



Action⁴skills

The Social Care Sector





Action⁴skills

Targeting the sectors
vital to Hertfordshire's
economy



Executive Summary

Key statistics

	Social care	All Herts
Business base		
No. of business establishments	800	49,200
Micro-businesses (<10 employees)	500	42,600
% business base	57%	87%
% employment	15%	22%
Workforce		
Total workforce	16,900	549,500
Employees	15,500	487,600
Self-employed as % workforce	7%	13%
Part-time employment	59%	34%
Female employment	87%	50%
Workforce aged under 25	11%	14%
Workforce aged 55 or over	20%	16%
Workforce dynamics		
Employment change 1998-2002	-500	-
% Employment change	-3%	-2%
Forecast change 2004-2013	+1,000	-
% Forecast change	+6%	+9%
Labour turnover p.a. (approx)	15%	N.A
% workforce in FT education 1yr ago	2%	3%
Workforce skills		
Workforce with no qualifications	2,200	-
	13%	11%
Low skilled workforce (≤ level 1)	6,100	-
	36%	25%
High skilled workforce (level 4+)	3,700	-
	22%	26%
Workforce training in previous 13 wks	7,600	-
	45%	27%
Skill needs		
Employers wt. hard-to-fill vacancies	50	-
% business base	14%	8%
Employers wt. skill gaps in workforce	300	-
% business base	33%	23%

Note: For definitions and sources see main report

Key messages

- Whilst the social care sector is not one of the largest employment sectors in Hertfordshire, recent legislation and industry standards have meant a significant demand for LSC funded training.
- Taking into account forecasted employment growth and the pattern of workers entering the sector from full-time education, around 500 skilled new entrants to the workforce are required each year to 2013.
- Around 50% (8,400) of the sector's workforce are personal service workers (e.g. care assistants) and LSC funded provision will be central to the supply of skilled new workers in these occupations.

- The sector is dominated by female employment, the majority of whom work part-time. The appeal of the sector to women could be its flexibility, allowing them to continue with their own family commitments as well as work. Learning provision should reflect this requirement in flexibility.
- There is also an under representation of young people in the workforce.
- Social care workers in Hertfordshire have a higher proportion of low skill levels than all industries in the area (36% or 6,100 compared with 25%).
- Skills gaps are common in personal service occupations and there is a particular need to ensure that workers in these occupations improve their communication skills.
- There are signs that a significant proportion of Hertfordshire care sector employers will not meet the National Minimum Standards for qualified carers or care managers in the time period specified by the Care Standards Act.
- It is estimated that a further 1,185 social care and private and voluntary health care employees still need to gain an NVQ Level 2 in care and 396 managers still need to obtain NVQ Level 4 by 2005.
- Social care is in a period of transition to remove the barriers between social care and healthcare and encourage collaboration between the sectors. This will have implications on the development of learning provision within the sector.

Conclusions and recommendations

This paper outlines four workforce development priorities for the social care sector and makes a number of suggestions for stakeholders to consider:

1. Meeting National Minimum Standards

- Review the capacity of providers to meet the unmet demand in the next 1–3 years.
- Assess how the standards are affecting wider workforce development issues (e.g. recruitment) and what the other priorities for the sector should be.

2. Improving recruitment and retention

- Encourage more men to consider a career in social care and seek to review the success of national projects exploring this.
- Improve the recruitment of both young people and women returners.
- Manage with partners the induction and conversion skills training needs that overseas recruitment activity requires.
- Work with partners to improve the image of the sector and recognise that for many social care sector workers, job satisfaction and interest are more important motivators than remuneration.

3. Providing career paths for carers

- Work with sector employers to identify clear career progression routes and to ensure that they are fully supported by the training offer.

4. Improving business and people management skills

- Review the management learning provision offer for the sector and ensure that it meets both business management needs and care management standards.

1.0 Introduction

This paper is one of a series that outlines the workforce dynamics and skills and training issues in key sectors in the Hertfordshire economy.

The series sets out:

- The demographics of the workforce in each sector
- The skills and qualifications profile of the workforce
- The likely demand for and supply of new skills and workers, now and in the future
- The local business drivers.

Where possible local data has been used for the analysis. However, where local data was unavailable, inferences have been made from regional and national data to provide a best estimate of local workforce dynamics. Unless otherwise indicated, figures are for Hertfordshire.

The nature of the social care industry is that it has significant overlaps with many other public service sectors, including health, education and public administration. However, statistics for the sections of these industries that might be considered to be social care (such as NHS nursing homes, nursery care in schools etc) cannot be clearly identified in official statistics.

For the purpose of this paper, the social care sector therefore includes residential care, (including residential care for children, adults and nursing homes) and day care and social work (including working with young people and their families, working with people with disabilities, counselling, child day-care and adoption activities). A formal definition of the sector is included in Annex I.



Key drivers of change

Whilst the majority of social care provision is delivered in the private sector, much is funded directly and indirectly by public subsidy and public policy remains a key driving force behind future workforce development needs. A National Care Standards Commission was set up on 1st April 2002, to which both institutions and staff are required to register (social workers are also required to register with the General Social Care Council). The commission has set a range of minimum standards for qualifications, skills and training levels.

The National Minimum Standards for Care were produced to aid in the implementation of the Care Standards Act (2000). Key Minimum Standards for the sector include a requirement that 50% of care staff are qualified to NVQ Level 2 in care by 2005 and that all care managers are qualified to a minimum of NVQ Level 4 in management by 2005.

Nationally the Government have launched the 'Sure Start' programme, which aims to improve the health and well being of families and children under 4. The programme aims to:

- Provide free part-time early education for 3–4 year olds
- Ensure that there are at least 250,000 new childcare places by March 2006 (estimated that a further 175–180,000 new child care workers will need to be recruited)
- Improve the quality of childcare provision
- Establish childcare centres where they are needed, offering early education, childcare, health and family support.

Furthermore the Children's Bill¹ will be a big driver of change for children's services. The Bill proposes a legislative framework for developing more 'effective and accessible' services for children, young people and their families. The proposed policies include the development of an integrated inspection framework, improved information sharing and the appointment of a Director of Children's Services in local authorities and an independent Children's Commissioner for England.

In the July 2004 spending review the Government also announced further funding for childcare services for working parents and outlined its long term aim to provide a children's centre and a primary school offering guaranteed 8am to 6pm childcare in every community².

All of which will have implications on employment and skills levels within the social care sector. At a local level there are a number of plans and initiatives to develop the sector and support recruitment and retention of the social care workforce. The Hertfordshire Adult Care Services Plan 2003/04 identifies that a number of developments are underway with regard to the care service offered to older people, including increases in

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care home and home care capacity, development of alternatives to inappropriate hospital and care home admissions and the development of home support³.

In addition the Plan outlines that the County Council's social care activities are currently rated as '2 star', with both adult and child services deemed as '*servicing most people well*' and have '*promising*' to '*excellent*' prospects for improvement.⁴ The council identifies that higher ratings imply more freedom in spending government 'financial packages' and grants.

The health and social care sector is also a National LSC priority and has been given special attention in the East of England Adult Skills Pilot⁵. It identifies a number of future priorities for the sector including:

- Develop access and introductory care courses
- Develop a regional structure for strategic health and social care activity (currently no regional approach to the sector)
- Improving the sector image to retain staff
- Provide flexible and responsive modules of learning and access to qualifications
- Establish career structures that are valued by employers and employees
- Allocate financial resources to meet skills training demand
- Develop Centres of Vocational Excellence
- Develop a Care Skills for Life Toolkit.

The Hertfordshire County Council Best Value Performance Plan⁶ identifies difficulties in retaining 'key workers', highlighting that Hertfordshire has a lack of affordable housing. In response the Government has allocated £2.5 million to support 80 key workers (including care workers) over the next three years as part of the affordable housing scheme. More long term strategies are being developed locally with the assistance of district councils and key worker employers.

Workforce development priorities

The social care sector suffers from an image of relatively poor pay and status, for example nationally full-time social workers' pay is amongst the lowest in 'professional occupations' (only librarians and the clergy earn less)⁷. This image is further enhanced with a lack of knowledge amongst the working population as to what the roles and responsibilities of social care workers are.

Within Hertfordshire the sector is heavily reliant on female workers and an ageing workforce. It therefore remains important that competent young people and other under-represented groups are attracted to the sector. However, initiatives to engage such groups should bear in mind Hertfordshire's close proximity to London. Many employers within the local area report problems with the retention of staff

(particularly amongst social workers, residential and home care workers) due to higher wage rates available within the capital⁸.

The immediate workforce development priority for many individual businesses in the social care sector is ensuring that they meet the requirements of the National Minimum Standards by 2005 (or in some cases 2008). Despite the introduction of the National Minimum Standards, the overall skills levels of the social care workforce are still relatively low and skills gaps remain an issue, particularly within personal service occupations.

This paper suggests that the most pressing issues for the LSC, employers and stakeholders in the Hertfordshire social care sector over the next 3–5 years will be:

1. Meeting National Minimum Standards
2. Improving retention and recruitment
3. Providing clearer career paths for carers
4. Improving business and people management skills.

These issues are looked at in more detail in the Conclusions and Recommendations Section on page 18.

¹ Every Child Matters: The next steps. DfES 2004.

² HM Treasury. Annual Spending Review, July 2004.

³ The Adult Care Services Plan 2003/04.

⁴ The star rating system is based on a range of evidence including inspections, performance indicators, service reviews and future plans. Services are placed into 4 categories based on whether they serve people well and their future prospects for improvement (awarded a star rating between 0 and 3).

⁵ Funding Adult Learning and Skills in the East of England: Final Draft Delivery Plan. October 2003.

⁶ Best Value Performance Plan 2003/04, Hertfordshire County Council.

⁷ The State of the Social Care Workforce in England, The first workforce intelligence annual report, November 2003.

⁸ Best Value Performance Plan 2003/04, Hertfordshire County Council.

Figure 1.1

Social care workforce dynamics – SWOT analysis

Strengths

- Introduction of the National Care Standards to improve the quality and skills of care staff and managers.
- The development of the Sector Skills Council for social care.
- Oaklands College receiving CoVE status for caring courses, including care assistants, residential home managers, childminders and class room assistants.

Weaknesses

- Relatively poor pay in some occupations and lack of career pathways.
- Social care sector has received a great deal of poor media coverage.
- Relatively low skills profile in the sector, particularly within the residential care sub-sector.

Opportunities

- Prioritisation of health and social care as one of the key industries for support in the East of England Adult Skills Pilot.
- Reforms to apprenticeship offer that will give young people (from the age of 14) 'tasters' of working in the sector and potentially offer a new route into the sector for those aged over 25.
- East of England highlighted as a key area for the key worker living initiative helping to keep skills in key services within the region.
- Possible recruitment of skilled workers from European Union accession countries.
- High levels of engagement with the sector through learning provision to meet National Minimum Standards.

Threats

- An ageing workforce.
- Significant number of small businesses that are often more difficult to engage in a learning culture above and beyond legislative requirements.
- Proximity to London and higher wage opportunities for low and intermediate skilled staff.

2.0 Social Care in the Hertfordshire economy

This section looks at the relative importance of the social care sector in terms of employment in Hertfordshire and its 10 districts, and outlines the nature of the sectors employees.

Key messages

- Even though the social care sector is not one of the largest in the Hertfordshire economy it remains important in terms of skills due to the need to comply with legislation and industry standards.
- The highest concentration of social care employment is in St Albans, Watford, East and North Hertfordshire.
- The majority of social care establishments are 'micro or small businesses' that are notoriously difficult to engage in learning.
- The statutory need for training of staff as outlined in the National Standards will have an impact on the training of workers in these businesses.

In terms of employment, the Annual Business Inquiry (ABI) suggests that there are around 800 social care establishments in Hertfordshire, employing approximately 15,500 employees. The social care sector accounts for just over 3% of the total workforce in Hertfordshire. This is slightly below the proportion employed in the sector nationally (4%).

It should be noted that the ABI (and many other labour market information data sources) do not include self-employed people. The Labour Force Survey (LFS), which does include self-employed people, suggests that there are around 1,300 self-employed people working in social care within Hertfordshire (7% of the total workforce).

Figure 2.1 shows that social care generally accounts for between 2 and 4% of total employment in each of the ten local districts.

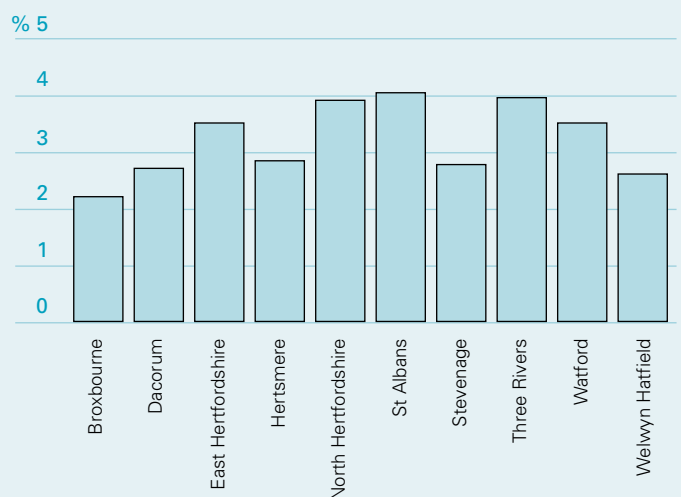
As shown in Figure 2.2, numerically St Albans has the highest number of social care employees, while Broxbourne has the least. Dacorum has the highest number of social care business establishments. St Albans has the highest concentration of social care employment, with a location quotient (LQ) of 1.25, followed closely by Three Rivers (1.24)⁹ and Broxbourne has the lowest.

The majority of social care establishments in Hertfordshire are small. Around 57% (480 employers) are 'micro-businesses', employing between 1 and 10 people. Nevertheless this is below the average for all industries (87%). Furthermore these

⁹ Location Quotients indicate the relative strength of the sector in the district. An LQ of more than 1 signifies that a district has a higher concentration of employment in the sector relative to Hertfordshire as a whole. An LQ of less than 1 indicates a lower concentration.

Figure 2.1

Social care employment as a proportion of total employment



Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

establishments only account for around 2,400 or 15% of the sector workforce (compared with 22% for all industries). However, this is in line with the regional and national levels for the sector (both 15%).

There are around 280 (34%) establishments in Hertfordshire that employ between 11 and 49 people. These establishments account for the majority of the workforce (42%, 6,600); however this is below the level in all industries in the region (47%), and in the sector in Great Britain (51%).

Despite accounting for only 9% of business establishments, medium sized businesses (50–199 employees) still account for around 6,100 (39%) of the sector's employees. This is higher than both the regional and national level (30% and 27% respectively).

The Standard Industrial Classification (SIC) used in national statistics divides social care into two sub-sectors; day care and social work (e.g. day care) and residential care (e.g. care homes). See Annex 1 for a more detailed definition.

Around 9,800 social care employees (63%,) work in residential care. The remaining 5,800 (37%) employees work in day care and social work.

As shown in Figure 2.3, sub-sector employment is in line with the Hertfordshire average across many of the districts. Nevertheless, both Three Rivers and Watford have a higher than average proportion of employees working in the residential care sub-sector (around 813 employees or 78% and around 1470 employees or 72%). In comparison the day care and social work sub-sector accounts for a significant proportion of the sector workforce in Dacorum (around 874 employees or 51%) and Welwyn Hatfield (around 711 employees or 45%).

Figure 2.2

Social care employees and business establishments – district areas

District	Establishment	Employees	% of sector	LQ
Broxbourne	39	702	5	0.69
Dacorum	139	1,708	11	0.84
East Herts	80	1,960	13	1.08
Hertsmere	69	1,303	8	0.89
North Herts	111	1,928	12	1.22
St Albans	113	2,201	14	1.25
Stevenage	69	1,100	7	0.86
Three Rivers	69	1,043	7	1.24
Watford	76	2,032	13	1.1
Welwyn Hatfield	74	1,584	10	0.82
Total	839	15,561	100	

Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

Figure 2.3

Employment by sub-sector – district areas

	Employees in residential care	% of employees	Employees in day care and social work	% of employees
Broxbourne	434	62	268	38
Dacorum	834	49	874	51
East Herts	1,252	64	709	36
Hertsmere	836	64	467	36
North Herts	1,158	60	770	40
St Albans	1,445	66	757	34
Stevenage	667	61	433	39
Three Rivers	813	78	230	22
Watford	1,470	72	563	28
Welwyn Hatfield	874	55	711	45
Total	9,781	63	5,781	37

Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

3.0 The Current Workforce

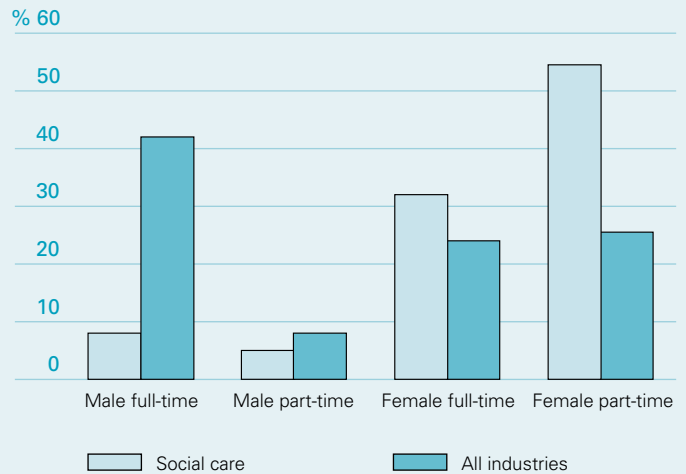
This section profiles the current workforce and typical employment opportunities in the sector. It also looks at the current supply and demand for skills in the social care sector.

Key messages

- Around 50% (8,400) of the sector's workforce are personal service workers and LSC funded provision will be central to the supply of skilled new workers in these occupations.
- The sector continues to be dominated by female workers, the majority of whom work part-time. The appeal of the sector to women could be its flexibility, allowing them to continue with their own family commitments as well as work.
- Learning provision should reflect this flexibility, enhancing the work/life balance.
- Social care workers in Hertfordshire have a higher proportion of low skill levels than all industries in the area.
- Skills gaps in the existing workforce are most important in personal service occupations and there is a need to ensure that workers in these occupations continue to update their skills.
- Over 80% of the sector's workforce is in occupations where there is significant employment in other sectors. Cross sector approaches would be particularly useful for these occupations, particularly with the health care sector.
- Whilst official statistics can only provide limited information, there are signs that a significant proportion of Hertfordshire care sector employers will not meet the National Minimum Standards for qualified carers or care managers in the time period specified by the Care Standards Act.
- It is estimated that a further 1,185 social care and private and voluntary health care employees still need to gain an NVQ Level 2 in Care and 396 managers still need to obtain NVQ Level 4 by 2005.

Figure 3.1

Gender and employment status



Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

Figure 3.2

Gender and employment status of social care workers – district areas

District Area	Male full-time (%)	Male part-time (%)	Female full-time (%)	Female part-time (%)
Broxbourne	7	6	28	59
Dacorum	6	5	30	59
East Herts	9	4	36	50
Hertsmere	7	5	36	53
North Herts	7	5	31	58
St Albans	9	5	35	51
Stevenage	9	4	37	50
Three Rivers	7	5	29	59
Watford	9	6	32	53
Welwyn Hatfield	7	5	31	57

Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

Demographics of the sector

The social care sector is heavily reliant on female labour. Around 87% (13,600) of social care workers in Hertfordshire are women, compared with approximately 50% in all industries.

Around 9,300 (59%) of social care employees work part-time, compared with around 34% for all industries. Around 92% of those employed on part-time contracts are women.

Male employees are slightly more common in the residential care sub-sector, accounting for 14% of the workforce (1,300 compared with 12% or around 700 employees in the day care and social work sub-sector).

Figure 3.2 shows that the employment structure of the sector is broadly similar across each district (female part-time workers accounting for the largest proportion of workers). However, female full-time workers are more common in the district areas of Stevenage (37%), East Hertfordshire (36%) and Hertsmere (36%).

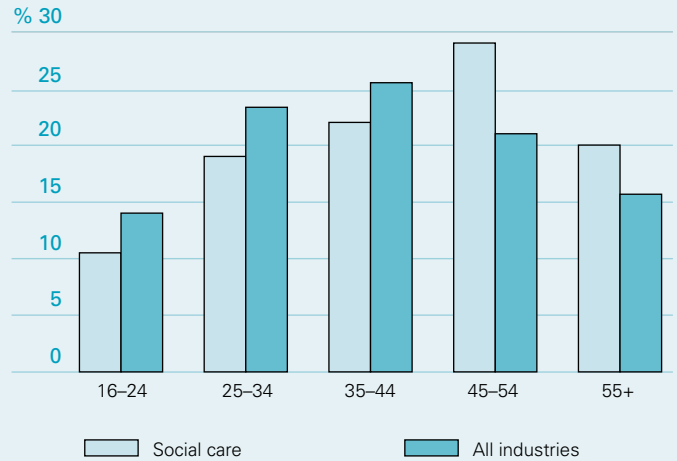
At national level, employees from ethnic minority communities account for 13% of employment in the sector, compared with 15% in all industries. Census 2001 data reveals that there is a smaller proportion of people from ethnic minority backgrounds in Hertfordshire than in England and Wales as a whole. We estimate that there are around 1,400 social care employees in Hertfordshire from ethnic minority backgrounds (between 8 and 9% of the overall workforce).

Figure 3.3 suggests that the social care workforce has an older age profile than the workforce as a whole. Currently, almost half (49%, or around 8,200) of the sector's workforce is aged over 45, compared with 37% for all industries. It is likely that this reflects both recent recruitment problems and an historical tendency for the sector to be viewed as a route into employment for women returners to the labour market. Anecdotal evidence suggests that young people are not encouraged to join the sector until they are 21, by which time they are already engaged in something else.

The overall figures conceal significant differences between the age profiles of the two social care sub-sectors. Figure 3.4 shows that the older workforce is particularly significant in the day care and social work sub-sector (78% or around 7,200 are over 35).

Figure 3.3

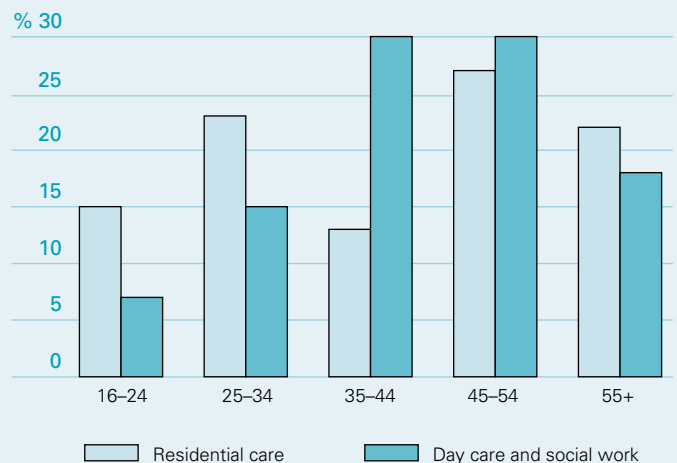
Age breakdown of the sector – Hertfordshire



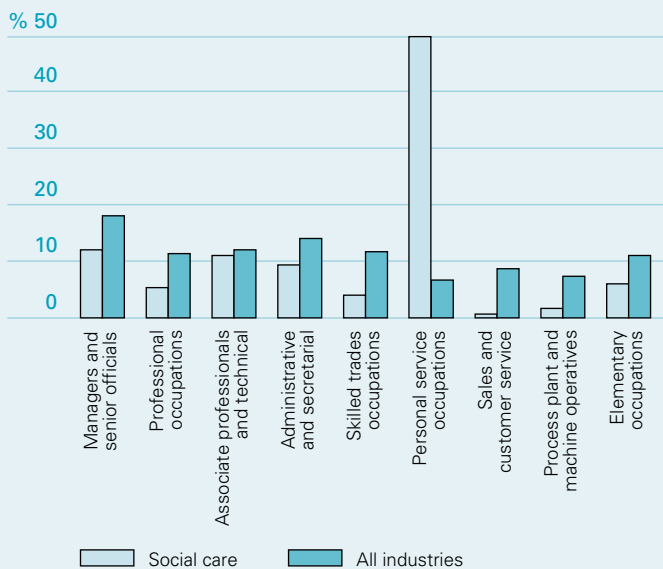
Source: ONS Labour Force Survey, Spring 2003. Inferred data
Note: Figures include the self-employed

Figure 3.4

Age breakdown by sub-sector – Hertfordshire



Source: ONS Labour Force Survey, Spring 2003. Inferred data
Note: Figures include the self-employed

Figure 3.5**Broad occupational breakdown – Hertfordshire**

Source: ONS Labour Force Survey, Spring 2003. Inferred data
 Note: Figures include the self-employed

Interestingly the proportion of 35–44 year olds is significantly higher in the day care and social work sub-sector and exceeds the average for all industries (30% compared with 26%). The particularly low proportion of workers in this age group in the residential care sub-sector (13%) suggests that the overall problems with this age cohort lie in this sub-sector.

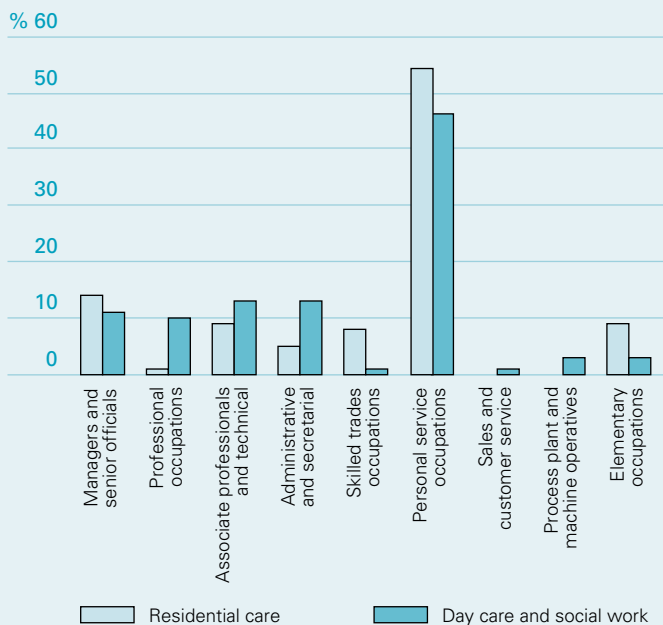
Occupational analysis

Figure 3.5 shows the broad occupational breakdown of employment in the sector. Around half (8,400) of all social care jobs are in personal services occupations, a far greater proportion than is found in all industries (6%). All other occupations account for a lower proportion of workers than in the economy as a whole.

Around 13% of social care employees (2,100) work as managers and senior officials and 11% work as associate professionals (1,900).

The majority (79%) of the self-employed in the sector are also most likely to work in personal service occupations (e.g. carers). However, it should be noted that even in these occupations, the self-employed represent just 10% of the workforce. 12% of the self-employed are managers and senior officials. The self-employed are much less likely to work in ancillary roles (e.g. administration or elementary occupations).

Figure 3.6 reveals that these overall figures again conceal variations between the sub-sectors. Not surprisingly managers are more commonly found in the residential care sub-sector (14% compared with 11% for day care and social work). While

Figure 3.6**Broad occupational breakdown by sub-sector – Hertfordshire**

Source: ONS Labour Force Survey, Spring 2003. Inferred data
 Note: Figures include the self-employed

Figure 3.7**Employment in specialist occupations – social care**

Code	Occupation	% of sector's employment	Estimated jobs in Herts
6122	Childminders and related occupations	6.9	1,200
1185	Residential managers and day care managers	4.8	800
2442	Social workers	3.9	700
-	Other sector specific occupations	0.8	100
-	Total sector specific	16.4	2,800

Source: ONS Labour Force Survey, Spring 2003. Inferred data.
 Note: Figures include the self-employed

within the day care and social work sub-sector professional occupations, associate professionals and technical and administrative and secretarial occupations are important.

Interestingly, men are most commonly found in personal service occupations (34% or around 900 people) and managerial or senior official roles (23% or 600 people). Indeed, males working in social care are more likely to be managers than females working in the sector (23% compared with 11%).

Figure 3.7 shows that around 2,800 jobs (16.4% of employment) in the social care sector are in "sector specific" occupations. These are occupations where over two thirds of employment is in the sector. The concentration of workers in these occupations would suggest that sector-based initiatives would be most appropriate to develop the skills of these workers.

Childminders and related occupations account for 1,200 jobs, the greatest proportion of the specialist occupations (7%). Other significant specialist occupations include residential and day care managers (5%) and social workers (4%).

However, Figure 3.8 reveals that the majority of workers in the sector are in the occupations that are not specific to social care (accounting for over 14,100 jobs, over 80% of the industry's workforce). This highlights that occupational approaches to workforce development will be particularly important to the sector. Cross-sector workforce development initiatives, particularly in conjunction with the health and education sector, may be more appropriate for these occupations.

Care assistants and home carers form a significant proportion of

the sector's workforce (around 31%, 5,300 jobs). Whilst, care assistants and home care workers are employed in other sectors it is worth noting that just under two thirds of people working in this occupational group work in social care, a further 20% work within the health sector.

Skills and qualification issues

The analysis of skills in this paper uses qualifications as a proxy measure for skill level. Whilst this is not ideal, qualifications are the best measure available. Three broad skill levels are:

Low skill (NVQ 1 or less including those with no qualifications). Common skills requirements for these jobs at this level include basic literacy, numeracy and IT skills and a range of generic skills.

Intermediate skill (NVQ 2–3). Skill requirements in these occupations are often vocational or technical in nature. They may also require higher level generic skills including analytical and problem solving abilities.

High skill (NVQ 4+). These skills are important in managerial and professional and associate professional roles. They are sometimes technical in nature but usually require high level analytical, communication and people management skills.

The Hertfordshire LSC Annual Plan 2004–05 highlights that overall the working population of Hertfordshire have the highest skills levels within the East of England.

Figure 3.9 shows that the skill levels of the social care workforce vary from the Hertfordshire economy as a whole. Over a third (6,100) of social care workers have low skill levels

Figure 3.8

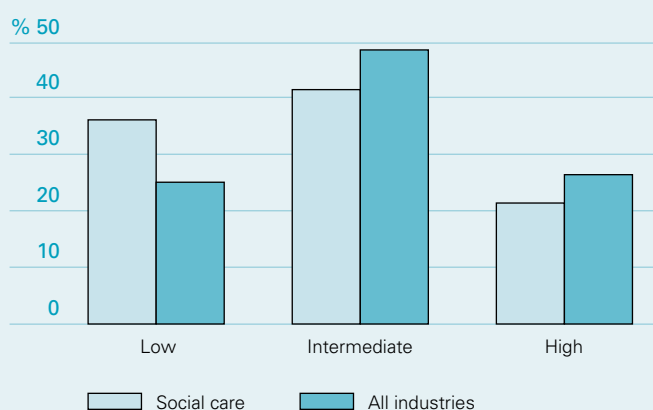
Employment in other significant occupations – social care

Code	Occupation	% of sector's employment	Estimated jobs in Herts
6115	Care assistants and home carers	31.4	5,300
5434	Chefs, cooks	3.9	700
6124	Educational assistants	3.9	700
3231	Youth and community workers	3.8	600
6121	Nursery nurses	3.7	600
3232	Housing and welfare officers	3.1	500
9233	Cleaners, domestics	3.1	500
6123	Playgroup leaders and assistants	2.7	500
4215	Personal assistants and other secretaries	2.1	400
4150	General office assistants or clerks	2.0	300
9223	Kitchen and catering assistants	2.0	300
1152	Office managers	1.5	300
3211	Nurses	1.4	200
4113	Local government clerical officers and assistants	1.4	200
4122	Accounts wages clerk, book-keeper	1.4	200
1239	Managers and prop. In other services NEC	1.2	200
4114	Officers non-government organisations	1.1	200
1184	Social services managers	1.0	200
–	All other occupations	12.6	2,100
–	Total non-sector specific	83.3	14,100

Source: ONS Labour Force Survey, Spring 2003. Inferred data.
Note: Figures include the self-employed

Figure 3.9

Skill levels – broad analysis – Hertfordshire



Source: ONS Labour Force Survey, Spring 2003. Inferred data
Note: Figures include the self-employed

(36%), a higher proportion than found in all industries (25%). Social care workers also have a lower proportion of intermediate and high skill levels than all industries.

Within the social care sector, around 13% of staff (2,200 people) have no qualifications compared with 11% in all industries. The proportion of the workforce with no qualifications gives an indication of the likely extent of basic skills issues within the sector.

When skill level is compared by sub-sectors, the residential care sub-sector has a significantly different skills profile. The sub-sector has a higher proportion of workers with low skill level (52%, around 4,100) than both day care and social work (23%, around 2,100) and all industries in Hertfordshire (25%). Furthermore, there are significantly fewer intermediate and high skilled workers in the sub-sector. Skill levels within the day care and social work sub-sector are broadly in line with that of all industries in Hertfordshire.

Skills shortages and gaps

The National Employer Skills Survey (NESS) offers some insight into the sector’s skills shortages (a lack of suitably skilled people in the labour market) and skills gaps (skills deficiencies in the existing workforce). It is important to note that the NESS does not include the self-employed or businesses with only one employee.

Skills shortages – recruitment difficulties

Figure 3.11 show that vacancies, hard-to-fill vacancies and skill shortage vacancies are more commonly reported by employers in the social care sector in the East of England than by employers in all industries in the region. Hard-to-fill vacancies are reported by around 14% of social care employers compared with 8% for all industries. Skill shortage vacancies are reported by around 4% of employers.

Skills gaps

The NESS also suggests that social care employers in the East of

England report significant skills gaps in their existing workforce. Reported skills gaps were more common in social care than in the regional economy as a whole. Around 33% of social care employers (around 300 business establishments) report skills gaps compared with 23% in all industries in the region.

Figure 3.12 shows that within the region consequences of skills gaps in the sector differ significantly from those experienced in all industries. Social care employers are more likely to report that skills gaps cause difficulties in meeting quality standards (55% compared with 39% for all industries) and cause difficulties in introducing new working practices (45% compared with 34%).

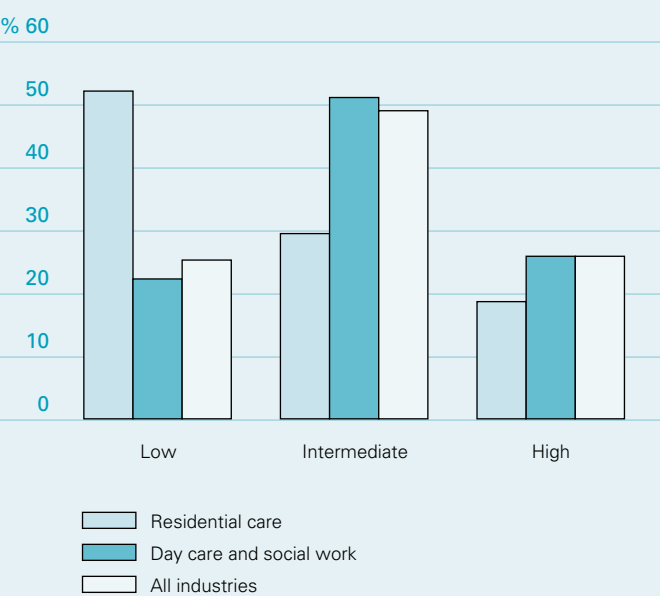
Furthermore, they are less likely to report that skills gaps cause difficulties in meeting customer service objectives (20% compared with 41%), delays in developing new products/services (10% compared with 23%) and a loss of business (13% compared with 25%). This suggests that employers see skill gaps more as a response to regulatory requirements than client or business development needs.

Figure 3.13 shows the profile of skills gaps by occupational group, highlighting the three largest occupational groups in the social care sector.

Together these three occupations account for around 81% of the skills gaps reported by employers in the social care sector. Around 59% of the skills gaps identified are related to personal service occupations. Skills gaps within this occupation are significantly more common than might be expected from the proportion of the workforce employed in the occupation (49%).

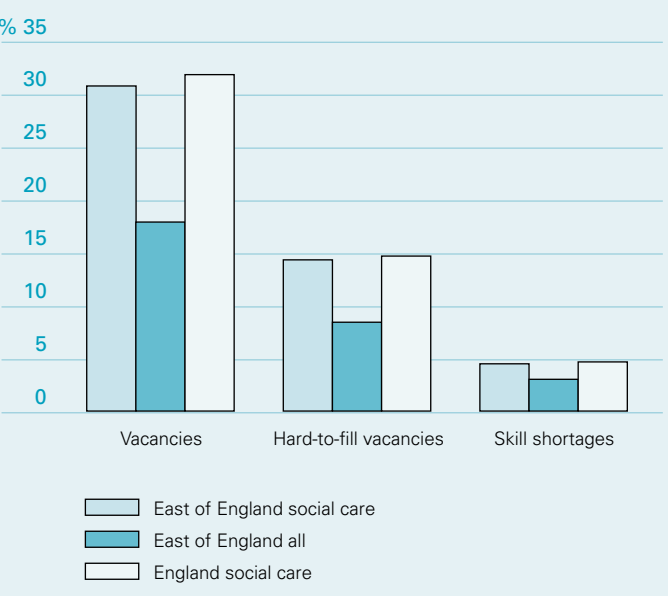
When asked about the skills that were lacking among managers who are not fully proficient in their role, social care employers were most likely to identify management skills (cited by 79% of employers with skills gaps for this occupation) and communication skills (65%) as the areas most in need of improvement. Communication skills also formed the most

Figure 3.10
Skill levels in sub-sectors – Hertfordshire



Source: ONS Labour Force Survey, 2003. Inferred data.
Note: Figures include the self-employed

Figure 3.11
Recruitment difficulties and skills shortages



Source: LSC National Employer Skills Survey, 2003. Inferred data.
Note: Figures do not include the self-employed or businesses with only one employee

common gap among associate professionals (70%) and employees in personal services occupations (68%).

However, it may not necessarily be the case that these are the most pressing skill gaps for the future development of the sector. With the introduction of the National Minimum Standards, employers have been focused on these occupations and have clearer intelligence to hand on their relative performance. However, it is commonly accepted that employers are not currently fully aware of the benefits that investing in skills can offer. Individual employers may not realise what skills would be required in order to ensure that their business functions as efficiently and effectively as the best performing organisations in their sector.

Meeting the National Minimum Standards

Nevertheless meeting the National Minimum Standards will be a challenge for some. The Care Standards Act requires:

- 50% of care staff in care homes for adults to hold an NVQ Level 2 in Care (or equivalent) by 2005.
- 50% of care staff giving home based or domiciliary care to hold an NVQ Level 2 in Care by 2008.
- 80% of care staff dealing with young people (up to 17 years) to hold an NVQ Level 3 in Caring for Children and Young People by 2005.
- All registered managers to hold an NVQ Level 4 (or equivalent) in a relevant area of management and in adult care homes a Level 4 qualification in Care by 2005.

The Act also specifies levels of induction training for new staff and time scales for new recruits to meet the Minimum Standards.

The Labour Force Survey reveals that in the spring of 2003 an estimated 51% of care assistants and home carers did possess a qualification at Level 2 or above. This might be taken to suggest that the Minimum Standards are close to being met.

However, the Labour Force Survey unfortunately does not describe the nature of the qualifications that people hold and the Minimum Standards clearly specify that the qualifications should be in care. In addition, it cannot clearly distinguish between carers working with children and adults.

Furthermore, there is some confusion as to whether the Standards are required of staff on the books of care organisations or staff on duty at any one time. One estimate suggests that if the requirement is for staff on duty, most organisations would need 70–75% (3,700–4,000) of their carers to be qualified to Level 2 in order to ensure compliance. Even if the majority of carers currently holding Level 2 qualifications do have relevant care qualifications, this would imply a need for a further 1,300 qualifications by next year.

Indeed, in a recent survey conducted by the LSC and partners, Hertfordshire care sector employers suggested that around 1,185 of their social care and private and voluntary healthcare employees still need to gain an NVQ Level 2 in Care by 2005.¹⁰ The survey also highlighted that smaller businesses are the most likely to be struggling to meet the Minimum Standards.

The Labour Force Survey also suggests that only 34% of residential and day care managers held a Level 4 qualification (of any kind) in the spring of 2003. It seems likely that a significant number of care businesses will fail to meet the deadlines for some Standards and it remains to be seen whether providers have the capacity to meet the demand in the short term.

Furthermore the LSC survey revealed that Hertfordshire employers anticipate the need for a further 396 managers to be qualified to NVQ Level 4 by 2005.

¹⁰ EKOS Consulting 2004. 'Addressing Skill Shortages in the Health and Social Care Sector in Bedfordshire and Hertfordshire.'

Figure 3.12

Consequences of skills gaps – East of England

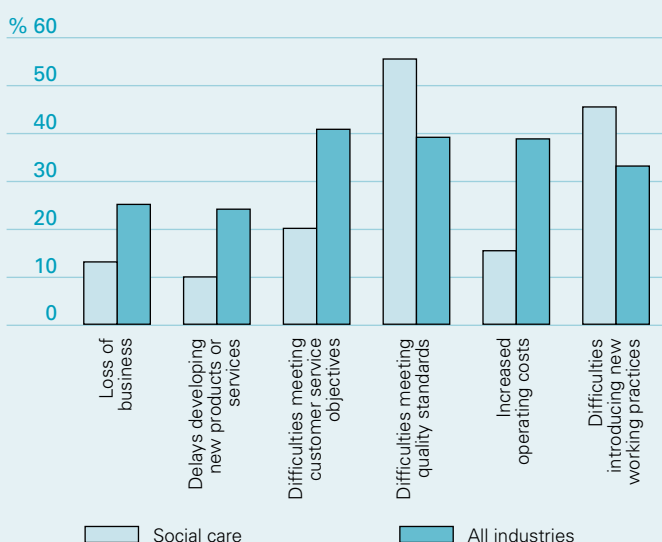


Figure 3.13

Profile of skills gaps by key occupational groups – social care (East of England)

	Manager/ senior officials	Associate professionals and technical	Personal service occupations
% of workforce with skills gaps	11%	11%	59%
% of workforce in occupation	12%	12%	49%

Source: LSC National Employer Skills Survey, 2003 (figures do not include the self-employed or businesses with only one employee) and ONS Labour Force Survey, Spring 2003 (figures include the self-employed)

4.0 Workforce Dynamics

This section looks at the changing nature of employment in the sector, the sector's training activity and the implications for learning provision.

Key messages

- The social care sector in Hertfordshire has seen significant fluctuations in employment growth in recent years, but is expected to grow steadily between 2004 and 2013, by around 6% or 1,000 jobs.
- Learning provision for the social care sector needs to both enable this growth and ensure a sustainable supply of skills.
- Growth has been centred in the residential care sub-sector, with day care and social work suffering a decline in employment.
- Annually the most significant demand for new entrants into the workforce comes from the need to replace those leaving the sector, or employment.
- National Care Standards have impacted on the amount of training arranged for those working in the sector. However, there is a significantly larger proportion of employers arranging training in the residential care sub-sector. There is a need for further investigation as to why training levels are lower in the day care and social work sub-sector.

Employment in social care in 2002 was at a lower level than in 1998, with an overall decrease of around 3% during this period, equalling a loss of around 500 jobs. However, this figure masks some large variations in employment change, with most years seeing a decline in employment, but 2001 saw an increase of over 32%. This growth can be largely attributed to the day care and social work sub-sector which grew by around 65% between 2000 and 2001. The reasons for this are unclear.

Figure 4.2 shows that there are significant variations between the two sub-sectors. The residential care sub-sector appears to have remained relatively stable over this period, showing small increases in employment annually whilst employment in day care and social work has shown some decline.¹¹

Overall the residential care sub-sector showed significant growth of around 2,200 jobs (29%), in comparison the day care and social work sub-sector decreased by around 32%, a loss of around 2,700 jobs.

Figure 4.3 shows that this trend is reflected across the majority of districts. The only exception is in Welwyn Hatfield where both sub-sectors have seen a significant decrease in employment growth. Within the residential care sub-sector the greatest levels of growth were experienced in Stevenage which saw an increase of around 400 jobs (148%). The reasons for this are unclear; it could be the relocation of a headquarters of a large care organisation.

Dacorum showed the lowest levels (-1.8%) of decline in employment growth in the day care and social work sub-sector.

¹¹ The 2001 figure for employment in the day care and social work should be seen as an outlier and treated with caution.

Figure 4.1

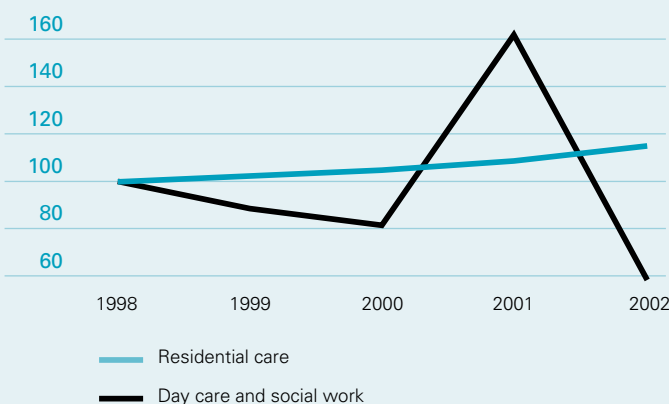
Annual employment change 1998–2002 – Hertfordshire

	1998	1999	2000	2001	2002
Employment	16,074	15,177	14,252	18,885	15,562
% change from previous year	-	-5.6%	-6.1%	+32.5%	-17.6%

Source: ONS Annual Business Inquiry 1998, 2002
Note: Figures do not include the self-employed

Figure 4.2

Annual employment change 1998–2002 by sub-sector – Hertfordshire



Source: ONS Annual Business Inquiry 1998, 2002
Note: Figures do not include the self-employed

Figure 4.3

Employment change 1998–2000 by sub-sector – district areas

	% Residential care	% Day care and social work
Broxbourne	35.8	-43.9
Dacorum	84.9	-1.8
East Hertfordshire	62.7	-39.3
Hertsmere	79.3	-40.3
North Hertfordshire	99.0	-13.2
St Albans	68.1	-47.9
Stevenage	147.7	-21.1
Three Rivers	73.5	-52.6
Watford	31.4	-22.9
Welwyn Hatfield	-61.3	-35.0
Total	29.4	-32.1

Source: ONS Annual Business Inquiry 1998, 2002.

*Numerical figures for employment have been suppressed to avoid the identification of individual businesses.

Note: Figures do not include the self-employed.

VAT registrations and de-registrations

VAT registrations and de-registrations also give an indication of sector growth and decline. Figure 4.4 shows VAT registrations and de-registrations as a percentage of business stocks at the end of the year.

VAT data is commonly published for the 'education' and 'health' sector combined. Therefore, the following statistics can only provide a broad idea about what is and has been happening in the social care sector.

De-registrations are lower for education and health than for all industries in Hertfordshire, while registrations are broadly in line with that of all industries.

Registrations account for a higher proportion of business stocks (10%) compared with de-registrations (8%). This suggests that the sector was relatively stable between the end of 2001 and the end of 2002.

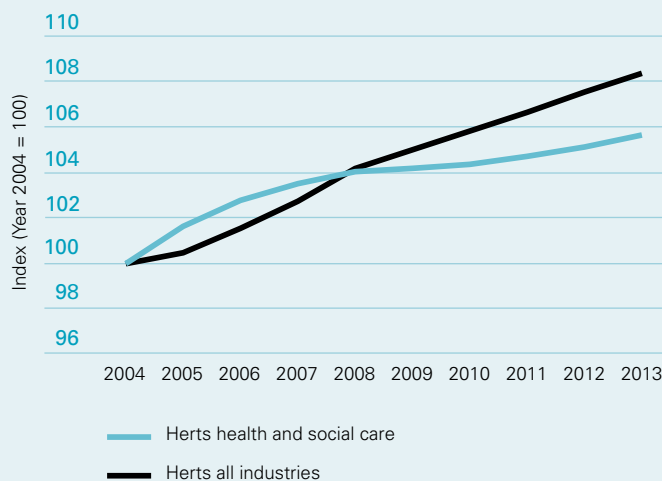
However, it should be borne in mind that VAT registrations and de-registrations provide only an indication of what is going on in the sector. As well as businesses opening or closing down, the measures also include firms moving above or below the threshold for payment of VAT, currently £58,000 p.a. They do not take account of businesses below the VAT threshold so very small businesses are not included.

Projected employment change

The data in Figures 4.5 and 4.6, relating to forecasted employment between 2004 and 2013, has been gathered from the Experian Business Strategies (EBS) forecasting model, which in this case groups and analyses both, 'health' and 'social

Figure 4.5

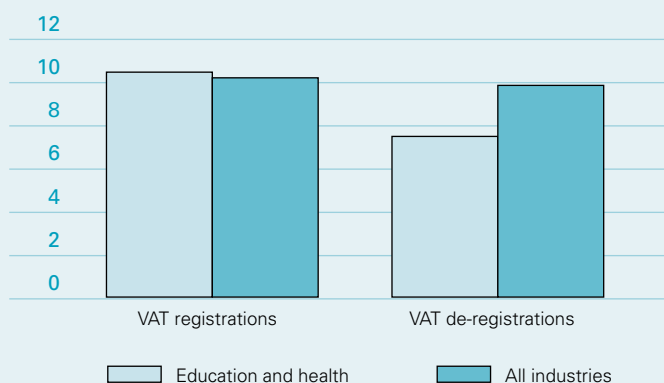
Forecast employment in health and social care 2004–2013



Source: Experian Business Strategies Forecasting Model, 2003.

Figure 4.4

VAT registrations and de-registrations 2001–2002 – Hertfordshire



Source: NOMIS, VAT registrations/de-registrations by industry, 2002.
Note: Figures do not include the self-employed

Figure 4.6

Forecast employment change by occupation (2004–2010) – health and social care (Hertfordshire)

Occupation (model categories)	% change in employment 2004–2010	Estimated Social Care jobs in Herts
Managers and senior officials	5%	98
Professional occupations	4%	38
Associate professional and technical occupations	5%	100
Administrative and secretarial occupations	4%	61
Skilled trades occupations	-3%	-22
Personal service occupations	6%	470
Sales and customer service occupations	14%	17
Process, plant and machine operatives (including bus and coach drivers and construction operatives)	50%	119
Elementary occupations	-9%	-83

Source: Experian Business Strategies forecasting model 2003, ONS Labour Force Survey Spring 2003. Inferred data.

care' as one industry. Therefore, the following statistics can only provide a broad idea about what is expected to happen in the social care sector.

The EBS model shows that between 2004 and 2013 health and social care employment within Hertfordshire is expected to increase by around 6% (around 1000 jobs). Figure 4.5 shows that the industry is due to fluctuate during that time, experiencing some periods of high growth, and some periods where growth will be slow.

In terms of social care, given that the residential care sub-sector has shown considerable growth between 1998 and 2002 (29%), it is likely that any future growth will continue in this area as opposed to the day care and social work sub-sector which has shown considerable decline (32%).

In contrast, employment within all industries across Hertfordshire will continue to grow at a significant and constant rate (around 9% between 2004 and 2013). This suggests that competition for new recruits will only increase.

Personal services occupations are projected to increase by around 6% between 2004 and 2013, if this growth is applied to the social care workforce this could equate to an increase of around 470 jobs. Significant increases are also expected in associate professional and technical occupations.

Employment flows

While projections suggest that new social care jobs will be created in Hertfordshire, the majority of annual demand for new staff in any sector is to address natural turnover in the labour market, where people leave their current job through retirement, sickness and job changes for example. Around 15% (approximately 2,600) of the social care workforce changes each year.

This figure relates to people either entering or leaving the sector and not just those individuals moving between jobs or sub-sectors. Therefore, turnover experienced by an individual social care employer may be even higher.

The majority of those leaving the sector, changed sectors (42%), while a further 40% left employment altogether, either through unemployment or due to other factors such as family commitments.

Fluctuations in employment may mean that trained or experienced social care workers find work in other sectors if their employer lays them off but return to social care at a later date.

The issue of an ageing workforce is once again highlighted, with around 19% or 500 of those leaving the workforce retiring.

Newly qualified staff

In 2003, around 350 workers joined the social care sector from full-time education. Across Hertfordshire around 8,741 individual learners signed up for health, social care and public services related courses in 2002/03, although only 1,087 of these were specifically on community and residential care courses. Nevertheless, it seems clear that many of these enrolments are likely to relate to the existing care sector workforce undertaking training as a result of the new national minimum qualification standards.

The broad types of social care related courses available from Further Education providers in Hertfordshire are outlined in Figure 4.8.

Around 80 people completed or left relevant Work Based Learning (WBL) programmes in 2003-2004. The majority were enrolled on Advanced Apprenticeships (59%). Around 20% were enrolled on NVQ Level 2 programmes and 18% on Foundation Apprenticeships. However, the level of NVQ achievement is relatively poor and improvements need to be made if this is to become a significant route for new entrants.

Recent announcements¹² on the development of Apprenticeships could increase the importance of this route into the sector and include proposals to:

¹² DfES Press Release 10 May 2004. 'New Apprenticeships will widen opportunity and boost business – Clarke'.

Figure 4.7

Inflow and outflow 2002/3 – social care

Inflow	%
Full-time education	14%
Changed sector	43%
Unemployment	15%
Other out of work (including family commitments etc.)	28%
Outflow	
Retirement	19%
Changed sector	42%
Unemployment	17%
Other out of work (including sickness, maternity etc.)	23%

Source: ONS Labour Force Survey Spring 2003. Inferred data.

Note: Figures have been inferred from regional LFS.

Figures include the self-employed.

Figure 4.8

FE social care provision – programme area

Programme area	Enrolments
Community and residential care	1,087
Other health and community care	397
Other health, social care and public service courses	7,257
Total	8,741

Source: LSC Hertfordshire. Individualised Learner Records

- Introduce 'Young Apprenticeships' to give more young people 'tasters' of vocational work and learning.
- Extend the programme to offer more places to those aged over 25.
- Improve the portability of programmes between employers.

Training levels in the current workforce

The proportion of the sector's workforce reporting that they had undertaken job-related training in the last three months is significantly higher than the level for all industries (45%, or 7,600 compared with 27% for all industries).

Figure 4.9 shows that the level of job-related training undertaken at low and intermediate skill levels is significantly higher than that found in all industries (42% and 51% compared with 15% and 26% for all industries).

The reasons for this are clearly linked to the National Minimum Care Standards.

Around 78% of social care employers in the East of England questioned as part of the 2003 National Employer Skills Survey (NESS) had funded or arranged training for their employees in the past 12 months, significantly higher than the proportion of employers in all industries (57%). The proportion of employers who had arranged training intended to lead to formal qualifications was also higher for social care (75% compared with 52% in all industries).

Figure 4.10 shows that there are significant differences between the two sub-sectors for levels of job-related training being arranged by employers. There is a particularly larger proportion of employers arranging training in the residential care sub-sector (98% compared with 64% in day care and social work). There is also a higher proportion of employers arranging training leading to a qualification in the residential care sub-sector (83% compared with 67%). This once again reflects the introduction of the National Care Standards.

Much of the training which employers fund is related to health and safety (89% reported that they had funded or arranged this

type of training). However, given the aims of the National Care Standards, it is not surprising that a significant proportion of employers arranged training for induction (83%), management (81%) or job specific skills (81%).

The most commonly reported barriers to developing and maintaining a skilled workforce are a lack of time for training (57%), a lack of cover for training (57%) and a lack of funding for training (46%).

Engaging SMEs in learning

Given the predominance of small and micro-business establishments in the social care sector, encouraging employers to train their staff is a key challenge. Encouraging SMEs to engage in workforce development is one of the key priorities of the Hertfordshire Business Link.

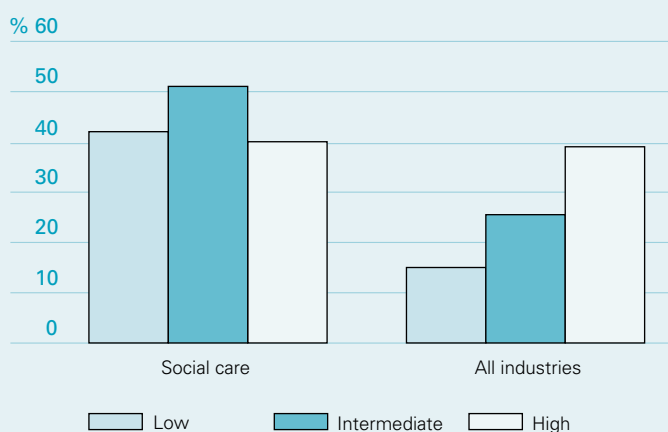
Business Link data suggests that in 2003/04, some 306 visits had been made to social care establishments by business advisors, over half (51%) of which were to businesses with between 10 and 49 employees.

However, relatively few social care employers have achieved or committed themselves to Investors in People (IiP). IiP is a national quality standard that sets out a level of good practice for the training and development of people to improve business performance. Data supplied by Business Link reveals that in 2003/4, 2 social care establishments in Hertfordshire became IiP recognised and a further 31 were working towards the standard.

Interestingly, whilst one of the criticisms of the IiP programme in the past has been that it is more tailored to large organisations, 8 of the 31 social care employers currently working towards the standard employ fewer than 10 people (and a further 19 employ fewer than 50). It will be important for any future evaluations of the scheme to investigate why some SMEs feel that the standard is appropriate to them and not others.

Figure 4.9

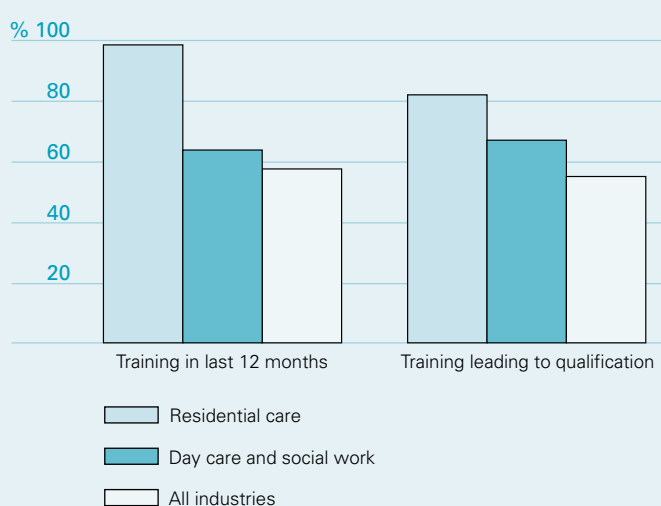
Those undertaking work-related learning in the past 13 weeks – Hertfordshire



Source: ONS Labour Force Survey, 2003. Inferred data.
Note: Figures include the self-employed

Figure 4.10

Establishment has funded job-related training in the past 12 months – East of England



Source: LSC National Employer Skills Survey, 2003. Inferred data.
Note: Figures do not include the self-employed or businesses with only one employee

5.0 Policy Dynamics

This section looks at the bodies active in the social care sector, their activities and their plans for the development of the sector. It also sets out the key issues and skills concerns for the sector that they have identified and the efforts they are making to try to address these issues.

Key messages

- Social care is in a period of transition to remove the barriers between social care and healthcare and encourage collaboration between the sectors. This will have implications on any development, planning and lifelong learning within the sector.
- The social care sector is currently represented by the Training Organisation for the Personal Social Services, who have submitted their bid to become the Sector Skills Council 'Skills for Care'.
- The National Minimum Standards (The Care Standards Act 2000) will continue to have implications on the future level of training undertaken by the social care workforce.
- Health and social care is one of the key sectors highlighted in the East of England Adult Skills Pilot.

Figure 5.1

Skills issues and priorities for action identified by Asset Skills

Objectives

- Reduce skills gaps within the sector
- Improve productivity, business and public service performance
- Increase the opportunities to boost the skills of everyone in the sector, whilst ensuring quality for all
- Improve the learning supply

Business goals

- Promote and raise the profile of employment and career opportunities within retailing
- Devise and champion tailored solutions to skills gaps in retail
- Devise and implement activities to increase participation and investment in learning by employers and individuals
- Assemble, maintain and disseminate information on changing skills needs within the sector.

Source: Skillsmart Annual Review 2002-3.

Changing working practices

Social care is going through a period of change, as its role is re-defined and transformed. The main aim of the transformation is to remove the barriers between social care and healthcare, to provide a user-centred approach with different services working together in collaboration.

Plans to join up health and social services lie at the heart of the Government's strategy to modernise the management and delivery of social care. Under the Health Act 1999, money can be pooled between health bodies and health-related local authority services, and resources and management structures can be integrated.

Workforce Development Confederations (WDC), set up in 2001, have a central role in the delivery of local Strategic Health Authority plans. WDCs bring together both NHS and non-NHS employers in an over-arching approach to development, planning and lifelong learning to ensure a joint approach to health and social care.

The Bedfordshire and Hertfordshire WDC work in partnership with the Department of Health, local education providers and community services.

Problems associated with the sector

The Training Organisation for the Personal Social Services (Topss) points out that the social care sector appeals to people because they can "make a real, positive difference to other people's lives". This "making a difference" has implications for job satisfaction and retention. Topss identifies two interconnected problems that social care suffers from:

- Poor image and low status brought about by poor media coverage, low pay, lack of career pathways and the nature of the work itself.
- A lack of understanding in the working population about what is involved in social care work.

The combined effect of these two problems is that the appealing and rewarding aspects of this sector are not as apparent as in other areas.

Job satisfaction is an integral part of how social care staff feel they are succeeding in "making a difference". When job satisfaction is high social care staff are less concerned about financial rewards and frustrations in the workplace. This results in lower staff turnover. With job satisfaction such an integral part of the social care sector, Topss recommends that actual levels of job satisfaction should be monitored and compared with measures of staff shortages such as vacancies and turnover rates.

Hertfordshire social care employers have to compete with higher rates of pay offered in London, which add to a general problem of recruitment in the sector, particularly amongst care assistants, support workers, catering staff and night shift workers¹³. Increasing pay to these occupations could help address difficulties with recruitment and retention.

Another factor facing the social care sector in Hertfordshire is the high cost of housing within the area. The NHS already

¹³ LSC 2004. Addressing the Skills Shortages in the Health and Social Care Sector in Bedfordshire and Hertfordshire – April 2004, EKOS Consulting.

offers incentives to help employees with the cost of buying their own home. The 'Herts Homebuy Scheme' is part of the Starter Home Initiative (SHI) which is cash help from the Government to make home buying easier for essential public sector workers in areas where house prices are particularly high. This scheme could be widened to include other social care workers.

Workforce development – national

In 2001 the Government announced plans to replace the existing network of National Training Organisations and replace them with a smaller number of Sector Skill Councils (SSC). The proposed Sector Skills Council (SSC) for the Social Care sector will be known as 'Skills for Care' and will be led by the Topss UK partnership (Topss England, the Care Council for Wales, the Scottish Social Services Council and the Northern Ireland Social Care Council).

The Topss UK partnership submitted their formal expression of interest to be licensed as the Sector Skills Council for Social Care in October 2003, and is currently in the developmental stage of forming the SSC. Recently, Topss have reported that there may be two SSCs for the social care sector, one focused on adults and the other on children and young people.¹⁴

The Care Standards Act (2000) outlined the minimum level of training for staff working in the social care sector. The Act led to the formation of two new regulatory bodies – the General Social Care Council (GSCC) and the National Care Standards Commission (NCSC).¹⁵ They aim to raise the profile and status of social care in England by filtering out incompetent practice. Their emphasis on training and personal development should also give a boost to staff, particularly if their employer has a poor record on staff development.

The GSCC Code of Practice was set up to describe standards of professional conduct for social care workers. This included the provision of relevant training and development.

In 2000 Topss England announced its 'Modernizing the Social Care Workforce' strategy. As part of the strategy, National Occupational Standards were developed by Topss and Healthwork UK (HWUK) formerly the National Training Organisation for the health sector, and are used as a benchmark for the skills and knowledge needed within the sector. They define good practice by describing the skills, knowledge and context required for specific roles.

Workforce development – regional

In response to the Comprehensive Spending Review 2002, Regional Development Agencies, local LSCs and other partners were invited by the Government to work together towards developing an Adult Skills Pilot. EEDA in conjunction with the region's six local Learning & Skills Councils and Jobcentre Plus, was successful in its bid to lead one of four national pilots being run across the country; the Adult Skills Pilot.

Health and social care is one of the five priority sectors of the East of England Adult Skills Pilot. The Pilot aims to increase employer demand for skills and the responsiveness of provision

¹⁴ Topss press release 23/02/04

¹⁵ In April 2004, the National Care Standards Commission split into two organisations: the Commission for Social Care Inspection (CSCI) and the Commission for Healthcare Audit and Inspection (CHAI).

to business needs, by focusing on new and innovative approaches to skill development. This will then lead to more adults being equipped with the skills, competencies, understanding and knowledge employers require. The FRESA sees the Pilot as a delivery opportunity for its workforce development and in-work progression priority.

Five of the initial twelve projects in the East of England to be approved under the pilot are social care based:

- Business Link Health & Social Care Sector Advisors – the development of business advisors with specific expertise to support the health and social care sector.
- Trainer/Assessor development – increase the number of workplace based trainers/assessors in the sector, overcoming barriers related to employers reluctance to make time available for work based NVQ assessments.
- Regional infrastructure to co-ordinate and manage learning and development resources – infrastructure will be developed by promoting IAG support across the region and testing two local models of delivery.
- Skills for Life – increase the number of tutors, trainers and assessors in the region able to deliver literacy, numeracy and language as part of vocational, work based and workplace programmes, enabling more adults to complete NVQs and gain literacy and numeracy qualifications.
- Paperless portfolio – trial the replacement of the traditional method of collecting evidence for NVQ accreditation with a paperless portfolio system in the health and social care sector.

Figure 5.1

Skills needed by customer service personnel and supervisory and managerial staff

Customer service personnel

- Strong interpersonal and empathic abilities
- Ability to work constructively with colleagues and other departments
- Ability to adapt well developed behavioural and communication skills to suit customer needs
- Good mix of technical skills and people skills
- Flexible and multi-skilled
- Dynamic, energetic and empowered
- Motivated, with a desire to take responsibility to resolve customer problems
- High calibre, higher intellect
- Better educated, and with more commitment to the task
- Able to balance the needs of the customer with the needs of the organisation

Supervisory and managerial staff

- Customer service skills
- Leadership abilities
- Ability to take balanced decisions quickly
- Ability to act as coaches and mentors
- Ability to manage in dynamic environments
- Commercially astute, totally customer focused, with excellent people management and communication skills
- Able to take a more strategic view

Source: An Assessment of Skill Needs in the Retail and Related Industries, DfES, 2002. Information based on research by the Institute of Customer Service and Bain & Company.

6.0 Conclusions and Recommendations

This section sets out the workforce development priorities for the social care sector in Hertfordshire. It explores what is currently being done to address these priorities and what opportunities there may be for further action.

At the start of this paper, four workforce development priorities for the social care sector in Hertfordshire were proposed.

1. Meeting National Minimum Standards

Clearly the level of training experienced by low and intermediate skilled staff show that the Care Standards Act has had a significant impact on the social care sector. Low skilled workers in the social care sector are more likely to be engaged in learning than in any other sector and are more than twice as likely to have undertaken training in the previous 13 weeks as the low skilled workforce in all industries (42% compared with 15%).

Nevertheless, Section 3 suggested that there will be a significant proportion of social care sector employers who fail to meet the National Minimum Standards for a qualified workforce. Estimates suggest that a further 1,185 social care and private and voluntary health care employees still need to gain an NVQ Level 2 in Care and 396 managers still need to obtain NVQ Level 4 by 2005. The LSC and partners will obviously need to review the capacity of providers to meet the unmet demand in the next 1–3 years.

However, it seems likely that the regulatory powers of the Care Standards Commission will ensure that National Minimum Standards will be met sooner or later. It is perhaps therefore time to start to assess how the standards are affecting wider workforce development issues (e.g. recruitment) and what the other priorities for the sector should be.

2. Improving recruitment and retention

The social care sector has an ageing workforce. The evidence presented in Section 3 suggests that around a fifth (approximately 3,400) of the workforce will reach retirement age in the next 5 years and almost half (around 8,000) will do so within the next 10–15 years.

At the same time, unfilled and hard-to-fill vacancies are much more common in the sector than in Hertfordshire's economy as a whole. An estimated 14% of employers (around 120) in the social care sector report hard-to-fill vacancies compared with 8% of all Hertfordshire employers. There is clearly a need to improve the flow of new entrants into the social care workforce.

Considering that only 13% of the current workforce is male, encouraging more men to consider a career in social care seems an obvious option. Some national projects are exploring this option and the LSC for Hertfordshire should seek to review their success.¹⁶

Indeed, the Ware Assessment Centre of Hertfordshire Regional College report that they have developed marketing materials specifically aimed at men and that their programmes are always fully subscribed. However, it must be noted that in the context of Hertfordshire's buoyant labour market, other employment routes for low skilled men (e.g. retail and distribution) offer potentially greater financial rewards with much lower training requirements.

The female and part-time nature of the current workforce suggests that women returners are currently a significant source of new recruits into the sector (more than half the sector's employees are female part-time workers). Efforts to improve recruitment should therefore not focus exclusively on young people but also seek to expand the supply of women returners. For these potential recruits, flexible training provision and support for childcare during training and employment will be important.

¹⁶ Daycare Trust press release 09/06/2003 'Public support more men working Childcare'.

However, perhaps the most significant potential source of new labour for the sector is Eastern Europe and the accession countries to the EU. NHS Trusts and other major employers of low and intermediate skilled labour are already recruiting directly from these areas. For the social care sector, which is characterised by private sector small and medium sized businesses, it would be inefficient for individual organisations to pro-actively recruit from overseas and this may be a useful role for trade associations in the sector.

The sector also needs to develop the induction and conversion skills training needs that this recruitment activity would require, including English language (ESOL) provision. However, it is important to note that the LSC cannot fund learning provision for migrants from outside the European Union until they have been resident in the UK for three years.

Section 3 highlights that only around 4% of employers report skill shortage vacancies (compared with 3% of all Hertfordshire employers) whilst Section 4 suggests that there are many more people on care-related courses than enter the sector each year from full-time education. This suggests that factors other than skills, such as sector image, low pay and poor working conditions are key barriers to recruitment in the sector.

Sector representative bodies need to focus on improving the image of the sector and recognise that for many social care sector workers, job satisfaction and interest are more important motivators than remuneration. Given the reliance of the sector on public contracts and subsidised care places and the emphasis in local authority contracting on achieving Best Value, the remuneration levels of carers are unlikely to change dramatically in the near future.

3. Providing clearer career paths for carers

Given relatively low pay levels, the increased training requirements under the Minimum Care Standards may in fact be exacerbating recruitment and retention problems. For care assistants who have not chosen employment in the sector as a career but rather as a second income or personal interest, requirements to undertake extensive training may make other

employment options more attractive. In Section 4, we saw that, despite the ageing workforce, 42% of those leaving the sector each year go to work in other sectors compared with 19% taking retirement.

Similarly, the training requirements will make the sector relatively unattractive to young people if they cannot see clear career progression routes. The relatively high proportion of males working as care managers (34% of men compared with 12% of women working in the sector) suggests that currently career paths for care assistants within social care are underdeveloped.

The LSC and its partners need to work with employers in the sector to identify clear career progression routes and to ensure that they are fully supported by the training offer.

4. Improving business and people management skills

Much of the training for both carers and care managers is quite rightly focused on achieving and maintaining high standards of care. However, without recognition of the economic pressures facing the social care sector, this training may raise wage aspirations and/or lead to higher levels of staff turnover. If a supermarket offers the same pay and hours but does not require training and exams, will staff leave? Business managers are likely to be constrained in the rates of remuneration they can offer, particularly those mostly working on public sector contracts.

Managers need to be able to balance standards of care with improving cost and business efficiency. If social care businesses can be more efficient, then there may potentially be more money available for pay and remuneration awards. In the meantime, care managers and business managers in the social care sector need excellent people management skills and to understand what motivates and interests their staff and how they can improve staff retention.

The LSC, colleges and partners should review the management learning provision offer for the sector and ensure that it meets business management needs as well as care management standards.

Annex 1. Sector Description

Social Care: SIC92 Definition

8531 Social work activities with accommodation (refers to residential care)

24-hour social assistance to children and special categories of persons with limits on ability to care for themselves. Also includes, orphanages, children's boarding homes, residential nursing homes, other residential care homes etc...

8532 Social work activities without accommodation (refers to day care and social work)

Includes counselling, welfare, refugee, referral, carried out in homes or elsewhere, adoption activities, child day-care, parole guidance

Occupational Job Roles, SOC 2000 (three key specialised occupations)

6122 Childminders and related occupations

Childminders and related occupations perform a variety of domestic activities in the day-to-day care of children, and supervise and participate in their play, educational and other activities.

Entry may not depend upon academic qualifications, although employers may expect a candidate to possess a qualification accredited the Council for Awards in Children's Care or other qualifications. Childminders must be registered with local authorities to verify their fitness to provide day care. NVQs/SVQs in Child Care and Education are available at Levels 2 and 3.

Tasks

- assists children to wash and dress;
- prepares and serves children's meals and supervises children during meals;
- mends, washes and irons children's clothes and tidies their rooms;
- supervises and participates in children's games, play, educational and other activities.

1185 Residential and day care managers

Managers in this group plan, organise, direct and co-ordinate the resources necessary in the provision and running of residential and day care establishments for persons who require specialised care and/or supervision.

There are no pre-set entry standards. Entry is based largely upon experience. Off- and on-the-job training is provided. NVQs/SVQs in Care and Community Work are available at Levels 2, 3 and 4.

Tasks

- determines staffing, financial, material and other short and long term requirements;
- plans work schedules, assigns tasks and delegates responsibilities of staff;
- arranges for payment of bills, keeps accounts and adheres to health, safety and other statutory requirements;
- maintains contact between residents and the local community and/or family and friends;
- ensures that residents have access to health and social care services as required;
- creates a friendly secure atmosphere to gain the trust and confidence of those in the home or under supervision;
- ensures that the physical comfort and all material needs of residents are provided and attempts to resolve problems that may arise.

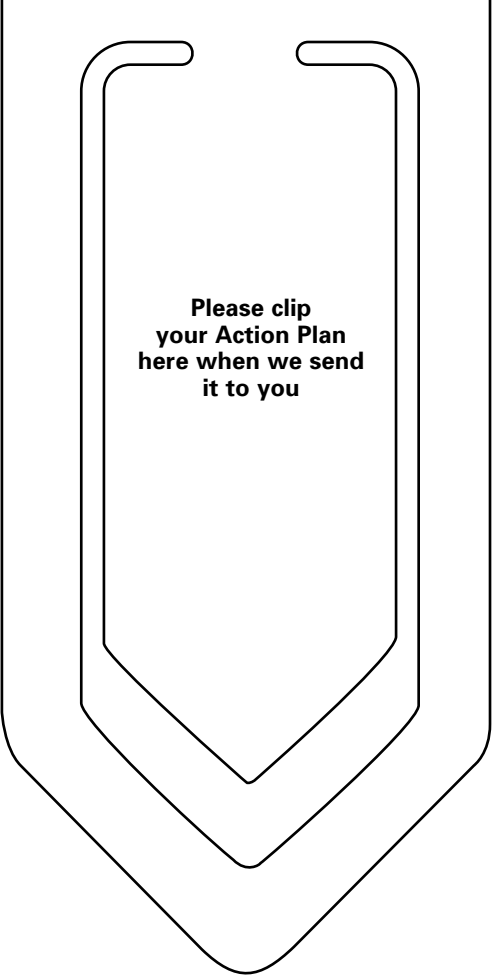
2442 Social workers

Social workers provide information, advice and support to protect the welfare of vulnerable groups including children, young people, families under stress, people with disabilities, elderly people and people who are mentally or physically ill.

Both graduate and non-graduate entry is possible. Entrants are required to take the Diploma of Social Work professional qualification. Exemptions may be possible for those with relevant qualifications and/or experience.

Tasks

- liaises with other health and social care professionals to identify those in need and at risk within the local community;
- interviews individuals and groups to assesses the nature and extent of difficulties;
- arranges for further counselling or assistance in the form of financial or material help;
- attempts to resolve family problems and, if necessary, arranges for children to be resettled with foster parents or in a children's home;
- keeps case records and prepares reports.



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