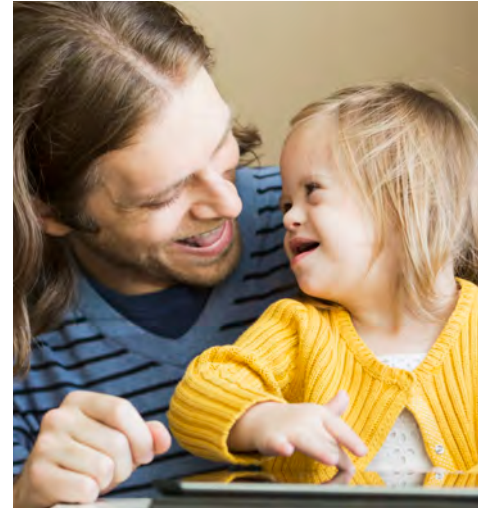


Workforce Skills Report

2016 - 17

Extended version



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'As childhood practitioners we are skilled and knowledgeable advocates for children's rights, from pre-birth onwards. Childhood practice enables us to truly listen to the voices of even the youngest in our society and to make changes in service delivery as a result.'

Childhood practice graduate



1 Foreword



The social service sector in Scotland employs approximately 200,000 people. They hold key roles in social work, adult social care and early learning and childcare. They deliver services in many locations including residential settings, the community, people's homes and in every part of Scotland.

This Workforce Skills Report (WSR) offers an overview of key skills challenges for the sector. The findings echo the messages we regularly hear from employers, frontline workers and learning and development staff.

Social service professionals have and require an increasingly complex set of skills. They build trust, promote dignity and act in the best interests of the people they support. Workers in all settings – including social work, early learning and childcare and adult social care – are skilled at working with the people they support.

Developing and maintaining their skills and knowledge is an ongoing challenge. There is a need for many workers to develop their leadership and management skills. Many workers are becoming increasingly familiar with a range of conditions and illnesses including dementia.

The WSR highlights key policy drivers such as the integration of care and the expansion of early learning and child care. These initiatives may highlight additional skills needs in due course.

The WSR promotes many positive aspects around working in this sector. It illustrates the substantial learning and development activity as workers achieve qualifications and meet registration requirements.

This report also highlights the work that the Scottish Social Services Council (SSSC), employers and others do to recruit, develop and retain a highly skilled and valued workforce. For example, our Step into Leadership website contains a range of resources which help people to develop their skills.

We believe that the WSR:

- offers a helpful overview of skills challenges for this sector
- will support workforce planners, employers and others to identify the key workforce challenges in their organisation
- helps policy-makers, researchers and others who can hopefully relate to the messages and use the evidence to support their work.

Ultimately we hope this report articulates the important role of social services and helps to tackle some of the myths about this highly skilled workforce.

We would warmly welcome your feedback on this report and the way it informs your work.

We are grateful to everyone who contributed to the development of the WSR.

Anna Fowle
Chief Executive

As well as this extended report, there is a short version.



Workforce Skills Report 2016 - 17

This version provides an overview of the social services and the workforce and explores the key skills challenges facing the sector. The report is available as an online document.

2 The Workforce Skills Report



In our Workforce Skills Report (WSR) the SSSC explores skills issues for the social service sector in Scotland. The WSR has three broad aims.

- 1.** To promote a better understanding of the social service sector and in particular the role of the workforce in providing better outcomes for people throughout Scotland.
- 2.** To explore current and future skills challenges for the sector and to support workforce planning.
- 3.** To inform the debate on how employers, learning providers and others work to address skills challenges.

This report:

identifies a number of recent workforce development initiatives including the end of life and palliative care learning framework

outlines the role of the social service sector and summarises some of the data on access to services

briefly explores the economic contribution of the sector

outlines the key characteristics of the social service workforce

outlines the registration of the social service workforce process

covers many of the key recruitment and retention challenges for the sector and outlines some of the initiatives tackling these issues

summarises our understanding of the key skills issues and challenges for this workforce

highlights the significant volume of learning and development provision in this sector, including Scottish Vocational Qualifications (SVQs) and the childhood practice award.

Section

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This report contains a number of brief case studies throughout. All case studies are taken from the SSSC's 'life changing work' campaign.

3 Developing Scotland's social service workforce



Key stakeholders working in social services have jointly developed a Vision and Strategy for Social Services in Scotland. The vision and strategy was launched on 17 March 2015 - World Social Work Day. It sets out the following vision.

'A socially just Scotland with excellent social services delivered by a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement.'¹

There are a range of initiatives underway which support the development of Scotland's social service workforce. Some of these initiatives are in the vision and strategy. They include the following.

3.1 Revised Codes of Practice for Social Service Workers and Employers

The SSSC first published the Codes of Practice for Social Service Workers and Employers in 2003.² The Codes set out the national standards of conduct and practice

that apply to all social service workers and employers. They identify the critical role of workforce development. For example, the Codes state:

- social service workers are responsible for maintaining and improving their knowledge and skills
- employers must make sure that they provide the conditions in which workers can practise, develop and learn to a high standard.

In November 2016 we published the revised Codes of Practice for Social Service Workers and Employers. We developed these versions following consultation with employers, people who use services, carers and others with an interest in the Codes. They reflect recent developments and updated language used in similar documents. For example, the new Codes are:

- updated to refer to the SSSC's move to a fitness to practise model of regulation
- written in the first person to emphasise professionals' accountability for their own practice.

The Care Inspectorate scrutinises compliance with the Codes during their inspection processes.

3.2 National Health and Social Care Standards: My support, my life

In 2017 the Scottish Government published the New National Health and Social Care Standards. They set out what people who use services and carers can expect when they use health and social care services in Scotland. The revised standards focus on human rights and personal outcomes.³

The standards provide a framework for scrutiny and inspection of registered care and health services. They are also relevant

for unregulated services. These services are encouraged to adopt and apply the Standards as a framework for high quality care.

3.3 Enabling safer and better recruitment

In November 2016 the SSSC and the Care Inspectorate published new guidance to support employers recruiting social service staff.⁴ The guidance supports a values-based approach to recruitment and helps employers to recruit and retain staff who are trusted, skilled and confident in the social service workforce.

3.4 Guidance on the Procurement of Care and Support Services 2016 (Best-Practice)

Procuring care and support is a complex process. Statutory guidance under the Procurement Reform (Scotland) Act 2014 was published in October 2015 (Scottish Government, 2015). The document provides guidance to public bodies on evaluating fair work practices (such as the Living Wage) when selecting tenders and awarding contracts.⁵

The Scottish Government's best practice guidance on the procurement of care and support services sets out key considerations for procuring care and knowledge.⁶ This includes a reference to the SSSC Code of Practice for Social Service Workers and Employers which note the need for:

- staff involved in the procurement of services to promote the interests and independence of people who use services and their carers
- employers to provide learning and development opportunities which enable staff involved in procuring services to strengthen and develop their skills and knowledge.

The SSSC is working with NHS Education for Scotland and others to develop resources to support strategic commissioning.

3.5 Reviewing social work education and the Standards in Social Work Education (SiSWE)

The SSSC is taking forward the recommendations from the review of social work education.⁷ The first phase concludes that social work education is fit for purpose but faces challenges similar to the profession as a whole. The first phase confirms an ongoing commitment to a generic social work degree comprising both undergraduate and postgraduate routes. It identifies areas for development.

In November 2016 the SSSC published the findings and recommendations of the second phase of the review.⁸ The report's recommendations include:

- the development of a national infrastructure to enable and sustain a shared approach to professional learning
- the sector should contribute to a consultation on the revised SiSWE
- the introduction of a supported year and a new benchmark standard for newly qualified social workers (NQSWS)
- an increased use of values in social work student selection
- further discussion on widening access pathways into social work
- the development of a new standard for continuous professional learning.

The SiSWE underpin social work degree programmes in Scotland. The SSSC is revising the SiSWE to ensure they continue to meet the needs of social work practice.

1. Scottish Government (2015) Social Services in Scotland: A Shared Vision and Strategy
2. Scottish Social Services Council (2016) Codes of Practice for Social Service Workers and Employers, revised edition.

3. For further information see the National Care Standards review website: <http://www.newcarestandards.scot/>

4. Care Inspectorate, Scottish Social Services Council (2016) Safer Recruitment Through Better Recruitment.
5. Scottish Government (2015), Statutory Guidance on the Selection of Tenderers and Award of Contracts - Addressing Fair Work Practices, including the Living Wage, in Procurement.
6. Scottish Government (2016) Guidance on the Procurement of Care and Support Services 2016 (Best-Practice).

7. For further information see the SSSC News website: <http://ssscnews.uk.com/>
8. SSSC (2016) Review of social work education, statement on progress 2015-16.

3



3.6 A leadership strategy for Scotland's social services 2017-2020

The first strategy for building leadership in Scotland's social services was published in 2014.⁹ The strategy makes clear that leadership applies to everyone in the sector, not just designated leaders. It sets out a series of leadership outcomes such as 'social service employers promote and nurture the leadership capabilities of their whole workforce and of the people and communities they support'. The strategy contains a series of actions to build leadership in the sector. It also identifies six leadership capabilities for the sector.

- Vision.
- Empowering.
- Self-leadership.
- Collaborating and influencing.
- Motivating and inspiring.
- Creativity and innovation.

In December 2016 the SSSC published a refreshed leadership strategy which contains a delivery plan for 2017-2020.¹⁰ It focuses on leadership and personal capabilities that are particularly relevant to the social service workforce. These include socially aware models of leadership and leadership based on trust and long-term relationships. This strategy also identifies the need to develop professional leadership for social services and the shared leadership required for partnership working.

3.7 Supporting supervision, mentoring and coaching

Our resources promote expectations and good practice around supervision, mentoring and coaching. They are available from the SSSC's Step into Leadership website¹¹ which contains many leadership tools and resources.

9. SSSC (2014) Strategy for building leadership in Scotland's Social Services 2013-2015.

10. SSSC (2017) Enhancing leadership capability: the Strategy for enhancing the leadership capabilities of Scotland's social services, delivery plan 2017-2020.

11. <http://www.stepintoleadership.info/>

3.8 An end of life and palliative care learning framework

The SSSC published Enriching and Improving Experience. Palliative and End of Life Care: A framework to support the learning and development needs of the health and social services workforce in Scotland in partnership with NHS Education for Scotland (NES).¹² The framework is a commitment in the Scottish Government's Strategic Framework for Action on Palliative and End of Life Care in Scotland. The framework focuses on five areas.

- Fundamentals of palliative care.
- Communication and conversations.
- Loss, grief and bereavement.
- Care planning and delivery.
- Care in the last days of life.

3.9 Supporting induction

The SSSC is updating induction guidance for the sector and is also considering a potential shared resource for the sector. It would reduce duplication when workers move from one organisation to another.

3.10 Promoting Excellence for health and social service staff working with people who have dementia

Scotland's third national dementia strategy was published in June 2017. The strategy identifies three main challenges. These include the need to continue 'offering timely, person-centred, coordinated and flexible support for people living with dementia and their carers across a range of settings, including hospital and the community'.¹³ Previous strategies were published in 2010 and 2013.¹⁴

12. SSSC and NES (2017) Palliative and end of life care: a framework to support the learning and development needs of the health and social care workforce in Scotland.

13. Scottish Government (2017) Scotland's National Dementia Strategy 2017-2020.

14. Scottish Government (2010) Scotland's National Dementia Strategy and Scottish Government (2013) Scotland's National Dementia Strategy 2013-2016.

In 2011 the Scottish Government published the Promoting Excellence framework for health and social care staff working with people who have dementia. The framework was developed by the SSSC and NES.¹⁵ Promoting Excellence helps the sector to:

- understand the knowledge and skills expected in the role
- identify and explore areas of strengths or gaps in learning
- prepare for work based qualifications and registration
- create job descriptions and outlines for workers
- assess and develop the content of learning programmes.

The national dementia strategy for 2017-2020 contains a commitment to continue supporting the implementation of Promoting Excellence.

Two recent SSSC reports¹⁶ examine the implementation of Promoting Excellence. The report illustrates how the guidance has been used to inform workforce development.

- CrossReach has the guidance to develop staff training which may be extended to relatives of people living with dementia. The training programme has informed the development of a new care home service.
- The BUPA development programme includes regular support forums for their staff. BUPA get positive feedback from their staff on the programme. They also see examples of staff applying their learning. For example, staff work with residents to create memory boxes and posters.

15. SSSC and NES (2014) Promoting excellence: a framework for all health and social services staff working with people with dementia, their families and carers.

16. SSSC (2016) The impact of Promoting Excellence in social service settings and SSSC (2017) Promoting Excellence and its impact on social service settings, a second booklet of dementia learning journeys from across Scotland.

- Two local authorities have used the guidance to develop a dementia learning plan.
- At least one college uses the guidance as part of course delivery.
- Many services have used the guidance as part of their work to develop a network of dementia ambassadors. The SSSC has recruited more than 700 Dementia Ambassadors who hold awareness sessions, offer peer support and signpost people to information on dementia.

3.11 Implementing Equal Partners in Care (EPiC)

Unpaid carers are equal partners in the delivery of care. The EPiC guidance is a joint project between NES and the SSSC. The guidance supports workers from health, social services and other sectors to work in partnership with carers and young carers. The guidance has six core principles based on six key outcomes for carers and young carers.¹⁷ Each outcome is linked to the knowledge and skills workers need to work effectively with carers to achieve this outcome. Carers should be:

- identified
- supported and empowered to manage their caring role
- enabled to have a life outside of caring
- fully engaged in the planning and shaping of services
- free from disadvantage or discrimination relating to their caring role
- recognised and valued as equal partners in care.

17. SSSC and NES (2013) Equal Partners in Care (EPiC) Core Principles for working with carers and young carers.

3



3.12 A Standard for Foster Care

The Scottish Government and the SSSC have developed a national learning and development framework for foster carers. The Standard for Foster Care will support the crucial and often life changing service foster carers provide for Scotland's children and young people.¹⁸ Scottish Ministers will consider options for implementation of the new Standard in the context of the Independent Care Review.¹⁹

3.13 Standard for Residential Child Care

The SSSC has developed the Standard²⁰ or Residential Child Care as a subject benchmark for the sector following the Scottish Government's acceptance of the recommendations of the National Residential Child Care Initiative (NRCCI) report in 2009.²¹ The Standard is the new benchmark which will underpin the development and delivery of Scottish Credit and Qualifications Framework (SCQF) level 9 qualifications for the residential child care workforce.

The new qualification was due to become an SSSC registration requirement for residential child care managers, supervisors and new starts from October 2017. The Minister for Childcare and Early Years has delayed this start date. The Minister indicated any recommendations relating to workforce development from the Independent Care Review must be taken into consideration when implementing the new qualifications and any new registration requirements. The Minister also indicated that the Scottish Government remain committed to the Standard and emphasised the need for continuous learning

and development by everyone working in residential child care. Further information on the Standard and roll out of the qualification is available from the SSSC's website.²²

3.14 Understanding recruitment, retention and Brexit

A number of studies examine recruitment and retention issues for the social service workforce. For example, the Scottish Government recently commissioned a report focusing on the challenges for the adult social care workforce and social workers.²³ Further information on recruitment and retention issues is contained in section 8 of this report.

The extent to which Brexit will have an impact is unclear. A survey suggests that nationals from EU27 countries (excluding the UK) make up 4% of the Scottish workforce across all sectors and 3% of all employment across health and social care.²⁴ The Scottish Government regularly highlights the critical contribution of staff from across the European Union. The Scottish Government aims to retain EU workers' rights to stay and work in Scotland.^{25 26}

Some reports suggest Brexit may have an impact on the workforce. For example, Scottish Care has indicated that at least two care providers have closed their offices following the Brexit vote.²⁷

3.15 New Scottish Social Services Awards

In June 2017 the Scottish Social Services Awards²⁸ recognised and celebrated the work of the social service sector in Scotland and those who work in it. The awards will highlight best practice and celebrate people who are making a real difference to the people they support. There were a range of categories including:

- supporting the workforce
- improving use of evidence
- promoting public understanding.

3.16 SSSC Learning Strategy 2017-2020

The SSSC's Learning Strategy 2017-2020 sets out how we will work with the sector to support workforce development. We also develop an implementation plan to support this work.²⁹

SNAPSHOT



Independent Care Review

In October 2016 the Scottish Government announced an independent, root and branch review of the system for children in care. The review will identify and deliver lasting change in the care system and leave that a legacy that will transform the life chances and wellbeing of children and young people in care. The voices of care experienced children and families and care leavers – young and old – are at the heart of the review. Further information is available from <https://www.carereview.scot/>

22. <http://www.sssc.uk.com/workforce-development/our-current-work/standard-for-residential-child-care>

23. A survey and literature review are available from the Scottish Government's website, <http://www.gov.scot/Topics/People/social-services-workforce/SWSSF>

24. Office for National Statistics (2015) Annual Population survey 2015. There is a margin of error in these estimates.

25. Scottish Government (2016) A Programme for Scotland, 2016-2017.

26. Scottish Government, 1 February 2017, EU vital to health and social services: <http://news.gov.scot/news/eu-vital-to-nhs-and-social-care-services>

27. Scottish Care's evidence to a Westminster Home Affairs Committee inquiry into immigration, 2 March 2017.

28. <http://www.sssa.scot/>

29. SSSC News, 5 May 2017, Our new learning strategy 2017-2020: <http://ssscnews.uk.com/2017/05/23/learning-strategy-2017-20/>

18. SSSC (2017) The Standard for Foster Care.

19. There is a brief summary of the care review at the end of this section.

20. SSSC (2016) The Standard for Residential Child Care, 2015.

21. National Residential Childcare Initiative (2009) Higher Aspirations, Brighter Futures.

SNAPSHOT

Integration of health and social care



Legislation to implement health and social care integration in Scotland came into effect from 1 April 2016. Integration is about putting people at the centre of decisions.

It aims to improve services and to make them more responsive. Integration brings NHS and local authority care services under one partnership arrangement. This is the most significant change to the way services are delivered since the creation of the NHS.

There are 31 local Integration Authorities (IAs) in Scotland managing £8 billion of health and social care services. The IAs aim to:

- improve the journey for a person accessing health and social care services
- remove the focus on individual budget streams
- commission coordinated services which provide care for individuals in their community or in a homely setting and to avoid unnecessary hospital admissions.

Integration has the potential to deliver innovative models and approaches to health and social care. For example, East Ayrshire Health and Social Care Partnership use multi-disciplinary teams to deliver care in a community setting. There is also evidence of services introducing models where

district nurses have a greater role in care. These approaches aim to provide a more holistic approach to the delivery of care.

In December 2016 the Scottish Government published their health and social care delivery plan.³⁰ The plan identifies three aims.

- Better care.
- Better health.
- Better value.

The delivery plan also contains commitments. For example, by 2018 the Scottish Government aims to reduce unscheduled bed-days in hospital care by up to 10%. This target would be achieved by reducing delayed discharges, avoidable admissions and inappropriate long stays in hospital. The plan also highlights a need to give 'clear impetus to the wider goal of the majority of the health budget being spent in the community by 2021.'

30. Scottish Government (2016) Health and Social Care Delivery Plan

SNAPSHOT

Self-directed support (SDS)



The Social Care (Self-directed Support) (Scotland Act) 2013 gives people a range of options for the delivery of their social care. The Act empowers people to decide how much ongoing control and responsibility they wish to have over their support arrangements. It places a duty on local authorities to offer people four choices around how they receive their care. People can:

- receive a budget which suits their needs
- choose to let the local authority hold the money but spend it in the way they wish
- let the local authority choose on their behalf
- choose a mix of these three approaches.

This legislation is transforming the way that many people receive care. Some people are taking control of their services for the first time. Others are employing personal assistants to deliver care on their behalf. The implementation plan for 2016-2018³¹ shows some of the benefits of SDS.

- 'SDS can let you do your absolute favourite things and lets you live the life you want.'
- 'Having greater control of your life and decision making leads to improved health and wellbeing.'
- 'Citizens are engaged, informed, included and empowered to make choices about their support.'
- 'People are able to live their lives and achieve the outcomes that matter to them.'

An early priority has been around promoting a greater understanding of SDS and the way that it can lead to positive outcomes for people. There has also been a drive to make better use of local facilities, community groups and personal networks.

31. Scottish Government, COSLA (2016) Self-directed Support Strategy, Implementation Plan 2016-2018.

The Scottish Government's vision is that self-directed support is the mainstream approach by which we deliver social care and support, ensuring people can make real informed choice which enables them to achieve their identified outcomes.³² Phase three of the Self-Supported Strategy Implementation Plan covers 2016-2018³³ renews the commitment to SDS. It also sets out progress against four strategic outcomes.

- Supported people have more choice and control.
- Workers are confident and valued.
- Commissioning is more flexible and responsive.
- Systems are more widely understood, flexible and less complex.

A recent voluntary sector study notes that the lack of an overarching performance framework for SDS fits with the logic of a co-production approach but creates issues. For example, it highlights the need for voluntary organisations to deal with multiple different approaches to the delivery of SDS across different local authorities. The report also refers to the challenges around promoting SDS at a time when eligibility criteria are tightening.³⁴

At present there is no accurate data on the numbers of personal assistants (PA) involved in the delivery of SDS. The SSSC has previously developed a broad estimate which suggests that there may have been approximately 4,700 PAs in 2012.³⁵ This estimate is very tentative and dated. The main purpose of the estimate figure was to illustrate the potential scale of the sector. It was developed before the introduction of the Social Care (Self-Directed Support) (Scotland) Act 2013. A robust figure for the number of PAs would support greater understanding of the overall capacity of the social service sector and the workforce.

32. Scottish Government, COSLA (2016) Self-directed Support Strategy, Implementation Plan 2016-2018.

33. Scottish Government, COSLA (2016) Self-directed Support Strategy, Implementation Plan 2016-2018.

34. University of Strathclyde (2016) The Enablers and Barriers to Voluntary Sector Organisations Providing Personalised Support through Delivery of Self Directed Support.

35. See SSSC (2012) The social services sector in Scotland: Workforce Skills Report 2011/12 for further information.

4 Access to and sustainability of services



'You need to be willing to work with both the staff and the residents to build up trust which also means having good people skills and good teamwork.'

Assistant manager, care home service for adults

The social service sector delivers:

- statutory services such as social work
- early learning and childcare services
- community-based services for people with disabilities, vulnerable people and older adults
- residential care for children, vulnerable young people, adults and older people
- services in people's homes such as care at home and housing support
- services in prisons such as assessing personal needs or encouraging meaningful contact between prisoners, partners and children.

The sector supports Scottish Government priorities and objectives such as:

- tackling inequality, the attainment gap and poverty
- promoting choice and helping people to stay at home for longer
- creating a fairer Scotland
- reducing re-offending
- tackling stigma
- tackling social isolation and loneliness
- helping people to maintain good mental health
- helping people to manage addictions and drug misuse
- providing high quality employment.

Social services support thousands of people throughout Scotland.

249,400
children registered with early learning and childcare services in Scotland including day care of children and childminding services.³⁶



17,357
children are looked after or on the child protection register.³⁷



1,216
care homes for adults, providing 42,026 places to 36,193 residents.³⁸



59,780
people receiving care at home services.³⁹



126,800
people receiving a community alarm and/or telecare care.⁴⁰



Approximately **7,500**
people choose a direct payment to purchase services.⁴¹



27,000
adults with learning disabilities known to Scottish local authorities.⁴²



30,800
criminal justice social work reports submitted to courts and 20,000 social work orders. This includes 19,000 Community Payback Orders.⁴³



36. Care Inspectorate (2016) Early Learning and Childcare Statistics, 2015. Figure as of December 2015. Figure includes day care of children and childminding services.
 37. Scottish Government (2016) Children's Social Work Statistics, 2014-2015. Figure as of July 2015.
 38. NHS Scotland (2016) Care Home census. Figure as of March 2015.
 39. Scottish Government (2016) Social Care Services, 2016. Figure as of March 2016.

40. Scottish Government (2016) Social Care Services, 2016. Figure covers 2015-16.
 41. Scottish Government (2016) Social Care Services, 2016. Figure as of March 2016.
 42. Scottish Commission for Learning Disability (2016) Learning Disability Statistics, Scotland, 2015. All figures as of 2015.
 43. Scottish Government (2016) Criminal Justice Social Work Statistics in Scotland 2014-15. All figures as of 2014-15.

4



There are a number of factors which will impact on the way social services are used and delivered in future. These include the following.

Between 2012-2037 Scotland's total population is projected to increase by 9%.⁴⁴

+9%



+3%

Between 2014-15 and 2015-16 there was a **3% increase** in the numbers of people receiving telecare or community alarms.⁴⁹



99%

Steady increase in welfare guardianship applications. The number of new guardianship applications **increased by 99%** between 2009-10 and 2015-16.⁵⁰



+64%

Between 2014-2030 there will be a 64% increase in the number of people aged 85 or over.⁴⁵



Delivering adult services in the same way could lead to the following increases between 2013-2030.

- 20,000 additional people receiving care at home services, including 6,000 people who require 10+ hours of care per week.⁴⁷
- 12,000 additional long-stay care home places.



There were 59,780 people in Scotland receiving home care services in March 2016, a second successive reduction. These people received 676,500 hours of home care during the census week, the first decrease observed since 2011.⁴⁸

If services continue to be delivered in the same way councils' social work spending **may need to increase by 16-21% by 2020** to meet demand.⁴⁶

Between 2013-2015:

The number of children registered with early learning and childcare services increased by 3.5%.⁵¹



The changes in early learning and childcare are partly due to increased capacity in nurseries, out of school care and children and family centres.

As of 2015 the average capacity of day care of children services is **43.3 places**.⁵²



44. National Records of Scotland, 6 November 2013, Scotland's Population Projected to Continue to Rise.
 45. Audit Scotland (2016) Changing models of health and social care.
 46. Audit Scotland (2016) Social work in Scotland.
 47. Audit Scotland (2016) Changing models of health and social care.
 48. Further information including trends available from Scottish Government (2016) Social Services, 2016.

49. Scottish Government (2016) Social Care Services, 2016.
 50. Mental Welfare Commission for Scotland (2016), Adults With Incapacity Act Monitoring 2015-16.
 51. Care Inspectorate (2016) Early Learning and Childcare statistics, 2015.
 52. Care Inspectorate (2016) Early Learning and Childcare statistics 2015.

4

SNAPSHOT



Expansion of early learning and childcare (ELC)

Between now and 2020 the Scottish Government will extend the provision of free ELC in Scotland.

- The Children and Young People (Scotland) Act 2014 contained a provision to extend free early learning and childcare from 475 to 600 hours a year for all three and four-year-olds and eligible two-year-olds.⁵³
- The Scottish Government intends to double this commitment to 1,140 hours by 2020. This commitment will require substantial investment in infrastructure and the workforce.⁵⁴ Part of this commitment is about increasing the diversity of the workforce and increasing the number of males working in the sector.⁵⁵

Nurseries in deprived areas will benefit from an additional graduate post, such as a teacher or a practitioner with a childhood practice award. In total an additional 435 new posts will be in place by 2018. As part of this commitment the Scottish Government will fund an additional 270 BA Childhood Practice places.⁵⁶

The SSSC undertakes a range of work in this area. We:

- manage the Social Services (Children and Young People) Modern Apprenticeship Framework
- approve and quality assure the childhood practice award
- are working with the Care Inspectorate to develop a new childminding learning pathway to support childminders' professional learning
- are developing and delivering a range of activity to enhance leadership capacity across the sector
- have produced a wide range of traditional and digital learning and development resources to support the ELC workforce.

In March 2017 the Scottish Government published an action plan setting out steps they will take to expand early learning and childcare. These actions include a plan setting out how to improve quality in ELC. The Scottish Government also confirmed that they will work with the Care Inspectorate and other partners to launch the new learning and development pathway for childminders in September 2017. A new recruitment campaign will promote careers in the sector and opportunities to transform the lives of our children.

53. Eligible 2-year-olds include children who have been looked after or have a kinship care order.

54. Scottish Government (2016) The Government's Programme for Scotland, 2016-17.

55. Scottish Government (2017) A Blueprint for 2020, the expansion of early learning and childcare in Scotland, 2017-18 Action Plan.

56. Scottish Government, 18 January 2017, Early years workforce expansion: <http://news.gov.scot/news/early-years-workforce-expansion>



'As childhood practitioners we are skilled and knowledgeable advocates for children's rights, from pre-birth onwards. Childhood practice enables us to truly listen to the voices of even the youngest in our society and to make changes in service delivery as a result.'

Childhood practice graduate



5 Services, spend and economic contribution



This section illustrates the variety of services in the sector and its contribution to the Scottish economy.



Services

13,480

As of December 2016 there are approximately 13,480 active registered social service services across Scotland.⁵⁷

Table 1: The six largest categories of active registered social services in Scotland, December 2016

| | |
|----------------------------------|-------|
| Childminding | 5,509 |
| Day care of children | 3,710 |
| Housing support and care at home | 2,014 |
| Care homes for adults | 1,149 |
| Adult day care | 492 |
| Residential childcare | 316 |

The social service workforce delivers many high quality services, as illustrated by the Care Inspectorate's grades.

Table 2: Summary of services graded good, very good or excellent by service, July 2016.⁵⁸

| | |
|-----------------------------|-------|
| Adult placement service | 92.1% |
| Care home for adult service | 78.3% |
| Care home for other adults | 90.0% |
| Housing support service | 93.8% |
| Support service | 91.5% |

57. All text taken from SSSC (2017) Scottish Social Service Sector: Report on 2016 Workforce Data unless stated.
58. Care Inspectorate (2016) Submission to Scottish Parliament Health and Sport Committee's inquiry into the social and community care workforce.

Spend

In 2014-15 local authorities' net spending on social work services was **£3.1 billion**.⁵⁹ Approximately **44% of this spending is on services for older people**. The total figure includes:

£3.1bn

| | |
|---|--|
| £1,354m older people | £96m adults with mental health needs |
| £861m children and families | £48m adults with other needs |
| £509m adults with learning disabilities | £7m criminal justice social work services |
| £200m adults with physical or sensory disabilities | £1m children's hearings |

In 2016/17, councils' total revenue funding, that is the funding used for day-to-day spending, will be 5% lower than in 2015/16. This is a reduction of 11% in real terms since 2010/11.⁶⁰

59. All spending statistics are from Audit Scotland (2016) Social Work in Scotland.
60. Audit Scotland (2016) Social work in Scotland.

5



Economic contribution

£3.407bn

A gross valued added (GVA) figure is one way of way of measuring economic contribution.

In 2013 the GVA figure for the Scottish social services sector was £3.407 billion.⁶¹

The sector supports and provides custom for local and national businesses through Scotland. For example:



- training services, laundry, catering and recruitment agencies receive custom from residential and non-residential care services



- supporting people who use social services and carers to participate in the community.

The SSSC is working with other UK professional regulators to develop a better understanding of the social service sector's economic contribution.



SNAPSHOT



A national strategy for community justice

Scottish local authorities have a legal duty to provide criminal justice social work services. These services are complex and may include:

- criminal justice social work services
- private and voluntary sector services commissioned by local authorities to work with offenders
- substance misuse services
- offender accommodation services
- supporting the delivery of community-based sentenced provision.

In some cases criminal justice social work services are included in the scope of the new Integrated Authorities (IAs).

The number of Whole Time Equivalent (WTE) social workers employed by councils in statutory roles increased significantly between 2001 and 2015, from 3,873 to an estimated 5,630. Approximately 15% of these staff work in criminal justice.⁶²

Community Justice Scotland (CJS) will support statutory community justice partners, the third sector and others to work towards better outcomes for community justice. One of their first roles will be to work with partners to develop a strategic approach to commissioning.⁶³

In November 2016 the Scottish Government published the first national strategy for community justice. The new model for community justice places a duty on partners to work together by sharing information, advice and assistance. It also identifies a need for further partnership working between traditional justice services and the wider range of partners who have a role in improving outcomes such as health, housing and social care. The strategy identifies the need for a co-production approach which involves working with local service providers, the wider community and people who use services.

The SSSC undertakes many functions which support the development of the wider social service sector. Many of these initiatives are applicable to the community justice sector. For example, the SSSC develops and updates the National Occupational Standards (NOS) in Scotland.⁶⁴ The NOS underpin vocational qualifications (SVQs) used by people in practice settings including work with looked after children, secure care, community justice, substance misuse and youth justice. These qualifications provide workers with clear pathways into leadership and management roles, as well as further education and development such as the social work degree.

61. Scottish Government (2016), Input-output tables 1998-2013. This figure excludes pre-primary education which will be accounted for under education: <http://www.gov.scot/Topics/Statistics/Browse/Economy/Input-Output/Downloads/IO1998-2013Latest>

62. Audit Scotland (2016) Social work in Scotland, 2016.

63. Scottish Government (2016) National Strategy for Community Justice.

64. Further information on the role of NOS in the social service sector is available from the SSSC's Workforce Solutions website, <http://workforcesolutions.sssc.uk.com/nos/>

6 The social service workforce











This section summarises the key characteristics of the social service workforce.

The social service sector employs **approximately 201,000 workers** (headcount) across Scotland.⁶⁵ This figure is a drop of 0.03% on the previous figure. The total workforce figure represents approximately **7.7% of all Scottish employment**.

201,000

Table 3: Headcount of the Scottish social service workforce, sub-sectors which employ 5,000+ workers, December 2016

| | |
|---|--------|
|  Housing support/care at home | 68,970 |
|  Care homes for adults | 53,680 |
|  Day care of children | 33,430 |
|  Adult day care | 7,780 |
|  Residential childcare | 7,680 |
|  Fieldwork services (children) | 5,700 |
|  Childminding | 5,510 |
|  Fieldwork services (adults) | 5,100 |

By comparison

162,300



in December 2016 the NHS employed approximately 161,000 workers.⁶⁶

193,000



The education sector employed approximately 193,000 workers.⁶⁷

49,000



The financial services sector employed approximately 49,000 workers.⁶⁸

CASE STUDY



What part of the job motivates you and why?

'I enjoy interacting with the young people and supporting them to make real change in their life. I am motivated to give our young people the best chance to succeed.'

Support worker, housing support service



65. Unless otherwise stated all data in section 6 is taken from SSSC (2017) Scottish Social Service Sector: Report on 2016 Workforce Data. Unless stated all data is as of December 2016.

66. Information Services Division (2017) NHS Scotland Workforce Information, Quarterly update of staff in posts and vacancies at 31 December 2016.

67. 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 as of 2015). The social service figure is believed to be an underestimate in Scotland. All BRES figures are headcounts and provisional until the 2016 data is published.

68. 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 as of 2015). The social service figure is believed to be an underestimate in Scotland. All BRES figures are headcounts and provisional until the 2016 data is published.

6



On the frontline



81%

Approximately **81%** of workers are in care roles.

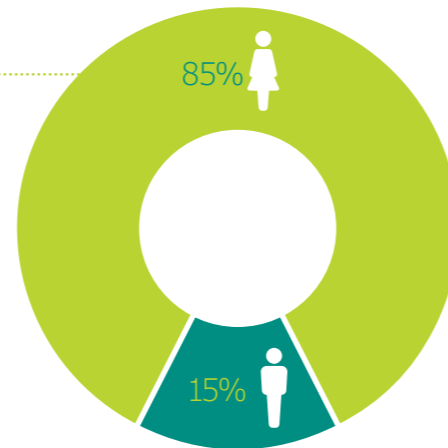


19%

A further **19%** are managers or key support staff including caterers and administrators.

Gender

Approximately **85%** of the workforce is female. The vast majority of early learning and childcare workers are female. Approximately one-third of the workforce is male in the following sub-sectors: fieldwork services (offenders), offender accommodation services, residential childcare and school care accommodation.



Age



The median age of a social service worker is **44**. The median age is highest in adult placement services at **52** and adoption services at **49.5**. It is lowest in childcare agencies at **33.5** and day care of children services is **36**.

Ethnicity



3%

Overall **3%** of the workforce is reported as belonging to an ethnic minority.⁷⁰

4%

Up to **4%** of the workforce reported as having a disability is low in all sub-sectors, ranging from 0 to 4%.⁶⁹



Staff retention

79.1%

In 2016 the overall stability index for the sector was **78%**. This means that all of those working in the sector in December 2014, approximately 78% were still in the same post in December 2016.⁷¹

Vacancies

In December 2015:

- Approximately 34% of services reported vacancies, unchanged from previous year. Care at home services had the largest year on year increase in the proportion of services with vacancies; up twelve percentage points to 57% of services. In several local authority areas, the percentage of care homes for older people reporting vacancies is over 70%.
- Approximately 40% of services with vacancies reported problems filling them, **up 4 percentage points from the previous year**.

Q?

- Services were asked why they have difficulties filling posts. The reasons include a lack of applicants with experience or a lack of qualified applicants.⁷²

69. The data is difficult to interpret due to a large proportion of unknown responses.
 70. The data is difficult to interpret due to a large proportion of unknown responses.
 71. The stability index is an alternative to turnover. Further information on this statistic and a sub-sector analysis is included within the Workforce Data Report.

Thousands of carers and volunteers play a critical role in the delivery of services.

Carers



There are approximately 759,000 adult carers and 29,000 young carers.⁷³ They provide care to family members, relatives and others. These carers should be seen as equal partners in the delivery of care.

Volunteers



There are an estimated 5,300 volunteers in this sector. They do many important roles including befriending and driving people to services or appointments.

72. Care Inspectorate data.
 73. Scottish Government (2015) Scotland's Carers. Estimating the number of carers is complex. Some people do not identify themselves as a carer. The 2011 census indicates that there are 482,000 adult carers in Scotland.

6

6.1 Social workers, occupational therapists and nurses

Social workers

Social workers are identified in two ways.

1. People registered on the social work part of the SSSC Register.
2. Social workers in local authority fieldwork services who perform statutory duties.

As of December 2016 there are approximately 11,000 registered social workers. This figure includes all people working as social workers. It will also include people who are retired, working in non-social work roles or just wish to maintain their professional regulation.⁷⁴ As of December 2016 there are approximately 5,800 local authority social workers.⁷⁵ Protection of the title 'social worker' was introduced in 2005. This means that only people with a relevant social work qualification – and registered with the SSSC – can call themselves a social worker.



Occupational therapists

As of December 2016 there are approximately 558 occupational therapists (OTs) working in local authority social work fieldwork services. The majority of the OTs are in adult fieldwork services.⁷⁶



Nurses

It can be difficult to estimate the number of nurses working in social services. All figures should be treated with caution. There are an estimated 6,650 nurses working in the social service sector. Approximately 64% of these nurses are working in private care homes for adults. A further 26% are employed by private nurse agencies.



74. The figure is based on SSSC registry data.

75. Based on SSSC (2017) Scottish Social Services Sector: Report on 2016 Workforce Data. See the report for further information.

76. SSSC (2016) Scottish Social Service Sector: Report on 2015 workforce data.

SNAPSHOT

A 'gig economy' or 'sharing economy' in social care?



The term 'gig economy' is regularly used to define a range of different approaches to work.⁷⁷ It can refer to people using apps to sell their labour. It can also refer to a way of working which involves people having temporary posts and being paid for individual activities. High profile examples include delivering food or collecting people. Profiles of the gig economy highlight scenarios where many workers are permanent employees, engaging in their gig economy activity on top of their more 'traditional' employment.⁷⁸

There are questions around the extent to which a 'gig economy' could exist in the social service sector. It can be harder to deliver continuity of care if short-term contracts are used. Many of us want to receive care as far as possible from the same care assistants or support workers. We want to build a relationship with the people who provide our care and can work with us to understand our needs and preferences.

The majority of social service workers are in posts which are full-time or nearly full time. The majority are on permanent contracts.

- **Many social service workers are in full time or near full time roles.** In Scotland the median weekly hours worked by a social service worker is 32. The sub-sectors with the lowest median hours are those that employ the fewest permanent contracts, namely childcare agencies and nurse agencies. All other sub-sectors have close to

full-time median hours, with the exception of day care of children services in the voluntary sector. The median weekly working hours is 30 or above in all larger sub-sectors such as care homes for adults, housing support and day care of children services.

- **A minority of workers are on zero hours contracts.** A popular perception is that many social service workers are on zero hours or no guaranteed hours contracts (ZHCs or NGH). Approximately 11% of the social service workforce is believed to be on a ZHC or equivalent. Some people highlighted concerns about the use of these contracts in social services, although respondents to a recent voluntary sector survey noted that they generally prefer to avoid moving to the widespread use of ZHCs. They indicated that these contracts are increasingly subject to negative publicity. These respondents primarily use full time or part time contracts. These contracts can be scaled up and down depending on demand.⁷⁹
- **Social service workers tend to have a permanent contract.** Approximately 81% of the workforce is on a permanent contract. This proportion is consistent across individual sub-sectors such as residential childcare, care at home and care homes. The exceptions are childcare and nursing agencies where agency, casual and sessional contracts are more common.

There may be a tension between the flexibility of service and the impact on the workforce. For example, a person may want support and care for an hour or so in the morning and again at night. They may ideally prefer to receive support from the same person. This example highlights a potential challenge. Some services and workers may embrace a flexible and personalised approach but it may be difficult to deliver services in a way which meet everyone's needs. An employer may be able to 'flex up or down' a part time contract but this could be as disruptive to an employee's working life or wellbeing as a ZHC. Alternatively, there may be instances where workers may prefer the flexibility associated with a ZHC or equivalent arrangement. These scenarios create challenges for people who use services, carers, commissioners, service providers and workers. A potential link between these challenges and self-directed support was highlighted in a recent University of Strathclyde study.

'The dilemma for employers in this context is that they have to acquiesce to the demands of the parents or users, or other advocates holding the budget because under SDS 'customers' can go elsewhere if dissatisfied.'⁸⁰

Providing flexible services which meet the needs of the people who use them is essential. There may be a need to continue exploring ways of promoting flexibility of service while continuing to provide secure, stable employment for social service workers.

Self-employment. Many self-employed people will be working as childminders or possibly as personal assistants (PAs). Our

understanding of PAs in this sector is steadily improving. A 2010 study of 500 PAs reported that a significant proportion of PAs did not have employment contracts, terms and conditions or job descriptions in place. The same study also reported relatively low provision of sick pay beyond statutory requirements.⁸¹ The study took place before the introduction of SDS legislation in 2013. It reinforces the need for a better understanding of the challenges and conditions for this workforce. The Scottish Government has agreed to implement the living wage for all PAs.

Sharing economy. The sharing economy (or collaborative economy) is about sharing human resources and assets. Well known examples include:

- peer-to-peer lending
- crowd funding
- car or flat sharing.

The sharing economy has multiple benefits such as helping people to make the best use of their assets. It can also be a way of creating self-employment. At this stage the implications of the sharing economy for social care are unclear. A Department for Business, Innovation and Skills report calls for further research into the implications for social care in England.⁸²

There are one or two examples of initiatives which seem to promote the concept of a gig or sharing economy in care. For example, there are online platforms which connect people with PAs.⁸³

77. All data in this section is taken from SSSC (2017) Scottish Social Service Sector: Report on 2016 workforce data.

78. Chartered Institute for Personnel and Development (2017) To gig or not to gig? Stories from the modern economy.

79. University of Strathclyde (2016) The Enablers and Barriers to Voluntary Sector Organisations Providing Personalised Support through Delivery of Self Directed Support.

80. University of Strathclyde (2016) The Enablers and Barriers to Voluntary Sector Organisations Providing Personalised Support through Delivery of Self Directed Support.

81. Reid Howie (2010) Scottish Government social research: Study of the Workforce and Employment Issues Surrounding Self-Directed Support.

82. Woskwo (2014) Unlocking the sharing economy: An independent review

83. For example, Home Touch allows PAs to advertise themselves as self-employed. People can also use this service to find PAs. <https://www.myhometouch.com/>

7 Registration of the social service workforce

The SSSC Register was set up to regulate social service workers and promote their education and training. Registration has an important role to play in improving safeguards for people using services and increasing public confidence in the social service workforce. Registration also has a key role in driving skills improvement and tackling skills needs.

To register with the SSSC a worker must satisfy the criteria for registration. This includes holding, or agreeing to work towards, the appropriate qualifications for the job they do.

Social workers can register if they hold a suitable social work qualification but they do not have to be in employment to do so. Social work students must be on, or about to start an undergraduate or postgraduate social work degree at a Scottish university or the Open University Scotland.

The remainder of the Register is function based rather than qualification based. This means that someone applying for registration must be in a relevant job or service, registered by the Care Inspectorate.

The Register is already open to a number of workers including social workers, social work students and staff working in the following services.

- Adult day care.
- Care at home.
- Care homes for adults.
- Day care of children.
- Housing support.
- Residential childcare.
- School hostels or residential special schools.
- Independent boarding schools.
- Care Inspectorate Inspectors.

If workers fall into any of the groups required for registration they need to register with us or another regulatory body by the specified date. If they don't it will mean an employer will be committing an offence if they continue to employ them in the role. Workers new into a role have six months from the date they start to register with the SSSC. Workers may register with a condition on their registration. This usually means that they do not hold one or more of the qualifications required for their role. They will normally have the first period of registration - typically five years - to gain the required qualification(s).

All registered workers must also meet post registration training and learning (PRTL) requirements. These requirements help to ensure workers continue to remain suitable for registration.

Since early 2017 the SSSC has registered over 100,000 workers. In 2017 this number will increase significantly as the Register is opened to additional workers in care at home and housing support services.

The following table illustrates the ongoing professionalisation of the workforce.⁸⁴

Table 4: Professionalising the social service workforce, selected figures, November 2016

| SSSC Register part | Progress |
|--------------------------------|--|
| Social workers | All registered social workers must hold a suitable social work qualification. |
| Care homes for adults | Approximately 33% of 30,000 support workers hold the required qualification for registration. |
| Housing support services | Approximately 1,400 housing support managers. Approximately 53% of these managers hold the required qualification for registration. |
| Day care of children services | Approximately 23,000 practitioners. Approximately 84% of registered practitioners hold the required qualification for registration. |
| Residential childcare services | Approximately 7,000 residential childcare workers, including managers, supervisors and other staff. Approximately 62% hold required qualifications for registration. A separate study by the Centre for Excellence for Looked After Children indicates that at least 77% of this workforce hold at least one relevant qualification. ⁸⁵ |

A recent voluntary sector HR forum survey indicates that a majority of respondents⁸⁶ are 'very confident' (37%) or 'confident' (57%) that non-registered staff will gain necessary qualifications. Approximately 58% indicated that qualifications are having a positive impact on practice.⁸⁷

84. Please note that some parts of the social service workforce have still to register or may be at an early stage. For example, workers in a residential childcare service must register within six months of taking up employment in this role. Workers in a care at home service must register by 30 September 2020. Some workers will also register with a different regulatory body such as the General Teaching Council for Scotland.

85. Source: Centre for Excellence for Looked After Children (2016) Residential Child Care Workforce Qualifications Summary. Some workers may require multiple qualifications. For example, a worker in a residential childcare service could register with a relevant SVQ and an HNC.

86. Thirty-four voluntary organisations took part in this survey. These respondents collectively employ approximately 25,000 staff.

87. Coalition of Care and Support Providers in Scotland (2016) 2015 Benchmarking Report for Voluntary Sector HR Network and CCPS.



Recruitment, retention and public perception



Employers and other stakeholders regularly tell us about key recruitment and retention challenges for the sector. Many challenges were identified during our discussions about skills challenges. This section of the WSR briefly explores key recruitment and retention issues. It draws upon discussions with employers, wider conversations and other evidence.

- Employers report problems when trying to recruit workers, particularly frontline and supervisory staff.
- Employers have concerns about recruiting and retaining workers, including:
 - early learning and childcare and out of school care
 - nurses in care homes
 - care at home staff
 - mental health officers
 - male workers.

The Scottish Government is committed to making sure Scotland's health and social care workforce reflects the diversity of its communities.⁸⁸

- Recruitment and retention problems appear to be more prominent in the private and voluntary sector. Rural areas tend to have particularly prominent challenges.
- There can be challenges around finding people to work anti-social hours.
- Financial pressures may have an impact on training and workforce development budgets.

Low pay is believed to be a key barrier to employment in this sector. There is a common perception that many people will choose a career in retail, where they may earn a higher wage or salary, which is more closely linked to their level of responsibility.

- As of October 2016 all adult social care workers receive the living wage (£8.25 per hour). As of April 2017 this commitment covers adult day care staff and personal assistants. There are concerns about the impact between different pay grades such as auxiliary staff and care workers, or care workers and managers.
- A recent study indicates that many practitioners and supervisors in early learning and childcare settings earn less than the living wage. The Scottish Government's intention is that by the end of this parliament all early learning and childcare staff will receive at least the living wage.⁸⁹
- Some adult social care employers reported a pay freeze in the previous year or a maximum of a 1% annual increase.

Perception of sector

An improved understanding of the sector may encourage people to engage with social services. It may also encourage people to consider a career in social services. Some key themes emerge from research studies and discussions with employers. For example, some people tell us that a living wage is vital. They also note that the sector has to do more to promote opportunities to transform people's lives and career pathways. During the development of the WSR some people in early years and adult services told us that workers must be prepared to assert their professionalism and promote the substantial impact they make on people's lives.

Employers tell us about the emotional toll which may result from working with vulnerable people. Some studies⁹⁰ give examples of workers who report stress, exhaustion and a feeling that they don't have enough time with the people they support. One survey suggests some social workers would value a reduction in stress over a pay increase.⁹¹ There may be a need to develop a better understanding of these areas.

Tackling recruitment and retention

Many initiatives aim to tackle recruitment and retention challenges.

Ambassadors for Careers in Care

The SSSC has created a network of approximately fifty Ambassadors for Careers in Care. Ambassadors motivate and inspire people of all ages to consider a career in care. They attend schools, employment services, colleges and fairs. They also contribute to research and recruitment resources.

Recruitment campaigns and resources

- In autumn 2017 the Scottish Government will launch a new recruitment campaign to promote early learning and childcare careers.
- The Question of Care website⁹² has an interactive video challenge which allows people to see what a career in care is like.
- The SSSC is developing a new one-page website which will provide information about qualification routes and progression opportunities.
- Providers are improving recruitment materials to make them more user friendly for applicants.

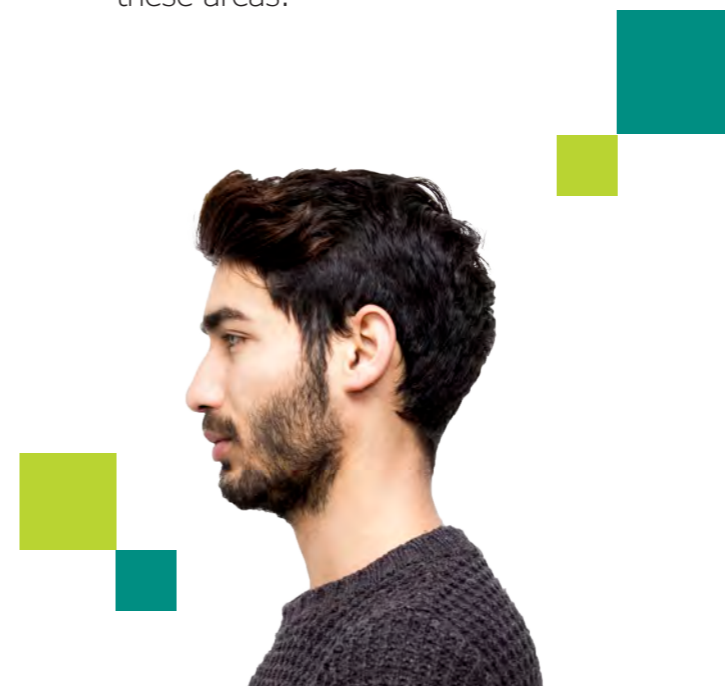
88. Scottish Government (2016) Race Equality Framework for Scotland 2016-2030.

89. Scottish Government, 18 March 2017: fair pay at heart of childcare expansion: <https://news.gov.scot/news/fair-pay-at-heart-of-childcare-expansion>

90. For example, see UNISON (2014) Time to care, a UNISON Scotland report into homecare, Scottish Care (2016) Views from the frontline, recruitment and retention of social care support workers.

91. Community Care, 15 February 2017, Social Workers value reduction in stress more than pay rise.

92. <http://www.aquestionofcare.org.uk>



9 Skills challenges



Introduction

This section begins by:

- briefly exploring skills developments such as the gender action plan and the apprenticeship levy
- summarising the role of the common core of skills, knowledge and value for the social service workforce and children's workforce.

The remainder of this section examines feedback from our study of key skills issues for the sector. The SSSC consulted approximately 770 people during the development of this report.⁹³ The findings in this report are based on a survey, interviews and feedback from events.

This section summarises some of the key themes from these discussions. Some themes were highlighted by larger groups while others were mentioned by a small number of people. We do not attempt to rank or categorise these themes or skills issues.

Many of the people we spoke to are very positive about social service workers. They highlight their loyalty, commitment, sensitivity and expertise. They told us about a number of issues including:

- a need for some workers to develop leadership and management skills
- a need for many workers to develop a relevant understanding and knowledge of conditions and illnesses such as dementia
- the specialist skills required to prevent unnecessary hospital admissions and to support people to stay at home for longer.

9.1 Key skills developments

1. College regionalisation and Outcome Agreements (OA)

The number of under-25 year olds in full-time education at college has increased by 14% in the last eight years. Student numbers overall have decreased by 41% over the same period, and part-time students by 48%. Most of the reductions in student numbers have been among women and people aged over 25.⁹⁴ The implications of these trends for the social service sector is unclear. The OAs provide examples of the way colleges and universities are meeting provision for key sectors such as social care. They also set out the steps that these bodies are taking to improve access for care-experienced young people.

2. Gender Action Plan

The Scottish Funding Council has developed a Gender Action Plan (GAP). The GAP sets out an aim to tackle gender imbalances in sectors such as childcare by 2030.

3. Foundation apprenticeships

The SSSC has developed Foundation Apprenticeships in Social Services and Health Care (SSHC) and Social Services Children and Young People (SS(CYP)).

4. Apprenticeship levy

The levy applies to all organisations with an annual pay bill over £3 million and is charged at 0.5% of that bill. The levy will have an impact on larger social service employers. One provider suggested that it will cost them £130,000 in 2017/18 and will lead to a significant drop of training income.⁹⁵ The Scottish Government has confirmed how it intends to use some of the proceeds from the apprenticeship levy. Some developments may be welcome news for all or parts of this sector.

94. Audit Scotland (2016) Scotland's Colleges 2016.

95. Third Force News, 16 May 2017, Apprenticeship Levy will cost us £130,000 this year: <http://thirdforcenews.org.uk/blogs/apprenticeship-levy-will-costs-us-130000-this-year>

For example, public sector employers will have better access to modern apprenticeships (MAs). Funding will also be used to extend the number of MA frameworks for workers aged 25+. The Government will also continue to fund and support NOS.

5. Regional skills assessments (RSAs) and skills investment plans (SIP)

The RSAs and SIPs aim to bring skills demand and supply closer together. They highlight areas of growth and skills challenges. The SIP examines key skills challenges for a sector. In March 2017 Skills Development Scotland published a SIP for the early learning and childcare sector.⁹⁶

9.2 Common Core of skills, knowledge and values for the social service workforce and the children's workforce

The Common Core of skills, knowledge and values⁹⁷ outlines the key attributes that everyone working with Scotland's people should have. Social service workers must:

- have self-awareness – understand yourself and others
- build trust – recognise the importance of relationships
- promote dignity and fairness – get to know how people want to live
- engage people – support everyone to be included.

The Scottish Government has developed a similar 'Common Core' for the skills, knowledge, understanding and values for the children's workforce in Scotland.⁹⁸ The Common Core for

the children's workforce centres on four key UN Charter on the Rights of the Child (UNCRC) principles.

- Non-discrimination.
- Best interests of the child.
- Right to live, survival and development.
- Children's views must be considered.

The Common Core contains a number of statements. Two examples follow.

Recognise that the needs and strengths of children, young people and families are unique and will be influenced by their environment, background and circumstances.

Include children, young people and families as active participants, listening to them, offering choices.

The Common Core also sets out the 14 common values of those who work with children, young people and families in Scotland. These include 'putting the child at the centre' and 'supporting informed choice'.

9.3 Identifying key skills issues

The remainder of this section focuses on skills issues identified during this study. The WSR does not attempt to rank skills issues or to explore whether some issues are more prominent than others. In some instances this report summarises the views of one or a small number of people. It does not attempt to provide a robust study or to quantify the extent to which issues apply across the wider workforce. This WSR aims to inform a debate on a range of skills and knowledge challenges faced by this sector. It also includes some examples of activities which support social service workers to develop their skills.

96. The SIPs are available from Skills Development Scotland's website. The SSSC has been part of the development of the early learning and childcare SIP. This WSR also refers to the findings in that report. <http://www.skillsdevelopmentscotland.co.uk/what-we-do/partnerships/skills-investment-plans/>

97. Scottish Social Services Council (2016) Common core of skills, knowledge and values.

98. Scottish Government (2012) Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland.

93. For further information please see the methodology in the Workforce Skills Report 2016-17, extended version.

9.4 Skills gaps and skills shortages

We began by asking social service workers and employers to tell us about skills gaps and shortages.

We encouraged participants to identify skills, competencies and capabilities. We began by providing participants with a list of 14 capabilities and skills required by social service workers.⁹⁹ We indicated that this list should be viewed as a starting point and that they should tell us what the terms mean to them. For example, one of the personal capabilities is about working in partnership. This capability means different things to different people. For example, working in partnership may refer to working with people who use services, carers, colleagues or other service providers.

Skills gaps

A skills gap exists if there is a difference between the skills your care staff have and the skills they need to carry out their role.

We developed a survey which gave people a list of key skills challenges. We asked people to tell us the extent to which there is a skills gap for each of those listed.

The three that people identified as having the highest level of skills gap were:

- leadership and management
- motivating and leading others
- dealing with conflict.

The three that people identified as having the lowest level of skills gap were:

- empathy
- a focus on people who use services and carers
- working in partnership.

People also identified other skills gaps including:

- assertiveness
- communication.

Skills shortages

A skill shortage exists where there are difficulties filling vacancies because there is a lack of people with the right skills.

In the same survey we asked people to tell us the extent to which there is a skills shortage for each of those listed.

The three that people identified as having the highest level of skills shortage were:

- leadership and management
- motivating and leading others
- dealing with conflict.

The three that people identified as having the lowest level of skills shortage were:

- empathy
- a focus on people who use services and carers
- flexibility.

People also identified other skills shortages including:

- reflection
- people lacking appropriate qualifications
- a need for many workers to develop a relevant understanding and knowledge of conditions and illnesses such as dementia.

During our events, two people told us about the need for some workers to develop innovation skills. They identified SDS and the integration of health and social care as the key drivers for these skills. Scotland's Labour Market strategy identifies the importance of innovation as a means of encouraging job creation and boosting productivity.

9.5 Causes of skills shortages

We asked participants about the causes of skills shortages. Approximately 40% highlighted the cost of training, staff replacement costs or terms and conditions. Some workers queried whether there are sufficient numbers of qualified workers in the sector.¹⁰⁰

Some people at our events referred to competition for staff, including internal (such as local authority social work services) or external (such as retail and hospitality). A few referred to the challenges around recruiting staff in rural areas. This issue was a recurring theme in the two rural stakeholder events.

9.6 Delivering self-directed support

At our events we heard about the workforce challenges around SDS. People reported a need for some workers to become more familiar with personalisation. They told us that staff must become increasingly familiar with SDS and the four available options.

During our events some people told us that many staff must get new skills or carry out training in this area. For example, they suggested that some frontline workers will have to become more familiar with risk-taking.¹⁰¹ They also told us that some workers must become more skilled at involving people who use services and carers in their work.

The ongoing implementation plan for SDS centres on the importance of the workforce. For example, it contains a strategic outcome on the need for workers and managers to have increased skills, knowledge and confidence in implementing SDS. It also notes that workers need a better understanding of the practice and culture associated with SDS. This includes a more person-centred outcomes approach.¹⁰²

A recent voluntary sector study asked voluntary sector employers to identify key skills shortages in this area. The most common and pressing skills shortage was a lack of understanding around the principles of outcomes-based support.¹⁰³

99. See appendix C.

100. The WSR contains a brief summary of training provision in Scotland.

101. The Scottish Government's self-directed support implementation strategy for 2016-2018 also refers to the challenges around promoting risk-enabled practice. The challenge is defined as 'how we better support people to achieve their agreed outcomes creatively while whilst balancing the need for protection'.

102. Scottish Government (2016) 2010-2020, Self-directed Support, Implementation Plan 2016-2018.

103. University of Strathclyde (2016) The Enablers and Barriers to Voluntary Sector Organisations Providing Personalised Support through Delivery of Self Directed Support

9.7 Literacy and numeracy skills

During our events and interviews a small number of people told us that some workers lack literacy or numeracy skills. They gave examples of the importance of good literacy and numeracy skills such as the ability to:

- read written information, policy and procedures
- write accurate reports and plans
- communicate
- record fluid intake, prompt or administer medication or calculate budgets.

In 2011 a SSSC-funded study examined literacy and numeracy skills in social services. In that study some day care for children employers reported significant concerns about some workers' written communication skills. The main numeracy gap identified by employers was around the ability to calculate or handle fractions.

At a number of events we heard how a lack of literacy or numeracy skills can hinder a worker's ability to obtain a qualification. The Workers Educational Association (WEA) delivers courses to support workers. Courses include an accredited qualification in communication. The SSSC is working with the WEA to support this work.¹⁰⁴

There have been various projects which have helped workers to develop their literacy and numeracy skills. For example, the Core Skills Appraisal Project (CSAP) aimed to encourage residential childcare staff into formal learning by creating a system of assessment for workers who did not meet the formal entrance criteria for the Higher National Certificate (HNC). The appraisal included an assessment of punctuation, spelling, grammar, listening skills, reading comprehension, analysis and evaluation.

The CSAP also aimed to support employers to develop a plan for registering their workforce by providing them with an assessment of their workers' capacity to complete the award. Between 2004-2007 over 1,300 residential childcare workers undertook the CSAP.¹⁰⁵

9.8 Employability skills

The need to develop employability skills was recognised as a priority for some workers. Skills which would be particularly important include problem solving and an ability to manage individual health and wellbeing.

9.9 Adult social care

At our events adult social care participants told us about the increased requirements and complexity in their role.

Care homes

Some care home staff and managers indicate that their service has a skills gap in some areas. They gave the following examples.

- Some staff increasingly support people with complex needs. These workers need specialist training in areas including prompting or the administration of medications, stroke awareness, supporting people who have dementia, falls prevention and foot care. Staff also have to be aware of incontinence, how to use a hoist or install a catheter.
- Staff have a critical role to play in preventative care or reducing the risk of re-admission to hospital. They increasingly require specialist skills to do this. For example, staff may require training around how to prevent pressure sores.

- Some workers said that staff may need a better understanding of spiritual care. They indicated that this is about religion for some people but for others it will be about helping people to feel comfortable and included. They questioned whether workers have the skills and support to do this. The National Care Standards for Care Homes mentions the need to make sure that 'your social, cultural and religious belief or faith are known and respected'.¹⁰⁶ Faith in Older People (FiOP) is undertaking a study to get a better sense of how providers deliver spiritual care to people with dementia.
- Some workers said that staff must be more skilled at helping people to do physical activity in care homes. The Care Inspectorate has published a resource pack promoting physical activity in care homes.¹⁰⁷

Previous studies have identified similar skills challenges for the care home workforce. For example, a taskforce on the future of residential care noted that the needs of care home residents can be complex and unstable. Nurses will be expected to have the training and skills to support complex nursing needs including tracheostomy care; Percutaneous Endoscopic Gastrostomy (PEG) feeding; delivery of IV fluids and/or IV antibiotics and delivery of oxygen.¹⁰⁸

Some people mention the need for staff to receive training around the duty of candour. The duty requires staff to be open and honest and to provide an apology to people affected by an incident.

Care at home and housing support

Care at home and housing support staff reported some skills challenges.

- Workers increasingly do tasks which may have previously been carried out by health staff such as PEG feeding, stoma care and identifying vital signs.
- Some workers are increasingly involved in prompting or the administration of medication.
- Housing support workers reported similar skills needs. They also note that some workers require ongoing training around welfare reform changes.

Some care at home staff highlight the critical support they receive from district nurses and others to develop their skills.

9.10 Common themes from discussions with adult social care stakeholders

A common theme throughout our discussions with adult social care stakeholders is around a need to shape services around the person receiving care. Participants also identify the need to support people to maintain their independence and to make choices. Some employers said that maintaining a focus on the person receiving care can be challenging at first for some workers and that qualifications can help workers to gain and maintain that focus.

Some people tell us about the challenges around making sure that people's rights and preferences are at the centre of all decisions. They noted that some workers lack the skills to do this, particularly when they are supporting people who may struggle to articulate their views. They identified challenges that some workers face when supporting people who have dementia or mental health issues. The following two bullet points identify some of the key guidance, support and the possibility of new roles.

104. SSSC News, 1 January 2017: Working to improve literacy with life stories: <http://ssscnews.uk.com/2017/01/30/literacy-life-stories/>

105. Rafferty (2008) Core skills appraisal project: assessing and preparing adults to return to learning, Scottish Journal of Residential Child Care, Vol 7, no 1.

106. Scottish Government (2007) National Care Standards, Care homes for older people.

107. Care Inspectorate (2014) Care about...physical activity, promoting physical activity in care homes in Scotland.

108. Taskforce for the futures of residential care in Scotland (2014) Full report on the future of residential care for older people in Scotland.

- Supported decision making can be about helping people to make a decision for themselves. It can also be about helping people to express their will and preferences. The Mental Welfare Commission has published guidance on supported decision making.¹⁰⁹
- Alzheimer Scotland has called for the introduction of a dementia practice coordinator role. This role could be a 'clearly defined role and responsibility that a member of the health and social care team takes on for each person with dementia who requires social and healthcare services.' Alzheimer Scotland envisage that practising social workers, nurses or allied health professionals would act as a dementia practice coordinator for a small number of people as part of their overall work portfolio. They believe that this role would provide a positive development opportunity for many existing practitioners.¹¹⁰

Some adult social care stakeholders highlighted the role of intermediate or step up or step down care. These services help people when they are at risk of being sent to hospital or when they have just left hospital. Intermediate care is typically available at home or in a care home and provided by mix of people including health and social care professionals. These workers need to be able to work in partnership with staff from other sectors. They have to be skilled at 're-abling' people. A key part of this is about helping to regain their confidence and to maintain their independence. These findings echo a report which indicated that the health and social care workforce has to be able to help people realise their full potential for health, independence and wellbeing.¹¹¹

Some adult social care stakeholders identify the complex skills required to provide sensitive end of life care. A recent Scottish Care study¹¹² examines the role of frontline workers in this process. It highlights the importance of communication at a particularly sensitive time. It also refers to the need for interactive learning approaches to support this workforce.¹¹³

9.11 Early learning and childcare (ELC)

The Scottish Government commissioned an independent review of the ELC and out of school care (OSC) workforce. The review summarises the skills and attributes which ELC and OSC staff need to enhance quality and support children's care, learning and development. These include the following.¹¹⁴

- Good understanding of child development and learning.
- Ability to develop children's perspectives.
- Ability to praise, comfort, question and be responsive to children.
- Leadership skills, problem solving and development of targeted lesson plans.
- Good vocabulary and an ability to elicit children's ideas.

The review also illustrates the complexity of the ELC and OSC role.

'Increasingly, the complex nature of the role of the adult in Early Learning and Childcare and Out of School Childcare is being recognised. Evidence supports moving away from historically inaccurate views of the workforces; namely, the ideas that the knowledge and skills required by practitioners/teachers is merely common-sense and that mothers could teach young

children equally as well, or that play is simply the work of children and the adults (mostly women) need only to provide resources for play and supervise children's experiences.¹¹⁵

We spoke with a small number of early years stakeholders during the development of the WSR. The Scottish Childminding Association (SCMA) also consulted a number of childminders on our behalf.¹¹⁶ Many of these people spoke positively about the role and skills associated with the early learning and childcare workforce. However, a number of skills gaps were identified. These gaps include the following.

- Working in partnership with families and children.
- To be more assertive and able to articulate their vital role in delivering services for children.
- Dealing with transitions.
- Supporting children through difficult times or major life events.

Leadership and management was a key theme in some of the discussions with ELC staff. The SSSC is developing mobile learning resources on mentoring and leadership to help support new workers coming into the sector. We also support leadership capacity across the sector.

One person referred to the need for some workers to develop specific skills to support younger children, particularly those under the age of two. There are initiatives, developed by organisations such as SCMA and the Scottish Qualifications Authority (SQA), which support ELC learners to work with childminders to gain practice experience. These initiatives could offer opportunities for learners to gain the

necessary skills to support these younger children.

Some stakeholders identify a need for workers to develop their play skills. The Play Strategy highlights the importance of a 'professional, qualified and well-led play workforce who are passionate and driven and have our children's health and wellbeing at the very core of their professional lives'.¹¹⁷ An action plan published as part of the implementation of this strategy reinforces the need for the 'play workforce' to be made up of people who facilitate play opportunities in their professional role.¹¹⁸

Two stakeholders identified the increasing importance of customer service skills in this sector. They tell us that the growth of commissioned and private services has reinforced the need for ELC services to be more clearly aware of the customer and client relationship between the service, the parent and the child.

The childhood practice award helps workers to develop skills and confidence. A study by the University of Edinburgh on behalf of the SSSC focuses on the unique contribution that childhood practitioners bring to the sector. It helps people to identify a link between the theory and the practice. The findings identify factors which are influenced by childhood practice qualifications. These include an impact on:

- analytical practice and reflective working
- knowledge
- contemporary strength based and integrated working
- status, confidence and employment prospects
- values, social justice and children's rights.¹¹⁹

109. Mental Welfare Commission (2016) Good practice guide: Supported Decision Making.

110. Alzheimer Scotland (2015) Advanced Dementia Practice Model: understanding and transforming advanced dementia and end of life care.

111. Joint Improvement Team, NHS Education for Scotland (2008) Capable, Integrated and Fit for the Future: A Multi-agency Capability Framework for Intermediate Care.

112. Study based on four focus groups involving 50 staff from the private care at home and care home sector.

113. Scottish Care (2017) Trees that bend in the wind: exploring the experiences of frontline support workers delivering palliative and end of life care.

114. Siraj and Kingston (2015) An Independent Review of the Scottish Early Learning and Childcare (ELC) Workforce and Out of School Care (OSC) Workforce.

115. Siraj and Kingston (2015) An Independent Review of the Scottish Early Learning and Childcare (ELC) Workforce and Out of School Care (OSC) Workforce.

116. We deliberately minimised our engagement with the early years sector to avoid duplication. At this time Skills Development Scotland were developing a Skills Investment Plan for the early years sector.

117. Scottish Government (2013) Play Strategy for Scotland.

118. Scottish Government (2013) Play Strategy for Scotland: Our Action Plan.

119. SSSC (2014) Taking the first steps - is childhood practice working?

The University of Edinburgh study also contains a number of quotes on the effectiveness of the childhood practice award. For example, one nursery manager noted the following.

'I did the childhood practice degree through interest rather than necessity. I learnt how to better work with Getting it right for every child (GIRFEC), children's rights and play. I especially did a lot more reading on play which was my main interest. I was able to link research theory and practice across the board and I am now much more aware of the impact of theory on practice. I have improved policies in the nursery class and changed classroom practice too'.¹²⁰

A large proportion of those who responded to the survey, talk about the importance of being knowledgeable about child protection, child development and first aid.

Childminders also said that self-employment brings particular skills challenges such as financial literacy, accounting and marketing. Some people tell us that working independently can be a major challenge for new childminders.

9.12 Community justice

We consulted a small number of people who deliver services related to criminal or community justice. We asked them about key skills challenges. Most participants referred to the need to work in partnership with other sectors. They tell us that community justice workers need to be skilled at working with people from various settings including health, education, employment and housing.

The stakeholders we spoke to told us about a highly skilled workforce in this sector. They tell us that the sector provides critical support to a number of people with complex needs. One person told us that some workers lack the skills to support some offenders, particularly those who are at high risk of re-offending or sex offenders.

We heard that a key challenge for this workforce is to stay updated on new developments and changes in legislation. Another person told us that some staff need a wider understanding of wellbeing and what it means for offenders.

Criminal justice social workers supervise individuals on Community Payback Orders. This role requires an extensive range of knowledge, skills and experience. It also requires an ability to support offenders and to identify their health, employment or additional needs. Criminal justice social workers supervise people on an order or licence in the community or during a sentence in custody. A recent study of Community Payback Orders (CPOs) reinforces the critical role of the criminal justice social worker. For example, it notes that:

'A crucial element of the effective delivery of CPOs is the knowledge, skills and experience of the Criminal Justice Social Workers who supervise the individuals on these orders and determine the nature of unpaid work and other activities that they should complete. In doing so, they ensure that the projects not only reflect local priorities and deliver tangible benefits to the community, but that they are also matched to the considerable skills of the unpaid work supervisors'.¹²¹

9.13 Social workers

Our discussion with social workers was brief as there are separate projects exploring these issues such as the review of the social work degree and work to update the Standards in Social Work Education (SiSWE).¹²² To achieve the honours degree in social work or the postgraduate award, student social workers must meet the SiSWE. The SiSWE set out the essential knowledge and transferable skills

121. Scottish Government (2017) Community Payback Orders.

122. Scottish Social Services Council (2016) Draft revised Standards in Social Work Education in Scotland.

alongside the competences that will be assessed. The SSSC is currently consulting on the revised SiSWE. The SiSWE set out a number of transferable skills.

- Make active and effective contact with individuals and organisations, to achieve various aims, and by means appropriate to the circumstances including in person, by phone, via social media and in writing.
- Take account of different views when gathering information and assess the reliability and relevance of the information they have gathered.
- Consider specific factors that are relevant to social work practice such as risk, resilience, rights, cultural, racial and ethnic identity, language difference, legal obligations and statutory responsibilities to protect vulnerable individuals.
- Assess human situations, taking account of factors such as the views of those involved, theoretical concepts, research evidence, legislation and organisational policies and procedures.

A practice handbook on social work skills and knowledge identifies 80 skills and interventions used by a social worker. They range from an ability to create a rapport to a skilled use of humour and social media. The handbook sets out the complex link between theoretical, factual and practice knowledge.¹²³ During the development of the WSR we spoke to two social work stakeholders. They told us about the extensive range of skills, knowledge and expertise that social workers need in their role. They identified a need to continue to recognise the unique contribution of the profession. We had brief discussions about the content of the social work degree and the need to continue providing opportunities for social workers to reflect and learn from colleagues. We heard about the challenges around finding time to do this.

123. Trevithick (2012) Social Work Skills and Knowledge, A Practice Handbook.

One stakeholder expressed concerns about a possible disconnect between university teaching and social work practice.

9.14 Areas not mentioned during the study

There are a number of key skills areas which were not identified during the development of this WSR. We know that some of these challenges are important to the sector and have featured in separate studies or strategies. This section briefly examines four areas.

- Autism.
- Alcohol and drugs misuse.
- Mental health, suicide and self-harm.
- Languages, including Gaelic and British Sign Language.

Autism

We did not receive any feedback on autism during the development of this WSR. Following the development of the Scottish Strategy for Autism, NHS Education for Scotland (NES) developed an Autism Training Framework detailing the knowledge and skills required at different levels within the health and social care workforce to achieve key outcomes for people with an autism spectrum disorder (ASD), their families and carers. The framework describes the knowledge and skills required across the range from those in generic services through to those working in specialist ASD services.¹²⁴

In the drive to facilitate access to all health and social care services NES have also developed Promoting Positive Practice, a practical resource that covers key considerations to make services more accessible to autistic individuals, their families and carers.¹²⁵

124. NHS Education for Scotland (2014) Optimising Outcomes, A framework for all staff working with people with Autism Spectrum Disorders, their families and carers.

125. NHS Education for Scotland (2017) Key considerations in promoting positive practice for Autism Spectrum Disorders, a guide for those working in health and social care.

Further resources will support those involved in assessment and diagnosis with a range of conference videos already available in relation to complexity in assessment and diagnosis. The Scottish Government is currently working on refreshed priorities for the next stage of the Scottish Strategy for Autism. They will continue to work with NES to improve the workforce awareness and capacity to respond to autism.¹

Alcohol and drugs misuse

The social service sector has a key role to play in improving outcomes for individuals and families in relation to problematic drug and alcohol misuse.¹²⁶ In December 2010 a paper was published which explores work to support the development of Scotland's alcohol and drugs workforce.¹²⁷

A 2011 review¹²⁸ of social work services and recovery from substance misuse explores the role of workforce development. It identified three key points.

- Training social workers can improve their attitudes, knowledge and values in this area. Training has a greater impact when social workers feel it is a legitimate part of their job to address substance misuse.
- There are educational barriers to be overcome to make sure social workers are equipped for working with alcohol and drug use. For example, there are challenges faced by organisations that do not consider working with substance misuse to be their focus.
- There appears to be challenges around providing training and skilled supervision when there may be limited expertise within the current workforce.

126. For more information visit: www.isdscotland.org/health-topics/drugs-and-alcohol-misuse/publications/

127. COSLA and Scottish Government (2010) Supporting the Development of Scotland's Drug and Alcohol Workforce.

128. Galvini and Forrester (2011) Social Work Services and Recovery from Substance Misuse: a Review of the Evidence.

- The review also considers the implications for social services which employ specialist substance misuse workers. In these organisations, staff and people who use services report more positively about the knowledge, skills and the support available to them.

Mental health, suicide and self-harm

The Mental Health Strategy 2017-2027 sets out a ten year vision with 40 actions.¹²⁹ Its central message is of the need for mental and physical health to be considered together and of equal importance. It has five themes - prevention and early intervention, access, physical health improvement, promotion and protection of rights and better information and measurement about service need, activity and effect. It emphasises the role across policy areas of mental health improvement, including children and families, integration, primary care and justice. The strategy outlines implications for the health and social service workforce and integration authorities as central to its delivery.

The Suicide Prevention Strategy 2013-2016 has actions at a general level and for high risk populations.¹³⁰ A number of the workforce development implications identified in this strategy are relevant throughout the entire Scottish workforce. For example, the strategy reports a need to raise awareness with people in all workplaces, families and others to be supportive to people who communicate suicidal thoughts. There is a need to ensure that a substantial number of frontline social service workers also receive access to similar training. A new Suicide Prevention Action Plan is intended for publication in 2018 following public engagement which will begin in late 2017.

129. Scottish Government (2017) Mental Health Strategy 2017-2027.

130. Scottish Government (2013) Suicide Prevention Strategy 2013-2016.

Work on improving the response to distress and to mental health problems at a population level has led to the commissioning of NHS Health Scotland to review mental health first aid and suicide prevention training to create future training resources appropriate and applicable by a wide range of individuals - the public, third sector, people in education and providers of health and social care services. Training materials being created as part of the Distress Brief Intervention Programme will have more general applicability in a range of settings.

Languages, including Gaelic and British Sign Language (BSL)

There was no discussion about language skills during the development of the WSR. A number of strategies aim to ensure the social service workforce better represents the diversity of the community it serves. These relate specifically to ensuring there are adequate numbers of professionals who can communicate in Gaelic and British Sign Language.

- The expansion of ELC will aim to take into account the wishes of parents and families who wish to communicate in Gaelic.¹³¹
- There is a recognition of the need to make sure that Scotland's health and social service workforce better represents the diversity of the community it serves.
- The Scottish Government supports the promotion of BSL.

9.15 Supervision and learning

At our events some people told us about the role of supervision, coaching and mentoring around developing capabilities and skills. Some participants, particularly social workers, told us about the impact of pressurised workloads and the challenges around finding time for supervision, reflection and learning.¹³²

131. Scottish Government (2016) A Blueprint for 2020: Expansion of Early Learning and Childcare in Scotland.

132. Section 3 highlights the SSSC's on for supervision, coaching and mentoring.

9.16 Digital capabilities

Our survey included a number of questions on digital capabilities.¹³³ We listed sixteen digital capabilities which describe the skills that we increasingly need at work. We asked participants to consider whether there is a gap between the digital skills that their workforce has and the skills required in their role. Three areas were perceived to have the highest level of digital skills gap.

- Work on shared documents using cloud services while maintaining confidentiality and in line with relevant legislation.
- Post on forums to connect with communities in line with corporate policies.
- Store data on a device or in the cloud.

Three areas were perceived to have the lowest level of digital skills gap.

- Creating a text document.
- Using a search engine to find information you need.
- Searching for data on websites.

Some events included a discussion session on digital capabilities. Many participants told us about the strengths and potential of technology although this view was not universal. Some workers are concerned about the potential for technology to replace personal interaction and support. Some people tell us that older workers are more likely to struggle with digital technology but this view is not universal. Many respondents say that there is no clear pattern and that many younger workers may also lack digital skills. The SSSC is developing resources which help people to improve their digital capabilities.

133. See appendix D.

A number of people told us about the increasing requirements on their staff, such as this example from a community justice provider.

‘We now look for staff to be able to create databases, input data, extract data, analyse and form reports where in the past we might only have expected the same grade of staff to input data’.

A common theme is that some workers lack confidence around technology or have a fear of misusing it at work. They feel able to use technology in their personal lives but struggle to apply it at work. Others tell us that they have been on courses to improve these skills but rarely find time to apply them at work.

Some people tell us that elearning is just one of the reasons why workers need to develop their digital skills.

- Telecare is playing an increasing role in the delivery of care in Scotland. It has a particularly vital role in supporting people in remote and rural areas.
- Telecare supports many people to remain safe and at home for longer.
- Services are increasingly using digital technology and online systems for a range of purposes, such as case management, risk assessments and to prompt or monitor the administration of medication.
- Job applicants need to be familiar with digital technology as many organisations have moved their recruitment process online.

Increasingly staff need digital skills in their day-to-day role. Technology helps people to have a choice, a voice and to maintain control.

- Resources such as Project Ginsberg or phone apps help people to self-manage their conditions or monitor their wellbeing.¹³⁴

- Technology supports everyday tasks or activities. People increasingly use the internet for a number of reasons ranging from an application for welfare benefits to a way of keeping in contact with friends and family.

Some workers tell us that people in care homes or living at home are regularly asking for support to operate their laptop, tablet or social media account. The digital participation plan¹³⁵ identifies the critical role of this sector.

‘Given the demographic profile of the digitally excluded, the health and social care sector is regarded as a priority for the development and implementation of services that can help encourage digital participation.’

There are concerns about access to digital technology at work due to reasons such as lack of time, resources or firewalls. Some care home staff say access to Wi-Fi can be challenging. They tell us that networks may be restricted to residents or managers.

Some stakeholders spoke highly about the SSSC’s digital resources and apps. They say that these resources are particularly useful for workers who are operating on their own (such as care at home and housings support) and workers who struggle to find the time to complete daytime training (such as night staff or lone workers). Some organisations have introduced refresher or introductory IT courses before rolling out the use of technology in their services. One member of an HR team noted that their service has a duty to help workers develop their digital skills. Their approach is to try to make it easier for lone workers by delivering services in a local or regional office rather than requiring the worker to visit their headquarters.

135. Scottish Government (2014) Digital Participation A National Framework for Local Action.

9.17 Future skills needs

During our study we asked people to tell us about future skills challenges. We list their response under five categories.

1. Workers in adult social care must become increasingly skilled at tasks previously carried out by medical or nursing staff. These include prompting or administering medication and identifying vital signs. There may be a need for a better understanding of the extent that some workers are carrying out these roles.
2. Social service workers need to at least be aware of many complex conditions and needs.
3. Some people, particularly in local authorities, believe that younger workers will need to develop new skills as many highly experienced and skilled staff will leave through redundancies and retirement.
4. Staff will have to be increasingly skilled and knowledgeable about working with other professions, particularly health, education and housing. This is a key theme in community justice. Social work representatives told us that the integration of health and social care is leading to a greater need for workers to develop partnership skills.
5. Legislation creates new skills or knowledge gaps. For example, the Carers (Scotland) Act 2016 will commence in 2017-18. The Act contains a number of provisions to support carers’ health and wellbeing, such as a duty on local authorities to provide support to carers. During the development of the Act some respondents mentioned a number of potential skills and knowledge gaps. Some of these gaps may become

clearer in future when the Carers Act commences. Staff may need training in how to do an assessment or how to involve carers and young carers.¹³⁶

9.18 Workforce planning

The Scottish Government’s Programme for Government 2016-17 contains the following commitment.

‘To ensure we have the right staff for our health and care services now and in the future we will shortly publish a new draft National Workforce Plan. This will outline a range of workforce planning improvements required to deliver enhanced primary and secondary care in Scotland, including work on bringing together a range of professionals into GP surgeries.’¹³⁷

The Scottish Government is developing a workforce plan for the health and social care workforce. The delivery plan notes that a new national health and social care workforce plan will establish priorities for action, assess current resources, and detail the actions to close the gap between ‘what we have and what we will need to deliver high-quality, integrated and transformed services to those who need them’. A consultation notes that very few social service employers currently use workforce planning tools. A small-scale study notes that the mostly commonly used tool is the SSSC’s Workforce Planning Guide. The health and social care workforce plan will comprise of three distinct parts. The first part focuses on the role of the NHS. Part two will focus the social care workforce and will be published in Autumn 2017. The final part will focus on primary care and will be published in late 2017.

136. Granville et al (2015) Carers Legislation: analysis of consultation responses.

137. Scottish Government (2016) The Scottish Government’s Programme for Scotland 2016-17.

134. Scottish Government, 30 October 2014, Project Ginsberg: <http://news.gov.scot/news/project-ginsberg>

The WSR survey includes two questions on workforce planning. Approximately 36% of respondents indicated that services have a plan or strategy in place to address skills gaps and skills shortages. Twenty per cent indicated that their organisation is developing one. We asked for a brief summary or highlight from their workforce plan. A sample of responses follows.

- 'A grow your own strategy - funds two places per year to train social workers over the whole locality.'
- 'We plan to ensure induction and supervision highlight gaps more effectively, and then identify relevant external training courses for staff. This is reinforced by regular internal e-learning course which can be developed to meet specific needs.'
- 'Because we live on an island, as the manager I have to try to bring training to the island to give them face-to-face training. Many staff can't go away to the mainland as have family they care for.'
- 'Up skilling staff to support nursing shortages. Work academy programme to give taster experience for people returning to work. Liaising with future workforce through colleges.'
- 'We have opened our own Learning and Development department, built a classroom and employed two staff to deliver in house programmes.'
- 'Our workforce plan looks at succession planning, requirements for changes in care provision and long term development of the workforce all based around continuous learning.'

- 'We have national, service type (for example, residential or disability) mandatory (all workers) and service specific training plans.'
- 'We have our own SQA accredited centre to make up for lack of appropriate courses for the OSC sector.'

In 2014-15 the Office of the Chief Social Work Adviser carried out a study of the workforce challenges for mental health officers (MHOs) which explored workforce planning. Respondents to the survey give a number of examples.

- 'We have a workforce plan for recruitment. We also offer quarterly forum meetings for trained MHOs and have a steering group which meet every eight weeks. There are also peer support groups for MHOs and these also meet every eight weeks.'
- 'Yes - we have a workforce plan which supports retention and development of MHO.'
- 'We provide an annual staffing and resource paper to senior managers within the council. It helps to match our demand to workforce planning.'
- 'The council does have a recruitment and retention plan which is produced annually from April to March and it is expected that the forthcoming plan will reflect the national issues in regards to MHO retention and recruitment.'

SNAPSHOT

SSSC Learning Zone and Open Badges



The SSSC creates resources which help people to develop digital capabilities. Topics covered by these resources include:

- use of social media and mobile applications
- finding and critically analysing resources
- assistive technologies.

Our resources provide an interactive, inclusive and engaging learning environment. Digital learning is an effective way of gaining and retaining knowledge. The SSSC has developed a Learning Zone website¹³⁸ which is easy to use and accessible as no user name or password is required. The majority of content is open educational resources (OERs). This means it is possible to use these resources to create materials as long as people credit the SSSC. All apps can be downloaded and viewed offline. The SSSC has created digital learning resources to support workforce development.

- Reference tools which complement an organisation's policies and cover topics including adult support and protection and the administration of medication. The apps are mostly used by lone workers such as care at home staff but are not restricted to this group. For example, fire brigade staff use the adult support and protection app.
- Apps to support practice in the workplace. These apps aim to help people to reflect on their practice. For example, staff use the health and safety app to carry out a risk assessment in the workplace.

- Online learning resources to support in-depth knowledge development. For example, the safe medication resource contains three modules which help people learn more about key areas. This information can be used as evidence towards SVQs or professional development.

- Making Better Decisions is an online interactive resource that enables learners to explore difficult practice situations using media to create realistic scenarios. Each scenario contains issues that have been factors in fitness to practise investigations. This resource enables the learners to choose how they would act in similar situations in a safe environment. It also encourages learners to reflect on the possible outcomes. Our early evidence suggests that this resource is helping workers to evaluate and change their practice to ensure the best outcomes for people using their services.

- Open Badges allow people to create a digital record of their achievement and skills. They are tied to assessment and excellence. The Open Badge website¹³⁹ covers areas such as keeping people who use services and carers at the centre of services, self-leadership and managing change.

138. <http://learningzone.workforcesolutions.sssc.uk.com/>

139. <https://www.badges.sssc.uk.com/>

10 Learning and development provision



Introduction

This section aims to illustrate the significant levels of learning and development underway in the Scottish social services sector. It examines data on a range of areas including SVQ, HNCs and other social care courses at Scotland's further education colleges. It also examines data on the childhood practice award and the Mental Health Officer Award (MHOA).

This section also briefly examines access to learning and examples of good practice and includes brief anecdotal feedback from three colleges.

The SVQs, childhood practice awards and other qualifications are not restricted to the registered workforce. For example, childminders support vulnerable and young children and these awards play a vital role in supporting their development.

10.1 Scottish Vocational Qualifications (SVQs)

The term 'social care SVQs' is used to collectively describe a) the children and young people SVQs and b) adult social care SVQs. This section begins by exploring some of the key messages in relation to social care SVQs. This section then examines a) the children and young people and b) the adult social care frameworks in greater detail.

10.1.1 Social Care SVQs

A summary of recent trends follow.

- **An increase in the number of registrations:** in 2014-15 there were 9,456 registrations for social care SVQs. For 2015-16 the figure is 10,348. In both instances children and young people SVQs make up approximately 28% of the total.
- **An increase in the number of certifications:** in 2014-15 there were 7,452 certifications. In 2015-16 the figure is 7,553. In 2014-15 children and young people made up approximately 30% of all SVQ certifications.

In 2015-16 that figure decreased slightly to approximately 28%.

It is possible to place social care SVQ provision in context by examining the number of SVQs per 100 workers¹⁴⁰ in Scotland. There are a number of points to bear in mind when reviewing this data.

- This data is at further education region level to smooth out the effect of small numbers and to avoid potentially releasing sensitive data.
- The number of registrations and awards will vary throughout Scotland and the figures given here aim simply to illustrate the volumes of staff completing SVQ awards in both framework areas.
- These figures do not take into account the percentage of workers in these areas who already hold relevant SVQs and meet registration requirements.

In 2015:

- seven out of every 100 children and young people workers¹⁴¹ were registered for a children and social care SVQ qualifications
- just over five out of every 100 children and young people workers achieved an SVQ award.

The children and young people figures indicate that Central region had the lowest population of entries and awards per 100 workforce (1.9 and 2.1 respectively). The Borders has the highest (20.7 and 14.2 respectively).

In 2015:

- six out of every 100 adult social care workers¹⁴² registered for an adult social care SVQ qualification

¹⁴⁰. In this instance the definition of children and young people's workforce includes workers in residential childcare, day care of children and school care accommodation. It does not include childminders. It also excludes workers who do not require a Children and Young People SVQ such as ancillary or administrative workers.

¹⁴¹. In this context the definition for the children and young people workforce comprises the following sub-sectors: residential childcare, day care of children and school care accommodation. It excludes administrative/support workers and ancillary workers.

¹⁴². In this context the definition for the adult workforce comprises the following sub-sectors: adult day care, care homes for adults and housing support/care at home. It excludes administrative/support workers and ancillary workers.

- just under five out of every 100 adult social care workers achieved an SVQ award.

The adult figures indicate that Central region had the lowest proportion of entries per workforce (2.8) and Aberdeen and Aberdeenshire had the lowest proportion of awards per workforce (2.8) in 2015. West Lothian had the highest proportion of entries (20.2) and awards (15.4).

10.1.2 Children and Young People SVQ in further education colleges

All data in this section is based on data supplied by the Scottish Funding Council on training provision in Scotland's colleges. The SVQ frameworks were updated in 2014.¹⁴³

Children and Young People SVQ – the Children and Young People (CYP) SVQ data includes entries and awards for old, new and continuing frameworks. In 2014-15 there were 2,810 college entries for these frameworks and 2,075 awards.

College enrolments for an SVQ in CYP Social Care increased by nearly 60% from 2013-14 to 2014-15. A large proportion of this increase was at West Lothian College.

The college pass rate for the Children and Young People SVQ increased from 78% in 2013-14 to 82% in 2014-15.

In 2013-14 approximately 5% of the children and young people SVQ students in Scotland's further education colleges were male. For 2014-15 the figure is 6%.

10.1.3 Adult Social Care SVQ in further education colleges

Adult SVQ data includes entries and awards for older, new and continuing frameworks. In 2014-15 there were 7,370 college entries for these frameworks and 5,456 awards.

College enrolments for an SVQ in adult social care nearly doubled from 2013-14 to 2014-15. A large proportion of this increase was at West Lothian College where enrolments more than tripled.

The college pass rate for the Adult Social Care SVQ increased from 78% in 2013-14 to 90% in 2014-15.

In 2013-14 approximately 18% of Adult Social Care SVQ students in Scotland's further education colleges were male. For 2014-15 the figure for males is 14%.

10.2 Modern apprenticeships (MAs)¹⁴⁴

There are two key modern apprenticeships frameworks in social services.

- Social Services and Healthcare (SSHC).
- Social Services (Children and Young People) (SS(CYP)).

In 2008-09 there were 803 MA registrations compared to 2,640 in 2015-16. The number of certifications increased from 1,234 to 1,782 during this time. Key points from the 2015-16 data, based on 2,640 registrations in this year:

- 1,450 (55%) of all registrations were for the SS(CYP) framework. The remaining 1,190 (45%) were for the SSHC framework
- approximately 12% of all registrations were for workers aged 25 or over
- approximately 9% of all registrations were male.

In 2015-16 the vast majority of SS(CYP) registrations (89%) were for the SVQ level 3 award.

In 2015-16 approximately 60% of SSHC registrations were at SVQ level 2. A further 37% were at level 3. Only 4% of SSHC registrations were at SVQ level 4.¹⁴⁵

¹⁴³. See appendix E for more information.

¹⁴⁴. The modern apprenticeship frameworks were renamed in 2014.
¹⁴⁵. Figures do not add up to 100% due to rounding.

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The percentage of MA registrations at SVQ level 3 has changed in recent years. For example, in 2008-09 approximately 96% of all MA registrations were at level 3. In 2015-16 approximately 65% were at this level. In 2014-15 there was a substantial fall in the number of MA registrations at level 2, with only a slight recovery in the following year.

10.3 Higher National Certificates (HNCs) and Higher National Diplomas (HNDs) in Social Care

Table 5: HNC enrolments and completions, 2014-15

The HNCs can be split into two categories, adults and children.¹⁴⁶

| Qualification | Enrolments | Full completions | % of full completions |
|--|------------|------------------|-----------------------|
| HNC Social Care: Adults | 1,651 | 1,114 | 67% |
| HNC Social Care: Children and Young People | 1,141 | 846 | 74% |
| Total: | 2,792 | 1,960 | 70% |

Between 2013-14 and 2014-15:

- the number of enrolments for the HNC Social Care (Adults) increased from 1,522 to 1,651
- the number of enrolments for the HNC Social Care (Children and Young People) increased from 928 to 1,141
- the pass rate for the HNC Social Care (Adults) decreased from 71% to 67%
- the pass rate for the HNC Social Care (Children and Young People) decreased by 1% (from 75% to 74%).
- In 2014-15:
 - fifteen colleges delivered an HNC in Social Care (Adults)
 - fourteen colleges delivered an HNC in Social Care (Children and Young People).

The HNC is not delivered in many rural areas including the Highlands or Argyll and Bute.

Table 6: HND enrolments and completions, 2014-15

| Qualification | Enrolments | Full completions | % of full completions |
|--|------------|------------------|-----------------------|
| HND Social Care: Adults | 131 | 103 | 79% |
| HND Social Care: Children and Young People | 183 | 165 | 90% |

¹⁴⁶. More information on the courses within these two categories is available on request.

Between 2013-14 and 2014-15:

- the number of enrolments for the HND Social Care (Adults) increased from 68 to 131
- the number of enrolments for the HND Social Care (Children and Young People) increased from 44 to 183
- the pass rate for the HND Social Care (Adults) increased from 65% to 79%
- the pass rate for the HND Social Care (Children and Young People) increased from 64% to 90%.
- In 2014-15:
 - three colleges delivered the HND in Social Care (Adults)
 - four colleges delivered the HND in Social Care (Children and Young People).

10.4 Other social care and other care courses at Scotland's further education (FE) colleges

10.4.1 Other social care courses

This category includes social care training courses other than SVQs, HNCs and HNDs provided by Scotland's further education colleges.

Table 7: Other social care courses enrolments and completions, 2014-15

| Qualification | Enrolments | Full completions | % of full completions |
|-----------------------------|------------|------------------|-----------------------|
| Other social care: adults | 4,962 | 3,247 | 65% |
| Other social care: children | 7,327 | 4,681 | 64% |

This category includes:

- courses on moving and handling, first aid and using a defibrillator
- partial courses which do not lead to a full qualification such as the first year of an HNC in Early Education and Childcare
- Skills for Work which help young people to develop the skills they need for work.

A selection of course titles from both categories¹⁴⁷ follow.

¹⁴⁷. Each of these courses had 20+ enrolments in 2014/15.

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Adults

- Access to higher health and social care
- Infection control workshop
- Introduction to counselling
- Mental health first aid
- SWAP – Access to Nursing.

Children and young people

- BA Learning Disabilities/Difficulties
- Introduction to caring for children
- National Progression Award in Playwork and Childcare
- Play development and learning
- Skills for Work: childcare.

10.4.2 Other care courses provided by Scotland's further education (FE) colleges

This category comprises care training provided by FE colleges that is not part of social care but may include an element of social care in the course such as an SVQ unit.

Table 8: Other care courses, 2014-15

| Qualification | Enrolments | Full completions | % of full completions |
|---------------|------------|------------------|-----------------------|
| Other care | 21,606 | 15,178 | 70% |

These courses cover a range of topics. The majority of these courses are categorised as 'health care management' or 'health studies' (approximately 46% of all enrolments). A further 23% are defined as occupational health and safety. Other care courses also include:

- Crisis support/counselling
- Crisis/illness/self-help
- Family/community work
- Nursing
- Parenting/carers
- Psychology
- Semi-medical/physical/psychotherapies.

From 2013-14 to 2014-15 enrolments for other care training reduced by 18%.

10.5 Childhood practice award

From 1 December 2011 it is a requirement for all managers in day care of children services to have or be working towards a childhood practice award. The innovative childhood practice award is one of the first work-based awards in Scotland where entry is based on vocational qualifications (SVQs) and the experience people have gained in their career to date. There is a suite of childhood practice awards including the degree, professional development award and the postgraduate diploma. The SSSC approves and assesses childhood practice courses. An Education Scotland study highlights the impact of the childhood practice award.¹⁴⁸

'Our evidence would suggest that in almost all centres surveyed, staff, who either have the BA Childhood Practice award or are undertaking the qualification, believe that it is having a significant and positive impact on children's learning. Theoretical studies build very well on staff's practical experience. Staff have a clearer understanding of child development and feel more confident and motivated in delivering the curriculum. We know that staff are using their new knowledge and skills to improve learning for children, for example outdoor learning. They are delivering more child-led learning which promotes deeper and challenging learning experiences.'

As of 2014 there are over 1,200 childhood practice graduates in Scotland. Encouraging more males to do this award is a key theme in a recent independent workforce review.¹⁴⁹

10.6 Social work degree admissions and graduates

The SSSC publishes data on social work training and admissions:

Table 9: Social work training admissions and qualifications, 2005-2015

| Year | Admissions | Qualifications |
|---------|------------|----------------|
| 2005-06 | 639 | 702 |
| 2006-07 | 697 | 685 |
| 2007-08 | 721 | 564 |
| 2008-09 | 647 | 500 |
| 2009-10 | 702 | 509 |
| 2010-11 | 682 | 518 |
| 2011-12 | 618 | 552 |
| 2012-13 | 618 | 518 |
| 2013-14 | 564 | 529 |
| 2014-15 | 572 | 486 |

The number of admissions and successful completions has dropped steadily since 2011-12. The SSSC also:

- approves the Practice Learning Qualification (Social Services) PLQ (SS).¹⁵⁰ Six programmes deliver this award.
- developed the Standard for Chief Social Work Officers (SSSC, 2015). The Chief Social Work Officers' postgraduate diploma is delivered by Glasgow Caledonian University, working in partnership with the University of Dundee.

148. Education Scotland (2012) Making the difference, the impact of staff qualifications on children's learning in early years.

149. Siraj (2015) An Independent Review of the Scottish Early Learning and Childcare (ELC) Workforce and Out of School Care (OSC) Workforce.

150. <http://www.sssc.uk.com/workforce-development/qualification-information-for-providers/practice-learning-qualifications-social-services>

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10.7 Mental Health Officer Award (MHOA) completions

Mental Health Officers (MHOs) are social workers with a minimum of two years post qualifying experience who have gained the MHOA. The SSSC carries out monitoring and quality assurance of Scotland's MHOA programmes.

Table 10: Admissions to and completions of MHOA programmes, 2011-12 to 2015-16

| | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|-------------|---------|---------|---------|---------|---------|
| Admissions | 61 | 41 | 58 | 56 | 69 |
| Completions | 52 | 40 | 46 | 50 | n/a |

10.8 Nursing courses

The SSSC provides information to Scottish Government which supports workforce planning for nurses. In 2017-18 the total recommended pre-registration nursing and midwifery intake will rise by 4.7% to 3,360 places.¹⁵¹

10.9 Access to learning and development and a college perspective

During the development of the WSR we asked participants for views around access to learning and development. We asked survey participants¹⁵² to comment on the following statement.

Table 11: Access to learning and development¹⁵³ SSSC 2016 survey

| Statement | Agree | Disagree | Don't know | No change |
|--|-------|----------|------------|-----------|
| It is easier to find training courses and vocational qualifications for our staff than it was three years ago. | 47% | 28% | 14% | 12% |

We did not ask participants about overall training budgets. However, we did ask them to tell us about the ways that they use these budgets. Some tell us that they are allocating an increasing share of resources to meeting SSSC registration or mandatory requirements. There are some funding sources which support employers to meet registration requirements such as the Voluntary Sector Development Fund.¹⁵⁴

In 2016 we invited participants to offer anecdotal feedback around learning and development. The majority of feedback focused on funding, staff replacement costs and workload pressures.

- 'The pressure of workload makes it difficult for people to find time to give learning and development any priority.'
- 'Our staff are having to fund qualifications themselves to stay in their jobs.'

Some participants tell us about the critical role of the employer around supporting staff to carry out training. They refer to the SSSC Codes of Practice for Social Service Employers which sets out their responsibilities. The SSSC Codes for Social Service Workers identifies the need for workers to maintain and develop their skills.

Stakeholders regularly tell us about the challenges around paying for training and finding courses which are consistent.¹⁵⁵ During the development of this report we heard people say that they can find providers offering courses but the quality can vary. They also tell us about the challenges around allowing staff the time to attend courses, to reflect on their learning and to put their learning into practice. Different sectors report different challenges. For example, private sector employers tell us there are fewer funding sources for workforce development in that sector. The public sector occasionally identifies the inability to access modern apprenticeships.

Some employers spoke about how the sector can get better at recognising training. They noted that some people are happy to provide training but won't certify it. We were told that many district nurses and health staff provide excellent training for care at home staff but are not able to provide certifications following the course. These staff are frustrated because they feel recognition of training would help workers to demonstrate their knowledge and support their career development.

There are particular challenges around accessing training for some types of employers and workers. Examples noted during this study include:

- lone workers such as childminders or workers in care at home and housing support
- part time or night shift workers
- workers in smaller services, which lack access to HR departments
- workers in rural services.

The Care Inspectorate's work on a standard for childminders also explores training issues. Childminders were asked for their views on the training and development that childminders should have after they become a registered service. A brief sample of responses follows. Child protection is a recurring theme.

- 'Continuous online and local workshop training to keep them up-to-date with changes in childcare education.'
- 'Regular first aid and child protection to maintain knowledge of current legislation and best practice.'
- 'First aid, child protection, health and hygiene, Getting It Right For Every Child.'
- 'Autism. Cot Death. Child Protection. Asthma. Meningitis. Challenging behaviour. Arts and Crafts.'

151. See section 6.1 of the WSR for more information.

152. Table based on 166 responses.

153. Figure are rounded and may not add up to 100%.

154. <http://ssscnews.uk.com/2016/07/07/voluntary-sector-development-funding-vsdf-201617/>

155. Scottish Social Services Council (2014) Workforce Skills Report 2013-14, Stakeholder Feedback and Overview

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10.10 Learning and development: a college perspective

During the development of this WSR we spoke to the College Development Network and we asked three members of the group to tell us about the strengths and areas for development on social care courses. We also asked them to tell us about the changes their college is making. A selection of their comments are below. The need to engage with key partners is a key theme throughout their feedback.

1. What is working well in your programmes?

- 'Support for students as they learn – regular time in college means that they are able to link theory to practice and receive learning support as required in the class as well as from observations and visits to the placement.'
- 'Progression routes from school to college, and through college towards university or directly to employment.'
- 'The new HNC Social Services and HNC Childhood Practice reflect the new standards in SVQs and offer progression onto higher education, degree or practitioner qualifications. The value of the new programmes will be better understood once a larger cohort of students have studied, completed and achieved the qualifications in 2016-17.'
- 'We have developed the integrated HNCs which reflect the sector's changing face. This has enabled a closer working relationship between early years and health and social care. We continue to grow our SVQ provision to avoid taking people from the sector but to add to the quality of the provision. We continue to grow our childhood practice numbers again with the same ethos as the SVQ approach. We are working with schools

in order to create clear progression routes from school to further education/higher education (FE/HE) care courses. We employ a wide range of professionals in an attempt to reflect the workforce.'

- 'Placement experience prepares candidates appropriately as almost all students secure employment in the sector. Level 2 prepares students for progression to Level 3.'
- 'A range of learning and teaching approaches are used which consider the diverse needs and abilities of students.'

2. What needs to change?

- 'Improved offer of placements from related employers in order that learners receive the best vocational experience and are more work ready.'
- 'There needs to be greater understanding between schools, FE and HE providers to enable clear articulation between the institutions. There needs to be a change in funding to allow for retraining opportunities to meet the workforce's growing needs. There needs to be a balancing out regarding gender differences of students.'
- 'Develop communication across awarding bodies, employers and colleges to promote engagement and an understanding of expectations of the award.'

3. How will you address the need for change?

- 'Fostering improved relationships with local authority partners to increase the number of appropriate placement providers in the area.'
- 'We need to look at growing SVQ further at both MAs and commercially. We need to look to a flexible part time HNC route. We need to continue to work with schools in order to understand each other's challenges. We need to find positive routes for males into care.'

There needs to be a structured approach to the new HNC to allow for an ease for students to articulate from one to the other and this should be available to them in their workplace.'

- 'We have developed courses specifically aimed at encouraging men into care and whilst this has worked for addressing equality issues for ourselves and our partner organisations/stakeholders it has not been converted into more men on mainstream health, care and early learning provision. An impact assessment has been done that identifies how the various agencies are working towards promoting positive images of men into care but contemporary cultural attitudes and perspectives may be having a negative impact that is not always transparent. We thus need to work together to bring about change by investing in research that can be published and shared.'
- 'Invite employers to engage with colleges and at strategic levels.'

10.11 Examples of good practice and collaboration

During the development of the WSR we invited employers and workers to tell us about good practice and collaboration around workforce development. A brief summary of the feedback follows.

- 'We have had to develop the PDA in Leadership and Management for our managers as we couldn't afford to fund this externally. We have collaborated with another third sector organisation to be able to do this. We have streamlined our induction process to induct everyone over a four week period and cover a significant amount of core training.'
- 'Sense Scotland, Mungo Foundation and Education and Children's Services in Stornoway are good examples of organisations addressing their in-house accredited leadership and management training.'

- 'On the island the NHS were good at offering spaces to my staff even before the partnership. This has been a good way of helping each understand the others job/role in caring.'
- 'We currently share training with other independent providers.'
- 'Staff are studying to higher (level) qualifications than required for registration, including higher education to doctorate level. This presents a career structure without horizontal or vertical jobs.'
- 'At the moment we are introducing a 'Learning into Practice' tool to be used both during and following attendance at a course to identify personal learning. The plan should then be discussed with their line manager and then reviewed by them after three months. It is hoped that participants will begin to see the link between attending a training session and what they do in their daily practice.'

10.12 Summary of section

This section illustrates the significant levels of training carried out in social services. A summary of the key messages in this section follows.

1. Social service workers are completing significant numbers of SVQs and HNCs. In the past year there has been an increase in the number of enrolments and completions. In 2014-15:

- there were 2,829 enrolments for social care SVQs and 2,456 completions
- six out of every 100 children and young people workers attained an SVQ award
- five out of every 100 adult social care workers attained an SVQ award.

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2. Social service workers are continuing to access relevant modern apprenticeships. In 2015-16 there were 2,640 registrations and 1,782 certifications. Both figures are a substantial increase on the equivalent 2008-09 figure.

3. A growing number of childhood practice graduates. As of 2014 there are over 1,200 childhood practice graduates in Scotland.

4. A steady decrease in the numbers of admissions to social work training courses. In 2014-15 there were 572 admissions to social work training courses. The number of admissions has dropped slightly since 2011-12.

5. A slight increase in the numbers of people on MHOAs. In 2015-16 there were 69 admissions to these courses.

6. Our survey suggests that workers and providers appear to be generally positive about their ability to find relevant training courses and awards. The key challenges include:

- accessing funding to pay for courses
- issues around the quality or consistency of courses
- allowing staff time to attend courses
- allowing staff time to reflect on learning and to put it into practice.

7. Some providers, particularly in adult social care tell us about the need to make sure that training is recognised.

They tell us that local authorities, and district nurses regularly provide high quality training but are unable to certify it. The SSSC is developing 'Open Badges' which can help staff to receive recognition for their training.

8. Other key challenges for the sector include:

- encouraging unrepresented groups (such as males) to complete training
- a lack of funding for workers aged 25 or above to do modern apprenticeships.

There are a number of national projects and initiatives which aim to tackle these challenges. These include the GAP and the plan for the apprenticeship levy proceeds. Colleges have also identified a need to tackle many of these issues.

Employers tell us about the innovative work they're doing to deliver training. For example, employers are developing their own courses or working with other providers to deliver accredited training.

11 Methodology and references



Methodology and references

The SSSC undertook a small scale study as part of the development of the WSR. Approximately 770 respondents contributed to this study. We began with a survey in summer 2016 and held a series of events in autumn and winter. The survey and events covered skills shortages, skills gaps and access to learning and development. One of the key aims of the events was to supplement areas which were under-represented in the survey responses. For example, much of our engagement work focused on the private and voluntary sector.

Part 1: Survey (summer 2016)

We received approximately 345 responses to our summer 2016 survey in on skills gaps, shortages and other challenges.

- The average response rates for all non-mandatory questions was approximately 35%. Response rates for each question varied from 12.5% to 81.2%.
- We received at least one response from every local authority area except Clackmannanshire. Approximately 58% of respondents were from urban areas and 31% were from rural areas. Just over 10% of respondents said that their services are Scotland wide.
- Profile of survey respondents.
 - Auxiliary and ancillary workers: 14%.
 - Care workers: 49%.
 - Managers: 37%.
- Employer type of survey respondents.
 - Local authority sector: 55%.
 - Voluntary sector: 23%.
 - Private sector: 23%.

We also asked respondents to tell us about the type of service they work in.

- Adult services: 41%.
- Children's services: 32%.
- Local authority social work services: 17%.
- Central and strategic services: 9%.

Part 2: interviews, focus groups and events (autumn/winter 2016)

The vast majority of respondents contributed views via stakeholder events or interviews. We had a brief session with the Ministerial-led Social Work Services Strategic Forum. We also worked with various organisations including.

- Scottish Care.
- Coalition of Care and Support Providers (CCPS).
- The Voluntary Sector HR Network.
- Early Years Scotland.
- Scottish Association of Social Work.
- Scottish Childminding Association.
- Chest, Heart and Stroke Scotland.
- Voluntary Sector Community Justice Forum.
- Housing Support Enabling Unit.

These organisations either provided evidence or gathered evidence on our behalf.

We also spoke to representatives from umbrella bodies, colleges and trade unions. We received a small number of responses from Social Work Scotland's learning and development sub-group.

We also consulted a number of civil servants throughout Scottish Government.

People who use services and carers

This study did not set out to identify the views of people who use services and carers. A truly co-productive approach requires input from people who use services and carers. Previous WSRs have included interviews and events with these groups. We anticipate including these groups in any future studies. In the report we identify a recent example of a study exploring these views and highlight a need for further work around this area.

We gratefully acknowledge the support from everyone who participated in this study.

The SSSC

The SSSC is the regulator for the social service workforce in Scotland. Our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. We protect the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct we can investigate and take action.

We:



publish the national codes of practice for people working in social services and their employers



register people working in social services and make sure they adhere to our Codes of Practice



promote and regulate the learning and development of the social service workforce



are the national lead for workforce development and planning for social services in Scotland.

Our purpose is to raise standards and protect the public through regulation, innovation and continuous improvement in workforce planning and development for the social service workforce. Social service workers provide care and support for some of the most vulnerable people in Scottish society. These workers deal with complex care needs and make a real difference to peoples' lives.



12 Appendices

Appendix A: Social Work Services Strategic Forum

The Minister for Children and Young People chairs the Social Work Services Strategic Forum. The forum includes representatives from:

- Scottish Government
- SSSC
- Care Inspectorate
- Social Work Scotland
- Scottish Care
- Coalition of Care and Support Providers in Scotland
- Scottish Association of Social Work
- UNISON.

Appendix B: Social services: delivering society's objectives and access to services

Developing a comprehensive picture of the sector's workload and contribution to society would be complex. Data is primarily gathered on the sector's key roles. Data is not typically gathered on activities where the sector is one of the key partners. For example, this section notes that social work is one of the agencies involved in supporting law offenders. No data is gathered on the sector's contribution to this area. There are also a number of areas of social service activity where data is not published. These include day care services for adults and people in offender accommodation.

Appendix C: Selected personal capabilities and skills

| | |
|---|----------------------------------|
| A focus on people who use services and carers | Working in partnership |
| Motivating and leading others | Empathy |
| Dealing with conflict | Professional autonomy |
| Lifelong learning | Flexibility |
| Confidence | Resilience |
| Accurate self-assessment | Awareness of impact on others |
| Organisational awareness | Leadership and management skills |

These capabilities and skills list is adapted from the Framework for Continuous Learning in Social Services. This list is not definitive.



Appendix D: Digital skills capabilities

1. Managing information: to find, manage and store digital information and content

1a. Use a search engine to find information you need.

1b. Search for data on websites.

1c. Bookmark useful websites and services.

1d. Store data on a device or in the cloud.

2. Communicating: to communicate, interact and connect with others

2a. Keep in touch using email, instant messaging, video calls and social media.

2b. Post on forums to connect with communities.

2c. Communicate with organisations about their products and services.

3. Collaborating: interact, collaborate, co-create with others

3a. Work on shared documents using cloud services while maintaining confidentiality and in line with relevant legislation.

3b. Post on forums to connect with communities in line with corporate policies.

4. Problem-solving: increase independence and confidence by solving problems and finding solutions using digital tools

4a. Teach yourself simple tasks using tutorials.

4b. Use feedback from other internet users to solve common problems.

4c. Access support services.

5. Creating: create basic digital content to engage with digital communities and organisations

5a. Create a social media post.

5b. Create a text document.

5c. Create and share a photo album.

5d. Create and share feedback about products and services.

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Appendix E: SVQ frameworks, up to and post-2014

The Children and Young People SVQ data comprises entries and awards for the following qualifications:

'Old' frameworks (up to 2014):

- SVQ2 Children's Care Learning and Development
- SVQ3 Children's Care Learning and Development
- SVQ3 Health and Social Care (Children and Young People)
- SVQ4 Children's Care Learning and Development
- SVQ4 Health and Social Care (Children and Young People)

'New' frameworks (from 2014):

- SVQ2 Social Services (Children and Young People)
- SVQ3 Social Services (Children and Young People)
- SVQ4 Social Services (Children and Young People)

Continuing frameworks:

- SVQ3 Youth Justice

The adults SVQ data comprises entries and awards for the following qualifications:

'Old' frameworks (up to 2014):

- SVQ2 Health and Social Care
- SVQ3 Health and Social Care (Adults)
- SVQ4 Health and Social Care (Adults)
- SVQ4 Leadership and Management for Care Services

'New' frameworks (from 2014):

- SVQ2 Social Services and Healthcare
- SVQ3 Social Services and Healthcare
- SVQ4 Social Services and Healthcare
- SVQ4 Care Services Leadership and Management

Continuing frameworks:

- SVQ3 Community Justice: Work with Victims, Survivors and Witnesses
- SVQ3 Community Justice: Working with Offending Behaviour

Although the transition from old frameworks to new took place during 2014, there was a considerable number of certifications for old framework SVQs for both SVQs in 2015, and small numbers of registrations.



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