New, emerging and changing job roles:

Adult social care in extra care housing

Contents

Executive summary and key findings

Skills for Care commissioned Sitra to explore existing and emerging job roles which straddle housing and social care. The overall aim of this project was to undertake research into new, emerging and changing job roles that have a housing and social care overlap, and their possible suitability to apprenticeships.

This project provides a critical part of the jigsaw of provision and emerging roles which 'cross over' between care and housing. The two disciplines have to date developed in relative silos, both as professions and in their development pathways and this research has provided an opportunity to reflect on how significantly that picture has changed.

The project consisted of desktop based research and primary research carried out with providers of Housing with Extra Care and strategic leaders to investigate some of the emerging themes through an online survey and in depth interviews.

What is the existing landscape within extra care and supported housing?

■ Extra care is a growing and expanding market with many providers positive about the future of housing with care. Creativity and innovation in delivery models is evident with health and wellbeing a priority, mixed tenure being encouraged and culture and behaviour changes within the workforce of providers participating in this work.

■ Perspectives gained - both strategic and operational - from the extra housing sector indicate a huge shift in the care and support being requested, accessed and offered to adults. Specifically, people want choice.

■ The shift and change in service is also being attributed to the changes in people's expectations, with tenants wanting more choice and flexibility in their housing and care options plus more in terms of a professional service.

External factors influencing change in the sector

■ Providers confirmed that the current operating space is challenging. Commissioners are looking for value for money and a more integrated approach, funding is increasingly coming from across health and housing, and outcome measures are focusing more on delivery and contracting.

■ Awareness of the Care Act 2014 was mixed, with most in-depth providers being unaware of it and others having only some awareness. Others have thought through its impact. It was evident, however that the Care Act 2014 has encouraged some providers to explore the further potential of local partnerships.

■ Strategically the themes of isolation and loneliness were highlighted along with an emphasis on the increasing needs of those with dementia. These were echoed by providers as increasingly important considerations for service delivery which will also have a direct impact on workforce development as well as workforce and organisational structures.

Existing, new and emerging roles across the sector

■ Traditionally care staff appear to have had a task-oriented approach. However, there is a shift towards a more holistic approach based on a deeper understanding of the person they are providing the care for, particularly with regard to building social networks but also to being able to signpost colleagues to support elsewhere.

■ The integration agenda is noted by many as driving these changes with care and support being bought close together. Funding is also cited as driving changes in job roles with joint commissioning and shared services.

■ Providers suggested that the new and emerging roles and skills needed tend to impact lower/middle managers who have to manage multiple areas of work. It was also highlighted that care staff must have a broader and more generic portfolio of skills and an awareness of the holistic needs of customers.

- Extra care housing is much more focused on lifestyle and a holistic, choice-based housing option for people who use the services. Therefore there is a greater reliance on the scheme manager to integrate these varied roles.

Workforce development approaches

- The majority of providers had formal workforce development approaches in place and reported that vocational qualifications are used within the sector. There was also an appreciation that not all new recruits will have the appropriate skills and would need an in-depth induction and training plan.

- Despite the drive for value for money and the need to control costs, providers demonstrated a commitment to learning and development for their workforce. However, budget constraints necessitate more innovative delivery models, for example e-learning and the use of other technologies.

- Providers suggested that generic skills may need to be enhanced in existing qualifications (for example, functional skills and in particular communication skills) and included in new qualifications.

- Overwhelmingly there was acknowledgment that senior management, and in particular scheme managers, needed to be robust and resilient in order to lead services in the changing environment of extra care housing. The role needs not only care and support skills but also business acumen to cope with changes and demands of commissioning.

Apprenticeships – now and in the future

- Whilse there was evidence that the Health and Social Care Apprenticeship Framework was being used by the sector, there was uncertainty around the fit of the framework in extra care housing.

- Many of the apprenticeship pathways being adopted in the sector are around administration, business and repairs and maintenance. These are currently viewed as more appropriate for the sector, with some providers still uncertain about how a health and social care apprenticeship framework would fit within housing-related support.

- The training needs of the existing workforce are currently the focus of workforce development approaches. There appears an appetite to also encompass training through apprenticeship frameworks. There was positive feedback from providers with regard to developing and expanding apprenticeship programmes to include new and emerging job roles.

Chapter One

Project overview

Skills for Care commissioned Sitra to explore existing and emerging job roles which straddled housing and social care. The project includes an assessment of the workforce development needs these roles pose and the potential role of apprenticeships to meet such needs.

The project began with a desk based evidence review (DBER) which explored existing literature on the nature of the potential 'cross over' roles. It identified the drivers that may indicate that such roles will increasingly be needed in the future and looked at what this means in terms of workforce development. It also highlighted areas where such evidence was lacking, some of were incorporated into the second phase of the project (see Annex A).

Phase two of the project consisted of primary research carried out with providers of Housing with extra care and strategic leaders to investigate some of the emerging themes from the DBER and to explore issues where existing evidence could not be identified. This phase utilised both quantitative and qualitative research tools (see Annex B).

Methodology

Job description review - A collection of 50 job roles and a review of a selection of changing, new and emerging roles that have occurred in response to changes in the sector has been undertaken.

Online survey - An online survey was used to capture quantitative data from across the Housing with extra care sector. 108 responses to the survey were received from a mix of single and multi-site organisations[1]

The survey was disseminated through Sitra's networks, newsletters and website links. It was also targeted at providers of housing and social care via existing relationships with experts in the field such as EROSH, the National Housing Federation and the Centre for Housing Studies, as well as via Skills for Care's enews.

In-depth interviews (semi-structured telephone / face-to-face interviews) - 24 managers in learning & development or human resources roles from extra care and supported housing providers were interviewed, via telephone or face-to-face, to provide qualitative data to enrich our dataset.

The schedule of questions was sent prior to the interview to allow participants to prepare. Job descriptions were also requested in advance to ensure efficient use of the interview time and to ensure gaps in information were covered.

13 key stakeholders also provided their input. These interviews with strategic leaders from the sector focused on the overarching drivers and challenges facing the sector from a macro perspective. These responses have enabled us to gain insight into wider policy and demographic drivers. A breakdown of respondents can be seen in Annex C.

---

1. 61.5% of respondents were from organisational groups and 38.5% were single site responses.

Chapter Two

What is the existing landscape within extra care and supported housing?

As part of this piece of work it was important to explore the existing landscape of extra care and supported housing: Has the sector grown and/or changed? Is the sector attracting the necessary workforce? And importantly, how is the sector responding to changes?

Perspectives gained - both strategic and operational - from the extra care housing sector indicate a huge shift in the care and support being requested, accessed and offered to adults. Specifically, people who use the services want choice.

This shift is occurring across a number of areas with some providers indicating a move towards community extra care models of delivery which integrate services into the community with elements like activities to ensure a holistic health and wellbeing approach for people who use the services, meanwhile other providers are moving away from traditional models of residential facilities. The issue surrounding this shift is ensuring funding and commissioners are adaptable to this model.

❝ looking to provide more support services in the community ❞

40.5% of providers who responded online have seen a significant increase in the demand on their services with a further 27.4% reporting a slight increase. This increase in and demand appear to focus on several areas especially for people with complex needs including domestic abuse, mental health and learning disabilities.

❝ Less of demand for traditional service from scheme manager of morning calls only, but increase in complexity of support needs of tenants ❞

The majority of providers have seen an increase in demand but there were some who reported a reduction in services in the main due to funding cuts. However, there is an argument that this is also leading to creativity and innovation in services.

It is interesting to note that the shift and change in service is also being attributed to the changes in client/customer expectations, with tenants wanting more choice and flexibility in their housing and care options plus more in terms of a professional service. Alongside these, other factors influencing changes in the sector are:

■ The needs and challenges of providing housing solutions to people who need care and support with dementia
■ provision of both emotional and personal care to help tackle loneliness and isolation
■ the increased demand for providers to be part of the community and offer an integrated holistic approach to care.

Some issues and challenges being faced by providers are greatly influenced by region or authority, making it difficult in some cases to determine an overall national trend as localism impacts on commissioning.

Overall extra care is a growing and expanding market with many providers positive about the future of housing with care. Creativity and innovation in delivery models is evident with health and wellbeing a priority, mixed tenure being encouraged and culture and behavior changes within the workforce. This emphasises the shift in terms of enabling people through care and support.

Attracting the right workforce

It is important to look at the recruitment and retention of the workforce within extra care housing when examining the existing sector. 30.6% of providers who responded online reported having unfilled health and care role vacancies. In total 186.5 vacancies were reported, which is an average of 1.7 vacancies per respondent. The Skills for Care NMDS reports a vacancy rate of 5.7% across all social care roles.

Senior management roles were reported to take the longest to fill, with 48.3% being filled between two and three months and a further 36.2% taking over three months. The Skills for Care NMDS-SC reports a vacancy rate of 3.8% for senior management roles. For other occupational groups one to two months was reported as the norm to fill vacancies.

Providers reported that they are trying to be more competitive with wages and in some cases are seeing an increase in interest in the sector due to circumstances beyond their control.

❝ pay a living wage rather than minimum so seen as attractive compared with other industries ❞

❝ seen a growth in people applying for jobs because they have been made redundant (no more jobs for life) growth in older workforce ❞

Figure 1. Length of time taken to fill vacancies by occupational group

less than 1 month 1-2 months

2-3 months 3 months or longer
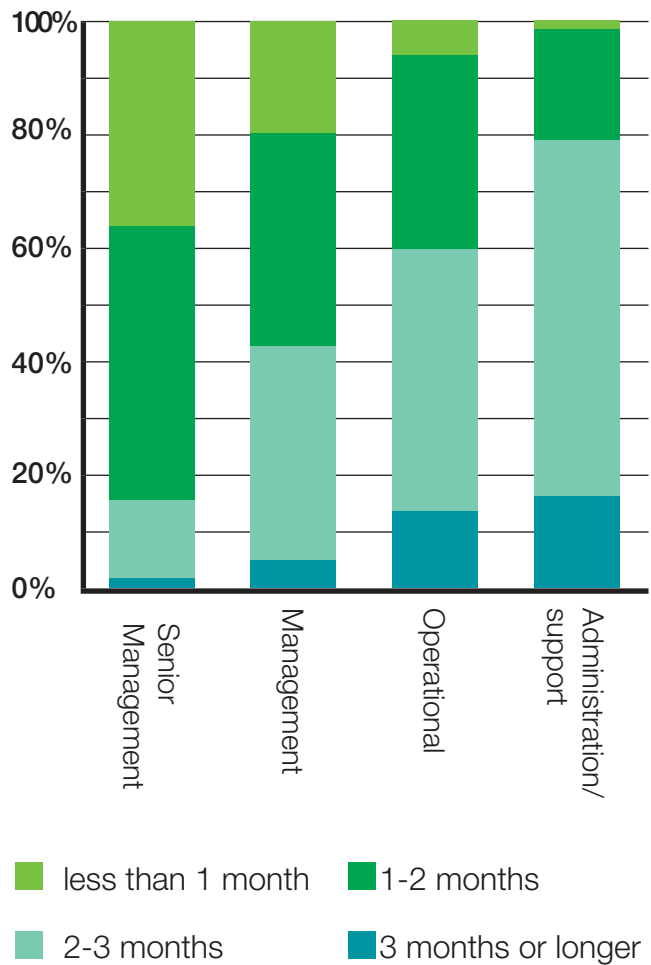
Base: 108 respondents

Some geographical areas reported difficulties in filling vacancies and this was driven by a variety of factors including the local market situation and also the overall availability of jobs. Alongside this, some providers also commented on difficulty in recruiting particularly because the expectations of front-line staff have increased while salaries have remained static or dropped, although this was not a problem for all. One provider did comment that they are paying less than supermarkets or the equivalent, which could cause some recruitment issues.

Retention appears to be less of an issue although a London-based provider did comment that staff appears to use front line positions as a stepping-stone to more specialised statutory roles.

" retaining good people is often difficult, good people use us as a stepping stone into more statutory positions "

Overall providers indicate that recruitment is harder and retention is better. This offers the opportunity to explore why it is hard to recruit and also why retention is still important to the sector as the service models and ethos change. Providers, therefore have to make efforts to develop and keep the staff they have.

This illustrates a shift in mind-set and demonstrates that there is a possible need for specific training programmes. The sector is changing very rapidly which means providers have to take staff along with them.
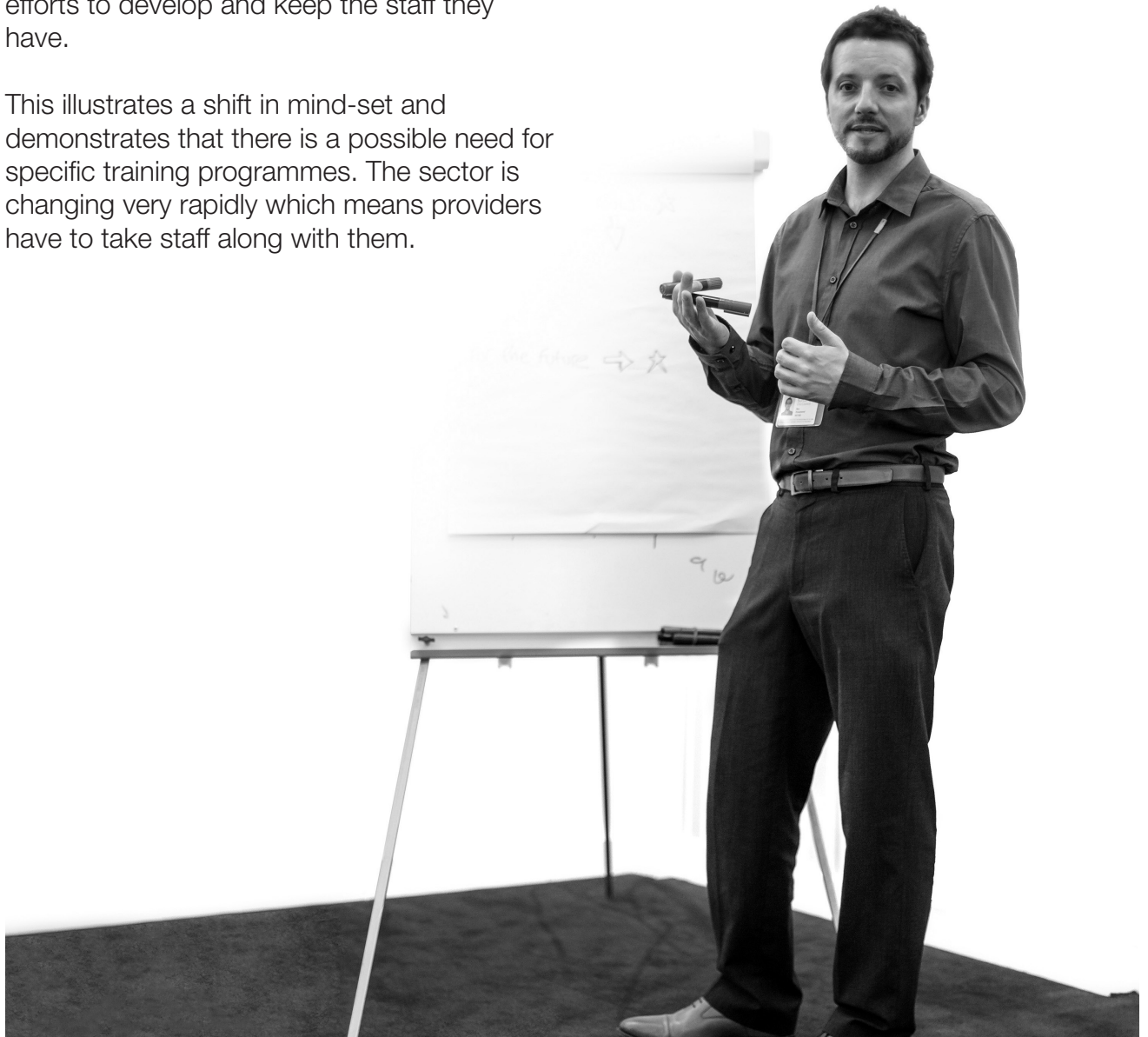
Chapter Three

External factors influencing change in the sector

When exploring new and emerging job roles within extra care housing it is important to look at how policy developments and other external factors are influencing changes in the sector.

A major question posed to those involved on this project - at both provider and strategic levels - queried the impact and implications of the Care Act 2014. It was important to understand the awareness of the act because of imminent impact on local authorities to provide support for people who use the services. Responses revealed a mixed picture with some being very aware and others unaware or not having thought through the implications of the Act.

❝ interesting opportunities for us as a housing provider ❞

❝ Some knowledge of the Care Act – implications being dealt with adults and community teams ❞

❝ Beginning to be, not fully on our radar ❞

The Care Act 2014 has also encouraged some providers to explore the potential of local partnerships:

❝ looking again at our relationships with health authority, particularly looking at the wellbeing agenda ❞

❝ Reviewing our relationships with clinical commissioners, want closer relationships with them ❞

In a tough economic climate a major factor driving change in the sector is local commissioning practice. 78.9% of the online respondents reported that this is having 'a lot' of effect on extra care housing. Other factors having a big impact were welfare reform (53.7%) and national changes in legislation (46.3%).

When asked about the biggest challenges for the future workforce, 38.9% of providers responding online cited 'leverage of funding into the sector'. Other challenges affecting the sector were its ability to attract a suitably skilled workforce (20.8%) - as mentioned in section 2 -and the challenges brought by an ageing population (18.1%).

Providers were also asked about how changes in commissioning were having an impact on the sector. 98.6% of online respondents rating 'having less funding available' as the biggest change to the commissioning landscape as lower value contracts roll out. Shorter-term contracts (66.2%) and increased competition (63.4%) are also important changes driving development in the sector as a result of commissioning issues.

❝ Commissioning landscape changing, increasing demand on outcomes and evidence of outcomes, more focused on personalisation ❞

❝ Yes major shift in commissioning landscape. We are looking to build a business model that is responsive to this ❞

The impact of lower-value contracts could drive providers to tighten resources and this could mean that the focus on learning and development could be affected in favour of ensuring primary services are maintained.

Figure 2. Which of the following changes in the commissioning landscape have providers witnessed?
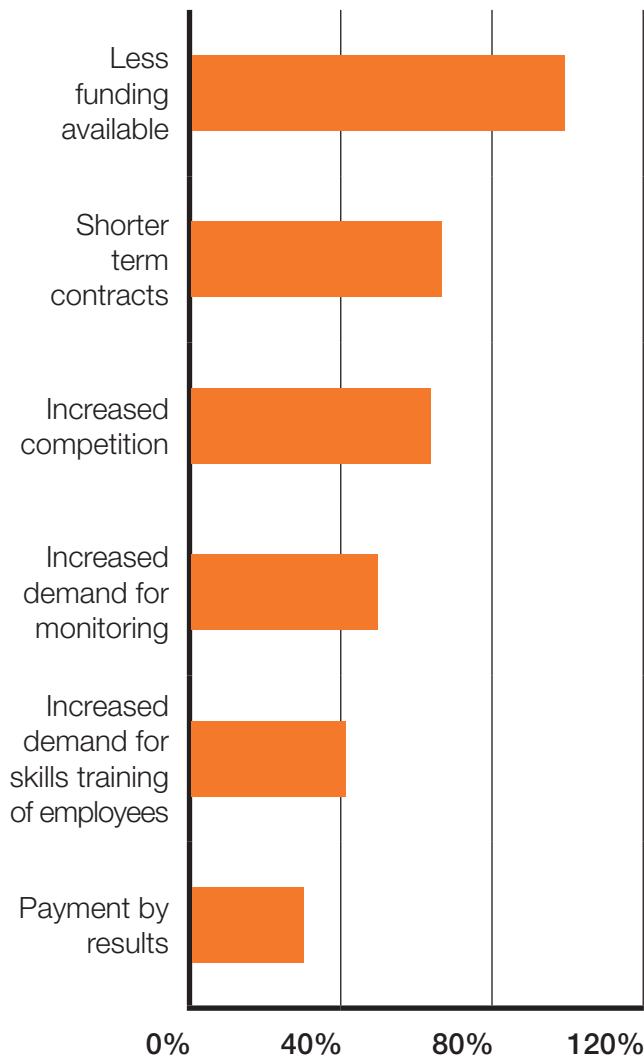
Base: 108 respondents

Providers confirmed that the current operating space is challenging. Commissioners are looking for value for money and a more integrated approach, funding increasingly coming from across health and housing, and outcome measures are focusing more on delivery and contracting.

It could be argued that the impact of changes to commissioning, especially around short-term contracts, could make it harder to recruit new staff although retention appears to be less of an issue for providers involved in this work. This could lead to a workforce worried about job uncertainty. Motivation could become an issue and ways to ensure a motivated workforce will become a priority for providers.

Strategically the themes of isolation and loneliness were highlighted along with an emphasis on the increasing needs of those with dementia. These were echoed by providers as increasingly important considerations for service delivery which will also have a direct impact on workforce development as well as workforce and organisational structures.

" Important to get the right skills based [for] an ageing population - importance of wellbeing and these areas have less funding. Therefore, it demands a more innovative approach. "

The challenges of mixed-tenure buildings were also cited as a driver of change within the sector. Typically an extra care provider will include around 50% to 60% affordable rent with other units being available to those who can self-fund. The need for mixed tenure can create tensions in terms of service user expectations where elements of the degree of frailty and the economic diversity of service users will affect the skills the workforce needs.

This challenge reinforces the point about the breadth of skills needed by the workforce in working with those who have chosen to move in and have little social care needs through to those in the 'affordable rent' spaces, typically having much higher needs.

The need for a workforce that can adapt to differing levels of need, coupled with service users of differing levels of income and background will increasingly become a challenge for the sector. The workforce may need to adapt advice and approaches to suit a wider range of people being supported.

Personalisation

A greater need for flexibility and consideration of the aspirations of older people was widely recognised as a critical external driver of change. This is indicative of the personalisation agenda's impact on the sector, albeit without the targeted budgets to match.

There is acknowledgment that personalisation is important as the idea of person focused services is a driver for the sector. To date, personal budgets have not had a big impact within older person's services, although there is recognition by some that this may change.

There is evidence that there needs to be greater clarity around what it means to live independently and for longer. There is also a need to understand what it means to become older, how this affects health and wellbeing and the implications of older people wanting more choice. The concept of extended older age means that people's requirements and needs will alter over time. Providers were aware that this is a workforce development gap and for this understanding to help develop services for the future.

Ageing population

The ageing population was a concern due to the recognition that more people live longer and choose to live in their own homes rather than residential care. However there are potential loopholes in terms of care and how care can be delivered to the community. For example the early signs of dementia could be missed because people are unidentified as in need. The ageing population will also have an impact due to a growing cohort needing services when their care and support is more complex and intensive: this will impact upon providers' service provision and also the demands and workloads for staff.

Technology

Technology, and its use, was highlighted throughout discussions, both from a provider and strategic perspective. The issue of using technology both for employees in terms of reducing paperwork requirements and dealing with service users but also from a service delivery perspective to provide people who use the services with more choice and options:

" Beginning to introduce technology into extra care and it is beginning to filter through. [For example] bed and chair sensors "

" Developed two telecare services aim of which is to promote independence, aimed at private sector tenants "

There appears to be an opportunity and an appetite for the sector to explore how technology can be utilised to increase efficiencies.

" [We] are very keen to see how more in-depth use of assisted technology can contribute and support a person, reduce time and interventions needed. [We] expect huge differences in the way we work [with and] use of notebooks/ ipads' "

There were comments from a few providers about how technology can be funded and implemented in extra care housing. This was coupled with a desire to also move toward paperless care planning in some cases and also enabling people who use the services to choose assistive technology options to support their health and wellbeing.

It appears the sector could benefit from examples of best practice and guidance in this area, perhaps from others sectors. It would be useful to explore how technology is being used to improve operational efficiency and also increase the service offered to service users.

Chapter Four

Existing, new and emerging roles across the sector

The main aim of this work was to explore not only the existing roles and skills needs within the sector and whether these were changing as a result of developments but also whether these developments had driven any new job roles or if, indeed, job roles were emerging as a result in the extra care housing sector.

As explored in section one, there is a need for a change in mind-set across extra care housing providers. This also seems to be driving a shift in workforce development because staff also need to think more about a shift from a 'doing tasks' perspective for people being supported and move towards supporting people to be more independent. It is a move towards a culture of enabling independence and also towards a more outcomes-based approach which is being driven by commissioning and contracts. With social care, public health and NHS outcome frameworks in place, providers need to ensure that outcomes around health and wellbeing are met, including measuring a reduction in readmissions and a reduction in falls, which extra care housing can work towards.

When asked to think about existing roles in organisations, and whether providers have seen roles that were traditionally categorised as 'housing', 'care' or 'support' begin to overlap (or cross over), 63.7% of providers responding online agreed that this was the case.

One provider commented that changes were occurring because there was a need for *'more collaboration as a team to find the right support for the individual.'*

There was also wider agreement and recognition of the crossing over and integration of roles;

> " Yes greater overlap, supportive role overlaps with a more holistic approach, not just doing but understanding why and to ensure that the intervention overlaps with what other services are offering "

The integration agenda is noted by many as driving these changes with care and support being brought closer together. Funding is also cited as influencing changes in job roles with joint commissioning and shared services. Changing commissioning structures are also leading to a more flexible definition of support – which is also linked to personalisation.

There is a move towards a 'culture of personalisation' which is having an impact on both workforce and commissioners. As previously discussed, personal budgets do not yet seem to have made an impact within this sector. However, services are being personalised without the budget.

A minority of providers continue to see roles with a clear distinction. Although they did acknowledge that more 'cross over' and integration is likely to happen in the future.

Three categories of providers within the extra care housing sector appeared to emerge from this work:

1) Providers who continue to maintain a separation between roles and do not foresee 'cross over'

2) Providers who are beginning to see the value of integrated 'cross over' roles and are bringing these into the way they operate.

Providers who already integrate roles and

for whom integration is part of their holistic offer to people who use the services.

From the in-depth interviewees, the split between these three models appears to be around one fifth operating the first traditional model with the rest evenly split between the other categories.

Some providers suggested that the new and emerging roles and skills needed tend to impact lower/middle managers who have to manage multiple areas of work. It was also highlighted that care staff must have a broader and more generic portfolio of skills and need to be aware of holistic needs of customers.

Providers were 'aware of having to add in more to the roles to meet the different needs' of people being supported. It was also highlighted by many that the *'knowledge and ability [they] are expecting staff to have is growing'*

One provider noted that roles were "defined previously as supported housing worker, care worker and floating worker. Now support worker all merging into one role."

Just over half (50.8%) of providers responding online agreed that there were new and emerging job roles as a consequence of external drivers and changes in the sector.

Another area which impacted on development of job roles was the expectations of the people being supported. Some providers highlighted the expectation or desire for 'a single point of contact' - one person to deal with that would enable more person-centered services. This however has the consequence of staff needing to be skilled across several areas and roles.

> **Our workforce is having to multitask with a portfolio of skills eg. housing across personalised services and dealing with an increased workload.**

This breadth of role has led to blurring of boundaries where more training is required to equip the workforce with the skills they need. Coupled with this are increased pressures and workload with greater expectations on staff to do more for less, echoing the impact of commissioning.

Throughout the research it appeared that providers will need – now or in the future – to train all levels of the workforce in basic understanding/awareness of supporting vulnerable people with dementia, mental health issues, substance misuse and learning difficulties which highlights the ongoing issue of breadth of skills knowledge needed. These areas of focus for workforce development were highlighted by the majority (three quarters) of strategic thinkers. Providers also concurred with these areas – with the majority of in-depth interviewees also focusing on them. Dementia was the most common need for upskilling and awareness-raising amongst the workforce, which aligns to government and health priorities.

Traditionally care staff appear to have had a more task-oriented approach. However, there is a shift towards a more holistic approach based on a deeper understanding of the person they are providing the care for, particularly with regard to building social networks but also to being able to signpost colleagues to support elsewhere.

Extra care housing is much more focused on lifestyle and a holistic, choice-based housing option for people being supported. Therefore there is a greater reliance on the scheme manager to integrate these varied roles.

New and emerging skill areas and job roles

Areas that have emerged and created new roles include those focused on:

- *'Navigator'/sales roles* - these are roles that are signpost type roles but also encompass the marketing and sale elements of extra care housing. Advising on complex charges within mixed tenure facilities. Managing complex calculations.

- *Welfare and benefits advice* - increasingly identified as a crucial role in terms of advice and signposting. With people who use the services having a range of incomes and looking for income maximisation in some cases or navigating through welfare reforms and personal budgets.

- *Activity coordination* - a role that is developing from the traditional role of limited activities that was associated with residential care to a role that requires a varied and flexible skill set. Providing different and engaging options for a varying level of need. Often providing a full and active schedule and providing lifestyle options.

- *Health and wellbeing* - Integration of roles and new roles emerging. For example, health and wellbeing officers who provide emotional support to people being supported and work to help to maximise their mental and physical health. This has developed through the need to offer a seamless service and provide holistic services to clients.

There are also other new and emerging roles around health and wellbeing and there is an identified need for health workers and their development. This is a very interesting development as this role

was not previously in any of the housing, care or support roles and is much more clinical in its skills needs.

This is a key shift and its emerging presence is important in terms of the integration message as well as workforce development.

- *Social inclusion* - this role and skills set has been identified through the need for outreach and community development skills. In order to reduce isolation of the people being supported and to ensure that extra care provision works with community organisations to enhance the facilities and choice available for people being supported.

- *Floating support* - This area of work can be categorised as focusing care and support workers are now combined in an integrated role offering a holistic service provision, therefore, a broadening out of what we mean by support.

- *Rehabilitation and reablement* - linked to hospital discharge, these skills are driven by the need to work in partnership with clinicians and understand the clinical needs of people being supported. This may need complex initial needs progressing to lessening in care or could perhaps be the reverse. This role has close interaction with acute care. For example rehabilitation worker is an old/ existing role but the way they are now being used is different in terms of ways of working. The roles tends to be accommodation-based and has a care and support aspect for the person being supported.

However with the development of these integrated, 'cross over' roles, there are elements of concern around professional boundaries and appropriate advice. The issue of safeguarding was also a concern.

The concerns centred on the workforce needing the breadth of knowledge that could jeopardise the ability to provide depth of knowledge. It was highlighted that the workforce need to understand when signposting to specialists was needed and specialist advice engaged. This would be especially relevant to elements of benefits and in particular financial advice.

New and emerging specialisms

Throughout the research, providers indicated that there were new and emerging specialisms needed to deal with complex cases that some providers experience. These specialisms were also identified by the strategic thinkers:

- Dementia

- Substance misuse

- Mental health

- Learning disabilities

These specialisms are both new distinct job roles and new skill sets that existing workers need to acquire. These specialisms require depth of knowledge and with the drive toward integration the major consequence is that the extra care housing workforce will need to develop this knowledge and skills base as these issues continue to be a priority.

Unmet training needs

Half of providers feel that there are currently unmet training needs amongst the new and emerging roles identified above.

Figure 3: Do you think there are unmet training needs of staff within these new and emerging job roles?

Legend:
- Yes
- No
- Not sure

17.74%
50.00%
32.26%
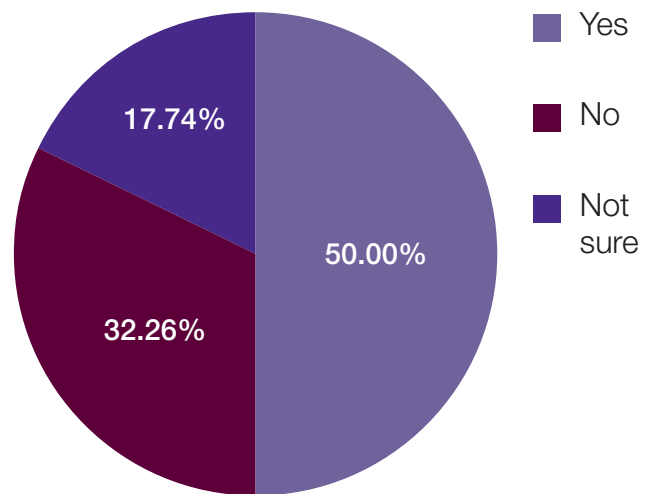
Base: 108 respondents

Providers identified a range of areas where the opportunity to create training existed, with particular focus on the following areas:

- Training around outcomes-based approaches.

- Differences between care and support.

- Treatment vs prevention.

- Welfare reform and benefits advice.

- Dementia.

- Health and wellbeing.

- Enabling people through care and support.

- Empowering people.

There was also a consensus amongst in-depth interviewees (around three quarters) that there were key areas of skills that were becoming critical in terms of training needs. These were:

- People skills - coaching, partnership and leadership skills.

- Negotiation/advocacy/diplomacy skills.

- Skills for understanding business.

However the breadth of knowledge needed across these 'softer' skills was highlighted throughout the research. For example a scheme manager needing to understand the full range of business needs, including commissioning and outcome-based commissioning was cited, adding to the overall message of senior managers needing to be *a bit of everything'.*

Elements such as people skills and negotiation skills were paramount across all roles with a focus on upskilling employees to work internally and externally with a range of people, including service users themselves, other employees and wider stakeholders.

There was also acknowledgment that roles within the sector need to become more professionalised in the emerging operating environments, with their increased competition and the influence of outcome-based commissioning. This is an area to be explored further in terms of what is meant by professionalised – more qualifications, more distinct roles or more separation from "just care".

There was however concern expressed by a few providers that *"with reduced funding, zero hour contracts and lack of staff time it is becoming a luxury to provide anything more than mandatory training"*.

Interestingly throughout this exploration of roles, the conversations and discussions moved away from named roles but more towards the skills needs and training approaches being taken for areas of operation which supports the findings in relation to personalised services and the breadth of skills needed in the changing working environment. This will be explored in section five.

Chapter Five

Workforce development approaches

Following on from the exploration of new, emerging and existing job roles, it was also important to explore workforce development approaches. As we have identified previously, the issue of changing skills sets and a broadening of role requirements has led to changes in approach to workforce development.

This section looks at how current workforce development is formalised and to what extent. We also look at the use of vocational qualifications and any unmet training needs.

Formalised workforce development in extra care housing

The majority of providers had formal workforce development approaches in place and reported that vocational qualifications are used within the sector. There was also an appreciation that not all new recruits will have the appropriate skills, and would need an in-depth induction and training plan.

❝ not an expectation that everyone recruited has what is needed ❞

❝ Essential for providers to pinpoint training needs in an intelligent way ❞

Providers responding online were asked to rate how formalised workforce development was within their organisation. This was rated on a five-point scale from 'very formal' to 'very informal'. A third (33.3%) of providers rated

that they had a 'very formal' approach with 26% rating a 'somewhat formal' approach.

However, a large proportion of providers stated they were informal in their approach to workforce development, although the reasons behind this were not explored in-depth as part of this work.

❝ Stakeholders (like Supporting people) have expectations to go further than just basic training ❞

❝ Clear what we need to train staff [and] try to be as proactive as possible, sometimes [we] need to react to changes/updates within the market (e.g. DOLS training) [and] need to ensure that care staff understand housing support work. [We also need to] ensure staff are knowledgeable about safeguarding ❞

Through our explorations with in-depth interviewees, there was consensus that their favoured approach to training and development was through supervision sessions with employees (1:1s), underlined with a comprehensive appraisal cycle.

❝ formalised clear structure - talent management/training/appraisal. ❞

❝ We have created development pathways. All staff should have a training plan which are developed in 1:1s and appraisals. Become much more rigorous and formal over the last 4/5 years ❞

Providers also commented that through their workforce development it was important

to foster "the correct values and attitudes" amongst staff.

An area of concern amongst some providers was succession planning as a part of workforce development, for example, where providers have an ageing senior management workforce.

Despite the drive for value for money and the need to control costs, organisations involved in this work appeared to be committed to learning and development for their workforce but because of budgets needed to look at more innovative delivery models, for example e-learning and the use of other technologies.

Vocational qualifications and unmet training needs

Exploration of the extent to which vocational qualifications were utilised within organisations comprised part of this investigation. Almost half (48.5%) of providers reported that they were using vocational qualifications "somewhat". With 27.9% reporting they were "utilised a lot".

Figure 4. The extent vocational qualifications are utilised within organisations
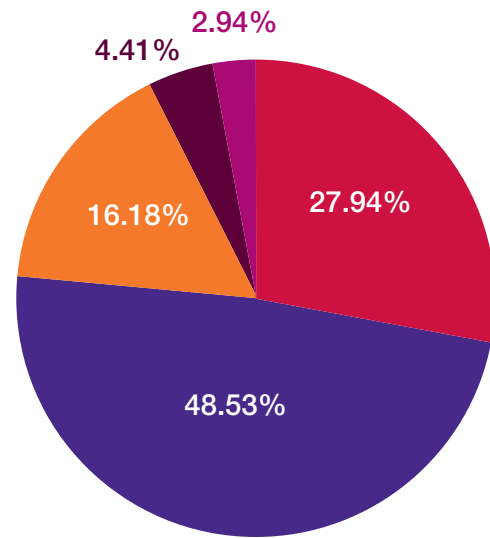
- Utilised a lot
- Utilised somewhat
- Not utilised much
- Not utilised at all
- Don't know

Base:108 respondents

Interestingly, according to wider statistics, 89.4% of the social care workforce is not working towards any formal vocational qualifications. Therefore the extra care housing sector is utilising qualifications more than the sector as a whole.

Many providers are using qualifications to ensure that all staff meet minimum requirements needed for the job role:

❝ all staff are on mandatory NVQ levels, expect all up to level 2 ❞

But some are doubtful that this will suffice in future and are unsure what developments are needed.

❝ have used NVQs in past not sure they are what we need going forward ❞

Some providers have a more comprehensive approach to qualifications for staff that request them and are looking at new / alternative models of delivery.

❝ Do qualifications if they want [with] housing qualifications NVQ up to level 5 for some team leaders. [We are] looking at the Centre for Housing Studies - service excellence standards. [We are] pilot[ing] at the moment [and] will roll this out for all staff ❞

There was also feedback that generic skills may need to be enhanced in existing qualifications (for example functional skills and in particular communication skills) and also in new qualifications.

Throughout the exploration of unmet skills needs, several areas have been uncovered. Interestingly - as we have evidenced in previous sections - the integration agenda is becoming a priority for providers and this is also reflected in perceived unmet training needs.

❝ Unmet training needs around health and a move away from housing support to more health related topics. ❞

The project has also revealed a commonality amongst providers of the need for generic and 'softer' skills across the workforce within extra care housing. These skills can be categorised under the following heading:

- Partnership working

- Negotiation and influencing skills

- Conflict management

- Resilience and coaching skills

These are very psychologically based skills and not only represent the skills needed to manage people who use the services but also the skills needed to operate and work with other colleagues, stakeholders and commissioners.

Some providers are already embarking on training around these learning and development needs, both internally and externally.

There does appear to be a shift in extra care housing with increasingly different types of workforce development approaches being adopted. These include peer support, supervision, coaching and action learning sets. These were all areas explored during in-depth interviews

❝ Looking at coaching and learning internally as well as external peer type support. Looking at developing counselling skills ❞

Providers were also exploring how to develop training that enabled workers to take a step back from the operating environment to unpick complex needs and develop the workforce skills needed to meet the needs and demands of the sector.

Aragon Housing

Aragon Housing runs in-house management development training with team leaders, encouraging them to work more proactively while empowering them to manage operational issues. The organisation sees this as integral to its new ways of working.

E-Learning

Some providers (around one fifth) are using e-learning tools while the majority are still very traditional in their approaches.

« quite a lot of e-learning which will continue to increase »

An element that needs further expansion is what types of learning are lending themselves to e-learning, something that was not explored during this work.

There was also a general acknowledgement of a need for providers and employees to be more creative and innovative in future, in terms of delivery and the use of technologies. There was a sense that they were only touching the surface of using technology for learning.

This recognised need for utilising technology in learning was driven by both financial considerations and the efficiency of staff time for learning.

The needs of different occupational levels

Senior management

There was acknowledgment that senior management, and in particular Scheme Managers, needed to be robust and resilient. Around 80% of in-depth interviewees acknowledged this need. The role demands being *'everything'* and it seems increasingly more important for them to have the ability to speak the language of outcome frameworks and stakeholders along with the ability to

operate in a 'business-minded' fashion.

Management

Partnership working and negotiation skills in management roles were seen as critical. Increasingly team leader roles have to coordinate with other services, liaise with staff and manage conflict.

Operational

Frontline workers also need negotiation skills and the ability to work in partnerships with senior people in other organisations. They require the ability to work with complex cases and needs and to have the skills to manage individals' needs.

Support

Support roles increasingly need the ability to work across integrated roles and resilience skills, flexibility and adaptability are therefore important. Providers were looking to develop these skills within support roles where working across a broad range of areas was required.

The impact of qualification reform

Providers were probed about their awareness and the impact of qualification reform[2]. The majority (around 60% of in-depth interviewees) were not sure in this area and were unaware of changes and impact.

There were a number of providers who were aware of reforms but unsure of impact.

« Aware of it but not worked out the impact yet. »

Other providers were more cautionary,

3. In March 2011, an independent review of further education, the Review of vocational education was launched.

“ Not sure other [providers] are as aware as they should be, need to come to terms with it because the tides are shifting. ”

This may be explained by the fact that not all respondents were specifically learning and development managers but may also represent an opportunity to highlight and communicate with the sector on the reforms and offer guidance.

There were also questions raised about the accountability and responsibility of training in the context of personalisation and particularly where people may be purchasing care.

“ Where does training sit for PAs in terms of personalisation and as self-employed individuals? ”

This could become an increasing issue as more people adopt personal budgets and take on the responsibility of purchasing their care within an extra care housing facility.

An important area of discussion raised was around workforce development approaches and this was focused on the cultural differences - not only for the workforce but also focused on developing the skills needed to cater for differing cultural needs of the people who need care and support.

Exploring the training and skills that may be needed to provide a quality service for people who need care and support from a range of cultural backgrounds appear to be an area for development in the future.

Joseph Rowntree Housing Trust (JRHT)

JRHT invested in the "My Home Life Programme" in conjunction with wider Joseph Rowntree and Age UK programmes. They set up peer groups and action learning sets across the organisation.

This provides managers with one day to undertake this every other month. This approach has been invaluable as a learning tool. Managers have reported the following outcomes of the programme:

- Increased resilience, less risk from 'burn-out'.

- Improved skills and strategies to drive forward transformation.

- A calmer more relational environment to live and work in.

- Reduced staff turnover and sickness.

- Opportunities to drive forward quality agendas.

- Improved relationships with external agencies.

Overall, the programme has demonstrated that it contributes positively to supporting the quality of life of residents, relatives, staff – and the managers themselves.

Chapter Six

Apprenticeships - now and in the future

Exploring the extent and engagement with apprenticeship training within the extra care housing sector was an important aspect to this work. Providers were asked for details on how many apprentices they have and also details on the pathways being adopted.

65 providers responding online reported 342 apprentices across all pathways with a further 140 being reported from the providers who participated in the in-depth interviews. Only around 9% of these were health and social care apprentices. Other frameworks being utilized by the sector include business administration, repairs and maintenance and housing. Frameworks in finance, customer service and personnel are also being adopted.

There was evidence that the Health and Social Care Apprenticeship Framework was being used by the sector. However at only 9% of the overall apprenticeships, total the uptake of the Health and Social Care frame work is very low. There is uncertainty around the fit of the framework in extra care housing and also the relevance of the framework to the sector.

Figure 5. Do you feel the Health and Social Care Apprenticeship framework fits your needs?
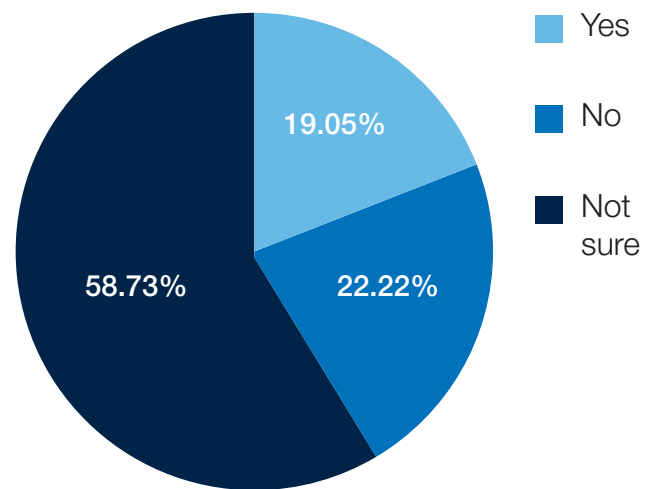
Base: 63 respondents

Many of the pathways being adopted in the sector are around administration, business and repairs and maintenance and it would appear that those providers who may be encountering difficulties in recruiting do not currently see apprenticeships as the answer. These are currently viewed as more appropriate for the sector. With some providers still uncertain about how a health and social care apprenticeship framework fits within housing-related support.

Within this project those who were part of the in-depth interview cohort were less likely to be engaged or be aware of the Health and Social Care Apprenticeship Framework. For many it was a direction they were heading toward. The framework appears to be in the early stages with the sector. It would be interesting to work with some of these providers who are embarking on this pathway as part of their workforce development to explore their take-up of the revised standards as they are rolled out.

58.7% of online respondents were not sure if the Health and Social Care Apprenticeship Framework would fit their needs, with a further 22.2% saying it would not.

Reasons for this included:

> " appears to be complicated "

> " Doesn't work in care due to payment process of contracts "

> " Some apprentices but not in care, could be considered for the future "

As detailed in section five, the training needs of the existing workforce are currently the focus of workforce development approaches although there is a reported appetite for change. There was positive feedback from providers and the desire to expand apprenticeship programmes.

Cambridge Housing Group (CHG)

The Cambridge Housing Group Apprenticeship Scheme is partnered with Cambridge Regional College and also the Health & Social Care Extended Diploma at Cambridge Regional College and is a one-year placement. The expectations of employment through this scheme are managed for those participating. This scheme attracts people into the sector and consequently into the organisation.

Providers do feel there is scope for the new and emerging roles to lead to new frameworks and that it is important for the sector to *"provide career options"*.

Indeed there was wide-ranging acknowledgment that the sector needed to raise its profile and showcase a greater awareness of the opportunities within the sector. All too often people see/hear negative press. Around two thirds of the in-depth interviewees emphasised the importance to promote a positive image of the sector to attract good quality individuals.

Interviewees were also probed as to what would encourage a higher take up of both roles within the sector and apprenticeship opportunities and again there was the theme of the need to promote to younger people with the same interviewees.

One respondent suggested a *"marketing campaign 'A Career in Care', working with educational establishments in terms of promotion"*. With another suggesting promotion as early as year nine school students. Interestingly, there is an established programme[3] addressing this issue already, but there was no mention of this by respondents.

There also appears to be creative thinking around the attraction of people to the sector with another provider suggesting *"the opportunity for organisations to come together for joint training"*.

Significantly 46.9% of providers responding online felt that the new and emerging job roles within the sector could lead to a need for a new apprenticeship framework. More exploration of the existing framework may be needed to establish why providers felt this.

Providers were asked what they would like to see in the new apprenticeship standards being developed by the trailblazers. There was a desire to ensure what could be described as 'basic' skills (such as report writing and communication) are essential components and should not be overlooked. Alongside was the need for entrants to the sector to be skilled in *"self awareness and resilience"*.

---

3. *I-Care...Ambassadors* aims to recruit people into social care careers via the use of 'ambassadors' already working in social care (see www.skillsforcare.org.uk/Finding-and-keeping-workers/I-CareAmbassadors/I-Care-Ambassadors.aspx)

skillsforcare

What next?
conclusions and recommendations

This section reflects further on the areas that have been explored during this research project and highlights the opportunities for further development that have arisen through the responses and discussions with providers along with the contributions from strategic thinkers in the sector.

This research has identified:

It is important to note that critically all respondents noted huge changes in the landscape with a move away from registered care schemes towards extra care. There was a move from an intensive costed model to a model where costs do not necessarily follow and this needs to be further understood and explored.

Key drivers of change cited were:

Cost

There were different models, commissioning structures and variations geographically. Overall there is recognition of funding reducing and the need to be more resourceful and innovative in service delivery becoming a heightened priority.

Customer needs

There are changing demands in terms of customer needs. People want to stay in their homes longer but this is coupled with increased expectations.

There is a polarisation of needs, with those exhibiting a low level of need making 'lifestyle choices' – through to those with higher and complex needs such as dementia who need more intensive care support.

Support

Support needs to be flexible. People are planning their retirement (they have low needs but expect them to change). Again this is a lifestyle choice and there are big business opportunities with mixed tenure schemes.

Building on the momentum of change within the sector it would be interesting to further explore examples of how innovative ways of working are overcoming the challenges of commissioning and specifically how providers are responding to the challenges of workforce development and the training needs of staff. This could be where innovative and creative delivery techniques for training could be explored and rolled out.

Some providers do have other financial resources they can invest to ensure that their training is up-to-date. However, others do not have that luxury and contracts rarely include a training and development budget. Therefore there is concern that skills will decrease unless there is some resource included or a separate pot of money made available. There is the concern that the sector will have a poorly trained and skilled workforce with no resource to rectify the issue.

Exploring the alternative skills and training is something that could be explored going forward. Working with providers to evaluate what they need from training moving forward. Here is an opportunity to work with these providers to explore lessons learnt and the impact of the differing qualification and training models.

Conclusions:

The impact of policy changes creates a mixed picture. The integration agenda is becoming more prominent for providers in planning services and working with commissioners.

The research has identified that commissioning changes are impacting on the sector with outcome-based approaches and joint commissioning being priorities for providers and this is heavily linked with budgetary issues and concerns.

Coupled to commissioning issues, the leverage of funding is a key issue for the sector and this is impacting on how services are delivered and consequently the demand on job roles and pressures on staff.

Integration is evident in job roles and there are emerging and new roles around support, health and wellbeing and community engagement. These roles all have broader skills sets and are evidence that traditional silo roles are 'crossing over'. People who use the services also want a single contact and this drives a blurring of boundaries for roles with advocacy and advice, including welfare and benefits advice, being important.

There is some evidence that apprenticeships are being used but are very much focused on areas such as customer service, repairs and maintenance and business. The upskilling agenda appears to be more prominent within the extra care housing sector. Although concerns do exist around attracting new workforce, providers are looking towards recruiting new apprentices and are eager to explore the new standards. The current priorities appear to be around a suitably skilled workforce and also upskilling of the existing workforce.

Recommendations

From this research, the following recommendations are suggested;

1. The issues identified around recruitment of staff, both at care level and senior management levels, should be considered as part of the wider work being undertaken to address these issues by bodies such as Skills for Care.

There are significant issues for providers in this area, and this reflects the picture nationally for the social care sector. With the noted expansion in demand for extra care housing cited in this report, this issue is of critical importance. Efforts should be made to link existing programmes and strategies for recruitment and retention to the extra care housing sector.

2. Low awareness of the potential impact and opportunities offered by The Care Act (2014) is of concern. The extra care sector needs information and advice on where the Act impacts their sector, as well as encouragement to take up the opportunities it offers.

Within the Care Act, housing is seen as fundamental to the general duty of local authorities to promote wellbeing and to a preventative approach to general population's needs. This research points to increasing experiences of reduced funding and demand on services. The Act offers opportunities to promote extra care housing's role and with this, chances to maximise investment and spend. Therefore it is vital that providers are well-informed.

3. **Ways in which to enable and skill the extra care sector to make the most of technology, both for organisational purposes, learning or for use with tenants, need to identified and shared.**

This research shows that the sector is looking to utilise technology where it is appropriate to enhance care, be this through streamlining organisational processes, by using e-learning or by supporting tenants to use assisted living technologies. It is recommended that the work undertaken in this field to support these activities by other organisations is shared widely with the sector.

4. **As the extra care sector moves away from distinct 'housing' or 'care' roles and towards 'cross over' roles, providers require guided support and help with identifying the appropriate skills and knowledge to match these roles.**

As has been explained, the majority of providers are now moving towards or have already got integrated roles as a response to changing needs. We have also found that a large majority are unclear on whether these staff had unmet learning needs, perhaps indicating that the sector is in a state of flux, responding to changing needs and demands by adapting roles 'on the hoof', not allowing for strategic development of the learning that might underpin these roles. Therefore, there is a clear need for analysis and development of this guidance for providers, as well as the learning opportunities that underpin it.

5. **The areas of learning identified as of importance to the current and future workforce's needs should be mapped to current learning provision and promoted to providers accordingly.**

The areas of learning needed, at the various different levels identified, are not unique to the extra care sector; there are clearly identified

pathways, tools and qualifications in place for most of these areas but it would appear that these are not utilised completely successfully by the extra care sector. A bridging of this gap should be undertaken.

6. **Further analysis of reasons for the apparent under use of health and social care apprenticeships within the extra care sector needs to be undertaken, alongside an exploration of the opportunities for the new apprenticeship framework to best fit their needs.**

With the evidence provided here presenting a picture of vacancies that are hard to fill and the use of apprenticeships in many other areas of the housing role, there is a pressing need to understand more fully what providers want from a health and social care apprenticeship framework. The opportunity to track providers who engage with the new standards or have been involved in the research consultations would be invaluable. What do they see as a benefit and what are their obstacles to taking on apprentices? Is there more to probe around why providers feel unable to deliver the Health and Social Care Framework?

7. **Promotion of the sector is vital for progression and sustainability of its' workforce. Opportunities need to be developed to promote and enable understanding of careers within the sector.**

It has been identified that succession planning and progression is an area of focus for providers, especially with some providers commenting on an ageing workforce. There is the opportunity to develop a further understanding of the career pathways within extra care housing and develop and communicate the progression opportunities within and across the sector.

ANNEX A
Desk-based evidence research

Click here to download

http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/new-emerging-changing-job-roles-extra-housing/annex-a-dber.pdf

skillsfor**care**

ANNEX B
Research methodology

Click here to download

ANNEX C
Breakdown of respondents

In-depth interviews

Amicus Horizon	Hanover Housing
Aragon Housing	Hestia
Birmingham City Council	Home Group
Bournemouth Housing Society	Impact Housing
Bristol City Council	Joseph Rowntree Housing Trust
Broadacres	Medway
Cambridge - CHS Group	Optalis
Catalyst Housing	Thomas Pocklingon Trust
Cherfcehfelle Housing	Riverside
Family Mosaic	Salvation Army Trust
Guinness Care and Support	South Northants Homes
Halton Housing Trust	Years Ahead

Strategic perspective
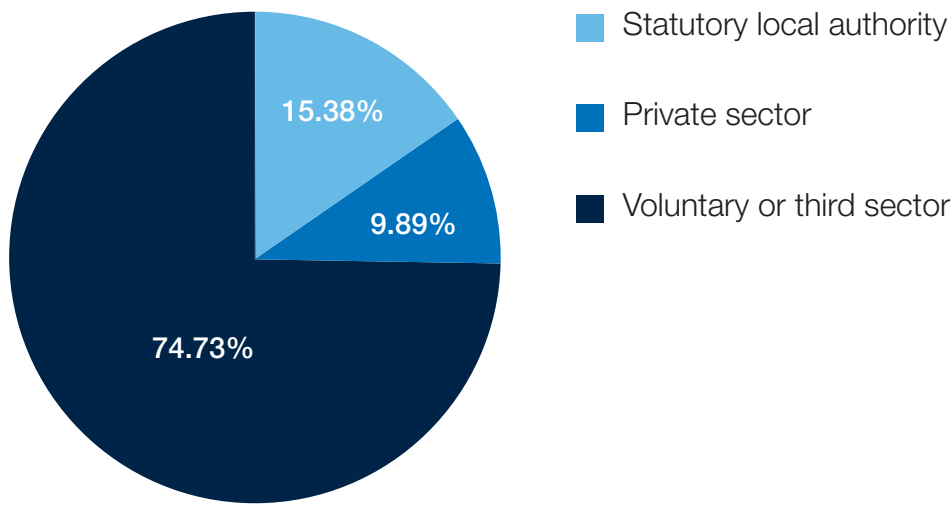
Beryl Gillespie	Cambridge Housing Association
Bridget Spring	Paragon CHG
David Herring	Papworth Trust
Imogen Blood	Independent housing consultant
Jake Eliot	National Housing Federation
Jeremy Porteus	Housing LIN
Julia Skelton	College of Occupational Therapists
Karen Croucher	York University
Michael Voges	ARCO
Meena Patel	NDTi
Rebecca Mollart	EROSH
Simon Harniess	Essex County Council
Sue Garwood	Extra care specialist

Online survey

Responding on behalf of a group or a single site

Organisational group	61.5%
Single site	38.5%

Type of organisation

- Statutory local authority
- Private sector
- Voluntary or third sector

15.38%

9.89%

74.73%

Geographical location of the organisation
(respondents could tick all localities that apply)

London
South West
South East
West Midlands
Eastern
East Midlands
North West
Yorkshire and Humberside
North East
UK Wide

0%   5%   10%   15%   20%   25%

Size of organisation

- micro: 0-9 employees
- small: 10-49 employees
- medium: 50-249 employees
- large: over 250 employees

8.49%
14.15%
19.81%
57.55%
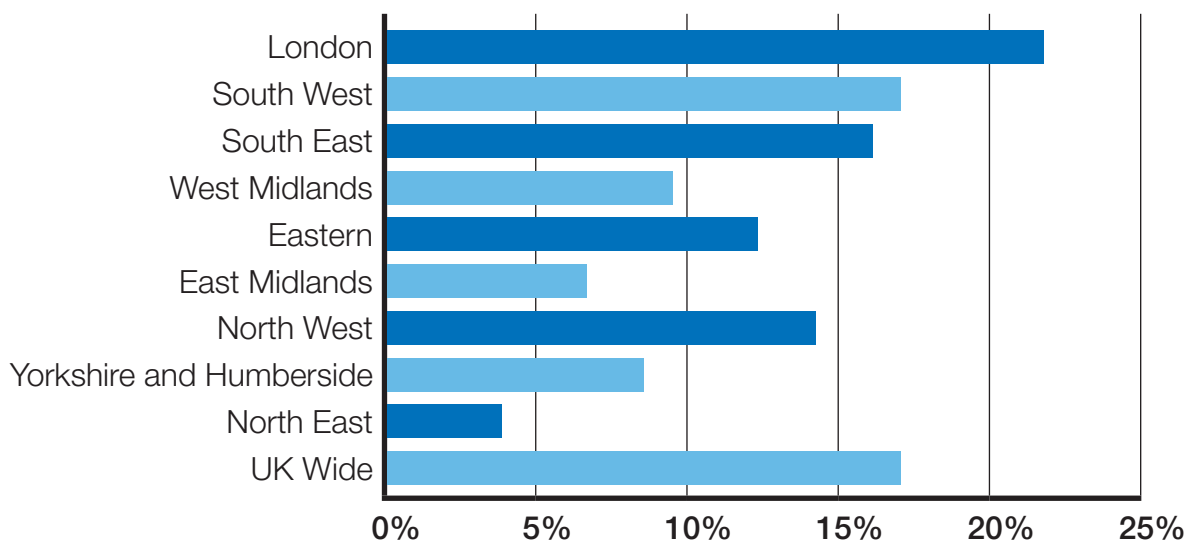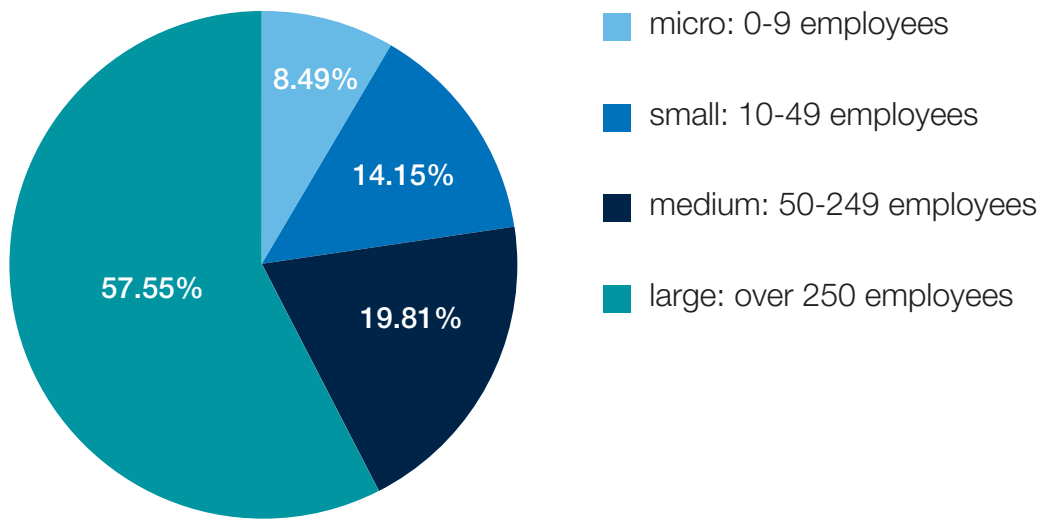
ANNEX D

Job descriptions and job role mapping

Organisation	Job role	Level
Amicus Horizon	Project manager	Management
Amicus Horizon	Senior supported housing officer	Management
Amicus Horizon	Supported housing officer (scheme manager)	Senior management
Birmingham City	Older people's support officer	Operational
Bristol City Council	Housing support advisor	Operational
Cherchefelle Housing Association	Integrated care and support worker	Operational
Cherchefelle Housing Association	Care worker	Operational
Cherchefelle Housing Association	Support worker	Operational
CHG	Head of specialist and sheltered housing	Senior management
CHG	Sheltered housing manager	Senior management
CHG	Sheltered scheme manager	Senior management
Family Mosaic	Active project worker	Operational
Family Mosaic	Activity and volunteer coordinator	Operational
Family Mosaic	Gateway coordinator	Operational
Family Mosaic	Health and wellbeing assessor	Operational
Family Mosaic	Health support worker	Operational
Family Mosaic	Health and wellbeing team manager	Management
Family Mosaic	Independent living service advisors	Operational
Family Mosaic	Independent living service team leader	Management
Family Mosaic	Living well administrator	Administration/support
Family Mosaic	Project assistant	Administration/support
Home Group	Business contract manager	Management

Home Group	Support worker	Operational
Home Group	Senior client services manager	Management
Home Group	Support coordinator	Operational
Home Group	Support worker	Administration/support
Home Group	Support worker	Operational
Home Group	Supported living coordinator	Administration/support
Impact Housing	Independent living worker	Operational
Impact Housing	Living well independent living worker	Operational
Impact Housing	Living well service coordinator	Operational
Impact Housing	Living well support and facilities assistant	Administration/support
Life Charity	Support worker	Operational
Oakfield Community	Care manager	Management
Salvation Army	Assistant support worker	Operational
Salvation Army	Concierge	Administration/support
Salvation Army	Facilities and admin coordinator	Operational
Salvation Army	Programme coordinator	Management
Salvation Army	Service manager	Senior management
Salvation Army	Specialist support	Management
Salvation Army	Support worker	Operational
Thomas Pocklington Trust	Care and support worker	Operational
Thomas Pocklington	Reablement worker	Operational
Trident	Community care worker	Operational
Years Ahead	Area manager	Senior management
Years Ahead	Team leader	Management
Years Ahead	Service manager (forensic mental health)	Senior management

Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP
telephone 0113 245 1716
email info@skillsforcare.org.uk
web www.skillsforcare.org.uk

@skillsforcare

www.facebook.com/skillsforcare

www.youtube.com/skillsforcare

www.linkedin.com/company/skills-for-care

skillsforcare