National Health and Social Care Workforce Plan

Part 2 – a framework for improving workforce planning for social care in Scotland

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Joint COSLA/ Ministerial Foreword

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The integration of health and social care is one of the most ambitious programmes of public sector reform undertaken in Scotland. Through integration there will be a greater emphasis on community-based services along with more joined-up, anticipatory and preventive care to ensure that people get the right care, at the right time and in the right place, and are supported to live as independently as possible.

The Scottish Government and COSLA are jointly committed to the achievement of the National Outcomes and National Health and Wellbeing Outcomes. We recognise the key role that Integration Authorities have in looking at the best way, locally, to transform, plan and deliver high quality and sustainable care in our communities. We also recognise that in the social care sector, independent and third sector employers play a major role in delivery and that their involvement in planning for these outcomes is critical.

We know that Scotland's social care services are valued by those who use them: in the Health & Care Experience Survey of 2015/16, 81% of people receiving formal social care services rated their overall help, care or support services as either excellent or good. Little could be more important to the achievement of those outcomes than the workforce that delivers our services.

The purpose of the National Workforce Plan for Health and Social Care is to enable better local and national workforce planning to support improvements in service delivery and redesign. We are seeking a whole system, complementary approach to workforce planning recognising the new integrated landscape, and it is clear that the NHS and social care employers have taken different approaches to date. As we progress, it is important that we strive for and support continuous improvement in our workforce planning. The recommendations in this Plan recognise that we can all benefit from taking a national approach to some aspects of workforce planning as we move forward.

Workforce planning in respect of social care faces distinct challenges. The social service workforce is the largest publicly funded workforce in Scotland, making up 7.7% of all Scottish employment. That's 200,650 people currently in paid employment within the independent, public and third sectors who are working with citizens who need support - ranging from vulnerability in older people to those with disabilities, mental ill-health and homelessness, children's services and criminal justice.

The social care workforce, unlike that for the NHS, has many different employers in local government and in the third and independent sectors. Volunteers and unpaid carers also play an important role as part of local assets and support to the employed workforce. Looking to the future, Integration Authorities will need to be able to draw on a more integrated and multidisciplinary workforce and so the workforce we currently have and our approach to recruitment and retention, training and education will need to be supported to respond to that challenge.

At national and local government levels, we are also conscious of the fact that the current financial environment means that we have to make the best of the resources

that we have. In addition, it is likely that the impact of leaving the EU will place a particular pressure on the social care landscape.

We have listened to the views of councils, Integration Joint Boards, regulatory bodies, commissioners and providers of services, professional bodies and trade unions in articulating the scale of the challenge we all face – not least of which is the complexity of the landscape and diversity of need.

This publication starts to provide a shared understanding of the scale of this challenge and the priorities therein, and affirms our collective commitment to building more informed, strategic and locally sensitive workforce planning. That, in turn, enables us all to deliver better, more sustainable, high quality services for those who need them now and into the future. This plan will support the integration journey by giving a national focus to workforce planning at a time of local innovation and service redesign, and will set out recommendations which will start to dismantle any systemic barriers to effective, integrated, local workforce planning.

Clearly in this dynamic environment, the agenda will evolve and the plans we make nationally will have to be iterative also. In light of this, the commitments made here are for progress over the next 12 months, with a further commitment to publishing a fully integrated National Workforce Plan in 2018 which brings together Parts 1, 2 and 3 (Primary Care) to build on progress being made.

How we understand and plan for our social care workforce is critical to the whole ambition of integrated high-quality services, to the staff we value and the outcomes for our citizens. This plan lays out the first steps we will jointly take to improve and support workforce planning for social care.

Peter Johnston

Shona Robison

CHAPTER 1 - EXECUTIVE SUMMARY

1.   This document, jointly agreed by COSLA and Scottish Government is Part 2 of the 2017/18 National Health and Social Care Workforce Plan, for Social Care in Scotland. Part 1 was published in June 2017; Part 3 will be published in early 2018. Work arising from the recommendations in the three parts of this plan aims to enable the production of a combined Health and Social Care Workforce Plan in 2018.

2.   The purpose of each part is to support organisations that provide health and social care services to identify, develop and put in place the workforce they need to deliver safe and sustainable high-quality services to Scotland's people. The iterative process being undertaken aims to enable the many organisations involved in commissioning, delivering and supporting services to work together over time to help deliver a whole system approach to workforce planning for health and social care.

3.   Part 2 acknowledges some of the distinct challenges for workforce planning in the social care sector. These include the complexity of service provision and commissioning; the ramifications of the dominant market dynamic; the distinct challenges within rural and urban areas; the current financial environment and resource constraints; the substantial changes taking place in service delivery; and the impacts of social and technological change on demand for services and on workforce skill requirements and supply. It outlines specific areas within this context that have been identified as initial priorities for action, including the need to improve the evidence base for workforce planning, the need to further engage partners across the sector in planning activity and the need for workforce planning tools that are developed with the sector, for the sector. This document also highlights a number of existing workforce challenges that are priorities for action now, including recruitment and retention, improved opportunities for career progression and addressing skill needs through improvement to training and education.

Key Recommendations

4.   The following recommendations arise from engagement between Scottish Government, COSLA and other key partners involved in the delivery of social care in Scotland. They build on the development of Part 1 of the National Health and Social Care Workforce Plan – a framework for improving workforce planning across NHS Scotland.

5.   Delivery of these recommendations and improved national and local workforce planning across the health and social care sector can only be delivered through extensive partnership working across these sectors. For the recommendations in Part 2, this means, in particular, working with the organisations that commission and provide services and/or their representative bodies. Turning these initial priorities into action requires engagement between the Scottish Government, COSLA, Scottish Social Services Council (SSSC), Care Inspectorate, Integration Joint Boards (IJBs) and other key partners and stakeholders including, critically, employers in the third and independent sectors. The National Workforce Planning Group established under Part 1 of this Workforce Plan will play a role as a key vehicle for engagement with many of these partners.

6.   The seven recommendations aim to begin a process that will improve national and local workforce planning for social care in Scotland to help ensure we get the right people into the right place, at the right time, to deliver sustainable and high-quality services with improved outcomes for those who use them.

Data, analysis, tools and guidance to support workforce planning

Recommendation 1: Integrated workforce data

- To enable better collation of health and social care workforce data to support national and local workforce planning. This will draw on the work of the Scottish Social Services Council and the Care Inspectorate and take place in alignment with the work being led by NHS Education for Scotland on the NHS Scotland workforce in response to Part 1 of the Plan. The work will contribute to the wider, whole system approach required for health and social care in the future.

Recommendation 2: National and local labour market and workforce analysis

- To develop our understanding and provide evidence of the interactions between the national and local labour market pressures, the interactions between different parts of the sector and the specific challenges presented by the configuration and location of the current social care workforce.

Recommendation 3: Workforce planning guidance for partnership working

- To develop guidance for Integration Joint Boards and their commissioning partners in local authorities and NHS boards that supports partnership working for the formulation of workforce plans at regional and local level that include consideration of the third and independent sector workforce. This work will aim to:
    o engage with third and independent sector employers and/or their representative organisations, and trade unions;
    o support and facilitate alignment of local workforce plans with associated commissioning and financial plans;
    o make use of the work delivered under recommendation 2 above, to develop improved understanding and awareness of the impact of market mechanisms in social care;
    o develop approaches through which workforce planning can take these mechanisms into account in contributing to the delivery of improved outcomes for those who use services.

Recommendation 4: Workforce planning tools

- To progress and co-produce social care and multi-disciplinary workforce planning tools that support the delivery of high quality care that reflects the new health and social care standards, and enable service redesign and new models of care. In developing this work, we will take account of progress with planned Scottish Government legislation that includes a focus on tools and methodology to inform and support workforce planning, starting with nursing and midwifery in the NHS.

Recommendation 5: Promoting social care and social care settings more widely as a positive career choice

- To deliver a national campaign to promote the social care profession as a meaningful, valued and rewarding career choice and social care as an employment area of choice for a range of professionals. In developing the campaign, we will engage with employers, including those in the third and independent sectors and/or their representative organisations and trade unions. The campaign will:
  - be targeted at the potential, current and future workforce;
  - be targeted at new entrants to the sector at any age, career changers and those returning to work;
  - aim to support improved recruitment and retention within the sector;
  - aim to increase the appeal of the social care sector to nurses and other health-related professionals;
  - reinforce social care as a career in itself as well as highlighting possible pathways between different areas of work.

Recommendation 6: Career pathways

- To develop proposals for enhanced career pathways within social care, recognising the context of the developing multidisciplinary, integrated workforce environment. The third and independent sectors, as employers of the great majority of the social care workforce, will be essential partners in this work. Consideration will be given to:
  - improving entry routes and pathways into the sector, recognising current progress and initiatives such as Foundation, Modern and Graduate Apprenticeships;
  - exploring how career pathways between health and social care can be further developed;
  - work being developed under Part 1 of the National Workforce Plan, such as a review of learner and student support across the health and social care workforce and promotion of careers in schools.

- To work with workforce and service regulators to ensure they are empowered to enable and support recruitment, career progression and flexibility in the workforce of the future, including through categories of registration.

Recommendation 7: Training and education

- To develop training and education proposals that will better enable a flexible, confident and competent workforce with relevant and appropriate qualifications.

- To develop a professional framework for practice in social care and social work, including in advanced practice. This work will take into consideration:
  - the national qualification structure of the Scottish Credit and Qualifications Framework (SCQF);
  - the recent Review of Social Work Education;

- work in progress to support the workforce in implementing the new Health and Social Care Standards.

CHAPTER 2 – SETTING THE CONTEXT: THE VISION FOR SOCIAL CARE IN SCOTLAND

7.   This chapter provides the context for our future thinking about the workforce by highlighting the key policy and strategic drivers that shape our shared priorities and will influence the kind of workforce we need in the future.

8.   Through national outcomes, policies and legislation, Scottish Ministers, local government and third and independent sector providers are implementing the transformation of care through a partnership approach which focuses on empowering people to be equal partners in their care and supports decisions which enable them to participate fully in social and economic life and be supported in choices about how they live their lives. To achieve this alongside better health and wellbeing, better care and better value, requires public service transformation. The 2011 Christie Commission set the underpinning framework for this.

9.   Our shared priorities across the spectrum of Social Care and the drivers that shape these are set out in a range of policies and strategies including:
- COSLA's 2017-18 priorities for Health and Social Care, which are supporting local government and Integration Joint Boards (IJBs) to address demographic and financial challenges, enabling communities to live healthy, independent lives and promoting an outcomes and prevention culture;
- Current work on reform of Adult Social Care, which will consider workforce issues and new models of care and support;
- Implementation of Integration of Health and Social Care with an increased emphasis on community-based and preventive care, support for people living with complex needs and on responsive, person-centred services;
- Implementation of the Social Care (Self-directed Support) (Scotland) Act 2013, allowing people, their carers and families more choice in their support and how it is delivered;
- Getting it Right for Every Child, the national approach in Scotland that puts the wellbeing and rights of children and young people at the heart of services that support them;
- The expansion of Early Learning and Child Care. Due to the proposed expansion of early learning and childcare there is currently a strong focus on this specific workforce;
- The Mental Health Strategy 2017-2027 which aims to achieve parity of esteem between physical and mental health, working across service boundaries to enable people to get the right help at the right time;
- The Health and Social Care Standards, effective from April 2018. These outcome-based standards seek to ensure that individuals are treated with dignity and respect and are involved in decisions about their care;
- Implementation of the Carers (Scotland) Act 2016, from April 2018. The Act is designed to support carers' health and wellbeing and help make caring more sustainable;
- The National Strategy for Community Justice, which is underpinned by principles that include preventive intervention and high-quality, person-centred, collaborative services;
- The Digital Health and Social Care Strategy in development that will set out how outcomes will be improved through enabling those who use services to

use digital information and tools to maintain their own wellbeing and improve data use in service improvement and planning; and

- The Health and Social Care Delivery Plan (December 2016) that promotes greater joint working between IJBs, local authorities, NHS Boards and other partners, including at regional level.

This social care–focused part of the National Health and Social Care Workforce Plan should, therefore, be read in the context of the wide range of ambition for improving the lives of people in Scotland which has been informed and is shared by all the delivery partners in social care.

10.   Our shared ambition is that social care supports people at all stages of their lives to live as independently as possible and achieve meaningful personal outcomes. Some of the common themes that emerge from the policies and strategies outlined above include:

- The need to recognise the individual assets of those who use services, and those of their family and wider community;
- The need to work with people, ensuring they are treated with dignity and respect and where possible, can direct their own support and achieve their personal outcomes;
- An increased focus on prevention and early intervention;
- The need for collaboration and integration between services and professional disciplines, with an increase in multidisciplinary team working, so that support is integrated from the point of view of the person; and
- The need for greater innovation, flexibility and creativity in service design and delivery, making full use of the potential of technology.

11.   Delivering this vision of how services support and enable people at all stages in their lives when they need it will require new ways of working, redesign of services, new models of care and innovative and flexible approaches to responding to changing demand. One new model of care designed around people and communities is the Buurtzorg model of neighbourhood care which has been successful in the Netherlands. Several areas in Scotland are testing the Buurtzorg principles of self-help, independence, continuity of support and empowering staff teams, using the learning to accelerate progress with integration as well as the development of the community health and social care workforce. We need to look across the whole landscape for the opportunities which will help to deliver the changes sought. For example, the regulation of services and the workforce plays an important role in acting as a quality gateway for social care. The legislative framework for regulators was established prior to the integration of health and social care and we need to ensure that they can continue to play an enabling role in supporting new models of care and providing public assurance. A further example comes from current work to explore the concept of a Teaching/Research Care Home for frail older people in Lothian. This would bring together doctors, nurses, allied health and social care professionals with involvement of local communities and multidisciplinary training for students, to determine what benefits this would have on outcomes.

12.   The integration of health and social care and Self-directed Support together provide the opportunity and expectation for reforming how social care for adults is delivered. This links with the transformation agenda across the whole of social care as well as that for wider public services. We also need to explore further the opportunities afforded by all kinds of technologies, and the work to develop and implement a Digital Health and Social Care Strategy is well underway. New approaches in these areas are being introduced and developed in many localities; these will need to keep pace with further change and to adjust to continuing growth in demand for health and social care services.

13.   This has significant implications for the workforce we need now and for the future; implications not only for workforce numbers but also for the roles, skill sets and career pathways across the health and social care workforce. The changes we have embarked upon are occurring within a wider context of financial constraint, historically low levels of unemployment and the uncertainty created by the outcome of the referendum on the UK's membership of the EU. Given Scotland's geography, rural areas face particular challenges, such as a restricted number of service providers and geographic remoteness. It is therefore both timely and necessary to work together in more consistent and effective ways to develop improved approaches to workforce planning across the health and social care sector.

14.   Part 2 recognises the complexity of the social care landscape and the size and diversity of the workforce, which is described further in Chapter 3. It recognises the need to improve the evidence base for workforce planning and makes recommendations to improve the data, tools and guidance available to the diverse partners who play a role in planning the workforce (Chapters 3 and 4). In order to make progress towards our vision for social care there are both current and future challenges for the workforce, described further in Chapter 5. The recommendations in that chapter identify a number of current challenges that are priorities for action.

15.   The recommendations set out in this Plan will establish initial work streams in seven priority areas, which seek to enable progress in workforce planning for social care in an increasingly integrated landscape, with the purpose of improving outcomes for those who use services.

CHAPTER 3 – SETTING THE CONTEXT: THE CURRENT WORKFORCE - DEMOGRAPHY AND SKILLS

16.　　This chapter provides a national level overview of the current social services workforce we have in Scotland. Further detail on some of its key characteristics and past trends is provided in Annex A.　Having access to and understanding data on the current workforce and how it is changing is critical to our ability to plan for the future. These data form an essential part of the evidence required for workforce planning. However, changing structures and approaches to service delivery mean that data needs for workforce planning are also changing. Thus one of the priorities for action identified in this plan is to better understand the data needs of the different partners involved in workforce planning and develop approaches to how they can be fulfilled.

An overview of the workforce

17.　　The social services workforce is the largest public service workforce in Scotland, with 200,650 people in paid employment at end of 2016[1] (latest official statistics). This makes up approximately 7.7% of all Scottish employment. There have been small fluctuations in the size of the workforce since 2008, with an overall increase of 1.9% between 2008 and 2016. By comparison, in June 2016 the NHS employed approximately 161,000 workers[2]. The education and financial services sectors in Scotland employ approximately 193,000 and 49,000 workers respectively[3].

18.　　The structure of employment is complex, with the workforce employed in 13,481 active services registered by the Care Inspectorate. 42% of workers are employed in the independent sector, 31% in the public sector and 28% in the third sector. At the end of 2015[4]:
- 2,644 employers provided care services in Scotland (excluding childminders)
- 1,536 were independent sector organisations
- 1,070 were third sector organisations
- 80% of service providers employed fewer than 50 people.

19.　　The workforce is involved in delivering a range of services and care to different groups of people who use services, including adult social care/social work; children's social services, criminal justice (offender) services and early learning and child-care. Some of these services are provided as part of integrated health and social care services; some are publicly provided but are not integrated; and some of these are accessed privately by people without the involvement of statutory services.
- 140,370 (headcount) work in adult social services[5]

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[1] Scottish Social Service Sector: Report on 2016 Workforce Data (Official Statistics) Scottish Social Services Council, 14 September 2017

[2] Information Services Division (2016) NHS Scotland Workforce Information, Quarterly update of staff in posts and vacancies at 30 June 2016.

[3] Figures for education and financial services are from the UK Business Register and Employment Survey (BRES). The BRES also includes an estimate for the social service sector (179,000). That figure appears to be an underestimate in Scotland.

[4] Scottish Social Services Workforce Data Group Minutes and Papers, 16 March 2017, Agenda Item 7, Scottish Social Services Council.

[5] Some double counting as 2,250 work in generic services which have been included here under both children and adults services.

- 17,050 (headcount) work in children's social services[6]
- 2,050 (headcount) work in offender services
- 40,550 (headcount) work in early learning and child care.

20.   The workforce also includes people working in a wide variety of roles, from service commissioners to frontline staff.
- 80% (approximately) of workers are in frontline care roles
- 13% (approximately) of workers are in support roles such as administration and catering.

21.   As at the end of 2016:
- Around half the workforce works full time
- 85% of the workforce is female
- The median age across the workforce is 44 years, slightly higher than the median age of the Scottish working population (41).

22.   Workforce density varies between local authority areas, between highest levels of 727 staff per 10,000 people (in the Shetland Islands) to lowest levels of 261 per 10,000 people (in West Lothian). For those in registered services[7] 87.2% of the workforce is in urban areas and 12.8% in rural areas[8].

23.   There are a number of groups of people with important roles in providing social care that are not included in the official social services workforce statistics. These include paid workers such as child-minding assistants and Personal Assistants, and unpaid roles such as volunteers and carers.

Availability of workforce data

24.   The Scottish Social Services Council (SSSC) is responsible for providing data and intelligence on the social services workforce at a national level, undertaking an annual survey of local authority social work services each December. Data is collected on the workforce in all registered services by the Care Inspectorate through their annual returns. These two data sets are combined and published annually as the Scottish Social Services Workforce Data Report (Official Statistics)[9]. Much of the data is also made available for use at a local and comparative level through the SSSC online data portal – (see http://data.sssc.uk.com/).

25.   The SSSC also publishes:
- Annual Mental Health Officers' Reports (National Statistics) based on an annual survey of social workers employed as mental health officers by local authorities;

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[6] Some double counting as 2,250 work in generic services which have been included here under both children and adult's services.

[7] Analysis uses raw workforce data for 2016 for registered services (SSSC). The workforce in Local Authority field work services is not included as the data analysis is not yet available.

[8] Categorised using the Scottish Government 2-fold urban rural classification. Urban areas – settlements of 3,000 or more people; Rural areas – settlements of less than 3,000 people.

[9] Scottish Social Service Sector: Report on 2016 Workforce Data (Official Statistics) Scottish Social Services Council, 14 September 2017. Unless otherwise referenced, the data in this chapter is from this report.

- Workforce Skills Reports every two years that bring together data on the workforce, uptake of qualifications, service users and drivers for change to identify key workforce development challenges for the sector (the latest report was published in October 2017[10]);
- Quarterly reports on Scottish Vocational Qualification (SVQ) provision, with data on those undertaking and completing qualifications relevant to the sector.

26.   Skills Development Scotland produces regular official statistics for Modern Apprenticeships, including those in the health and social care sector[11].

Use of data to inform workforce planning

27.   This section has set out an overview of the numbers of workers in the social services sector. These data and further detailed information on the workforce is published annually, with some data available for interrogation on the SSSC website. Data from any one year is currently published in Quarter 3 of the following year[12]. Data availability for this workforce differs from that of the NHS workforce - for example in location, detail and regularity of publication - and these differences create some challenges in workforce planning for integrated services.

28.   While some work has taken place to obtain an improved understanding of what changes to workforce data would assist effective workforce planning, further work is required to determine what improvements would be most useful and how these can best be delivered. For example, there may be value in considering the costs/benefits of more timely and/or more regular collection and publication of workforce data. At a national level, there may also be value in developing a specific picture of the parts of the workforce that are working under integrated arrangements. Changes in data standards may also be required, to reflect service redesign, increased multidisciplinary team working and changing staff roles.

29.   As the outline in this chapter shows, there is a wide range of data available on the current social care workforce. However, structures and requirements for workforce planning are changing and to ensure that these data can assist fully, a clearer, shared articulation of specific data gaps and needs is now needed, bringing in the range of partners involved in workforce planning at national, regional and local levels. In addition, for integrated health and social care services, dedicated resource may be required to bring the information together with NHS workforce data in a useful format. This work will need to align with the work being led by NHS Education for Scotland (NES) under Part 1 of the National Health and Social Care Workforce Plan, which includes recommendations on bringing together existing data sources, and development of a minimum standardised dataset.

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[10] Workforce Skills Report 2016-2017, SSSC, October 2017
[11] Skills Development Scotland Statistics: http://www.skillsdevelopmentscotland.co.uk/publications-statistics/statistics/?page=1
[12] Workforce Skills Report 2016-2017, SSSC, October 2017 and data available for interrogation on the SSSC website

Recommendation 1: Integrated workforce data

- To enable better collation of health and social care workforce data to support national and local workforce planning. This will draw on the work of the Scottish Social Services Council (SSSC) and the Care Inspectorate, in alignment with the work being led by NHS Education for Scotland on the NHS Scotland workforce in response to Part 1 of the Plan. The work will contribute to the wider, whole system approach required for health and social care in the future.

CHAPTER 4 – PLANNING THE WORKFORCE

30.   This chapter describes the complex landscape within which workforce planning for social care takes place. It outlines some of the varied roles and responsibilities of employers, Integration Authorities and national bodies in workforce planning. It identifies three priorities for action to support these responsibilities:
- improved information about the surrounding labour market;
- workforce planning tools that will support the changes needed in services and the workforce to deliver these; and
- guidance to support partnership working in workforce planning at multiple levels.

Complexities of workforce planning for social care

31.   Workforce planning for social care is a complex activity taking place at different levels, over different time horizons, and involving a multiplicity of stakeholders. It takes place in a varied context provided by the surrounding labour market within which over 2,500 public, independent and third sector employers provide social services and use many different approaches for their own organisational workforce planning. Along with service commissioners, these employers also have interests in and/or responsibilities for workforce planning that come into play to varying degrees at regional and local levels. This complexity means that considerable benefit can be gained from a clearer and more consistent approach to workforce planning at multiple levels that involves appropriate engagement between service commissioners and employers.

32.   To manage and plan their workforces effectively, organisations need to have up-to-date information in regard to:
- The numbers of people they employ and what they do;
- Current deployment of staff, past trends and anticipated changes;
- What skills the workforce has and where there are gaps;
- What skills and staff will be needed to deliver future services and priorities.

33.   In addition to this kind of data, workforce planning in the social care and social work sectors must also take account of complex factors such as:
- Demand – the needs of the populations they serve, the intensity of care needed and the demand for different kinds of services;
- The financial resources available;
- Availability, productivity and skill level of staff;
- Technology and local factors such as the physical premises where services are delivered, or geographic remoteness;
- The current and future policy landscape;
- The aims and objectives of the social service being provided, and the purpose for which it is being, or could be, commissioned.

34.   Given the market arrangements prevalent in social care, there are strong interconnections between strategic commissioning and service procurement, workforce planning and pay, recruitment and retention and a range of other factors that influence the wider labour market, such as the departure of the UK from the European Union.   In addition, workforce requirements shift over time as new policies and approaches to best practice come into play – for example implementation of

Self-directed Support, shifting the balance of care to care at home, the expansion of free personal care to under 65s and increased up-take of new technologies.

35.   Understanding the influence of these dynamic forces is critical in planning and redesigning care services and therefore the workforce locally and nationally. The Local Government Improvement Service is currently undertaking work to assist in a better understanding of workforce dynamics within the broader labour market. This work is examining past trends and developing projections at sectoral level, considering the likely future competition for labour in Scotland. It is also looking at international practice in making the care sector more competitive. Analysis emerging from this work and other relevant data, such as the regional skills assessments and other reports[13] published by Skills Development Scotland, will help in providing that understanding and the evidence base needed for workforce planning.

36.   Recommendation 2 below sets out the need to build on this work to improve understanding of how local and national labour markets interact, how different parts of the sector interact and what these interactions mean for workforce planning locally and regionally. Part 1 of this Plan identified a need to integrate statistical, demographic and labour market information on the NHS Scotland workforce to build the evidence NHS Boards will require in the future. In order to meet the evidence needs of IJBs and others involved in commissioning and delivering integrated health and social care services, Recommendation 2 in this document seeks to deliver similar work for the social care sector that links to and aligns with the work being developed for the NHS Scotland workforce. This will aim to help in predicting recruitment and retention challenges, in understanding how they may be affected by service, policy and wider changes, and in identifying approaches to tackle them at appropriate levels.

Recommendation 2: National and local labour market and workforce analysis

- To develop our understanding and provide evidence of the interactions between the national and local labour market pressures, the interactions between different parts of the sector and the specific challenges presented by the configuration and location of the current social care workforce.

Current workforce planning activity

37.   Workforce planning responsibilities rest primarily with employers and with commissioners of services, and there is a range of organisations with interest in this area including Integration Authorities, health boards, local authorities, employers and employer representative bodies such as COSLA, Scottish Care, the Coalition of Care and Support Providers in Scotland (CCPS) and the Scottish Council for Voluntary Organisations (SCVO).

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[13] For example, Jobs and Skills Scotland: The Evidence, November 2017.

38.   In the social care sector, workforce planning activity is primarily undertaken at individual employer level (local authority and other statutory providers, independent and third sector providers). Each employer will undertake their own workforce planning linked to local demand and their service delivery plans. In registered services, detailed staffing arrangements are considered and agreed by the Care Inspectorate prior to a service being registered to operate; such staffing schedules may form part of the conditions of a service's registration. Providers of care services are required by law to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users, and that suitable training is provided[14].

39.   Research undertaken by *Why?Research* in 2016 as part of a wider project[15] indicated that almost all of the 73 respondents involved in workforce planning reported that their organisation discusses workforce planning at senior levels and collects a variety of workforce data. Most collect data on current staff numbers and costs, current vacancies and current training activity. Most organisations used this information for budget setting, day to day management and planning for a 1-2 year time frame. A significant, though smaller, proportion used workforce data for medium term (3-5 year) planning and for service delivery planning and the strategic commissioning of services.

Integration Authorities

40.   Integration Authorities have responsibility for managing services covering adult social care, adult primary health care and unscheduled adult hospital care; some are also responsible for children's care and criminal justice social work. Integration Authorities will increasingly become a key link in the workforce planning landscape. The Public Bodies (Scotland) Act 2014 places a duty on each Integration Authority to produce a Strategic Commissioning Plan which sets out how the Integration Authority will plan and deliver services for its area over the medium term, using the integrated budgets under its control. In general these plans include a high-level summary of workforce issues.

41.   In advance of developing the Strategic Commissioning plan, the Integration Authority should oversee the production of Joint Strategic Needs Assessments (JSNAs). JSNAs analyse the care needs of local populations and inform and guide the commissioning of health, wellbeing and social care services within its area in order to improve the physical and mental health and wellbeing of individuals and communities. Within the Strategic Commissioning Plan process, a Market Facilitation Plan (which is a summary of the key requirements to meet current and future demand) should be developed, clearly stating the level and type of services required. Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is sufficient, appropriate

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[14] Regulation 15: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

[15] http://www.gov.scot/Resource/0051/00512889.pdf The study involved an online survey of social services providers. 73 of 163 respondents were mainly involved in workforce planning for their organisation; 49% of these were in the third sector, 22% in the independent sector, 14% local authorities and 7% health and social care partnerships.

range of provision, available at the right price to meet needs and deliver effective outcomes.

42.   Taking into account their Strategic Commissioning Plans, Integration Authorities are also required to have in place plans for workforce development that include, at a minimum, a list of the plans that the relevant health board and local authority have undertaken to put in place, (a) for developing and supporting the staff employed in integrated services and (b) for organisational development (OD) of the NHS board, local authority and (if relevant) the IJB in relation to integrated services. In the majority of cases, where the Integration Authority also has responsibility for service delivery, it will take responsibility for the workforce development and OD plans that cover integrated services. In practice, all three parties share in the responsibility for ensuring that appropriate staffing is in place. In doing this, they will be working to:
- Consider anticipated changes in the demography of their populations;
- Develop new ways of working and redesigning services; and
- Ensure an appropriate skill mix, including development of multidisciplinary teams.

43.   An assessment of 12 Integration Authority workforce development plans available at the end of 2016 indicated that all plans provided an overview of existing staff employed by statutory partners, while most considered the policy context and included some assessment of local demographics and future demand. Some had done initial work on future workforce needs, and some had started to consider the workforce contributions from the third and independent sectors.

44.   As outlined in Chapter 2, nearly two thirds of the social care workforce is employed by the third and independent sectors, which make an essential contribution to the delivery of integrated services in most parts of Scotland. It is therefore important that workforce planning takes account of this wider workforce in considering how services will be delivered. As indicated above, it is apparent that this is currently occurring to varying degrees across Scotland.

45.   One of the priorities for action identified in developing this plan and addressed in Recommendation 3 below is thus the need for development of guidance to support Integration Authorities and their commissioning partners to include consideration of third and independent sector employers and their representative bodies in workforce planning at multiple levels, to enable greater consistency in approaches. This work should consider how workforce planning can further be aligned with financial and commissioning plans that involve third and independent sectors. It should also take account of work delivered under Recommendation 2 on local labour market conditions and operation.

Recommendation 3: Workforce planning guidance for partnership working

- To develop guidance for Integration Joint Boards and their commissioning partners in local authorities and NHS boards that supports partnership working for the formulation of workforce plans at regional and local level which include consideration of the third and independent sector workforce. This work will aim to:

- o engage with third and independent sector employers and/or their representative organisations, and trade unions;
- o support and facilitate alignment of local workforce plans with associated commissioning and financial plans;
- o make use of the work delivered under recommendation 2 above, to develop improved understanding and awareness of the impact of market mechanisms in social care; and
- o develop approaches through which workforce planning can take these mechanisms into account in contributing to the delivery of improved outcomes for those who use services.

National bodies

46.   The Scottish Government funds two Non-Departmental Public Bodies with relevant responsibilities: the Scottish Social Services Council (SSSC) and the Care Inspectorate.

47.   The SSSC registers many groups of social services workers, sets standards for their practice, conduct, training and education and supports their professional development. Where registered workers fall below the required standards of practice and conduct, the SSSC can investigate and take action. As part of their work, the SSSC publishes Codes of Practice that place requirements on employers in the sector with regard to provision of learning and development opportunities for their staff, including those needed for registration. The Codes of Practice also place obligations on all employees in the sector with regard to their ongoing learning. As outlined in Chapter 2, the SSSC also produces official workforce statistics that aim to support workforce planning by relevant organisations.

48.   The Care Inspectorate authorises care services to operate; it is an offence to operate a care service that is not so registered. As part of the detailed registration process, the Care Inspectorate considers the staffing arrangements to be provided for the particular service seeking registration and may, where necessary, require (or vary) mandatory conditions in relation to the numbers and skill of staff to be employed.

49.   As part of its scrutiny responsibilities, the Care Inspectorate collects and considers other information on workforce matters such as vacancy information and issues arising in terms of staff availability and capacity. Regulated care services are inspected to ensure that people using the service experience high quality care which is consistent with the national care standards. Inspections may, where considered necessary, include detailed scrutiny of staffing arrangements, including skill mix, quality of staffing, staffing levels, and approaches to recruitment and induction. The Scottish Government have worked with COSLA and other stakeholders to develop Health and Social Care Standards that apply across all health and social care. These will be rolled out from April 2018 onwards, forming the basis of the Care Inspectorate's scrutiny model. The standards set out how a person should experience care and are relevant across service planning, assessment, commissioning and delivery. Where people wish to make a complaint about the quality of care, including staffing levels, the Care Inspectorate can investigate this.

50.   Some of the information identified above is published annually (e.g. SSSC workforce data reports), while some is published in individual Care Inspectorate inspection reports and aggregated thematic reports. Both of these sources can provide information to national and local government, regulators and commissioners about workforce capacity across the sector and help to identify where action may need to be taken locally or nationally.

51.   The Scottish Government publishes annual official statistics across the range of social care services that provide information on current service provision, demand and outcomes and on trends, largely at national level. The publications cover care homes, Children's Social Work, Adult Social Care Services and Criminal Justice Social Work, amongst other topics. A summary of these statistics was published in Jan 2016, with an updated summary due for publication in early 2018[16].

Improving approaches to workforce planning

52.   The *Why?Research* study referred to above suggested that employers across different sectors used a variety of approaches in undertaking their workforce planning, including case management tools, IORN (Indicator of Relative Need), the NHS Scotland 6-step methodology and guidance such as that provided by the SSSC. The study suggested that these are used particularly for training and skills needs; however, relatively few of the respondents' organisations use formal planning tools for workforce planning purposes. There was some support from this study for the development of suitable, robust tools, alongside acknowledgement of the inherent difficulties in developing tools for the complex landscape of social care.

53.   This complexity includes the diversity of employers in the sector, both in terms of size and service area, and the different roles of, and interactions between, commissioners and service providers. As indicated in the *Why?Research* study, budgetary considerations and workforce planning are intertwined in this sector. Independent and third sector social care service providers may be commissioned to deliver a service for a fixed period of time (e.g. one or more years) before the contract is put out for tender again. Uncertainty regarding contract renewal can make proactive workforce development and planning difficult.

54.   This issue is linked to underpinning annual budgetary cycles at national government level, and the Scottish Government is working to develop a medium term financial framework, within the context of the budget settlement that it receives. This will be to outline the broad direction for the NHS and care services to meet the changing needs of the people of Scotland, including shifting the balance of care towards community health services. In the longer term, providers will need the strategic commissioning plans to be clear about what kind of care and support will be commissioned in the future, so that they are better able to plan and develop their workforce appropriately in order to respond.

55.   The planned "Safe and Effective Staffing" legislation in health and social care was consulted on earlier in 2017. Scottish Government is considering ongoing feedback on legislative proposals and will publish its response to the consultation

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[16] A Summary of Social Work and Social Care Statistics, January 2016, Office of the Chief Social Work Adviser, Scottish Government

exercise by end of 2017. These considerations will take into account how the legislation can support and enable the recommendations of this plan.

56.   Acknowledging the complexity highlighted above, one of the priorities for action identified in the development of this plan is the development of improved workforce planning tools for the social care sector that can be applied in the context of integration, changing models of care and an increasingly multidisciplinary workforce. This priority is addressed through Recommendation 4 below, which seeks the development and co-production of improved workforce planning tools for the sector for use, where appropriate, by partners in workforce planning at different levels in order to support the delivery of high quality care.

57.   Workforce planning tools developed for the sector should aim to:
• Be built on robust information;
• Accommodate the third and independent sectors, as major employers;
• Complement existing practices and be adaptable for local needs;
• Be flexible enough to be used in settings of different size and type;
• Add value to workforce planning activity, for example by supporting joint role development or co-ordinated approaches to recruitment, training and development;
• Be accompanied by training on the tool being made available; and
• Support alignment with associated financial and commissioning plans.

58.   The identification of resource needs for this work and how these can be addressed will be an early priority. This will include exploring how existing expertise and practices can inform the work and whether/which existing workforce planning resources can form a base to build on. The SSSC will be publishing an online resource in spring 2018, which aims to bring a range of resources together in one location to support workforce planning in the social services sector. The online resource has been developed with nput from local authorities and third and independent sector providers, and will contribute to the early stages of this work.

Recommendation 4: Workforce planning tools

• To progress and co-produce social care and multi-disciplinary workforce planning tools that support the delivery of high quality care that reflects the new health and social care standards, and enable service redesign and new models of care. In developing this work, we will take account of progress with planned Scottish Government legislation that includes a focus on tools and methodology to inform and support workforce planning, starting with nursing and midwifery in the NHS.

CHAPTER 5 - THE CHANGING SHAPE OF THE WORKFORCE

59.   This chapter outlines some of the priorities and challenges for the workforce, in achieving the vision for social care set out in Chapter 2. There is a long-standing national policy to support the upskilling and professionalisation of the workforce and the current frameworks for the regulation and development of the workforce are summarised below to provide this context. This chapter also outlines some of the current challenges for the workforce such as recruitment and retention, clear pathways for career progression and demand for new skills, which have led to additional priorities for action. These priorities are set out in recommendations to improve recruitment, enhance career pathways and further develop training and education to equip the workforce for now and for the future. This section does not consider the early learning and childcare workforce due to the parallel programme of work resulting from the commitment to expansion of this workforce.

Delivering the vision: Priorities for a skilled and valued workforce

60.   We share a vision that whatever its size and composition in the future, we will need a social care workforce which is skilled and valued and which works collaboratively to empower, support and protect people, with a focus on prevention, early intervention and enablement. Some of the priorities for the workforce that arise from the vision outlined for Social Care in Chapter 2 are:
- The need to ensure that social care becomes a career of choice for people at all stages of life, including by investing in the workforce and by championing the invaluable contribution that the social care workforce makes in our society;
- The need to invest in developing the workforce so that their skills are refreshed to meet changing demands arising from policy and service developments;
- The need to support a compassionate, autonomous workforce that is skilled at having good conversations with people, can support them to live as independently as possible for as long as possible, is confident in supporting people to set and make progress towards their own goals and can help people manage risk in their lives;
- The need to equip the workforce and users of services for digital transformation and greater use of technology.

61.   Some of the challenges involved in addressing these priorities include:
- How to balance people's rights to choice and control of their social care support with rewarding roles and a good work-life balance for staff;
- How to support and equip the workforce to work in multi-disciplinary teams to ensure people get the right support at the right time;
- How to support the workforce in responding to policies which demand greater autonomy for the social care workforce and more innovation in models of support that are personalised for individuals;
- How to improve career opportunities that recognise the variety of responsibilities and skills required in social care roles and that provide flexible career pathways which give personal job satisfaction while supporting the retention of staff.

Frameworks for regulation and development of the workforce

62.   A number of the priorities and challenges outlined above identify the need for further development of the workforce. The Scottish Government in partnership with employers and other partners, including COSLA, has a long-standing policy to increase the skills, qualifications and quality of the social care workforce, with the aim of improving outcomes for service users and increasing public protection. Regulation and registration of the workforce forms a key element of this approach.

63.   Many groups of social care workers are required to register with the SSSC and there are now more than 100,000 individual people on the register, including social workers, workers in residential childcare, care home services for adults, day care of children services and care at home/housing support services. On current estimates by 2020, the work of the SSSC will bring the numbers of staff regulated to around 80% of the workforce. Those employed as nurses in care services are required to register with the Nursing and Midwifery Council; other health and allied health professionals may be registered with other professional bodies.

64.   When registration was introduced in the early 2000s, it was estimated that around 80% of the social services workforce did not have any qualifications. Now, all those currently registered with the SSSC are in a position where they will have achieved or be working towards the qualifications required for their role and continuously updating their skills and knowledge to maintain their registration.

65.   To meet their requirements under the SSSC Code of Practice for Employers and the National Health and Social Care Standards, employers are required to ensure that their staff have the necessary skills and knowledge to undertake their roles and continuously update their skills to reflect changes in policy and practice. The Care Inspectorate has the lead role in ensuring that employers exercise these responsibilities in a way which supports positive experiences and outcomes for people who use services.

66.   The SSSC develops and updates the National Occupational Standards (NOS) in Scotland. The NOS underpin SVQs used by people in practice settings including adult social care, work with looked after children, secure care, community justice, substance misuse and youth justice. These qualifications provide workers with pathways into leadership and management roles, as well as routes into further education and development such as the social work degree.

67.   Social workers must hold a suitable social work qualification to be registered with the SSSC. For other roles, people new into a role for which registration is required have six months after staring work in which to register, following which they have five years in which to obtain the qualification required for that role. The qualifications required for many roles can be obtained through vocational training while in employment. Courses are available at Further Education Colleges or Universities and in many cases can also be organised and provided locally by employers. The Workforce Skills Report 2016/17 reports that[17] (approximate figures):
- 33% of 30,000 support workers in care homes for adults hold the required qualification for registration;

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[17] Workforce Skills Report 2016-17, Extended Version, SSSC, October 2017.

- 53% of 1,400 housing support managers hold the required qualification;
- 62% of 7,000 residential childcare workers hold the required qualification.

68. All social services workers on the SSSC register are required to undertake a minimum number of hours of professional development within a registration period. A wide variety of activities can contribute to the requirement, including, for example, formal training delivered by employers, self-directed learning and research.

69. Some workers in the sector may lack confidence as learners and be reluctant to undertake formal learning. The SSSC has worked with the Scottish Qualifications Authority, the Scottish Credit and Qualifications Framework (SCQF) and representatives from the social services sector to develop an approach to recognition of prior learning that allows consideration of informal learning and can speed up attainment of qualifications.

70. Modern Apprenticeships (MAs) provide a work-based route into a career in the sector. The SSSC works with Skills Development Scotland and other partner bodies to maximise the number of MAs in social services and the sector obtains almost ten per cent of MAs in Scotland. This is greater than the sector's share of Scottish employment, which is just under eight per cent. Foundation Apprenticeships provide a further entry route into the sector, and help young people gain experience and access work-based learning while still at school.

71. A number of learning and skills frameworks have been developed to support the learning and development needs of the workforce. These include:
- Enhancing Leadership – a delivery plan for 2017-2020;
- Enriching and Improving Experience – Palliative and End of Life Care (2017);
- Promoting Excellence – a framework for health and social services staff working with people with dementia;
- Equal Partners in Care – guidance to support workers in working in partnership with carers.

Current workforce challenges

72. A number of priorities for the workforce to enable delivery of the vision for social care were outlined at the beginning of this chapter. During development of this workforce plan, we have identified a number of existing areas of challenge that are shared priorities for action now. These are set out below and have led to the development of recommendations 5-7.

Recruitment challenges in adult social care services

73. Recruitment challenges in social services, particularly in the adult social care sector, have been regularly highlighted (eg SSSC Workforce Skills Report, October 2017). Problems appear to be most prominent in the independent and third sectors and in rural areas of Scotland. Recruitment challenges have been linked to low pay, difficulties finding people to work anti-social hours, perceptions of the sector and the emotional stress of care work[18]. The Care Inspectorate report on Staff Vacancies in

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[18] Care Home Workforce Data Report 2017, Scottish Care

Care Services also provides evidence of increasing difficulties in filling vacancies, particularly in adult social care[19]:

- At the end of 2016, 35% of social care services reported one or more staff vacancies, an increase of 1 percentage point from the previous year;
- Care homes for adults/older people, housing support and care at home services were the main service types with the largest proportion of services reporting vacancies;
- 41% of services had difficulties filling vacancies (an increase of 2 percentage points from the previous year);
- Care at home services (64%), care homes for older people (57%), care homes for adults (49%) and housing support services (48%) had particularly high proportions of services reporting problems filling vacancies;
- The main reasons why services found vacancies difficult to fill were too few applicants with experience, too few applicants in general and too few qualified applicants.

74. The UK's departure from the EU will potentially have a negative impact on both recruitment and retention in the social care workforce. Additionally, early indications are that fewer non-UK EU/EEA[20] nationals are seeking employment in the UK and that current uncertainties in relation to the UK Government's future migration policy are a significant disincentive. Current official statistics indicate that 4.4% of the social work workforce is made up of non-UK EU nationals[21]. These statistics are based on a survey of sample households with self-reported employment data, and stakeholder surveys have suggested that in some parts of the sector, the percentages may be higher (eg Scottish Care data suggest that 6% of care home staff and 8% of nurses in care homes are non-UK EU nationals[22]). The Scottish Government has commissioned work to improve understanding of the contribution of non-UK EU nationals to the social services workforce.

75. The impact of the UK's departure from the EU will also be influenced by the extent to which future migration policy provides flexibilities to allow for sectoral and/or regional recruitment activity in areas of acute need, with particular relevance to the restrictions presented by the current visa and immigration system. Pursuant to commitments made in the 2017-18 Programme for Government, "A Nation with Ambition", the Scottish Government will publish a series of evidence-based discussion papers, exploring, amongst other things, new immigration powers for the Scottish Parliament, to enable the Scottish Government to better achieve its ambitions.

76. Low pay is being addressed through action on the Living Wage. From October 2016 all adult social care workers have been entitled to receive the Scottish Living Wage; this commitment has included adult day care staff and personal assistants from April 2017. The recent commitment to include care workers delivering sleepovers will be delivered over 2018/19.

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[19] Staff Vacancies in Care Services in 2016, Care Inspectorate, October 2017
[20] European Economic Area – includes Iceland, Liechtenstein and Norway in addition to EU Member States.
[21] Annual Population Survey 2016, Office for National Statistics.
[22] Care Home Workforce Data Report 2017, Scottish Care

77.   The Fair Work Convention, established to drive forward Fair Work in Scotland, has established a Social Care Working Group to address current issues in the social care workforce. The Fair Work Convention will use the recommendations developed by the Working Group to advise Scottish Government on how best to ensure the Fair Work Framework is implemented across the social care sector.

78.   Other support for recruitment in the sector comes from the SSSC's Ambassadors for Careers in Care network, and online resources for careers advisers and individuals interested in a career in care (e.g. [A Career in Social Services 2017](#)). The SSSC and Skills Development Scotland have developed Foundation Apprenticeships to enable people at school to study and gain experience for a career in care. Modern Apprenticeships also provide a route for recruiting more young people into care and Graduate Apprenticeships are at the early stages of development.

79.   Some Integration Authorities are developing approaches for tackling local recruitment challenges. For example, Edinburgh Health and Social Care Partnership are working with partners on a multi-pronged approach, including a Health and Social Care Academy for Edinburgh's schools to promote careers in care, exploring pre-employment care at home academies previously developed in the independent sector, and targeted marketing materials.

80.   Part 1 of this Plan sets out a number of recommendations to address persistent recruitment challenges in the NHS Scotland workforce. These include new approaches to make health and social care careers more attractive to young people through improved marketing and advertising and promoting careers in schools.

81.   A recruitment marketing campaign is being developed to meet the workforce needs arising from the expansion in provision of Early Learning and Childcare (ELC). This expansion will almost double entitlement to funded early learning and childcare to 1140 hours a year by 2020 for all three and four‑year olds and eligible two-year olds. Phase one of the campaign was launched in October 2017 and focused on school leavers, raising awareness of a career in ELC and encouraging them to apply for appropriate training opportunities. Phase two will focus on career changers, including parental returners. Concerns have been expressed by a range of stakeholders that expansion of the ELC workforce will increase recruitment and retention challenges in other parts of the care sector.

82.   In parallel with these actions, consideration should be given to similar national level activity to support recruitment and retention and to promote social care as a meaningful, valued and rewarding career choice. Recommendation 5 below seeks to establish such a campaign, which will require further engagement with employers, including local authorities and those in the third and independent sectors, and/or their representative bodies, with commissioners of health and social care and with skills and education bodies to ensure there is alignment with local activity and that additional value is gained by national action.

Recommendation 5: Promoting social care and social care settings more widely as a positive career choice

- To deliver a national campaign to promote the social care profession as a meaningful, valued and rewarding career choice and social care as an employment area of choice for a range of professionals. In developing the campaign, we will engage with employers, including those in the third and independent sectors and/or their representative organisations and trade unions. The campaign will:
  - o be targeted at the potential, current and future workforce;
  - o be targeted at new entrants to the sector at any age, career changers and those returning to work;
  - o aim to support improved recruitment and retention within the sector;
  - o aim to increase the appeal of the social care sector to nurses and other health-related professionals;
  - o reinforce social care as a career in itself as well as highlighting possible pathways between different areas of work.

Availability of nurses in care homes

83.   Nurses play a vital role in delivering services across the health and social care sectors. There were around 6,650 registered nurses working in the social services sector at the end of 2016, representing around 10% of the registered nursing workforce in Scotland. The role of nurses is particularly significant in care homes for adults; with 91% of all nurses working in social services employed by the independent sector either in care homes for adults (64%) or in nurse agencies (27%). Nurse agencies provide a source of registered nurses and other types of care staff to social care service providers, hospitals and others who need care staff.

84.   The number of nurses in nurse agencies has increased substantially in recent years (an increase of 44% between 2014 and 2016), while the number of nurses directly employed in care homes has fallen by 12% over the same period. Stakeholders from the independent sector have raised concerns about the impact of this shift - from direct employment to use of agency staff - on sustainability and quality of care and linked it to wider issues with recruitment and retention of nurses in adult social care. Scrutiny evidence from the Care Inspectorate identifies a link between stable and consistent staff teams, and the quality of care experienced by people; over-reliance on agency staff can therefore impact negatively on care quality.

85.   Care Inspectorate data and stakeholder surveys indicate that the numbers of services with nursing vacancies has risen over the years 2014-17[23]. The Care Inspectorate has considered and in some cases agreed changes to staffing models in care homes where it has not been possible to recruit nurses and where satisfactory arrangements are put in place to provide nursing care in innovative ways, often accompanied by upskilling care staff to work as part of multi-disciplinary team. The data indicate that:
- 21% of services had problems filling nurse vacancies at end 2016, an increase of 1 percentage point from the previous year[24];

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[23] Independent Sector Nursing Data 2017, Scottish Care, November 2017 and reference below.
[24] Staff Vacancies in Care Services in 2016, Care Inspectorate, October 2017

- 49% of care homes for older people reported one or more vacancies at end 2016[25];
- A Scottish Care 2017 survey indicated a 31% level of nurse vacancies across their member providers, an increase of 3 percentage points from 2016[26];
- The same survey showed that 91% of their member providers were having difficulties filling nurse vacancies, with 54% finding recruitment more difficult than the previous year;
- The main problems identified by providers were an insufficient supply of suitably qualified/experienced nurses, the perception that the care sector offers less attractive career opportunities for nurses than does the NHS, pay and the impact of the UK's planned departure from the EU[27].

86. A number of ongoing national and local initiatives aim to ensure an appropriate and sustainable registered nursing workforce within care home settings. Part 1 of the National Health and Social Care Workforce Plan describes the current nursing workforce in NHS Scotland and sets out work currently in progress to deliver sustainable approaches to meeting a rising demand for qualified nurses. Part 1 commits to creating an estimated 2,600 extra training places over the next four years as part of a wider package to recruit newly qualified nurses and midwives and to retain existing nurses. Actions will be focused on priority areas. In several areas, IJBs are working flexibly with care homes to ensure registered nursing input is available to their residents. The Chief Nursing Officer's *Transforming Roles* programme is helping to develop nursing roles to meet the current and future needs of Scotland's health and care system. As part of this work the Scottish Government has recommended that NHS Boards and IJBs develop locality integrated community nursing teams that enable nurses, social care, allied health professionals and other partners to improve outcomes and services for those requiring community care. In addition, work is in progress to support care homes as a positive learning environment for student nurses, and an attractive career choice for qualified staff and those returning to nursing after a career break. The Chief Nursing Officer's Nursing 2030 Vision recognises the importance of attracting individuals into careers in nursing, including within care home settings. Workforce issues, including those in respect of nurses in care homes, are also being considered as part of the work on reform of the National Care Home Contract.

87. In order to help address this issue, the work developed under Recommendation 5 above to promote social care as a career choice will need to reflect the importance of nursing, allied health and other health professionals in social care. Linkages will also be needed to other work in progress to address recruitment issues in these areas, including that highlighted above and work arising from the recommendations of the Chief Nursing Officer's Commission on Widening Participation in Nursing and Midwifery Careers, published on 7 December 2017.

Career pathways and progression

88. One of the factors that have been identified as important for recruitment and retention in the sector is that career pathways in the sector, with opportunities for

[25] Staff Vacancies in Care Services in 2016, Care Inspectorate, October 2017
[26] Independent Sector Nursing Data 2017, Scottish Care, November 2017
[27] Independent Sector Nursing Data 2017, Scottish Care, November 2017

career progression, are perceived to be limited[28]. This document has highlighted the need to build and assist with flexible career pathways which give personal job satisfaction while supporting the retention of staff. Recommendation 6 below seeks to address this priority by developing clear routes for career progression within social care, routes for social care workers to progress to social work, routes that facilitate movement of staff across health and social care, and further enhancement of entry routes and pathways into the sector, that builds on current initiatives such as Modern and Foundation Apprenticeships.

89.   Regulation of the social services workforce by the SSSC, along with regulation of services by the Care Inspectorate, is structured around the definitions of care services and social work contained within the Public Services Reform (Scotland) Act 2010. Both the SSSC and Care Inspectorate work widely with stakeholders in considering how regulatory approaches need to evolve in response to developments in policy and practice. Examples of recent change include the new, outcome-based, Health and Social Care Standards, which will form the basis of Care Inspectorate inspection; and the move to a Fitness to Practise model of regulation by the SSSC.

90.   Current legislative arrangements for the registration categories for social services and the social services workforce can be perceived as a barrier to movement between roles. While there are specific qualifications required to register for different roles within the sector, movement of workers between different roles is facilitated by recognition of prior learning in previous roles and credit transfers from qualifications already attained.

91.   It is clear, however, that with integration of health and social care, changing roles within the workforce, the need for greater flexibility and the move to multidisciplinary team working, further consideration of the current definitions of services and roles may be useful in ensuring approaches that lead to high-quality care and support innovative models of care. Recommendation 6 will address this issue by ensuring that regulators are empowered to respond to changing needs and demands upon the workforce and to enable and support recruitment, flexible career progression and more innovation in service delivery.

Recommendation 6: Career pathways

- To develop proposals for enhanced career pathways within social care, recognising the context of the developing multidisciplinary, integrated workforce environment. The third and independent sectors, as employers of the great majority of the social care workforce will be essential partners in this work. Consideration will be given to:
    o improving entry routes and pathways into the sector, recognising current progress and initiatives such as Foundation, Modern and Graduate Apprenticeships;
    o exploring how career pathways between health and social care can be further developed;

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[28] E.g. Workforce Skills Report 2016-17, Extended Version, SSSC, October 2017.

o work being developed under Part 1 of the National Workforce Plan such as a review of learner and student support across the health and social care workforce and promotion of careers in schools.

- To work with workforce and service regulators to ensure they are empowered to enable and support recruitment, career progression and flexibility in the workforce of the future, including through categories of registration.

Skill gaps/shortages in the social care workforce

92.   The SSSC has recently reviewed skills challenges for the social services sector, considering both current and future skill gaps and shortages[29]. Key skills shortages and gaps included:
- Leadership and management
- Dealing with conflict
- Understanding and knowledge of specific conditions and illnesses such as dementia.

93.   Specific skills shortages have also been identified in this and other studies that are relevant to particular types of service. Some examples include:
- In delivery of Self-directed Support (SDS) – personalisation, knowledge of SDS options, principles of outcome-based support[30] ;
- In adult social care – a range of specialist skills needed for people with complex needs, including health care and preventative care, re-ablement, end of life care.

94.   Future skills needs identified included:
- Increased awareness of complex conditions and needs;
- Skills in tasks previously done by medical and nursing staff;
- Knowledge of, and skills for, partnership working with other professions;
- Skills arising from changes in policy and legislation.

95.   There is a significant amount of learning and development activity in the social services sector in Scotland. The requirements for all registered workers to have a minimum level of qualification and to undertake minimum levels of continuing training and learning were outlined earlier in this chapter. SVQs form a significant part of the formal learning for the sector, with many other courses relevant to social care being provided by further education colleges. The registration of support workers in care at home/housing support[31] between October 2017 and October 2020 means that around 44,000 additional workers will be added to the register over this period, with a requirement to have achieved an SVQ2 in Health and Social Care within five years of registration[32]. According to the Workforce Skills Report[33]:

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[29] Workforce Skills Report 2016-17, Extended Version, SSSC, October 2017.
[30] Reference above and The Enablers and Barriers to Voluntary Sector Organisations Providing Personalised Support through Delivery of Self Directed Support, University of Strathclyde, 2016.
[31] Care at home/housing support services include housing support services, care at home services and combined services.
[32] Some workers in this category may already have the required qualification.
[33] Workforce Skills Report 2016-17, Extended Version, SSSC, October 2017.

- In 2015/16 there were 7,553 certifications, up slightly from the previous year (Children and Young People SVQs made up approximately 30% of this figure);
- In 2015 six of every 100 adult social care workers registered for an Adult Social Care SVQ, while just under five of every 100 achieved an award;
- The numbers of HNC and HND enrolments have increased in the last year;
- Workers and providers appear to be positive about their ability to find relevant training courses and awards.

96.   Registration of the workforce has been a driver to increase the skills and qualification levels across the sector. The changes highlighted earlier in how services are delivered, in job roles, and in the complexity of tasks, all reinforce the need to continuously update and further develop qualifications to ensure their relevance and enable a flexible, confident and competent workforce. Recommendation 7 below seeks to address this need through developing training and education proposals that will better enable a flexible, confident and competent workforce with relevant and appropriate qualifications. Relevant work is also being delivered under Part 1 of the National Health and Social Care Workforce Plan on support for continuous professional development and exploration of regional curricula with colleges.

Availability of social workers

Social workers

97.   The number (and whole time equivalent (WTE)) of social workers in fieldwork services in local authorities has fluctuated since 2008, but overall has increased by approx. 4% to 5,833 (WTE of 5,283):
- Numbers in adult fieldwork services have increased overall by 3% to 1,798
- Numbers in generic services have increased overall by 7% to 434
- Numbers in offender services have increased overall by 1.7% to 911
- Numbers in children's fieldwork services have increased overall by 5% to 2,690, though numbers fell by 204 between 2015 and 2016.

98.   Progression of social care workers into social work while in employment is currently possible through the Open University and this route is used as a 'grow your own' approach by some local authorities, in particular those in remote and rural locations. The Open University post-graduate social work qualifying programme offers a further route to social work for graduates employed in social care settings.

99.   Entry of social workers to qualifying programmes is not controlled centrally; higher education institutions are responsible for their admissions policies. Admissions to social work training programmes have been on a downward trend over the last five years, with the number of admissions in 2015/16 down by 12% from numbers in 2008/9. Numbers of qualifications have also been falling for the last three years and are expected to fall further, following the downward trend in admissions. This will be closely monitored in case action is required.

100.   Local authorities are responsible for ensuring they have enough trained social workers to deliver their statutory responsibilities. There is currently no regular

approach to collecting or reporting information on vacancies or developing predictions for demand for social workers at national level.

<u>Mental health officers</u>

101.   A mental health officer (MHO) is a trained mental health social worker who provides a statutory service. Local authorities tend to recruit MHOs from their existing practising social workers and support them to train while in employment. Achieving an MHO award and delivering MHO statutory duties are not necessarily linked to changes in pay and status, though this is up to local discretion. Local authorities are responsible for ensuring they have sufficient MHOs to deliver their statutory responsibilities.

102.   In recent years concerns have been raised about difficulties in recruiting MHOs, with around two-thirds of local authorities reporting a shortfall in MHO staff since 2013. The SSSC collects and publishes official statistics on MHOs annually. In 2014, the number of MHOs fell to 655, the lowest since 2005. Numbers increased in the year to 2016, and while the reported shortage of MHOs fell, the shortage at end 2016 was equivalent to 36 full time MHOs[34]. The latest official statistics show that:
- The number of practicing MHOs increased by 5.4% to 722 between 2015 and 2016 (WTE increased by 5.7%);
- After reaching a reported low of 11.2 in 2015 the MHO WTE rate per 100,000 people rose to 11.8 in 2016, similar to levels seen in 2013;
- For the first time since 2012, the numbers of MHO Award programme completions (62 in 2015-16) was greater than the number leaving their role;
- The MHO workforce has a slightly older age profile than social workers overall. Just over a third of MHOs are aged 55 years or older.

103.   There appear to be a number of challenges contributing to pressures on the delivery of MHO statutory functions. These include an increase in demand for some MHO-specific statutory functions linked to legislative and policy change; insufficient capacity among existing MHOs linked to demands to deliver other social work services, and insufficient numbers of trained and skilled MHOs due to a mix of complex factors such as pay and conditions (which vary between local authorities which have the autonomy to set the pay scales for their staff); numbers training; and MHOs leaving through retirement/other reasons.

104.   Action 34 of the Mental Health Strategy commits the Scottish Government to reform of the Adults with Incapacity legislation. Delivery of commitments under this legislation has formed an increasingly significant component of the workload of MHOs.

105.   Action 35 of the Mental Health Strategy commits key stakeholders to work in partnership to better understand MHO capacity and demand, and to consider how pressures might be alleviated. Since the launch of the Strategy, publications by the SSSC[35] and Social Work Scotland[36] have provided further insights into this issue.

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[34] Mental Health Officers (Scotland) Report 2016 (National Statistics) SSSC, August 2017
[35] Mental Health Officers (Scotland) Report 2016 (National Statistics) SSSC, August 2017
[36] The Mental Health Officer: capacity, challenges, opportunities and achievements, Social Work Scotland, October 2017

Key factors identified as contributing to pressures included variation in employment terms and deployment, increasing workloads and governance arrangements. Action 35 of the Mental Health Strategy, through development with COSLA and other key partners, will be taken forward further through Recommendation 7 of this plan in 2018. This work aims to increase the numbers of social workers undertaking additional professional qualifications, including the MHO award, and to increase the numbers of qualified specialists, including the numbers of MHOs available to deliver specialist functions.

Social workers with practice learning qualifications (PLQ(SS)).

106.   As part of social work qualifying programmes, students are required to complete two assessed placements that must be assessed by a qualified practice teacher. To qualify as a practice teacher, social workers must obtain one of two possible qualifications located within the Scottish Credit and Qualifications Framework.

107.   The recent Review of Social Work Education identified a shortage of qualified, active practice teachers available to supervise placements for social work students. Qualitative research indicates that a mix of factors is contributing to this shortage[37]. There is currently no national collation or publication of data on numbers of qualified or active practice teachers. The recommendations arising from the Review of Social Work Education include establishing a clear approach to address challenges in practice learning and this will need to include consideration of supply and demand for practice teachers.

108.   Recommendation 7 seeks to address the issues outlined above in relation to social worker availability across a range of specialisms through providing a clearer professional framework for social work professionals, with appropriate advanced practitioner qualifications to help provide routes into more senior positions. Work will include consideration of the benefits of developing advanced practitioner qualifications in children's, adults and criminal justice social work. Such a framework could provide nationally recognised routes for further development of specialist skills, reward attainment of specialist qualifications and facilitate retention of skilled practitioners in areas of the profession where they are needed. A specific aim of this change would be to increase the numbers of social workers undertaking additional professional qualifications, including the MHO and practice teaching awards, and to increase the numbers of qualified specialists available to deliver these specialist roles.

Recommendation 7: Training and education

- To develop training and education proposals that will better enable a flexible, confident and competent workforce with relevant and appropriate qualifications.

- To develop a professional framework for practice in social care and social work, including in advanced practice. This work will take into consideration:

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[37] Practice Teaching and Practice Learning in the West of Scotland, Learning Network West, July 2017.

- o the national qualification structure of the Scottish Credit and Qualifications Framework (SCQF);
- o the recent Review of Social Work Education;
- o work in progress to support the workforce in implementing the new Health and Social Care Standards.

CHAPTER 6 - CONCLUSIONS AND NEXT STEPS

109.   The recommendations developed in this document by Scottish Government, COSLA and partners, and agreed by Scottish Government and COSLA, are intended to initiate seven workstreams. An early priority for these workstreams will be agreement on who will lead each area of work and how each will be resourced.

110.   Delivery of the recommendations and further work to improve approaches to workforce planning will require engagement between the Scottish Government, COSLA, SSSC, Care Inspectorate, IJBs, NES and other key partners and stakeholders, with particular partners expected to play a stronger role in some of the recommendations. Work with key partners to develop specific actions and timetables under each workstream will take place over the first half of 2018.

111.   The National Workforce Planning Group established under Part 1 of this Workforce Plan, is expected to play a role in monitoring progress and as a vehicle for engagement of many of the key partners. This Group will also provide a forum to ensure linkages are made across the different parts of the Plan and that progress is made under the three parts of the Plan, towards the first iteration of a single joint Plan across the health and social care workforce, during 2018.

ANNEX A

The social services workforce – additional detail

Information in this annex is largely derived from the Scottish Social Service Sector: Report on 2016 Workforce Data (SSSC), except where otherwise referenced.

The workforce in adult social services

112.   Approximately 70% of the total workforce works in adult social services. The majority of workers in the adult social services subsector provide care at home/housing support services or work in care homes and are employed in over 3,000 different registered services.

- 68,970 people work in care at home/housing support
- 53,680 people work in care homes for adults
- 7,780 people work in adult day care
- 7,350 people work in fieldwork services that are for adults or are generic. 2232 of these are social workers, while 543 are occupational therapists
- 2,400 people work in nurse agencies.

Care homes and care at home services

113.   Independent sector service providers employ nearly half of the workforce in care at home/housing support[38] and care homes. However these two subsectors differ in their patterns of employment and in how they are changing.

114.   Nearly three quarters of the workforce in care homes is employed in the independent sector, with 16% employed in the third sector. The numbers employed in care homes have fallen slightly since 2008 with a small shift in employment towards the independent sector (up 4%). Over this period there has also been a small fall in care home places (down 3.6% from 2008-2016) and similar falls (down 3%) in the number of adults in care homes[39].

115.   Nearly one half (46%) of the workforce delivering care at home/housing support services is employed in the third sector, with 30% employed in the independent sector. The numbers employed in care at home/housing support services have increased by 9.2% since 2008, with a shift in employment pattern from the public sector (12% drop), largely to the independent sector (9% increase).

116.   It is not possible to determine the reasons for changes in workforce numbers in care homes and care at home/housing support with certainty, in part as they may be affected by changes in work patterns. However, it could be interpreted that the trends are consistent with changes in health and social care priorities, with an

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[38] Care at home/housing support services include housing support services, care at home services and combined services Many housing support and care at home services register jointly with the Care Inspectorate and so are presented in the SSSC Workforce Data Reports and in this document as a combined sub-sector.
[39] Care Home Census for Adults in Scotland, 2006-2016, (National Statistics) Information Services Division, NHS National Services Scotland, 25 October 2016.

increased emphasis on providing care in settings appropriate to individual needs, in particular increasing care provision at home or in a homely setting.

117.   Official statistics covering the workforce providing adult social care do not include personal assistants. These are in the main employed directly by users of services who have chosen Self-directed Support, option 1[40]. While the numbers cannot be estimated with certainty, they are likely to have increased substantially in recent years, as uptake of option 1 has expanded.

The workforce in children's social services

118.   Approximately 28% of the total workforce works in children's social services. Due to the proposed expansion of early learning and childcare and the current focus on this area, this workforce is not considered further in this document. Within the remainder of this sector:

- 7, 680 people work in residential childcare.
- 7,750 people work in fieldwork services that are for children or are generic. 3,124 of these are social workers[41].
- 1,420 people work in fostering or adoption services (not including foster or adoptive parents).

119.   The third and public sectors play the major part in provision of these children's services. Residential child care services are provided by a mix of public, third and independent sectors, which employ 30%, 41% and 29% of the workforce respectively. For fostering and adoption services, the workforce is 58% public sector and 42% third sector. All fieldwork services for children are provided by the public sector.

120.   Workforce numbers in these children's services have increased overall by about 8% between 2008 and 2016[42].

The workforce in offender services

Services for offenders include offender fieldwork services and offender accommodation[43]. The size of this workforce in 2016 was 2050, and this has fallen slightly overall since 2008 (by 1.4%).

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[40] Self-directed Support option 1 is a direct payment to a supported person. The supported person, either on their own or with support, can then purchase the support that they wish to order to meet their personal outcomes (For further details see www.selfdirectedsupportscotland.org.uk)

[41] Note that the number of workers in generic field work services is included here under both children's and adults social services – for total figures, please see Scottish Social Service Sector: Report on 2016 Workforce Data (Official Statistics) Scottish Social Services Council, 14 September 2017.

[42] Numbers providing generic fieldwork services have been excluded from this calculation.

[43] The workforce in generic fieldwork services has not been included in these figures.