Residential School	1%
Total	19%

* This table shows providers who offer care at home services *and* services (by Care Commission category) other than housing support

The combination of care at home **and other** services (other than housing support) appear limited, only 19% of respondents indicating they provide such a combined service. It is understandable that the most frequent of these are day care, nurse agency and care home provision as they are closely related services on the continuum of care.

Geography covered

Geographical coverage of respondents shows that all local authorities are represented, with 14% covering Glasgow to single organisations responding from Orkney and Shetland.

Care groups covered

Care Group	Percentage
People with a learning disability	81%
People with a physical disability	77%
People with dementia	70%
Older people	67%
People with mental health problems	65%
People who have a sensory impairment	64%
Older people with mental health problems	59%
People who abuse drugs and/or alcohol	43%
Children	33%
People from minority ethnic groups	30%
People with infectious/contagious diseases	18%
Young Carers (i.e. under 18 years of age)	15%
Young offenders	8%

Others, by frequency of mention:	8%
<i>Of which –</i>	
▪ <i>Acquired Brain Injury</i>	4%
▪ <i>Carers Support</i>	4%

It is interesting to note that 81% of respondents indicated they work with people who have a learning disability, a higher figure in relation to older people than might have been anticipated.

The combination of service users needs is not explored further, so it is highly probable that, for example, there will be older people or people with dementia who will also have a physical disability.

The more specialised services appear concentrated in urban areas.

Funding

	Percentage
Funded from local authority	80%
Funded privately	7%
Funded by Direct Payments	5%
Funded from other sources (not specified)	8%

Focus Groups indicate that other sources of funding include fundraising, NHS funding for individual care packages and the Independent Living Fund.

THE WORKFORCE

Organisations by size of workforce

	Percentage
0-10	11%
11-24	27%
25-49	30%
50 - 74	6%
75 - 99	12%
100 - 199	11%
200+	3%

There is a reasonable spread in relation to the size of workforce. Essentially, though, the organisations are mainly small agencies, within the conventional definition of Small to Medium sized companies (SMEs), without the economy of scale of many other larger organisations working within the care sector.

Growth

A majority of organisations (63%) expect staffing to increase in the next three years and (32%) expect staffing to remain the same. This is a reasonably optimistic outlook from care at home providers.

Staff by highest skill level

	Percentage of respondents
Non-Personal Care and Support	5%
Personal Care and Support	41%
Enhanced/Augmented Care and Support	39%
Supervisors	10%
Managers	4%
Others	2%

This shows at 5% a relatively low percentage of staff who are solely employed to deliver some of the traditional 'home help' services of housework, cleaning, shopping and so on.

Many staff combine activities of personal care and support (e.g. washing, bathing, dressing, feeding, simple administration of medication, meal preparation) with the 'higher' accountabilities of enhanced intensive/augmented care and support (e.g. oral hygiene, peg feeding, catheter care, double handling, pain relief).

It is notable that 39% of staff are required to carry out 'enhanced' functions, indicating a relatively high level of service user need. Focus Groups confirm that there has been a move towards enhanced care provision, with older people being discharged home from hospital, with higher levels of dependence and with more skills and responsibilities being demanded of home care staff. It was also noted that staff tend to deliver both personal care and enhanced care, providing a continuity of care for service users.

'Others' are administrative staff, recorded by 14 organisations. This will be an under-estimate since a question about administrative staff was not asked specifically.

The responses also indicate that private sector organisations are likely to have fewer managers and supervisors (9%), as a proportion of their staff, than voluntary organisations (16%).

Contract terms

The workforce comprises 58% permanent staff; a very significant 33% on 'zero hours' contracts; and 2% are on temporary contracts, which may be thought of as a low percentage overall.

The workforce has 50% working more than 30 hours per week; 25% working between 20 and 29 hours; 11% working 10-19 hours and 10% are recorded as sessional/variable hours.

Focus Groups confirm that some zero hours contracts are a consequence of the call-off nature of contracts from local authorities. It is suggested, however, that some staff accept these contracts because it offers flexibility for them and also that some staff may in addition work for the local authority.

Age and gender

87% staff are female and the age profile shows 57% between the ages of 30 and 49 years; with 22% who are 29 years or younger (including 1% under 19 years); there are 16% aged 50-59 and finally 5% over 60 years of age. The profile is consistent with the overall social care workforce in Scotland, including adult residential care.

Diversity and ethnic origin

From those who responded, 97% of staff are recorded as White, 2% as Black or Black British and 1% as Asian or Asian Black; while a closer search of actual numbers shows 17 from 'other ethnic groups'; 10 Chinese; and 9 from mixed race.

97% originate from the UK; 2% from outwith the EU and 1% from outwith UK, but within the EU. These findings are broadly in line with an SSSC research study conducted in 2008 examining the proportion of migrant workers in the social services sector.

Of those who originate from outwith the UK, information is sparsely reported but staff originate (in order of mention) from Poland, Africa (including Nigeria and South Africa), India, Philippines, and eleven other countries noted. Most employers employ people from one, two or three countries outwith the UK.

It is recorded that 1% of staff are employed under a work permit.

Focus Groups confirm that the reasons for these relatively low figures of staff from outwith the UK includes a lack of applicants from outside the UK; the need for good language and communication skills for lone workers; and the need for staff to have access to transport. In addition, issues in relation to disclosure and work permits can be problematic.

Registration issues

Services Delivered by Staff	Percentage
Only Care at Home service delivered	45%
Combination of Care at Home and an Other service delivered	50%
<i>Of which –</i>	
▪ <i>Will register under Housing Support</i>	36%
▪ <i>Do not know</i>	28%
Data Missing	5%

Of those who report that they do not know if staff will register under housing support, the most frequently mentioned reasons are that they require information about care at home registration; that they require information about housing support registration; and a smaller number who say that they are unaware of the importance of registration of staff.

The Focus Groups suggest that there remains a lack of clarity about relevant qualifications, even now, for housing support staff and that this is accentuated by the dual role of some staff also delivering care at home services.

This is consistent with the recent research of adult residential care by the VSSSWU, November 2007, which shows that only 33% of managers in the adult residential care workforce were found to have a 'full understanding' of registration requirements and responsibilities. This is significant considering that the adult residential care workforce is has been able to register with the SSSC since 2006.

STAFF SKILLS AND QUALIFICATIONS

Key skills to be developed over the next 3 years

This table shows the outcomes of the key perceived future skills needs in relation to each category of staff analysed. Those shown received the highest percentage returns from respondents.

	General Skills	Client Specific Skills
Managers	<ul style="list-style-type: none"> • Planning & organising • Leadership • Financial management • Supervision/coaching/development of the individual • Health & safety 	<ul style="list-style-type: none"> • Risk assessment • Protection from abuse, neglect and exploitation • Maintaining independence • Supporting Rehabilitation
Supervisors	<ul style="list-style-type: none"> • Supervision/coaching/development of the individual • Leadership • Care planning • Team working • Planning & organising 	<ul style="list-style-type: none"> • Risk assessment • Protection from abuse, neglect and exploitation • Maintaining independence • Moving & handling
Personal Care Workers (includes enhanced care)	<ul style="list-style-type: none"> • Reporting/recording • Health & safety • Lone working • Verbal communication skills 	<ul style="list-style-type: none"> • Moving & handling • Simple administration of medication e.g. prompting • Hygiene: food, personal and household • Washing, bathing and toileting • Maintaining independence
Non Personal Care Workers	<ul style="list-style-type: none"> • Health & safety • Reporting/recording • Written communication skills • Protection of vulnerable children and/or adults • Lone working 	<ul style="list-style-type: none"> • Non-Personal care tasks e.g. housework • Hygiene: food, personal and household • Protection from abuse, neglect and exploitation • Challenging behaviour • Maintaining independence

It is clear that organisations recognise the need for leadership skills in Managers and Supervisors and for people development in Supervisors. In addition, there is a high profile given to risk management and protection from abuse, neglect and exploitation.

In relation to Personal Care Workers, the need for reporting and recording skills is highest with health and safety following. Due to the nature of the work, in people's own homes, lone working features highly. These skills needs are also shown for Non Personal Care Workers, with the addition of written communication and the protection of vulnerable children and/or adults.

As expected, skills needs in relation to non-personal care tasks (e.g. housework; hygiene - food, personal and household) are highlighted for Non Personal Care Workers.

Focus Groups comment that the above are largely driven in part by the desire to deliver quality care services. However, Care Commission requirements, including the National Standards for Care at Home services as well as the quality themes and inspection focus (e.g. risk assessment, Protection of Vulnerable Adults), are very influential in setting the agenda. In addition, there is a high profile given to health & safety and risk assessment and key legislation (such as the Adults with Incapacity (Scotland) Act, 2000).

With regard to lone working, Focus Groups suggest that the skills relate to those consequent on a worker being alone whilst carrying out care tasks. For example, these would include responsibility and accountability; self-motivation; reliability; handling health and safety issues; assessment skills and so on.

In relation to the skills attached to 'protection from abuse, neglect and exploitation', the Focus Groups indicate that this is both about the service user and the staff member being protected. It also relates to vulnerable adult training and training in respect of child protection.

Literacy difficulties among staff were identified by 37% of employers surveyed as part of the SSA survey work and in the Scottish Care workforce survey. However, they are not given as high a rating of need in this survey. Focus Groups suggest that if staff are not literate they are likely to be filtered out at the application process and also that it is neither a recognised qualification nor a specific focus for regulators. It is thought, however, that there may be a hidden problem as many home care workers are not required to write reports.

Percentage of qualifications of workforce

Percentage				
	Managers	Supervisors	Personal Care Workers <i>(includes enhanced care)</i>	Non Personal Care Workers
Those who hold relevant care related award	41%	42%	18%	4%
Those who hold relevant management related award	23%	6%		
Those working towards relevant care related award	9%	7%	10%	2%
Those working towards relevant management related award	12%	4%		

Percentage of award by type: Managers and Supervisors

Of all Managers, 22% are said to hold an SVQ Health & Social Care Level 4 or equivalent, 15% are Registered Nurses or equivalent and 4% hold the Diploma in Social Work or equivalent. 23% of all Managers are said to possess the Registered Manager's Award Level 4.

Of all Supervisors, 26% are said to hold an SVQ Health & Social Care Level 3 or equivalent, 8% have the same award at Level 4 and 8% are Registered Nurses or equivalent. 4% of all Supervisors are said to possess the Registered Manager's Award Level 4 and 2% a number of Units from it.

These figures are relatively high, considering that there is currently no formal registration requirement for care at home Managers or Supervisors to possess care or management qualifications. Even if many are also providing housing support services, the register does not open until autumn 2009. The numbers working towards a care or management qualification might be seen to be low in comparison.

There were few significant differences in responses between the voluntary and private sectors.

Percentage of award by type: Personal Care Workers and Non Personal Care Workers

Of all Personal Care Workers, 7% are said to hold an SVQ Health & Social Care Level 3 or equivalent. This includes 1% who are Registered Nurses. 11% have the SVQ Health & Social Care at Level 2.

Of all Non Personal Care Workers, 1% are said to hold an SVQ Health & Social Care at Level 3 and 3% at Level 2 or equivalent.

Taken together, the number of Personal Care Workers who possess or are working towards a relevant care award is relatively high at 28% overall, though again if staff are also providing housing support services (and the SSSC registration criteria for these are published), then employers are likely to be taking staff through the relevant SVQs.

Percentage of award by type: Assessor/Internal Verifier

Percentage				
	Managers	Supervisors	Personal Care Workers (includes enhanced care)	Non Personal Care Workers
Assessor	23%	7%	0.2%	0%
Internal Verifier	7%	2%	0%	0%

The figures show a relatively high percentage of Managers possessing the Assessor and/or Internal Verifier award which might indicate an investment in in-house SVQs. In contrast, few Supervisors possess either award.

Focus Groups comment that the high percentage of Managers who are Assessors has also to do with their overall seniority, experience and qualifications level and that some are in a good position in an organisation to carry out the role.

There are said to be no Supervisors in the private sector who possess the assessor or verifier awards. This may simply be a symptom of those who chose to respond to this question.

Qualifications identified as the most appropriate for the workforce

Respondents indicated that the Registered Manager's Award and the SVQ in Health and Social Care Level 4 are the most appropriate for Managers in the workforce; SVQ 3 or 4 for Supervisors and the Registered Manager's Award; SVQ in Health and Social Care Levels 2 or 3 for either the Personal Care or Non Personal Care Worker. The HNC in Social Care and the Home Care Practice Licence were mentioned for the Personal Care Worker.

For Personal Care Workers, the HCPL came behind the SVQ Level 2 and 3 and the HNC in Social Care. Within the Focus Groups it was commented that this was because the HCPL was not sufficiently known about.

Overall, the above responses are to be expected and they follow the same suite of registrable qualifications for housing support workers, likely to offer a benchmark for providers in considering this issue.

TRAINING ACTIVITY

Internal/External training in the past 12 months

Percentage				
	Managers	Supervisors	Personal Care Workers (includes enhanced care)	Non Personal Care Workers
Internal	75%	72%	94%	26%
External	73%	65%	76%	22%

In relation to training provided in the past 12 months, the majority of respondents indicated that they had used internal and external providers extensively. The anomaly is with the Non Personal Care Workers where training was provided for 26% and 22% respectively. Focus Groups confirm that this reflects the nature of the task, in the respect that as it not specifically related to personal care services it requires less knowledge and skill, for example, of the range of legislation and policies which govern Personal Care Workers and the accountabilities associated with the Personal Care Worker role.

Number of hours of induction training

Percentage				
	Managers	Supervisors	Personal Care Workers (includes enhanced care)	Non Personal Care Workers
Average number of hours of induction training	44	41	40	19

There is consistency in the number of hours of induction given to staff. The reason for Non Personal Care Workers receiving on average only 19 hours is due to the lower level of accountability, competence and narrower range of tasks for this group of staff.

Type of skills training delivered overall in the past 12 months

By frequency of mention		
	General Skills	Client Specific Skills
Managers	<ul style="list-style-type: none"> • Induction • Protection of vulnerable children and/or adults • Health & safety • Financial management • Day to day management/ Planning and organising • Supervision/Coaching/ Development of the individual 	<ul style="list-style-type: none"> • Protection from abuse, neglect and exploitation • Moving & handling • Risk assessment • First Aid • Challenging behaviour • Simple Administration of Medication

Supervisors	<ul style="list-style-type: none"> • Induction • Health & safety • Protection of vulnerable children and/or adults • Care planning • Supervision/Coaching/ Development of the individual 	<ul style="list-style-type: none"> • Moving & handling • Protection from abuse, neglect and exploitation • First Aid • Risk assessment • Challenging behaviour • Simple Administration of Medication
Personal Care Workers <i>(includes enhanced care)</i>	<ul style="list-style-type: none"> • Induction • Health & safety • Protection of vulnerable children and/or adults • Care planning • Reporting/recording 	<ul style="list-style-type: none"> • Moving & handling • Hygiene: food, personal and household • Simple Administration of Medication • First Aid • Challenging behaviour
Non Personal Care Workers	<ul style="list-style-type: none"> • Induction • Health & safety • Protection of vulnerable children and/or adults • Reporting/recording • Equality and diversity/Equal opportunity practice 	<ul style="list-style-type: none"> • Moving & handling • Protection from abuse, neglect and exploitation • Challenging behaviour • Provision of meals, food and drink • Hygiene: food, personal and household • First Aid

The overall picture of current training activity is relatively consistent across the sector. Clearly, induction is key and it also reflects the relatively high growth and turnover in care at home organisations. Similar to the projections in relation to skills needs in the next three years, current activity for all staff is largely around health and safety; protection of vulnerable children and/or adults; moving & handling and first aid.

For Managers and Supervisors, as well as management and people skills development, training activity extends to include risk assessment and challenging behaviour, important components of accountable management and needed when carrying out management 'cover', particularly where organisations may have few layers of staff and managers providing 'on-call' support. Personal Care Workers also undertake a challenging behaviour programme. From the training activity returns it is clear that some Personal Care Workers and Non Personal Care Workers are undertaking work which crosses the boundaries of personal and non- personal tasks.

When the above 'overall' responses were broken down into what was provided internally and what was provided externally, the following were highlighted:

- **Managers**

In relation to general skills, 29% of organisations indicate that they internally undertake protection of vulnerable children and/or adults and health & safety training, and 28% state they do a financial management programme. 23% of respondents also say they outsource health & safety training, but only 10% of organisations outsource induction.

In respect of the provision of client specific skills, 26% of organisations stated they internally run risk assessment, 25% run protection from abuse, neglect and exploitation and 25% run moving & handling; with 22% for first aid being the most training sourced externally most frequently.

- **Supervisors**

At 48%, in relation to general skills, induction is the most frequently mentioned internally provided programme for supervisors, followed by care planning at 36% of respondents. External provision is most common for the protection of vulnerable children and/or adults at 27%.

In respect of the provision of client specific skills, 35% of organisations stated they internally run moving & handling, 29% run simple administration of medication, with 25% running protection from abuse, neglect and exploitation. 25% are provided with first aid externally, protection from abuse, neglect and exploitation at 23% being the next most used.

- **Personal Care Workers**

At 79%, in relation to general skills, induction is by far the most common internally provided programme for Personal Care Workers, followed by health and safety at 47% of respondents. External provision is most common for the protection of vulnerable children and/or adults at 28%.

In respect of the provision of client specific skills, 52% of organisations stated they internally run moving & handling, 51% run simple administration of medication, with 47% running hygiene: food, personal and household programmes. The most common training sourced externally are first aid run by 37% of organisations, and service user needs and moving & handling run by 29%.

- **Non Personal Care Workers**

At 24%, in relation to general skills, induction is the most undertaken internally provided programme for supervisors, followed by health and safety at 14% of respondents. External provision is provided minimally across all areas, with protection of vulnerable children and/or adults at 10% being the most prevalent.

In respect of the provision of client specific skills, 11% of organisations stated they internally run moving & handling, with 10% running challenging behaviour programme. The most common training sourced externally is 10% of organisations which run moving & handling.

It is clear that considerable investment is made in internal learning and development programmes which are often provided by in-house staff. It would seem reasonable for organisations to provide for the general induction needs of new or transferring staff, but it is notable that some employers are running internal programmes in financial management. Health and safety related courses (including moving & handling) also are typically run internally which indicates some specialist training skills are located in-house.

The Focus Groups confirm that much of the learning and development is being managed through internal provision. They comment that this is as much about the lack of quality of locally available external provision and difficulties in accessing funding.

There are no significant differences in the training delivered overall by the voluntary or private sectors.

For managers, and in relation to the courses which are run most often/frequently, the Focus Groups indicate that undertaking 'basic training' for them includes the need for knowledge and some skills including health & safety related issues, risk assessment, challenging behaviour and so on.

The range of courses being run for Personal Care Workers and Non Personal Care Workers shows that these workers' tasks typically cross both functions. Focus Groups indicate that it is desirable to have staff mix on training and there is also the need for a critical mass of attendees.

It is noted that the nature of the service user group requires challenging behaviour skills by all categories of staff.

Type of external financial support towards the cost of learning & development

Percentage			
	Overall	Private	Voluntary
Modern Apprenticeships/Skillseekers	19%	53%	20%
Individual Learning Accounts	19%	41%	24%
Section 9 Funding	4%	6%	6%
Funding for staff training built into agreed budget from the funding authority	27%	7%	38%
Scottish Social Services Council disbursements (for SVQ Assessment Centre)	12%	6%	22%
Other, including: Voluntary Sector Development Fund European Structural Funds	14%		

Respondents indicated that funding for staff training built into the agreed budget from the funding authority was the most common source of funding for training (27% of respondents overall). The two other primary sources of funding are from Modern Apprenticeships/Skillseekers and Individual Learning Accounts (each having a response from 19% of respondents).

In relation to funding built into the budget from the funding authority, this is predominantly within the voluntary sector as contracts are typically agreed on a 'cost and volume' basis i.e. the full service budget forms part of the agreement, whereas contracts are mainly 'spot' in the private sector which are generally purchased on an hourly basis

It should be noted that there is a very low uptake of the Voluntary Sector Development Fund (VSDF) or of European Structural Funds. However, the VSDF has not (to date) been available for voluntary organisations in relation to care at home staff.

In relation to the difference between rural and urban responses (Glasgow and Highland were used to compare findings), the size of the sample may affect the outcomes. It is interesting to note, however, that from those who responded there were no organisations in Highland which made use of the SSSC disbursements (for SVQ Assessment Centres) or Modern Apprenticeships. This is consistent with the '*Voluntary Sector Adult Residential Care Workforce in Urban and rural Scotland*' (2007) survey carried out for the VSSSWU, which highlighted the need for greater awareness raising of the additional funding sources available to Highland residential care establishments.

With regard to the use of external funds between the voluntary and private sectors, the differences are marked. From those who responded to the survey, 53% of private organisations use Modern Apprenticeships and only 20% of voluntary sector organisations do so; 41% against 24% respectively use Individual Learning Accounts; 6% against 22% use SSSC disbursements; and 7% against 38% have funding for staff training built into the agreed budget from the funding authority.

Other forms of external support received (not funding) towards learning & development

In response to support for learning & development, apart from funding, the highest response (54%) was in respect of the Scottish Social Services Learning Networks. Return to Learn (literacy) was next with 20%.

Overall, these returns show there is little significant access currently to support networks for enhancing learning & development and there are signs that organisations are attempting to cope without support and on the basis of limited information about local resources, such as the Learning Networks and the wider context.

Regarding the urban rural differences, none of the Highland respondents were using Return to Learn whereas 50% of the Glasgow respondents were.

No private sector agencies say they use Return to Learn (literacy) support compared to 38% of voluntary sector respondents. Similarly, no private organisations use English for Speakers of Other Languages (ESOL) programmes, whereas 25% of voluntary agencies say they do use them. In the Focus Groups, the private sector has little knowledge of the Return to Learn programme.

The Focus Groups highlight the continuing general lack of knowledge about the range of funds available to support learning and development activities. This appears to be the case, despite there being information available through the SSSC, the VSSSWU and other sources.

It was suggested that the potential lack of capacity of the Learning Networks to fund sufficient outreach work may create a limit to their support to some of the organisations in their coverage.

Key obstacles in providing appropriate and sufficient training for the workforce

The key impediment to providing sufficient learning & development for the workforce is the cost of training and the cost of staff cover (to deliver the service) to allow staff time for training (77% each). These are followed closely by the numbers of staff to cover to allow staff time for training (76%).

When asked about the one thing that would help provide appropriate and sufficient training for employees, the overwhelming response was the cost of training (49%). In effect, the cost of training and the cost to replace staff are essentially the same thing, shortage of funds.

It is not surprising to learn that 73% of Highland organisations indicated that geographical access of training events is a key obstacle. Of note is that 29% of Glasgow organisations indicated that staff are unwilling/disinterested to train, but that those in Highland gave 0% response to this. The Focus Groups suggest that in urban areas staff may be more mobile in employment terms, there may be more competition for jobs and some may have multiple jobs. The consequence is that time-consuming training may be less of a priority. In addition, it was suggested that the rural age/status profile may mean staff are more likely to stay and more likely to be motivated to train.

Type of providers used for training in the past 12 months

In relation to the types of training provider used, 89% of respondents have used internal training provision and 83% have used a private training provider/external trainer/external consultant. 45% have used a further education college and 27% an industry body/professional association. Only 16% have made use of a university.

In the Highlands, 33% used a further education college whereas 65% did so in Glasgow. No provision locally was given as a key reason.

Reasons for not using a specific provider for recent external training

In relation to further education colleges, 41% indicated the reason was lack of flexibility in fitting in with the needs of the organisation/staff followed by the view that they do not offer appropriate training in the subject area (35%).

In respect of universities, 43% commented that universities do not offer appropriate training in subject areas and 31% said they were not affordable.

With regard to training providers, the overwhelming response was that they were not affordable (81%)

Some of these figures are consistent with other studies. It is acknowledged that further education colleges are typically not meeting local needs and this is further evidenced by this survey. It is notable that private training providers are thought to be too expensive, yet they are still extensively used by organisations, perhaps due to the overall shortage of supply and partly due to private training providers having access to some specific sources of funding, particularly Modern Apprenticeships. They also provide a wide range of health and safety programmes.

Most likely routes through which training will be accessed in future

Respondents indicated that learning and development in the future might be equally split between internal training (e.g. organisation has own SVQ centre) (62%) and through sharing training with another/other organisations (59%).

80% of Highland respondents indicated they would have shared training with another/other organisations yet they had a lower than average response in respect of internal training at 40%.

Likely types of provider for training in the future

Despite the comment that private sector training provider/external consultants are not affordable, it was indicated by 52% of respondents that they are the most likely provider of future training for the workforce, followed by further education colleges (32%) and voluntary sector training provider 25%.

Preparedness of organisation to meet any likely future demands for the registration of the care at home workforce

	Percentage		
	Overall	Private	Voluntary
Very Unprepared	2%	4%	1%
Quite Unprepared	20%	31%	12%
Quite Prepared	53%	47%	57%
Very Prepared	20%	7%	27%
Unsure	6%	11%	3%

The majority of respondents think they are 'very prepared' or 'quite prepared' (73% in total) for the future demands of registration, a relatively confident position for employers overall. This is consistent with the '*Voluntary Sector Adult Residential Care Workforce in Urban and rural Scotland*' (2007) survey carried out for the VSSSWU, which indicated that around two thirds of residential care establishments were positive about their organisation's preparedness in meeting the demands of registration.

However, the private sector appears to be significantly less positive in relation to their preparedness.

Reasons for being unsure of preparedness

The main reasons given by respondents were in respect of what will be required for care at home registration (88%), the staff skills required for staff to register (66%) and the suitability of other professional qualifications (61%).

The Focus Groups comment that the primary reasons for the private sector are in respect of issues related to contracts e.g. not block/guaranteed hours, compared with the voluntary sector, which might be. In addition, current and prospective future arrangements for tendering are a tension, as is the likely future cost of training. It is said these all add to a lack of confidence.

RECRUITMENT AND RETENTION

Growth in past year

	Total	Percentage
Number of people working in registered services in January 2007	5722	-
Number of people working in registered services in January 2008	6924	-
Difference in number of people working in registered services between January 2007 and January 2008	1202	+ 21%

While this appears to indicate a significant growth in one year, there is no apparent pattern of growth. It seems to occur differently across the country, as a consequence of local circumstances.

Turnover

Turnover varies across staff grades:

- Managers - 7 %
- Supervisors - 5 %
- Personal Care Staff - 15%
- Non-Personal Care Staff - 19%

There are indications that turnover is increasing over the past three years (28% say it has; compared to 18% who say it has reduced; while 53% say it has stayed the same).

Focus Groups suggest that staff who gain experience and complete training, accredited and otherwise, are regarded as more attractive to prospective employers.

The turnover rates are very consistent with recent research into the Scottish social services workforce carried out by Scottish Care and the VSSSWU. They are considerably lower than the 2004 'Who Cares Now' survey would suggest.

Destinations of staff who have left in the past 12 months

	Percentage
Moved out of the social services sector	28%
Moved into local authority social services	24%
Moved into NHS	16%
Moved into voluntary sector social services	18%
Moved into private sector social services	14%

The analysis indicates that 72% of staff moved within care services. The Focus Group discussions suggest this is more likely in urban areas due to the competition among care providers being greater and, conversely, competition in rural areas likely coming from employment providers from other sectors of industry.

Additionally staff from private sector organisations are more likely to move to local authority social services (31%) and NHS (20%) than staff from voluntary organisations (19% and 8% respectively) who are more likely to move within the voluntary sector.

Reasons for leaving

Reasons	Percentage
Family reasons/commitments	18%
Improved pay/conditions	15%
Unsociable hours	11%
Sideways move	9%
Retirement	8%
Other reasons	7%
Promotion	6%
Dismissal	5%
Demands of the changing role	5%
Study	5%
Split shifts	4%
To be closer to home	3%
Not known	2%
Death	2%
Redundancy	1%

The figures suggest that there are a significant number of job-related reasons for leaving such as improved pay/conditions, unsociable hours, demands of a changing role and split shifts.

Additionally, Focus Groups suggest that stress may be a factor in reasons for leaving, recorded against 'other reasons'. The real figure may be hidden due to the wish of staff and/or organisations for this not to be recorded. They also comment that a range of other factors including rising expectations and the relative 'image' of the role (accentuated by salary, contract conditions, training, changing role, hours, pressure to deliver tasks to time) are underlying features of staff leaving.

Leaving for reasons due to improved pay and conditions, and in part due to unsocial hours, reflect the findings of the Scottish Care and the VSSSWU workforce surveys.

Vacancies

Difficulty in filling vacancies	Percentage			
	Managers	Supervisors	Personal Care Workers	Non Personal Care Workers
Yes	30%	38%	66%	50%
No	70%	62%	34%	50%

This suggests significantly more difficulty in filling Personal Care Worker vacancies. Focus Groups comment that there is greater competition for staff at this end of the labour market. That is, candidates may have other local choices in relation to employment.

Reasons for difficulty in filling vacancies

	Percentage			
	Managers	Supervisors	Personal Care Workers	Non Personal Care Workers
Too few applicants	28%	20%	19%	17%
The nature of the work involved	6%	11%	9%	12%
Competing demands for a limited workforce	17%	16%	19%	19%
Unsocial hours	4%	9%	17%	17%
The location of the service e.g. travel/transport difficulties	4%	4%	9%	10%
Applicants lack quality	41%	40%	27%	25%

This suggests the main common reasons for recruitment difficulty are lack of quality of applicants, followed by too few applicants and competing demands for a limited workforce.

Focus Groups confirm that 'quality' is a changing definition with the rising demands and responsibilities of the job and the requirements of regulators, the 'bar' is now probably set somewhat higher than it used to be. Combined with other findings this suggests the potential of more difficulty in recruitment in the future.

DEVELOPMENT PRIORITIES**Training plans**

Organisations which have a plan/strategy in place to meet the learning & development needs of the workforce	
	Percentage
Yes	92%
No	8%

Despite the significant percentage of respondents (92%) who indicate that they have a plan/strategy in place, there is no consistency about what constitutes an organisational training plan, with a very marked difference of content, ranging from a simple statement 'we have one,' to 'staff have a personal training plan' and 'our learning and development section produces an annual training plan.'

Focus groups indicate an appetite for advice about the key components of a good plan for staff learning and development and also for workforce planning.

Reasons for developing the skills and qualifications of the workforce

	Percentage
Organisational commitment to deliver quality services	22%
Legislative requirements e.g. Health and Safety	20%
Regulatory requirements	20%
Complexity/demands of the job	18%
Meeting the demands of staff for training	17%
Other	3%

Apart from the expected reasons for developing skills in relation to legislation and registration requirements, it is encouraging to see that a commitment by organisations to deliver quality services and an acknowledgement of the complexity and demands of the job, are also key drivers for developing the workforce.

Assistance organisations need to develop or implement a strategy to meet the learning & development needs of the workforce

	Percentage
Funding for training	64%
Locally accessible appropriate training	30%
National advice and guidance on requirements	7%

There can be no doubt that the cost of learning and development opportunities creates significant problems for organisations, with a 64% response stating that financial assistance is the primary resource required.

In addition, the availability of locally appropriate and accessible training would assist in a significant way.

The most important issue to address which would make most difference to the skills of the workforce

	Percentage
Extra funding to provide appropriate training	41%
Accessible/quality/appropriate/local training	29%
Guidance on legislative requirements	10%
Others	
▪ Staff Motivation	5%
▪ Longer Contracts	2%
▪ Staff to cover training	2%
▪ Recognition of the care at home sector as a professional role with career structure	2%

Whilst again we see that funding is an issue, when it comes to solutions the need is for locally accessible, appropriate, quality training opportunities. This response is consistent with the earlier responses related to a lack of knowledge about what exists locally.

SUMMARY OF FINDINGS

From the outcomes of the questionnaire and the Focus Groups, a number of key issues recur and provide consistent comment on the workforce issues addressed in the survey. **Using the information from those organisations that responded to the survey**, the findings are summarised as:

1. The independent care at home sector in Scotland comprises 73% of the services registered with the Care Commission at March 2007, in the proportion of 415 services within the voluntary sector (56%) and 205 within the private sector (27%). There are 125 local authority services (17%)

Extrapolated from the 98 services which gave staffing returns to the Care Commission (from the total of 746) the staffing proportions are 8,896 voluntary organisations (27%), 7,660 private providers (23%) and 16,489 (50%) local authority services

(In the absence of 'robust' statistics for the staffing numbers, it is noted that the information provided by the 98 services has been used to estimate the total number of staff working in care at home services. Apart from the local authority employee count which is derived from local authority census data (2006) this is achieved by taking the average number of staff per service in each sector for the 98 services and applying the same averages to the services for which staffing data was not available. The resulting number of staff estimated should therefore be regarded as very approximate, primarily providing some indication of the size and make-up of the sector. They are likely to be an under-estimation of the total figures of staff employed in the sector)

2. A very significant proportion of care at home providers are small organisations running the service as a sole provider (50%) and with it the concomitant issues of economy of scale
3. The majority of organisations are offering both care at home **and** housing support services (66%) and those offering both have much higher proportion of care at home provision
4. 81% of respondents indicated they work with people who have a learning disability, a higher figure in relation to older people (67%) than might have been anticipated
5. In relation to future growth, care at home providers are reasonably optimistic, with 63% expecting staffing to increase and 32% expecting it to remain the same
6. The former 'traditional home help' services of housework, cleaning, shopping and so on are now undertaken as a discrete job role by a very small (5%) of care at home staff in the registered independent sector
7. Many home care staff combine the activities of personal care and support (e.g. washing, bathing, dressing, feeding, simple administration of medication, meal preparation) with the 'higher' accountabilities of enhanced intensive/augmented care and support (e.g. oral hygiene, peg feeding, catheter care, double handling, pain relief)
8. There has been a significant move towards enhanced care provision, with older people being discharged home from hospital, with higher levels of dependence and with more skills and responsibilities being demanded of home care staff. 39% of staff undertake enhanced care and support tasks
9. The care at home workforce comprises 58% permanent staff and 33% on 'zero hours' contracts, with only 2% being on temporary contracts. It is suggested that is largely due to the funding arrangements, and in addition that some staff accept these contracts because it offers flexibility for them and also that some staff may in addition work for the local authority

10. The age and gender profile of the care at home workforce is consistent with the overall social care workforce in Scotland. 87% of staff are female; 57% are between the age of 30 and 49 years; 22% are 29 years or younger (including 1% under 19 years); 16% are aged 50-59 years and 5% are over 60 years of age
11. The percentage of staff who originate from outwith the UK is very low, broadly consistent with the Skills for Care and Development Sector Skills Agreement survey in 2007. The sample returns showed that 2% of staff come from outwith the EU and 1% from outwith UK, but within the EU. The reasons given include a lack of applicants from outside the UK; the need for good language and communication skills for lone workers; and the need for staff to have access to transport. In addition, issues in relation to disclosure and work permits can be problematic. These figures contrast with the Scottish Care survey of care homes where around 13% of staff originate from outwith the UK.
12. The Focus Groups suggest there remains a lack of clarity about relevant qualifications, even now, for housing support staff and that this is accentuated by the dual role of some staff also delivering care at home services
13. The skills needs of the care at home workforce are largely determined by:
- an organisational commitment to deliver quality services
 - Care Commission National Standards for Care at Home services
 - Care Commission quality themes and inspection focus
 - the profile given to key legislation (such as health & safety and risk assessment)
 - increasing dependency needs of service users and the complexity of the work
14. Key learning & development skills needs highlighted in the survey include:
- leadership skills, risk management and protection from abuse, neglect and exploitation for Managers and Supervisors; people development in Supervisors
 - reporting and recording skills for Personal Care Workers followed by health and safety
 - lone working for Personal Care Workers and Non Personal Care Workers features highly due to the nature of the work in people's own homes
 - written communication and the protection of vulnerable children and/or adults are highlighted for Non Personal Care Workers
 - skills needs in relation to non-personal care tasks (e.g. housework; hygiene - food, personal and household) are highlighted for Non Personal Care Workers
15. Overall, literacy difficulties do not rate particularly highly in this survey, unlike other research evidence in relation to social care workers. It is suggested that if staff are not literate they are likely to be filtered out at the application process and also that it is neither a recognised qualification nor a specific focus for regulators. It is also thought, however, that there may be a hidden problem as many home care workers are not required to write reports
16. Vocational qualifications do not feature so highly in the perception of required skills needs as the care at home workforce has not had any criteria set for registration with the SSSC
17. In the context of the above, qualifications which equate to those designated by the SSSC for housing support staff registration are relatively high with:
- 41% of Managers and 42% of Supervisors being said to possess a relevant care award or equivalent; and 23% and 6%, respectively, possessing a management or supervisory award
 - Personal Care Workers at 7% are said to hold an SVQ Health & Social Care Level 3 or equivalent and 11% have the same award at Level 2

- Of all Non Personal Care Workers, 1% are said to hold an SVQ Health & Social Care Level 3 and 3% at Level 2
18. Current learning & development activities are generally consistent with the range of skills needs shown above, induction per new member of staff running at an average of 40 hours
 19. In relation to the current learning & development activities of care at home organisations, it is clear that considerable investment is made in programmes provided by in-house staff. This is largely about the lack of quality of external provision and difficulties in accessing funding
 20. Managers undertake 'hands-on training' to ensure they have the knowledge and some skills to carry out, supervise and sometimes act as trainers, or cover in 'out of hours', in activities such as health & safety related issues, risk assessment and challenging behaviour
 21. Funding for staff training built into the agreed budget from the funding authority was the most common source of funding for training at 27% of respondents overall. However, this is markedly different for voluntary organisations (38%) and private sector organisations (7%). The two other primary sources of funding are from Modern Apprenticeships/Skillseekers and Individual Learning Accounts (each having a response from 19% of respondents)
 22. There is a continuing general lack of knowledge about the range of funds available to support learning and development activities. This appears to be the case, despite there being information available through the SSSC, the VSSSWU and other sources
 23. The key impediment to providing sufficient learning & development for the workforce is the cost of training and the cost of staff cover (to deliver the service) to allow staff time for training (77% each). These are followed closely by the numbers of staff to cover to allow staff time for training (76%)
 24. The majority of respondents think they are 'quite prepared' (53%) for the future demands of registration, with 20% each for 'quite unprepared' and 'very prepared'. However, the private sector appears to be significantly less confident in relation to their overall preparedness
 25. In relation to any lack of preparedness, these are in respect of knowledge of what will be required for care at home registration (88%), the staff skills required for staff to register (66%) and the suitability of other professional qualifications (61%)
 26. Staff turnover rates at an average of 15% for Personal Care Workers are consistent with, and slightly lower than, recent research into the Scottish social services workforce carried out by Scottish Care and the VSSSWU
 27. The destinations of staff who leave suggest that a significant majority still move within care services (72%) but that this is not limited to one sector or care setting
 28. Family reasons/commitments is the most frequently mentioned reason for leaving, at 18%. Leaving for reasons due to improved pay and conditions (15%), and in part due to unsocial hours (11%), reflect the findings of the Scottish Care and the VSSSWU workforce surveys. There are indications that stress is an under-rated reason for leaving
 29. There is significantly more difficulty in filling Personal Care Worker vacancies than other staff categories. However, over all staff categories, the common reasons for recruitment difficulty are lack of quality of applicants, followed by too few applicants and competing demands for a limited workforce

30. Despite the significant percentage of respondents (92%) who indicate that they have a plan/strategy in place, there is no consistency about what is perceived to constitute an organisational training plan. There is a stated need for advice about the key components of a good plan for staff learning and development and also for workforce planning
31. Apart from the expected reasons for developing skills in relation to legislation and registration requirements, it is encouraging to see that a commitment by organisations to deliver quality services and an acknowledgement of the complexity and demands of the job, are also key drivers for developing the workforce
32. The key issues to address which would make most difference to the skills of the workforce are said to be extra funding to provide appropriate training (41%) followed by the need for locally accessible, appropriate and quality learning and development opportunities (29%).

CONCLUSIONS

Care at Home Workforce

The independent care at home sector in Scotland is unique in relation to registered social services. It is characterised by:

- small, independent organisations
- fragmented and disparate services spread throughout Scotland
- lone workers with the attendant responsibilities, demands and accountabilities of lone working
- providing services to a very wide range of service users including older people, people who have learning or physical disabilities, mental health or drug and alcohol problems and also children within families
- service users whose needs may include hospital at home services to prevent avoidable hospital admission or enable earlier discharge
- consequent expectations of higher skills levels from the workforce
- pay and conditions unattractive and potentially unsustainable as skills demands increase
- organisations who have little sense of a support infrastructure or network between them
- a high proportion of staff on zero hours contracts, with concomitant potential instability in the workforce
- insufficient information and access to support funding for learning and development
- insufficient information and access to quality learning and development provision
- lack of clarity about relevant qualifications for the workforce
- perceived lack of knowledge and support to create effective training plans and to manage the process of workforce planning
- confusion in relation to policy direction between housing support and care at home services.

The survey highlights that care at home service providers experience is that they are less well informed and supported than providers of some other care services in relation to prospective forthcoming regulation, legislation and workforce requirements. The Scottish wide volatile and unstable contract market for services to which they are exposed is fragmented and inconsistently planned and this may be seen to further disadvantage the sector from developing sustainable services and a confident, competent workforce.

The survey suggests a level of confidence that the independent market place will expand in response to increasing demand against reducing resources. The risk is that small providers may exit care at home provision due to the contracting pressures and the workforce may well seek the better pay, terms and conditions existing elsewhere, in employment areas which do not make such demands.

It may be important to establish what staff and organisations value about this work and to respond appropriately to this. If existing staff are to be encouraged to continue to deliver changing and demanding services and to undertake learning and development towards enhancing their skills, attention has to be given to what it is that staff value about the job and how this can be accentuated and supported. For prospective staff, the exercise is about ensuring that 'barriers to entry' for staff do not further deter appropriate applicants.

To meet the challenges of continuing to deliver services against the backdrop of current and emerging legislative, regulatory and policy drives to maintain and improve the levels of service in the future, the care at home sector requires support and guidance which will enable it to best meet these requirements. The challenge is to consider what support, information and capacity is likely to benefit the sector in a sustainable way and what resources are required to achieve this.

Resources

In the context of the availability of monies for social services workforce development in Scotland, it is noted that the SSSC's *Funding for Training* Report published in November 2006 shows that, in rough terms, local authorities receive at least £3 to support social services training for every £2 received by the voluntary sector and £1 by the private sector.

In relation to the foregoing, the care at home survey shows a different balance in the funding which is attracted between the voluntary and private sectors, though this is in part attributed to the knowledge of what funds are available and any given organisation's ability to acquire them.

It is noted that some of the costs are built into the agreed budget from the funding authority, 32% of respondents overall indicated this is the case. However, this is predominantly within the voluntary sector as contracts are typically agreed on a 'cost and volume' basis i.e. the full service budget forms part of the agreement, whereas contracts are mainly 'spot' in the private sector which are generally purchased on an hourly basis.

Modern Apprenticeships/Skillseekers play a significant part in supporting the achievement of qualifications for home care staff. However, this source has diminished in the sum of 74% in the financial years 2005 – 2007. Also, the Scottish Government announced on 31 March 2008 that all adult Modern Apprenticeship funding (20+ years of age) will now be solely focussed on the construction, engineering and automotive industries, effectively reducing this source of income to negligible amounts.

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, although this was not a particularly well used fund for the sector.

The consequence of the current funding situation is that employers, whilst clearly making a significant investment themselves in the development of the workforce, are stating that the one key factor which would ensure a workforce fit for a future in a climate determined by increasing skills needs, is the availability of sufficient funding to resource it.

Learning and Development

Another key feature identified in relation to ensuring a workforce able to meet future skills demands is the need for locally accessible, appropriate and quality learning and development opportunities. The survey reveals that neither the further education nor the private training provider is currently sufficiently geared to offering the type of learning required or at a cost which is manageable to the employer.

This is problematic at a time when the shift in the balance of care services to care at home is likely to require the provision of services for an increasing level of dependency and for a greater clinical need. 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.

Cost-effective and flexible partnerships will need to be developed further between the providers of training and education employers and local employers in all sectors. The survey suggests, that for those staff who do stay in care services, they are a mobile workforce who are willing to work in another relevant care setting/sector.

It is noted that the development of the Learning Networks and their role at a local level could be key to bridging gaps between training providers and employers and in creating appropriate learning opportunities for the care at home workforce. This might serve to promote an economy of scale which would be of advantage to all organisations, in particular the smaller and more isolated providers. However, there may need to be further attention given to the resources, scale and demands of this if it is to become a fundamental building block in the system.

Skills and Policy Agenda

The Scottish Government's Lifelong Learning Skills Strategy, *Skills for Scotland*, specifically encourages partnerships in workforce planning and delivery between employers, learning and training providers, government agencies and other intermediary bodies.

In addition, the role that Sector Skills Councils play in engaging with employers is likely to become increasingly important in providing a forum for employers to contribute to the design and development of learning at all levels.

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.

The *National Strategy for the Development of the Social Services Workforce* challenges the industry to ensure the whole workforce is able to develop and respond positively to changing demands. It encourages employers, training providers and others need to work in partnership to ensure the learning supply meets the need of employers.

As indicated earlier, the *Changing Lives* policy agenda emphasises the criticality of personalising services and creating a workforce which has the adaptability and skills mix to respond to ever changing service needs; and the evolution of 'effective approaches to integrated workforce planning.'

The skills agenda is relevant in the context of the work of the NHS Education Scotland (NES), in providing learning and development opportunities for staff of the NHS. This includes Healthcare Support Workers, whose functions in part are consistent with those carried out by care at home workers. The policies covering health and social care would suggest an increasing need for collaborative work, the development of a more mobile workforce with a skills mix and a continuation of the shift in the balance of care to supporting people in the community.

Challenges from Policy Agenda

As noted, care at home services are underpinned by a range of policies, across age and needs, which seek to support people in their own homes and to help them lead independent lives through the delivery of high quality services. This policy direction was recently reinforced by the Scottish Government confirming the need to shift the balance of care to community and home based settings; to achieve excellence in terms of value, while at the same time building personalised services tailored to individual needs; and focusing more on preventative and anticipatory care that reinforces wellbeing and health improvement.

This survey has found reasons to be optimistic about care at home services being available to respond to changing and increasing demands, as they have done to date. It shows a sector that has moved quickly and willingly to meet demand, from local authorities in particular, and has responded by creating flexible services that meet people's needs as it aspires to drive up the quality of its workforce. However, there are concerns from service providers about how the workforce will respond to increasing regulatory demands and about how they will fund this.

The future holds a number of additional challenges for service provision, such as demographic change which will see a 21% increase in older people (over 75 years) within 10 years (*General Register Office for Scotland Population Projections for Scotland*, January 2008) and an 80% increase (for the same age group) within 25 years. In addition, the range of needs of service users to be supported in their own homes will increase and these will impact on the role and accountabilities of some care at home staff, including the requirement for nursing and therapeutic support.

Challenges for independent service providers will also change with cost pressures already being applied as the public sector procurement reform agenda begins to take shape, and soon there is likely to be an effect from Direct Payments that will potentially see further change to service purchasing patterns. The expectation and dependence that care at home services will help meet some of these challenges is clear, but further support is required if the sector is to be in shape for the challenges.

All of this can be seen against the strategic role of government, central and local. Vision is not lacking in how this might be tackled, the *Changing Lives* Report recommended that Chief Social Work Officers have a responsibility to provide professional leadership across all sectors and the Social Work Inspection Agency is inspecting local authorities' strategic commissioning plans. It seems essential that there is a coming together of the policy strands with the means to develop a sustainable future for the sector that continues to deliver the foundations of accessible, responsive, adaptable and skilled care at home services.

IN SUMMARY:

In order to deliver on the policy agenda, and if there is to be a competent, confident and valued care at home workforce, there are initial steps required to realise this ambition:

1. Care at home services require a vision for the likely range and structure of future services
2. Care at home services require to create a workforce profile, capacity and resources consistent with anticipated future service demand
3. Care at home organisations require some consistency and stability in the commissioning of services to enable sustainable growth in delivering a quality provision to meet future demand
4. Care at home staff and prospective staff require a retention and recruitment strategy, respectively, to sustain their commitment to social care work and to encourage entry into it
5. Care at home organisations require to be fully included in the developmental processes of the *Skills for Scotland* strategy
6. Care at home organisations require to be part of a level playing field of resource allocation for development of the workforce, with resources allocated according to assessed need
7. To achieve the foregoing, care at home organisations require to:
 - be supported to engage with the key stakeholders who drive strategy, policy and regulation of workforce development for care at home services
 - be supported to develop and agree a strategy and operational plan to meet requirements arising from the analysis of service and workforce needs, including how employers, training providers, Sector Skills Councils, NHS, Government and other key stakeholders will collaborate and invest in skills development for the sector
 - be supported to establish a robust and stable process of workforce planning and development with an appropriate infrastructure, and for this to be framed in the wider vision of care at home services provided by all social care and community health care services.

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Gloria McLoughlin	Chief Executive Officer, Scottish Care at Home
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Heather Dall	Scottish Commission for the Regulation of Care
Mike Doherty	Scottish Social Services Council (To April 2008)
Neil MacLeod	Scottish Social Services Council (From April 2008)
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GLOSSARY

Acronyms used in Review

Central Council for Education and Training in Social Work	(CCETSW)
English for Speakers of Other Languages	(ESOL)
European Structural Funds	(ESF)
Higher Education Institution	(HEI)
NHS Education Scotland	(NES)
Nursing, Midwifery and Allied Health Professionals	(NMAPH)
Recognition of Prior Learning	(RPL)
Scottish Credit and Qualification Framework	(SCQF)
Scottish Social Services Council	(SSSC)
Scottish Vocational Qualification	(SVQ)
Sector Skills Agreement	(SSA)
Small to Medium sized companies	(SMEs)
United Kingdom Home Care Association	(UKHCA)
Voluntary Sector Development Fund	(VSDF)
Voluntary Sector Social Services Workforce Unit	(VSSSWU)

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