

**Shortage report on social care workers for the Migration Advisory  
Committee**

**submitted February 2009**

*This paper is submitted by Skills for Care and Development on behalf of the social care, children, early years and young people's sector, following consultation with the sector and employers.*

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## 1. Summary

The material in this report has been coordinated by Skills for Care and Development (SfC&D), which is the sector skills council (SSC) for the social care, children, early years and young people's workforce in the UK. The purpose of the report is to contribute to the review of SOC 6115 care assistants and home carers by MAC.

This occupational group comprises workers who are key to delivering social care for a large and increasing number of vulnerable people in the UK. The demand for such workers has been growing for a number of reasons including; demographic change - which has resulted in an increasing proportion of older people - and, in particular, an increase in the proportion over eighty years of age, and individuals with more complex needs. All demographic forecasts expect this trend to continue.

In addition to the demand for an increased **number** of workers, there is also a need for improved **quality** of the social care workforce. The drive for quality comes from a policy perspective which views the delivery of social care within a human rights context; this requires individuals to receive care that is of high quality in itself and also supports the client in living as full a life as possible.

Our sector covers some 60,000 employers and 1.87 million workers. There are no national terms and conditions for social care workers, nor any common agreement on job titles, pay or job descriptions. We have a mixed economy of care with various roles changing the breadth of social care with the increasing role of commissioners and the personalisation agenda.

These rapid changes in the demand for workers and skills are proving a considerable challenge for the social care sector. Government departments, the partners of SfC&D, and a wide range of stakeholders are working with the sector to take the necessary steps to develop a sustainable workforce within the UK. Despite this, a situation has developed over a long period of time where people in the UK are less willing to take on service/care type roles. There is a clear need to use migrant labour due to an evidenced and continuing shortfall in the ability to recruit the workers needed from the domestic labour market. Substantiation from the sector also suggests that this shortfall, (at least for parts of the sector), is currently being met by migrant workers, most of whom come from countries outside of the EEA.

**Skilled:** Care workers are not currently required to be registered, although plans for registration in all four countries in the UK are in hand as part of the drive to improve standards of care. SfC&D as well as the Department of Health (DH) both remain committed to the importance of the registration of home care workers for public protection and raising quality within the sector. We need to do this in a way that does not create unnecessary burden, is cost effective, and is based on the best available evidence of what works. DH is currently in discussion with the General Social Care

Council (GSCC) on how best to achieve this, and this work is intended to be tied into the delivery of the '[adult social care workforce strategy](#)'.

However, until all social care workers are registered, or existing systems (such as the national minimum data set, or NMDS, for social care) are fully established, we have little systematic evidence on the qualifications levels of workers doing various jobs within the care sector. There are no national terms and conditions for social care workers, nor any common agreement on job titles, pay or job descriptions. Plans for registration include the requirement that workers will have at least Level 2 qualifications - and in most cases there will be an expectation that they will be working towards Level 3. Current minimum standards are in place, and are inspected by service inspectorates. In addition to formal qualifications, effective social care workers require personal characteristics and values that allow them (among other skills) to communicate clearly with clients; to respond patiently and flexibly to clients' needs; and to treat them with respect. Workers with such personal characteristics often have considerable empathy and obtain non-monetary benefits from working in caring occupations. The evidence would suggest the criterion of £8.80 per hour as a test of the level of skills (formal and informal) required for a senior care worker is too high. Finally, the quality of social care requires a relatively low turnover of workers and so employers argue that they need to recruit workers that have a real commitment to working in the sector.

**Shortage:** Bottom-up qualitative evidence from responsible social care employers reveals real concerns about shortages of suitable staff should recruitment of migrant workers no longer be allowed. Because jobs in the sector require commitment and specific personal characteristics, the simple ratio of 'unemployed' to 'vacancies' can be misleading in a test of the supply of workers to the sector. Employers in the sector have many stories of the costs (in terms of Criminal Record Bureau (CRB) checks and careful induction) of taking on workers simply because they happened to be available and having them resign after a short spell of work. Top-down quantitative data on vacancies also suggest that the problem of shortages in the social care sector is worse than other sectors. The National Employer Skills Survey, (NESS) 2007, and the National Minimum Dataset for social care (NMDS-SC) in England both show vacancy rates of over 2%, which was higher than that for all sectors but is likely to be an underestimation of the actual position so must be treated with caution<sup>1</sup>. Most strikingly, Jobcentre Plus showed a 50% increase in unfilled vacancies for SOC 6115 over the last two years (to December 2008) as compared with a slight decrease for all occupations. It is worth noting here that not even the economic downturn of the last quarter of 2008 stopped the increase in unfilled vacancies for this occupational group.

**Sensible:** Given that we envisage a continuing need for caring and dedicated care staff in the sector over the next few years, it is important that employers can recruit efficient team players to provide a consistent quality service. Evidence would suggest that UK

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<sup>1</sup> Sfc Analysis of data form organisational questionnaires on turnover and vacancy rates <http://www.nmds-sc-online.org.uk/content/Researchpage.aspx?id=Cross%20Tabs> .

workers are not available at this time so employers look to sources of reliable labour to avoid risks to those need of social care. The evidence demonstrates two reasons the sector should be allowed to recruit from outside the European Economic Area (EEA):

1. Effective social care requires workers who can communicate fluently in English.
2. The formal caring skills required are not usually found within the new EU Member states where social care is still at a very early stage of development.

The sector has underway an ambitious plan of action to recruit and retain a skilled and qualified workforce within the UK, and to develop the skills of its workers on a continuing basis. This plan will reduce the need for migrant workers from outside the EEA but it will, inevitably, take time. In the meantime, evidence provided from the sector identifies that migrant workers allow us to maintain and improve the quality of social care and, at the same time, improve the image of the sector, which is critical to achieving the objective of professionalising the social care workforce. The evidence received suggests that a restriction on migrant workers would allow standards to slip in the sector and will not only damage the interests of clients receiving social care over the next few years but, by inhibiting the development of the sector's image, may also affect our ability to attract suitable recruits into the sector for the future.

## 2. Introduction

In its guide to submitting evidence<sup>2</sup>, the Migration Advisory Committee (MAC) identified a list of occupations to be reviewed by March 2009. This list included care assistants and home carers (SOC 6115), which had been on the list issued in September 2008 - but only for the job of skilled senior care worker.

The purpose of this report is to contribute to the review of SOC 6115 by providing evidence from the sector against the three criteria utilised by MAC – skilled, sensible and shortage - to inform MAC recommendations to the UK Border Agency. The material in this report has been coordinated by Skills for Care and Development, the SSC for the social care, children, early years and young people’s workforce in the UK.

The first sections provide an overview of the social care sector and of the role of Skills for Care and Development within it. There is also an outline of the policy and demographic context and the role of migrant workers in helping to address the increasing demand for reliable and skilled workers to meet the needs of vulnerable clients.

The body of the report comprises three sections, each of which addresses MACs three criteria. The final section outlines the actions currently being undertaken by the sector to reduce its current reliance on migrant workers by enabling it to recruit suitable workers with the required skills within the UK.

## 3. Methodology

Generally, it is recognised that official statistics on migration need to be strengthened (ICOC0, 2007a); apart from those of the ONS (Office for National Statistics), there is a lack of robust information. While Sfc&D has access to labour market intelligence for the sector across the UK, this data has not been collated with a view to be used for migration decisions. Information relating to social care workers’ migrant status is limited and so the sectors level of reliance on overseas workers cannot be currently reliably determined. An England only resource, the National Minimum Data Set-social care (NMDS-SC) will be adapted to collect and collate information specifically relating to migrant status but this will require time to develop, and resources to promote, as some employers would be resistant to providing this sensitive data. Research has been commissioned in Wales to establish data on migrant workers in the sector, which is being followed up this year. In Scotland, work on this is undertaken in partnership with government. There is the potential for these systems to be used to better inform migration decisions.

In an attempt to gather evidence for the Migration Advisory Committee (MAC) to support the ongoing inclusion of social workers and senior social care workers on the National Occupational Shortage list, Sfc&D provided a briefing to all its partners, who in turn

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<sup>2</sup> Potential support from employers and other stakeholders to the development of the Migration Advisory Committee’s shortage occupation lists (MAC 2008)  
<http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithus/mac/Simpleguide.pdf>

informed stakeholders, inviting them to produce evidence that supported the criteria defined within the guidelines. As part of the data collection exercise attempts were made to target most stakeholders through existing networks and using websites to encourage employers to respond. The Department of Health (DH) and Department of Children, Schools and Families (DCSF) assisted Sfc&D. It was clearly stipulated that evidence collated must be presented in accordance to the principles set out by MAC – Skills, Shortage, and Sensibility.

Information presented here has been gathered from several sources. All quotations from employers are referenced and summarised in Appendix F sent with this report.

Information has also been taken from commissioned research reports on different parts of the social care sector. Included are reports such as:

*Scottish Care Workforce Survey (independent care homes), Staff of Scottish Local Authority Social Work Services, and the SSSC Migrant Workers Report, Local Government Association, Experian: Overseas Workers in the UK social care, children and young people sector; NMDS, The State of Adult social care Workforce in England 2008* to name but a few. Each of these reports collects and presents data in different ways and must be treated with caution as currently there is not one single, all-inclusive system in place to measure the movement of people into or out of the UK. As a consequence, there is no definitive data on the number of migrants from either A8 or overseas, living or working in a particular area (Boden and Stillwell, 2006).

#### **4. Social care workers: Context of evidence submitted for MAC Review**

The social care, children, early years and young people's workforce operates in a devolved policy agenda. As such, there is a wide range of strategic drivers. Each of the partners of the SSC is sponsored by the relevant government department, and work with government in the development and implementation of policies for the workforce. With a CEO in each country we are able to engage with Ministers both in our sector and the skills system, as required to progress the needs of the sector.

Skills for Care (part of the SSC, Skills for Care and Development) currently estimates that over one million people in England work in adult social care<sup>3</sup> – around three-quarters of a million as care workers – and the number is growing.

In the UK a National Insurance Number (NIN) is required in order for a person to work or to claim benefits and tax credits. Therefore the number of migrant workers registering for National Insurance purposes is a reliable estimate of the number of migrants working or seeking work in the UK. Data from the Department of Work and Pensions (DWP) indicates that the number of migrants registering for NINs has risen steadily from 2002/03 with the latest data available suggesting that 713,500 migrants registered in 2006/07; EU Accession countries accounted for 45% of this total (321.2

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<sup>3</sup> The State of the Adult Social Care Workforce in England, 2008 (Chapter 4, pp 27 – 29). Skills for Care

[http://www.skillsforcare.org.uk/research/research\\_reports/annual\\_reports\\_SCW.aspx?](http://www.skillsforcare.org.uk/research/research_reports/annual_reports_SCW.aspx?)

thousand) whilst workers from Asia and the Middle East accounted for a fifth of this total.<sup>4</sup>

It is known that the social care sector is very complex and fragmented and in many instances hard to reach in terms of communication/consultation. To some extent, reliable intelligence and data concerning this sector, although greatly improved in recent years with the development of NMDS-SC is still sparse. In 2006/2007 there were an estimated 13,500 organisations in England providing or organising social care services for adults and older people. This equates to around 35,000 establishments (local units of employment). Most of the services are provided by micro and small enterprises. To add to this, as of March 2007 there were a total of 54,151 individuals receiving direct payments to fund their own care, with a further conservative estimate of 145,000 older people in England in 2006 estimated to have been funding their own personal care. Some organisations operate in partnership or belong to "umbrella" organisations but many, in particular the micro organisations operate in isolation at a very local level. In Wales there are about 70,000 people employed within the sector. The majority of these are working in direct care services for private and voluntary agencies. About 26,700 are directly employed by local authorities.<sup>5</sup>

## 5. Skilled

At this time, it is a challenge to make the case that social care workers as a whole (without more definition of the roles within this category), meet the skills requirement of MAC e.g. NVQ level 3 or above. However, there is a subset of these job roles that require a higher level of experience and skill, referred to as 'Senior care workers' by some - but not all - in the sector.

The MAC methodology uses SOC codes to define occupations within the sector. However, there is a plethora of roles grouped together under SOC 6115 and it is extremely important to develop a sensible split in order to get a better understanding of this workforce, and the skills and qualifications required by employers. One of the employers who submitted evidence, Mandy Thorn (responding on behalf of the National Care Association) refers to the breadth of differing job roles and responsibilities within SOC 6115 and a shortage of workers with appropriate skills to provide quality care to vulnerable clients - however those skills may be defined.<sup>6</sup> SOC codes, however, are only updated every ten years and as such, their applicability may quickly become out of date.

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<sup>4</sup> National Statistics (2007), National Insurance Number Allocations to Overseas Nationals Entering the UK 2006/07, p.15.

<sup>5</sup> 'A strategy for Social Services in Wales for the Next Decade' Welsh Assembly Government February 2007

<sup>6</sup> Please refer to Appendix F

A study commissioned by Skills for Care Eastern region, and the regional Learning and Skills Councils (LSC)<sup>7</sup>, concluded that the 6,000 staff currently working in CSCI registered organisations in the Eastern Region have English as a second language (EASL). These staff are mainly distributed throughout Care Homes and Domiciliary Agencies and the number is likely to increase to accommodate user demand.

In order to meet this demand, evidence would suggest that employers will continue to employ staff with EASL. However:

- Health and social care providers that currently employ staff with EASL report that they are finding that lack of English language skills is a problem.
- Due to the nature of care work, it is essential that staff have a high standard of English that is reflected by strict recruitment policies. Thus, lack of sufficient language skills are a barrier to potential employees.
- 40% of EU and 20% of non-EU staff documented communicate to Entry Level 3 and below. It is vital that these staff have access to ESOL in order to successfully achieve an NVQ Level 2. Note that the problem with English language skills was found to be worse among staff from within the EU than among staff from outside the EU.

### **Job Roles**

The Standard Occupation Code (SOC) 6115 - *Care assistants and home carers* covers both care workers and senior care workers, and does not distinguish between the two. Note also that this SOC code covers a multitude of job roles in both adults' and children's social care and does not exclusively determine the industry in which the person works (this is determined by the Standard Industry Codes (SIC)<sup>8</sup>). [See Appendices A & B] There are widely held concerns about how the social care workforce is described by the SOC within government and amongst stakeholder organisations. Sfc&D, along with DH and DCSF are currently discussing the issues around the description of social care occupations in the SOC with the Office for National Statistics and will be feeding into the next revision of SOC codes in 2010. The infrequent updating of these codes can be quite problematic within the social care sector as role descriptions/responsibilities change at a fast pace.

Senior care workers are defined in the Skills for Care (SfC) National Minimum Dataset for Social Care<sup>9</sup> (NMDS-SC) in England as care workers "...with the additional duties of front line supervision and monitoring of care workers and care assistants ... [They] will often be in charge of a shift of workers...".

Examples of job descriptions and person specifications for care assistants and senior carer/team leaders are provided in the attachments in Appendix F:1. It should be noted

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<sup>7</sup> Study carried out by Norfolk and Suffolk Care Support Ltd (N&SCS)

<http://www.lsc.gov.uk/publications/>

<sup>8</sup> [http://www.statistics.gov.uk/methods\\_quality/sic/contents.asp](http://www.statistics.gov.uk/methods_quality/sic/contents.asp)

<sup>9</sup> <http://www.nmds-sc-online.org.uk>

that the description for senior care workers highlights the supervisory and leadership aspects of the role and has a requirement of a minimum of two years experience. New roles are emerging as the sector develops new types of worker initiatives. Job titles are set at the discretion of the employer. There is no common role definition of the National Minimum Data Set that distinguishes a senior care worker from a care worker as such, nor does one exist across the UK.

### ***Using pay as a proxy for skill***

MAC specifically considers how pay can be used as a proxy for skill. For the care sector this is not straightforward, since pay for senior care workers varies by type of employer, whether public (Local Authority), voluntary or private, and apart from the minimum wage is at the discretion of the individual employer. 'NDMS-SC Briefing Issue 3 – Pay'<sup>10</sup> showed that care workers in the voluntary sector earned more than senior care workers in the private sector in England. More recent correspondence with SfC<sup>11</sup> has shown that median hourly pay for care workers in the voluntary and public sectors (£7.04 and £6.80, respectively) was higher than the median hourly pay for senior care workers in the private sector (£6.60).

It should be noted too, that regional variations in pay mean that the rates paid in South East (median hourly pay rate of £7.05 for a senior care worker), for example, will be higher than the rate in the North West (median hourly pay rate of £6.23 for a senior care worker).

Evidence from the National Care Association draws attention to the difference between children's and adult's social care; "[The MAC] did not realise that fees paid to older people's services were grossly less than those paid for children's services." The evidence submitted suggests that the current test of using an hourly rate of £8.80<sup>12</sup> to determine skilled care workers will therefore not accurately identify the senior care workers within SOC2000 6115. Employers have raised this issue during evidence gathering for this review

*"The median average wage level for skilled care workers is currently £6.25, and according to Unison, making the £8.80 an hour<sup>13</sup> is above what many care homes can afford to pay".*

### **Care Home Manager**

Concerns have also been expressed that a major reason for the low pay of senior care workers is the result of the interplay of supply and demand. While employers recognise the need for high skill levels to provide services to vulnerable clients, there is evidence

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<sup>10</sup> <http://www.nmds-sc-online.org.uk/content/Research.aspx>

<sup>11</sup> See attachment *Supporting Doc. 3 – NMDS-SC Care Workers Pay*

<sup>12</sup> The 70% percentile in the Annual Survey of Hours and Earnings 2007 for SOC2000 6115

<sup>13</sup> The shortage list states that only the most skilled care workers earning at least £8.80 an hour can be recruited from outside the EU. The median average wage level for skilled care workers is currently £6.80.

that workers in the sector receive considerable non-monetary benefits from their work. The 'National Survey of care workers 2007'<sup>14</sup> indicated considerable job satisfaction - with almost 90% of workers stating that they were happy in their work. There was also some indication that the financial rewards were not of prime importance. This is not to say that better pay might not encourage entry into the sector but simply that workers may be prepared to accept lower pay than they would for work that they perceive as less satisfying. For this reason, the evidence suggests that, £8.80 per hour is not a "reasonable" wage rate.<sup>15</sup>

If the MAC decides to recommend using pay to identify skill levels in this occupation, a threshold significantly lower than £8.80 is needed, to avoid creating an artificial floor in pay for senior care workers which would be unaffordable for the majority of employers.

### ***Alternatives to using pay to determine skill***

Given the above, some suggested alternative ways of measuring the skill level of employees in this SOC code are;

- Job title of senior care worker or similar
- Job description includes supervisory role
- Job description/person specification requires a minimum level of previous experience (e.g. 2 years)

### ***Regulation of social care workers***

In England, the GSCC continues to work closely with DH and partners to develop arrangements for the registration of home care workers and their managers. The GSCC does not have its own sourced available data to augment evidence to MAC on this category of social care workers. There is, however, a commitment to the importance of the registration of home care workers in public protection and raising quality within the sector. It is recognized that there is need to do this in a way that does not create unnecessary burden, is cost effective and is based on best available evidence as to what works. DH is currently in discussion with GSCC on how best to achieve this and it is the present intention to tie this work into the delivery of the 'Adult Social Care Workforce Strategy'.

In Wales, the 'Register of social care workers' was established under the 'Care Standards Act 2000'. The aim of the register is to make sure that all social workers and social care

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<sup>14</sup> The State of the Adult Social Care Workforce in England, 2008 (Tables 41 and 42). Skills for Care

[http://www.skillsforcare.org.uk/research/research\\_reports/annual\\_reports\\_SCW.aspx?](http://www.skillsforcare.org.uk/research/research_reports/annual_reports_SCW.aspx?)

<sup>15</sup> The MAC Report in September 2008 defined a "reasonable" salary as "the minimum amount a skilled worker in that occupation should be paid".

Skilled Shortage Sensible: The recommended shortage occupation lists for the UK and Scotland, (Para 3.20) Migration Advisory Committee, September 2008.

<http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithus/mac/macreport2008>

workers are suitable for work in social care. Recently undertaken research into social work training needs, has shown that employers have responded to a report on social work in Wales 'Social Work a profession to value', by investing in the social work workforce through training and reward initiatives. Everyone on the register will have shown that they are suitable for work in social care by satisfying Care Council Wales (CC Wales) that they have the necessary qualifications; are physically and mentally fit; are of good character and agree to comply with our Code of Practice for social care workers. CC Wales will refuse to register anyone who is not suitable. CC Wales can also impose conditions on registration if it is thought to be necessary. The conditions might include training, work experience, or restrictions due to health.

In Scotland, to register with the Scottish Social Services Council (SSSC) a worker must satisfy the criteria for registration. This includes holding the appropriate qualifications for the job they do. The majority of workers are skilled and are required to hold a qualification at SVQ level 3 or above. The SVQ3 in social care is credit rated at SCQF level 7 (with the exception of support workers who require a qualification at SVQ2 or above). The qualification for a professional social worker is the Degree in Social Work which is a four year honours degree (SCQF level 10).

## 6. Shortage

According to a recent report<sup>16</sup> two in three care staff in London are non-EU citizens. Unison National Secretary Heather Wakefield recently stated that

*"[the] UK relies heavily on the efforts of overseas care workers and due to population change we are going to need far more of them, not less".*

**Heather Wakefield, Unison National Secretary**

While UK-wide figures on social care workers (who are not qualified social workers) are not readily available, there is some evidence that employers are finding it difficult to recruit to social care positions and that high vacancy and turnover rates have financial consequences for all employers in the public, private and voluntary sectors.<sup>17</sup>

A medium sized employer, found that

*"[the] UK labour market hardly responds at all to our job advertisements and, if there is any response it is usually utterly inflexible in terms of 24hr shift rota working" Anonymous".*

Acorn Lodge in Bournemouth is unable to find suitably skilled staff. While the local job centre does generate applicants, they are mainly unsuitable or disinterested, even though Acorn Lodge pays their staff over the rate advised by the Home Office.

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<sup>16</sup> <http://www.lga.gov.uk/lga/aio/1493777> The impact of the Recession on Migrant Labour.

<sup>17</sup> Children's, Young People's and Families' Social Care Workforce Survey 2006 (LGAR 2007)

Garden Lodge Residential Lodge in Peterborough has a vacancy rate of 27.38% for social care workers.

In the LGA report<sup>18</sup>, evidence suggests that areas at low risk of employment losses have relatively high numbers of migrant workers, which could exacerbate any labour shortages experienced by employers caused by a return of these migrants to their home countries. The Association of Directors of Adult Social Services (ADASS) express concerns that employers will no longer be able to fill permanent posts with people from outside the European Union unless they are on the Committee's shortage occupation list. Jo Cleary, co-chair of the ADASS Workforce Development Network says,

*"MAC's decision not to specify social care staff in its recommended shortage occupation list threatens to seriously undermine our capacity to carry out our core and fundamental duty of care to many thousands of elderly and disabled people".*

**Jo Cleary, co-chair, ADASS Workforce Development Network**

She went on fully to endorse the remarks of Darra Singh, chief executive of the London Borough of Ealing, who wrote recently

*"We need a coherent policy that understands the relationships between skills shortages, housing, immigration and regeneration if our country is to prosper both economically and socially."*

**Darra Singh, chief executive, London Borough of Ealing**

### ***Demand for social care workforce***

Over the next fifty years, the number of people aged 65 and over in the UK is forecast to increase from just under 10 million to nearly 20 million<sup>19</sup>. This group will account for over a quarter of the total population in 2056, compared to only 16% in 2008. In the immediate future the number of people in the UK aged 85 and over is forecast to rise by over 2.5% per year between 2008 and 2011, this compares to average growth in the total population of 0.7% per annum<sup>19</sup>. Wales figures suggest that those aged 85 and over are projected to increase by 47.4%, from 60 thousand in 2004 to 88 thousand in +2018.<sup>20</sup>

Demographic changes in the UK population will lead to increasing demand for social care services and, consequently, a larger workforce. Skills for Care, building on forecasts by the Personal Social Services Research Unit (PSSRU), estimate that the workforce in England alone, will need to grow by 50% - 80% by 2025 to meet the needs of the ageing

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<sup>18</sup> Estimating the scale and impacts of migration at the local level, Institute of Community Cohesion Nov 2007 (LGA 2007)

<sup>19</sup> 2006-based population projections. Government Actuary's Department  
[http://www.gad.gov.uk/Demography\\_Data/Population/Index.asp?v=Principal&y=2006&subYear=Continue](http://www.gad.gov.uk/Demography_Data/Population/Index.asp?v=Principal&y=2006&subYear=Continue)

<sup>20</sup> A strategy for Social Services in Wales for the Next Decade' Welsh Assembly Government February 2007

population<sup>21</sup>. This would equate to the social care workforce accounting for between 6% and 7% of the total UK workforce in 2025, compared to around 4% in 2008. The report indicates that between 638,000 and 1 million additional staff in *Direct Care Providing* and *Personal Assistants and Similar* staff groups (Senior care workers will be included in these groups) will be required by 2025 to meet increasing demand.

### **Social care vacancies**

There are a number of sources of data on vacancies in the social care workforce, all of which are measured in slightly different ways.

Data on vacancies notified to, and unfilled vacancies held by, JobCentre Plus in England show an increasing trend in the number of vacancies under SOC2000 code 6115 [see Appendix C]. This is in contrast to vacancies in all occupations. The three-month moving average for notified vacancies for SOC 6115 almost doubled between December 2006 and December 2008, while unfilled vacancies rose by almost 50%. Over the same period, the notified vacancies for all occupations rose by only 2% and unfilled vacancies actually fell by 2%.

The National Employer Skills Survey, 2007<sup>22</sup> (NESS07) reports vacancy rates in terms of each sector skills council (SSC)'s footprint coverage. This gives a national vacancy rate of 3.4% for employers covered by Skills for Care and Development (SfC&D), compared to 2.8% for all sectors and 1.9% for Skills for Health [see Appendix C for more detail]. These employers had a hard-to-fill vacancy rate of 0.9% (27% of all vacancies), compared with 0.8% (30% of vacancies) in all sectors and 0.5% (26% of vacancies) for Skills for Health.

In the same report<sup>23</sup>, 50% of employers under SfC&D's footprint reported increased spend on advertising and recruitment to deal with hard to fill vacancies, this compares with 44% of employers in all sectors.

Data from the NMDS-SC showed that the vacancy rate for senior care workers was 2.4% (2.2% in the private sector and 2.8% in the voluntary sector), as at May 2007<sup>24</sup>. Recent correspondence with SfC<sup>25</sup> shows that this rate is currently 2.4%, as at December 31<sup>st</sup> 2008. It should be noted that these vacancy rates are over and above posts filled with temporary staff and only include vacancies which are being recruited into.

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<sup>21</sup> The State of the Adult Social Care Workforce in England, 2008 (Chapter 10, pp 116 – 122). Skills for Care

[http://www.skillsforcare.org.uk/research/research\\_reports/annual\\_reports\\_SCW.aspx?](http://www.skillsforcare.org.uk/research/research_reports/annual_reports_SCW.aspx?)

<sup>22</sup> National Employer Skills Survey, 2007 (p 54 & p 56). Learning and Skills Council

<http://research.lsc.gov.uk/LSC+Research/published/ness/>

<sup>23</sup> NESS07 (p 65)

<sup>24</sup> The State of the Adult Social Care Workforce in England, 2008 (Chapter 7, pp 70 - 71). Skills for Care

<sup>25</sup> See attachment *Supporting Doc. 3 – NMDS-SC Care Workers Pay*

## **Turnover**

NMDS-SC data showed a turnover rate of 10.9% for senior care workers (11% in the private sector and 11.5% in the voluntary sector), as at May 2007<sup>26</sup>. Recent correspondence with Sfc<sup>27</sup> shows that this rate is currently 10.2%, as at December 31<sup>st</sup> 2008. Only 10% of this turnover is due to churn within the occupation. The remaining turnover is due to a variety of reasons; such as personal reasons, career development, resignation, nature of work.

## **Temporary Staff**

Around 7% of the independent sector workforce is not directly employed (bank/pool, agency, students, volunteers and other workers)<sup>28</sup>.

## **Scotland's Social Care**

Scottish Care represents 74% of the independent care homes for older people sector in Scotland. The Scottish Care Workforce Survey (2008) data on vacancies is as follows: Manager vacancies at 5%; Supervisors at 12%; Practitioners/Support Workers at an average of 27%; and Ancillary staff at 16%. In relation to difficulties in filling the vacancies, the most difficult to fill are those of Practitioner or Support Worker, with 74% of workplaces indicating difficulties in recruiting staff. The reasons given for these difficulties were in relation to poor attitudes, motivation and personality, followed by there being too few applicants. For Managers it was the mainly the lack of skills or qualifications and for Supervisors it was predominantly too few applicants for the posts.

## **Scotland's Residential and Day Care Services**

The following statistics have been selected from the report and give an indication of the vacancies for senior/qualified care workers (excluding managers). The full report is attached. The vacancy rates vary among the different services.

**Staff and vacancies- Day Care:** children and families- lead practitioner and practitioner 353, vacancies 3; older people-assistant unit managers and other qualified care staff 124, vacancies 17; people with mental health problems- assistant unit managers and other qualified care staff , 35, vacancies 4: people with physical difficulties- assistant unit managers and other qualified care staff 105 vacancies 7 : people with learning difficulties- assistant unit managers and other qualified care staff, 649, vacancies 27

**Scotland's Staff and vacancies- Residential care** -children and young people- residential child care workers, 1313 vacancies 102; **older** people- supervisor and

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<sup>26</sup> The State of the Adult Social Care Workforce in England, 2008 (Chapter 10, pp 70 - 71). Skills for Care

<sup>27</sup> See attachment *Supporting Doc. 3 – NMDS-SC Care Workers Pay*

<sup>28</sup> The State of the Adult Social Care Workforce in England, 2008 (Chapter 10, p 30). Skills for Care

practitioner 2253, vacancies 209; people with mental health problems, supervisor and practitioner, 67, vacancies 7; people with physical difficulties, supervisor and practitioner, 14, vacancies 5; people with learning difficulties, supervisor and practitioner, 837, vacancies 81.

### Scotland's Context

In Scotland, the Scottish Care Workforce Survey (2007) indicated that 7.3% of the total care home workforce in Scotland are working under a work permit. It also highlighted that Manager (48%), Supervisor (56%) and Practitioner (71%) level vacancies are regarded as hard to fill posts by employers. Each of these require at least an SVQ Level 3 as a base qualification, though only Manager and Supervisor are regarded as 'senior' posts. Broken down, hard to fill primarily related to too few applicants and the lack of quality of applicants.

The Scottish Care at Home Workforce Survey (2008) indicated that 2% of the home care workforce are working under a work permit. Manager (30%) and Supervisor (38%) level vacancies are regarded as hard to fill posts by employers. The difficulties in filling vacancies related to the lack of quality and too few applicants, respectively.

The total migrant population of the care home workforce and the care at home workforce from the surveys is 13% and 3%, respectively. The more recent SSSC commissioned migrant worker research (2008) highlighted that 6.2% of all employees in the home care sector are migrant workers, from within and outside the European Economic Area (EEA).

## 7. Sensible

The Wanless<sup>29</sup> review predicted a rise in core costs of £14bn by 2006 if services for older people were to be provided along current lines lending further support for a strategic shift in the way care for older people is planned and delivered.

Other studies have identified evidence that migrants are taking jobs 'locals' do not want. Employers face a shortage in the supply of labour rather than a skills shortage: this supports the notion that "*migrants are filling jobs that natives will not do rather than competing for jobs that they will*".

A medium sized employer (who wishes to remain anonymous) gives an example of one of his non-EU workers in Devon who has her family there

*"and they are a part of the local community, who, because we cannot afford to pay the £7.20 hr rate, has herself gone to work at home in North Wales, which will pay her £7.20hr (how... and stay viable?), without her family for a couple of years to hope to achieve a her residency status. After which she plans to return*

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<sup>29</sup> [http://www.kingsfund.org.uk/media/wanless\\_review.html](http://www.kingsfund.org.uk/media/wanless_review.html) Securing good social care for older people: Taking a long-term view

*to live with her family and work for us again (where she is happiest regardless of pay)”*

**Care Home Managing Director**

A Merseyside Care Group’s experience is thought provoking.

*“we have had Job Seekers Plus ring us to do work placements on a trial basis. This fails before it starts as we must by law have a CRB and POVA checks on our staff members and anyone who may come into contact with our residents over a prolonged period of time.*

*This costs £48.00p (at the moment) and can take anything between 1- 3 months to get the CRB check cleared. This is not a fee the government is prepared to pay. We have in the past had numerous British people who we have paid out to have this check done, only to find they have not lasted a week before they decided they could not continue in the job”.*

**Anonymous**

If services are to be maintained and improved while keeping costs to affordable levels, it makes sense to ensure employers have access to the people with the skills and attitudes needed to undertake the plethora of roles in health and social care. Evidence suggests that for some employers, migrant labour from outside the EEA are playing a critical role in supporting the sector in its aim to provide quality care for vulnerable people. There are two characteristics of this group that are important in this respect.

1. They are more likely to either be native English speakers or (particularly in the case of Philippine workers) to have learned to speak English to a high standard.
2. They are likely to have qualifications higher (and, in some cases, much higher) than the current required minimum.

### **SSSC Migrant Workers Report (2008)**

This report looked at adult day care, sole domiciliary care, early years and childcare, sole housing support services, residential child care and combined housing support services and domiciliary care. This research found that migrant workers were 2.5 % of the workforce in the survey sample. The vast majority of migrant workers (93%) are employed as workers, which are in a care role without supervisory responsibility. The highest proportion of migrant workers is in the domiciliary care sub sector of whom 6.2% are migrant workers. The report concluded that the social services sub-sectors surveyed have a minimal reliance on migrant workers at present. But the report also concluded that as the SSSC’s registration requirements will place a greater emphasis on qualifications in future there is the possibility of a greater reliance in skilled migrant workers

### **The Scottish care workforce survey (2008)**

This document reported that 7% of workers in this part of the sector are from outside the EU and employed under work permits. The largest majority are from the Philippines, followed by India and China. The report found that workers from outside the EU are usually nurses qualified in their own country and with varying levels of English language

ability. They are mainly employed as care workers, occasionally as nurses, depending on whether they have obtained NMC registration. Small homes are much less likely to employ from outside the EU, partly due to the administrative issues around immigration and the lower rate of turnover of smaller homes. The effect and importance of migrant workers engaged in care sector work was acknowledged in this report.

This evidence points to advantages for some parts of the social services sector in Scotland in maintaining the status quo for workers from outside the EEA. There are shortages in some parts of the sector and this may indicate a need to recruit from outside the UK. Other parts of the sector do not at present have a significant staff shortage

Feedback to the Scottish Government from stakeholders (COSLA and ADSW) is that they wish to retain social workers and senior care workers on the shortage occupation list. Feedback from Scottish Care and Scottish Care at Home (attached) concludes that the need for skilled senior care workers is increasing and the sector will continue to require to make use of migrant workers who possess relevant skills and experience.

### **Efforts to improve recruitment**

The NESS2007 gives details of steps employers are taking to improve recruitment into hard to fill vacancies. [Appendix C provides the details]

Evidence from employers has indicated how hard they are finding it to recruit from within the UK/EEA

*"Based on year ending 2008, our staff turnover including candidates from within and outside EEA was 17.5% compared with the previous 2 years of 21.3% Y/E September 2007 and 23% Y/E September 2006 - this averages to 20.6%. It should be noted that in 2006 we were recruiting mainly from countries within the EEA or EU as it was then. Our staff turnover figures are better than our local authority, and amongst the lowest in the sector. We had a significant "spike" in staff turnover with the introduction of the EEA staff, which as previously mentioned in reality used us for free air tickets.*

*For example we recently ran a recruitment drive in which we advertised in three newspapers across the Cambridgeshire/Suffolk area. We opted for packages for two of the papers (Bury Free Press and Cambridge Evening news) where the adverts were placed in all of their papers and also on their website. In addition, we placed an advert in the South East Observer, a standalone newspaper. To date we have had 40 enquiries from Bury Free Press, 18 enquiries from Cambridge Evening News and 7 enquiries from The Southeast Observer. From the total of these responses 65 only 16 attended for interviews, of these 8 have been offered employment, 3 were no shows, 2 declined the offer and 3 cannot be employed due to location and being non-drivers, and immigration status. So net effect 65 responses, ZERO new staff.*

*We have advertised continuously for Senior Carers within the Job Centre for the last 5 years as we constantly have the need for skilled Senior Carers due to the*

*more complex care requirements of the service users staying within their own homes, which is the government led process of their choice to remain in their own environment as opposed to the available residential or nursing homes.*

*It is vitally important that the Home Office permit work permits for senior level care staff. Hospitals increasingly depend on the Care Sector to look after people who otherwise would not be able to leave Hospital. It is a Central Government Policy to increase the amount of Domiciliary Care. The sector is locked into a crisis driven by the lack of staff. The sector depends on making its staff work very long hours, including weekends, holidays and Christmas day."*

**Deborah Cooper and Gordon Ward, Abbott Healthcare and Beaumont Park Homecare Ltd**

### **Pay as an issue for retention?**

The National Survey of care workers, 2007<sup>30</sup> shows that pay is not a major cause of retention problems in the sector. Although 65% of care workers felt that they were not paid enough (ranked 6<sup>th</sup> in the worst aspects of the job), 88% reported that they were either happy or very happy with their jobs, 91% reported that they loved the work they do and only 6% would not recommend care work to a friend.

The majority of those interviewed (64%) intended to stay in social care for at least five years with half (48%) of those who intended to leave doing so due to upcoming retirement<sup>31</sup>. Only 5% of employees in adult social care who left employment in the previous 12 months gave pay as the reason for leaving<sup>32</sup>

### **Scotland's Future Workforce Trend**

Highlighted in the SfC&D Sector Skills Agreement (SSA) (Scotland, 2008) and taken from the Range and Capacity Review report (Scottish Executive, 2004) there was an examination of the impact on adult residential care, adult day care and domiciliary care, drawing on various scenarios for future service delivery. These included a continuation of current practices; increased emphasis on residential care; and increased emphasis on maintaining people in the community. The report's baseline scenario assumed that prevalence rates will remain the same and that so will current policies on service delivery. On this basis they identified the following increases in staffing by 2017:

- residential care – 37%
- day care – 32%
- domiciliary care 32%

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<sup>30</sup> National Survey of Care Workers Final Report, 2007 (pp 59 – 67). Skills for Care [http://www.skillsforcare.org.uk/research/research\\_reports/national\\_survey\\_of\\_care\\_workers\\_2007.aspx?](http://www.skillsforcare.org.uk/research/research_reports/national_survey_of_care_workers_2007.aspx?)

<sup>31</sup> National Survey of Care Workers Final Report, 2007 (pp 41 - 46). Skills for Care

<sup>32</sup> The State of the Adult Social Care Workforce in England, 2008 (Chapter 10, p 72). Skills for Care

[http://www.skillsforcare.org.uk/research/research\\_reports/annual\\_reports\\_SCW.aspx?](http://www.skillsforcare.org.uk/research/research_reports/annual_reports_SCW.aspx?)

This “expansion demand” is thought to be roughly equivalent to a further 27,000 full time jobs in these sub-sectors alone by 2017. Given the higher levels of part-time working (38%) within the social services sector this could mean more than 36,000 individuals.

While the SSA cannot be certain that the current approach to service delivery will remain the same in the future, note is taken of the ageing population and that whatever the forms of service delivery there is likely to be a significant increase in demand for services in the coming decades. This will mean a demand to recruit and train new staff. Account was not taken of the current economic situation.

The number of available migrant workers from within the EEA, forming a significant part of the care home and care at home workforce, is likely to diminish if the economic situation and the value of the pound against the euro maintains current levels.

Scotland recognizes that within residential, day and domiciliary care, the areas where social care managers, supervisors and practitioners are most heavily employed, there are significant prospective increases in staffing requirements projected for the future which may be difficult to fill from indigenous sources - particularly into senior care worker posts. There is stated to be recruitment difficulties in attracting staff to SVQ level 3 positions, in care home and care at home services. It is noted that the present economic climate may increase the pool of potential care sector workers, but this is not the case currently and these are likely to be inexperienced workers with no relevant qualifications. Current funding challenges, particularly in the private sector, are not facilitating the level of throughput of care workers qualified to registerable level with the SSSC. In addition, further pressure on recruitment of skilled staff may arise if EEA migrant workers return to their home countries.

An issue remains about the payment level of £8.80 for Scotland. Whereas the skills and responsibilities level is that of a senior care worker, it is beyond what is normally paid for the role in the private sector, which typically is around or under £7.00 for the function.

In conclusion:

1. The need for skilled senior care workers is increasing and the sector will continue to require to make use of migrant workers who typically possess relevant skills and experience. They should continue to be included on the shortage occupation list making them eligible for work permits.
2. There is a case to be made in Scotland for the payment threshold being lowered to reflect the reality of the market or the market being funded sufficiently to rise to this level for a Tier 2 skilled worker. Otherwise, it is set artificially and will curtail the potential to recruit from this labour force.

## General Overview of Skills for Care and Development

Skills for Care and Development is the sector skills council (SSC) for the social care, children, early years and young people's workforce in the UK. It is a partnership of 6 organisations.

- Care Council for Wales
- Children's Workforce Development Council in England
- Northern Ireland social care Council
- Scottish Social Services Council
- Skills for Care, adult social care in England
- General social care Council

With established relationships with stakeholders, Government and employers across the UK we have a clear vision for:

**The UK social care, children, early years and young people's workforce to be focussed on the best interests of those who use our services, and to be understood, valued and trusted by the UK nation to be delivering services which are essential to the operation of our economy and society.**

Skills for Care and Development is licensed by government to represent the interests of some 60,000 employers and 1.87 million workers. Staff in social care settings are employed by a range of organisations - both public authorities and independent organisations, often commissioned by the public sector to deliver services but sometimes employed directly by people who receive the services. We aim to:

- Ensure that appropriately skilled and qualified workers are available to meet the UK's current and future social care needs.
- Work closely with service users and carers, education and training providers, national stakeholders and the health sector.
- Ensure that we have a clear Sector Skills Agreement (SSA) in place whose process is clearly outlined by the Sector Skills Development Agency, as follows:
  - *"SSAs analyse each sector's needs and provision, and then create deals with the supply side to fill skills gaps and shortages. SSAs make sure the needs of employers form the starting point for future education and training. They are designed to ensure education meets the needs of UK business and public services."*
- To make sure that our Sector Skills Agreement work builds on intelligence and work undertaken by each Alliance partner whose responsibility is to establish the most effective way of working with Government in developing workforce development strategies, driving forward the workforce improvement programme of work, linking service strategies within each country.
- To ensure SSA work complements existing work and adds value to it.

This UK overview identifies common themes arising from the work of the 6 partners of the Alliance, which enables us to consider UK solutions where appropriate. The evidence

used to develop this summary is in detailed reports presented by each partner and can be provided upon request.

We have undertaken a Skills Needs Assessment which is the major authoritative source on skill needs in the sector.

### ***Workforce Characteristics and what drives skill demand in our sector?***

The demand for services provided by the social care, children, early years and young people's workforce is increasing and this trend is set to continue as people live longer and the expectations of services increase. The proportion of the population who will be in active employment will decrease, and therefore recruitment and retention difficulties faced by the sector will become more complex. The sector provides job satisfaction for workers and is highly valued by those who use services, but outside the sector the public perception, image and profile of the workforce is not so positive.

The workforce has increased substantially in size, and this trend is also set to continue as the demand for services rises; however this increase currently does not meet the demand. There are more services provided by independent, private, and voluntary settings, and commissioned by local authorities, which in turn provide less direct care and therefore there is a greater need for commissioning skills.

Different policy drivers have been established across the UK as social care, children, early years and young people services are fully devolved functions. Whilst there are no national terms and conditions, there are some commonalities: Quality, safety and effectiveness are central to the government's modernisation agenda. To deliver this our workforce must be committed, highly skilled, flexible and able to respond to changing demands.

The skills demands in the sector are driven by the regulation and registration requirements in each country. Significant numbers of the workforce are currently subject to registration and it is anticipated that this will further increase. Both registration and service regulation are two key features of the quality and safety agenda and as such will determine the skills requirements of the workforce. All drivers outline the need for different services focussed on the needs of the people who use services.

The skills needs of the workforce differ across both the workforce and the UK; however there are some common 'needs';

- Management and leadership, including professional management capability
- Capacity building and managing transitions arising from the changing service models, including the need for commissioning skills
- Achievement of gateway qualifications to meet regulatory frameworks and Continuing Professional Development (CPD) to support re-registration
- Development of specialist expertise
- Skills to work flexibly in integrated service models, partnership and shared learning.
- A need for learners to have improved and simplified access to appropriate qualifications, which are demand-led

- Information Communication Technologies skills such as assistive technology. This aims to provide a greater role in enabling service users to remain at home, and also as other service provisions change.
- Increasing focus on commissioning, procurement and negotiation skills as the role of Local Authorities continues to change. There will also be skills needs for those service users who commission and pay for their own service provision.
- Changes in service provision will also require the workforce to have the skills to work in multidisciplinary and inter professional teams, including leadership and management.
- ***The potential different requirements for an ageing and increasingly migrant workforce as the sector continues to face recruitment difficulties.***

### **Future Skills Needs**

Each partner's has outline priorities and areas that need to be addressed in our Sector Skills Agreement stage reports. Due to the devolved nature of social care, children, early years and young people services, the majority of skills needs - both current and future - need to be dealt with on a country specific basis. There are, however, common areas of skills need that can be considered on a UK basis:

- The requirements for skills development in contracting, commissioning and procurement of services
- Tackling recruitment difficulties and the profile of the sector, including the skills needs of migrant worker.

International research in the social care sector points to increased demand for, (but reduced supply of), social care services in most European countries<sup>33</sup>. The demographic and social drivers of these developments include an ageing population, an ageing workforce, increasing demand for services and ongoing recruitment and retention difficulties.

Skills for Care and Development is committed to the recruitment and retention of skilled and qualified workers. The challenge for the sector is not simply to fill any gaps in the existing labour supply, but to have a strategic overview of trends and needs and also ensure that the workforce, (whether from the UK or overseas), have the appropriate skills, training and support to deliver high quality services.

## **8. Future endeavours to increase workforce capacity**

The Sfc&D UK operational plan details the activity, which will be delivered with SSC funding, received from the Commission for Employment and Skills (CES). The activity is developed from the findings of the Sector Skills Agreement (SSA) and Sector Qualification and Learning Strategy (SQLS) and outlines those items we plan to pursue on a collective basis as they have been identified as important issues by our

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<sup>33</sup> European Foundation for the Improvement of Living and Working Conditions, October 2006 – Conference

stakeholders, bring added value to employers and deliver efficiencies to us as a partnership. These form the focus of our UK operational plan and are activities either beyond the scope of any one individual partner, or there are efficiencies (either financial or information sharing) in pursuing collectively.

Our work in partnership supports common priority areas, strives to meet the needs of the sector and ensures where appropriate policy and practice is aligned to support workforce mobility within the context of each nation's policies and priorities.

### **9. Our UK Plan is to work together as collaborative sector skills council to:**

- Take on the shared UK challenges of achieving our vision, by supporting each other in progressing our agreed key themes of work which are:
  - Standards and Qualifications
  - Image and value of the workforce
  - International Issues and Migrant Workers
- To progress and support each other in working collaboratively to deliver a shared agenda but to also engage with some of the most challenging aspects of the longer term policy agendas that we face together

We understand and value the extensive programme of work that each of the partners of the sector skills council is pursuing with government, stakeholders, employers and employees. We acknowledge that it is through this work that the large proportion of our SSC vision will be achieved.

### **Our UK programme of work**

Our work is driven by our key themes of work using our shared expertise to consider the most challenging aspects of the social care, children, early years and young people's agendas and includes the following.

- To deliver the priorities as outlined in our Sector Learning and Qualifications Strategy to ensure qualification and learning which:
  - enables the sector to recruit and retain a skilled and qualified workforce
  - provides for the skills needs of workers
  - is based upon clear, accessible and aligned qualification frameworks
  - supports the development of a responsive and innovative workforce
  - is easy to access, and of high quality
  - To improve our knowledge and support for employers in relation to migrant workers.
- To learn from international developments in our sector to support our knowledge to support and develop the sector workforce
- To have a comprehensive understanding of the image and value of the workforce, and undertake initiatives to improve knowledge and perceptions of it.
- To ensure efficient delivery of our collaborative work and ensure opportunity to strategically consider key issues which are having an impact upon the workforce in the UK

### **Strategic Aims specific to International Issues and Migrant Workers:**

- To improve our knowledge and support for employers in relation to migrant workers.
- To learn from international developments in our sector to support our knowledge to support and develop the sector workforce

### **Background Evidence and Need:**

The partnership collectively is taking action to support recruitment and retention initiatives in the sector across the UK. In the UK, there has been an increase in the number of workers in our sector who were born overseas - from 10% in 2004, to 15% in 2007. Employers are increasingly recruiting from abroad to fill gaps in the UK labour market, and to ensure we have a diverse workforce providing for the needs of service users.

A number of issues specific to the migrant workers in our sector have been identified:

- **Language needs** will be picked up as part of our Sector Qualification and Learning Strategy (SQLS). This is not exclusive to our sector and we will want to identify the potential for cross sector working in each country.
- Employers have also identified the need for support in **effective induction** for these workers and work can be done to identify what additional support migrant workers may need in starting out in our workforce in the UK.
- Work is also needed to determine the best process for **validating the qualifications and skills** gained in other countries, considering the implications and use of the European Qualification Framework.

The other key issue has been a lack of focus on international issues, or learning from our counterparts from across Europe and internationally. This results in a gap in forward thinking in light of international work on the skills agendas and development internationally in the social care, children, early years and young peoples sector.

### **10. Key Activities:**

A detailed programme of our key activities for the coming year includes:

- Work with the Border and Immigration Agency and Migration Advisory Committee
- To undertake research and analysis on migration workers impact and needs within the sector
- To ensure up to date resources for employers who are employers of migrant workers
- To keep under review the international issues in relation to our sector
- To maintain and develop international qualification verification systems.

**Appendix A: Examples of jobs currently being advertised on the web, and which demand no specific qualifications:**

Title	Starting Salary	Location
Client Care Coordinator	£16,000 - £18,000	London
Support Mentor	Up to £7.50 ph	W. Midlands
Alarm Scheme Assistant	£9 - 10	London
Support Workers	£6.30 ph	Sheffield
Support Worker	No experience - £13,000 pa No qualification - £14,000 pa NVQ 2 + experience - £14,500 pa	Southampton & Farnham
Care Assistant	£6.24	Birmingham

**Job Roles covered by SOC code 6115<sup>1</sup>**

Aid, care  
 Aid, home  
 Aide, care  
 Aide, home  
 Assistant, care  
 Assistant, general (home for the disabled)  
 Assistant, general (old people's home)  
 Assistant, personal (welfare services)  
 Assistant, support (welfare services)  
 Attendant, care  
 Attendant, charge  
 Attendant, invalid  
 Attendant, night (home for the disabled)  
 Attendant, night (old people's home)  
 Attendant (home for the disabled)  
 Attendant (old people's home)  
 Befriender (social services)  
 Carer, home  
 Carer, personal  
 Carer (welfare services)  
 Carer  
 Careworker (welfare services)  
 Helper, people's, old  
 Leader, team, care, home (local government: social services)  
 Leader, team (local government: social services: home care)  
 Leader, team (nursing home)  
 Nurse, care  
 Officer, residential (welfare services)  
 Orderly (communal establishment)  
 Sitter (welfare services)  
 Supervisor, care  
 Therapist, hobby  
 Visitor, care  
 Worker, care (welfare services)

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<sup>1</sup> Taken from Standard Occupational Classification 2000 Volume 2: The coding index

Worker, healthcare (nursing home)  
Worker, healthcare (welfare services)  
Worker, residential (welfare services)  
Worker, shelter (welfare services)  
Worker, social, residential  
Worker, support (nursing home)  
Worker, support (welfare services)

## Appendix B: Industries covered by SOC code 6115

Industry GROUP (main job)	6115 Care assistants and home carers
85.3:Social work	438,587 (63.8%)
85.1:Human health activities	176,592 (25.7%)
75.1:Admin of State, economic, social etc	19,160 (2.8%)
95.0:Private households with employed persons	11,986 (1.7%)
74.5:Labour, personnel recruitment	8,027 (1.2%)
70.1:Real estate activity (own property)	7,085 (1%)
75.2:Defence, justice, law, fire etc	5,751 (0.8%)
93.0:Other service activities	4,236 (0.6%)
15.9:Beverages manufacture	3,012 (0.4%)
80.4:Adult, other education	2,900 (0.4%)
91.3:Other membership organisations	1,661 (0.2%)
90.0:Sewage, refuse disposal etc	779 (0.1%)
20.3:Builders carpentry, joinery man.	698 (0.1%)
15.1:Prod, proc, preserving meat, meat prod	693 (0.1%)
52.1-6:Retail trade	623 (0.1%)
60.2:Other land transport	615 (0.1%)
80.1:Primary education	591 (0.1%)
22.2:Printing etc	575 (0.1%)
29.2:Other general purpose mach manufacture	573 (0.1%)
92.3:Other entertainment activities	535 (0.1%)
80.2:General 2nd-ary education	525 (0.1%)
55.1:Hotels, motels	501 (0.1%)
92.7:Other recreational activities	487 (0.1%)
75.3:Compulsory Social Security activity.	476 (0.1%)
55.3:Restaurants	418 (0.1%)
<b>Total</b>	<b>687,086 (100%)</b>

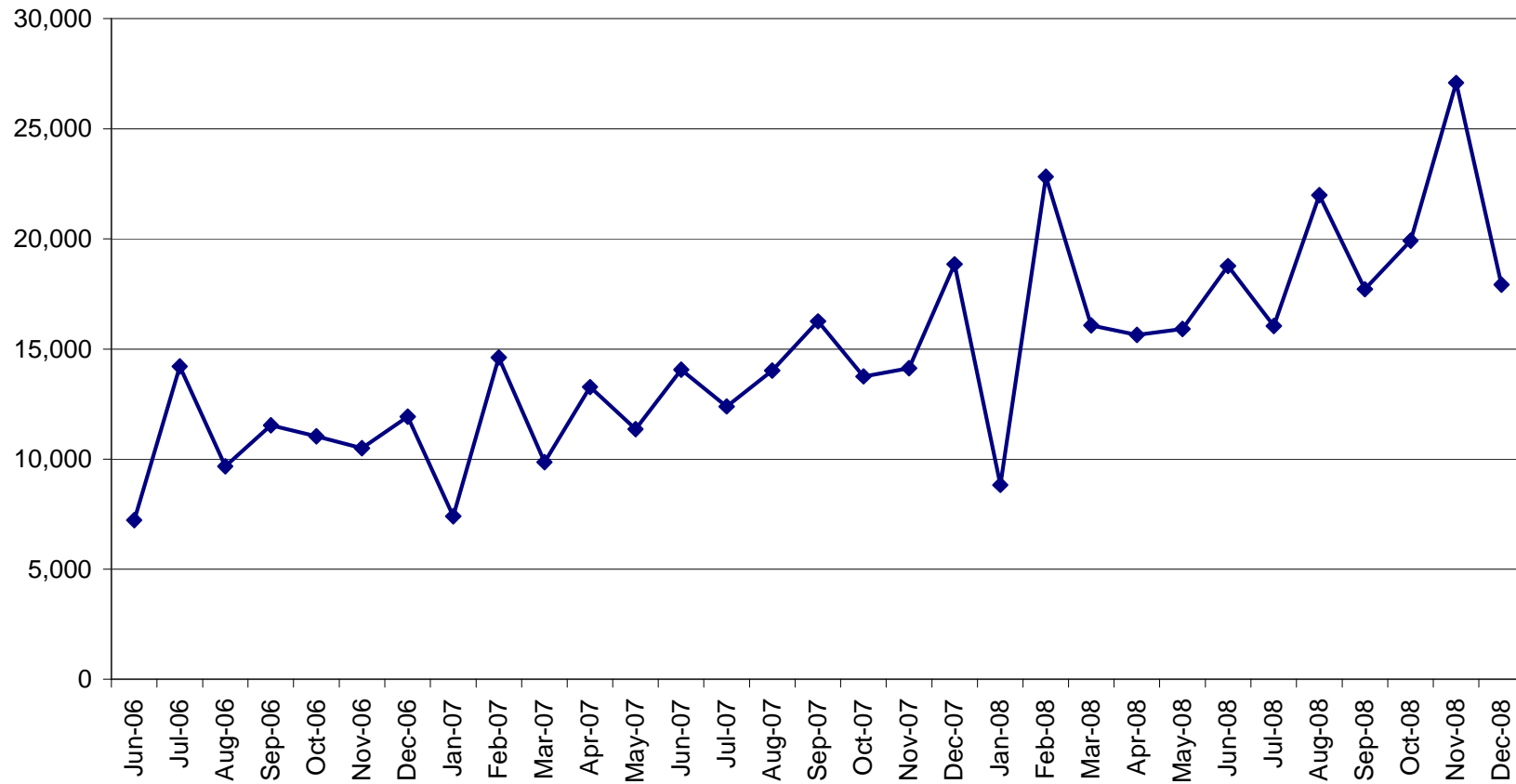
**Source:** Quarterly Labour Force Survey July - September 2008, Office for National Statistics

**Note:** Data are weighted to the UK population

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### Appendix C: Vacancy Data

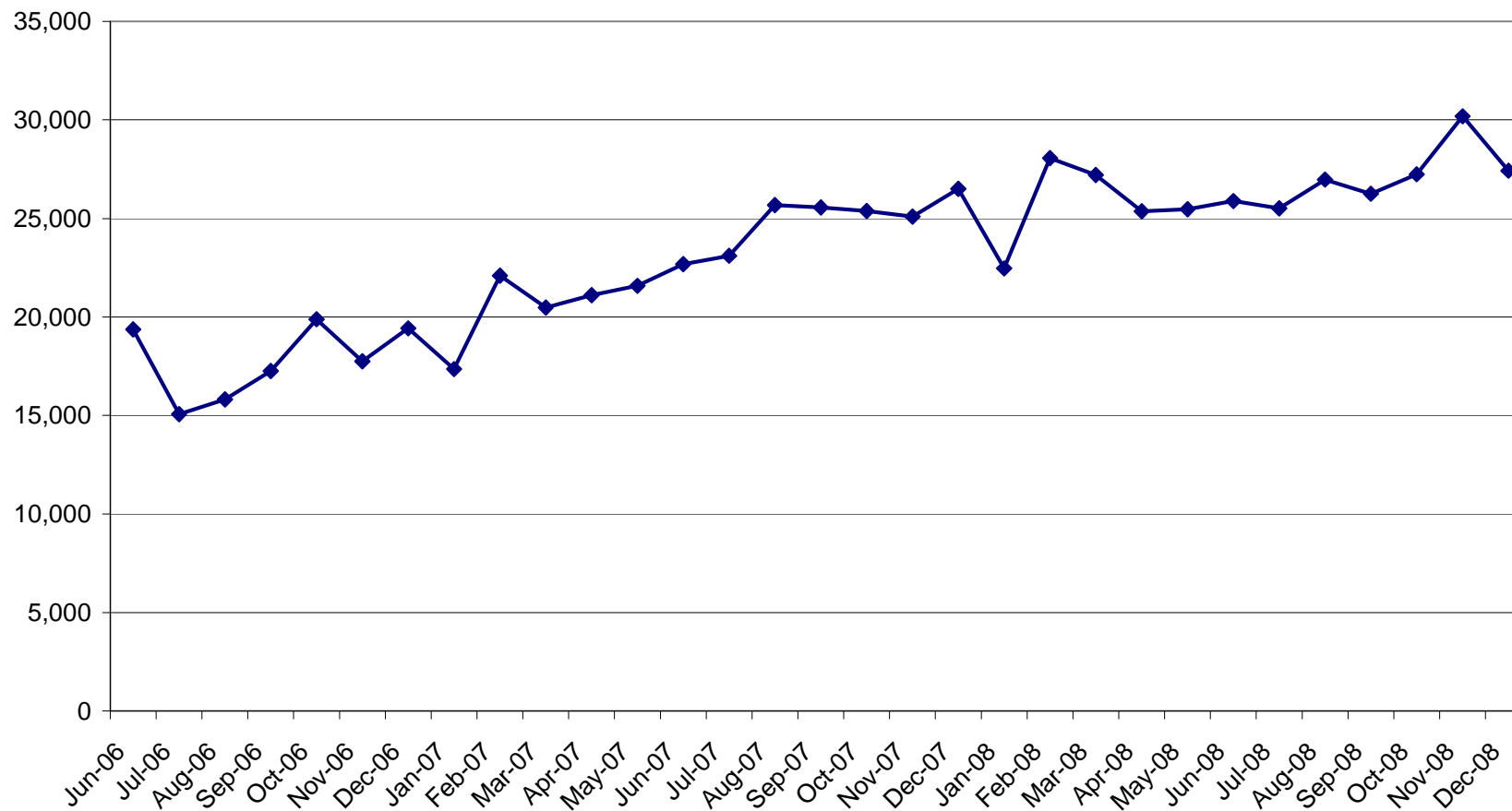
#### Vacancies notified to JobCentre Plus, England. June 2006 - December 2008



Source: National Online Manpower Information System ([www.nomisweb.co.uk](http://www.nomisweb.co.uk))

◆ 6115 : Care assistants and home carers

### Unfilled Vacancies, England. June 2006 - December 2008



Source: National Online Manpower Information System ([www.nomisweb.co.uk](http://www.nomisweb.co.uk))

6115 : Care assistants and home carers

### Vacancies, Hard to Fill Vacancies and Skills Shortage Vacancies by Sector Skills Council

	<i>Unweighted Base</i>	<i>Weighted Base</i>	Total number of vacancies	Vacancies as a % of employment	Hard to Fill Vacancies			Skills Shortage Vacancies		
					Total number of HtFVs	HtFVs as a % of employment	HtFVs as a % of vacancies	SSVs	% of vacancies that are SSVs	SSVs per 1,000 employees
<b>All Employment Sectors in England</b>	<b>2,277,027</b>	<b>22,259,634</b>	<b>619,675</b>	<b>2.8%</b>	<b>183,472</b>	<b>0.8%</b>	<b>30%</b>	<b>130,000</b>	<b>21%</b>	<b>6</b>
Skills for Care & Development	93,774	867,385	29,800	3.4%	8,047	0.9%	27%	4,700	16%	5
Skills for Health	156,016	1,647,445	30,500	1.9%	7,892	0.5%	26%	3,850	13	2

Source: National Employers Skills Survey, 2007. Learning and Skills Council

## Appendix D: Recruitment

### Actions taken to overcome hard-to-fill vacancies by Sector Skills Council

	Number of employers		% of Employers taking the following action							
	<i>Unweighted Base</i>	<i>Weighted Base</i>	Increasing advertising/ recruitment spend	Using new recruitment methods or channels	Increasing the training given to your existing workforce in order to fill the vacancies	Increasing/expanding trainee programmes	Redefining existing jobs	Increasing salaries	Making existing staff work longer hours	Nothing
<b>All Employment Sectors in England</b>	<b>6,323</b>	<b>94,569</b>	<b>44</b>	<b>24</b>	<b>10</b>	<b>7</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>13</b>
Skills for Care & Development	328	3,569	50	20	10	6	7	4	3	9
Skills for Health	222	3,198	53	24	5	7	7	6	2	10

Source: National Employers Skills Survey, 2007. Learning and Skills Council

## **Appendix E: Skills for Care and Development Footprint**

### **Skills for Care and Development Footprint Statement**

Skills for Care and Development is the sector skills council for social care, children, early years, and young people's workforce across the UK. As an Alliance of six organisations working across the UK in a devolved policy agenda, the remits of the partner organisations differs. This leads to a varying footprint definition across the UK.

In **Scotland** for Scottish Social Services Council (SSSC) the definition of a Social Service Worker is set out in legislation (the Regulation of Care (Scotland) Act 2001). This definition would include staff working in social care, early education and child care and criminal justice. Social workers, students on social work courses, care commission officers and managers of adult and child care residential services and managers of adult day care services, residential child care staff, staff in school care accommodation services, early education and child care workers, adult residential care workers, housing support staff, (all these staff are regulated by the SSSC) there is also day care workers, care at home staff, social work assistants and those in posts that support or assist social workers and occupational therapists .

In **Northern Ireland** the Northern Ireland Social Care Council definition of a social care worker is defined in legislation as a person who engages in social work and employed or managing a children's home, a residential care home, a nursing home, a day care setting or a residential family centre or home. By 2010 the Northern Ireland Social Care Council will be registering Social Workers or those working in a designated social work post, Care Workers / Team Leaders working in Residential Child Care, Heads of Residential Homes and Heads of Day Care Centres (not registered with another Regulatory body), Social Care staff working in adult residential care, Adult Residential Care, day care, Social Work Assistants, Domiciliary Care and those working under Direct Payments Scheme

In the **England** the Children's Workforce Development Council footprint covers approximately 500,000 workers and 250,000 volunteers and the following roles in delivering services for children, young people and families: Residential child care workers; Family centre workers, Day centre workers; early years provision (and managers in all these position) in Playgroups; Children's Centres; Day Nurseries; Nursery Schools; Nursery classes in primary schools The footprint also includes Registered childminders, Nannies, Portage workers, Foster carers, Children and families social workers; outreach/family support workers; Learning Mentors; Behaviour and Education Support Teams; Education Welfare Officers; Educational Psychologists ; Other therapists working with children; Connexions Personal Advisers; Children and Family Court Advisory and Support Service family court advisers; Lead Inspectors of registered children's services within the footprint and support workers in all setting and volunteers not covered above

In **England**, Skills for Care and the General Social Care Council cover adult social care. Skills for Care are sponsored by the Department for Health. Although the footprint is not set in legislation and the term the main adult social care workforce falls into the following main categories: Adult day care; Adult residential care; Domiciliary care; Housing support and Local authority fieldwork.<sup>2</sup> The footprint also includes support workers and volunteers working in all these settings.

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<sup>2</sup> This sub-sector covers all local authority social work services not registered with the Commission for Social Care Commission (CSCI) the social care sector's inspection and regulatory body in England.

In **Wales** the Care Council for Wales footprint is outlined in legislation. This includes Residential care or nursing homes; Domiciliary care; Day care; Adult placement schemes, Social work services; Nursing agencies; Residential Children’s homes, Children’s day care services (including childminders, full and sessional day care, out of school care, open access playschemes and crèches); Fostering services; Adoption services; Residential special schools and boarding schools; Residential family centres; Social work services of child protection and child and family

**SSC Footprint**

The footprint of Skills for Care and Development is based on the workforce remit for each SSC partner. The SSDA, with whom this footprint was agreed, insisted on two definitions, a verbal definition which is included in our contract and takes precedence. We define this simply as:

“The Skills for Care and Development footprint covers social care, children, early years and young people”

The detail of each partner footprint can then be provided on request. The SSDA also uses a standard industrial classification in order to define SSC footprints. This does not easily translate to our sector but the SIC codes we have responsibility for under our contract are:

<b>SIC CODE</b>	<b>DESCRIPTION</b>
85.3	Social Work Activities
85.31	Social Work Activities with accommodation
85.31/1	Charitable social work activities with accommodation
85.31/2	Non-Charitable social work activities with accommodation
85.32	Social work activities without accommodation
85.32/1	Charitable social work activities without accommodation
85.32/2	Non-charitable social work activities without accommodation

We have also agreed with Skills for Health that 85.11/3 ‘Nursing Home Activities’ are included within our footprint.

There are a number of other areas where categories are ‘owned by another SSC, but where it is recognised we have an impact/interest, these are termed as ‘periphery codes’ and are shown below.

<b>SIC CODE</b>	<b>DESCRIPTION</b>
74.5	Labour Recruitment and the provision of personnel (Nurse Agencies)
75.12	Regulation of the activities of agencies that provide health care, education, cultural services and other social services excluding social security
80.10	Primary Education (Nursery Schools)
95	Child minding as activity of household as employers of domestic staff

**Appendix F: Summary of evidence received - including from employers**

	Skilled	Shortage	Sensible	
Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
Acorn Lodge, Bournemouth,  Angela Druce  <a href="mailto:acornlodge.ltd@btintern.et.com">acornlodge.ltd@btintern.et.com</a>	Unable to find suitably skilled staff, job centre does generate applicants, but few of the calibre we hope for. Pay over the rate advised by Home Office.	Employ senior staff from the Philippines (on work permits).  Experiencing severe difficulties since senior care posts have been taken off the shortage list.		
Children's Workforce Development Council <a href="mailto:Lisa.Baldwin@cwdcouncil.org.uk">Lisa.Baldwin@cwdcouncil.org.uk</a>	No additional evidence to send through. Nil response from their social care sector to the call for evidence. Directly emailed all the social care employers and representative organisations on our contact database. They also posted a news item on their website with a dedicated web page providing all the background information and how they wanted the sector to respond. A web based survey was considered, but was not possible in the given the timescales.			
Christchurch Court Guy Slack Tel: 08442 640 533	Yes, they have worked at NVQ level 3 + 9% of the workforce	No	N/A	N/A

Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
GSLACK@CHRISTCHURCH COURT.CO.UK	Salaries run in conjunction with the qualifications staff have. The grading criteria we have mean that the more qualified staff are, the higher the salary they can demand Senior Care Workers vacancy rate – 2.5%			
English Community Care Association – Ann Mackay, Director of Policy  Tel: 020 7492 4849 <a href="mailto:anna.mackay@ecca.org.uk">anna.mackay@ecca.org.uk</a>	Referred to LGA report <a href="http://www.lga.gov.uk/lga/aio/1493777">http://www.lga.gov.uk/lga/aio/1493777</a> The impact of the Recession on Migrant Labour. Provided examples of Job Descriptions for Team Leader/Senior Care Assistant and Care Assistant and qualification required for each level - please refer to the end of this appendix (ie pages 30-end) For Team Leader/Senior Care Assistant, it is NVQ level 2 essential and Level 3 desirable. For Care Assistant, no formal qualification but NVQ level 2 desirable			
DCSF Joanna Mackie  <a href="mailto:Joanna.MACKIE@dcsf.g">Joanna.MACKIE@dcsf.g</a>	We need to consider future proofing, and meeting expected demand- for example, the ageing society means greater need for social care, better survival rates at birth also have implications for social care and the move into early intervention (social workers in universal settings such as extended schools, children's centres etc.) means that identification is improving and so demand for social work could be on the increase.			

Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
<a href="http://si.gov.uk">si.gov.uk</a>	DCSF would like to refer MAC to the evidence submitted to them in the Autumn following MAC's recommendation that social work should be removed from the shortage occupation list. This included all the data that DCSF had access to (the PSS staffing return, the LGAR surveys, CWDC's state of the social care workforce etc.) and also a fairly comprehensive analysis note (available again upon request) - Please could you note that this has restricted status and should not be circulated further, cited or used in FOI disclosures without prior discussion with Joanna Mackie.			
Floron Residential Home (Incorporating Abba Day Care Centre George Q Collison Tel: 020 8472 5250 <a href="mailto:g.collison@btinternet.com">g.collison@btinternet.com</a>	No, they have not undertaken work at level NVQ 3 work.  Vacancy rate: 60-75%  Senior Care Workers (NVQ level 3 or above) earn from £7.10 per hour	Yes	Workers from outside UK and Europe are relatively reliable, dependable and hardworking	No it provides diversity
<b>Other Comments:</b> The current prescribed rate is considered unsuitable as it does not offer flexibility to recognise performance and achievement. We recommend that the pay rate should be revised back to the £7.05 with employers able to flexibly award employees				

Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
based on performance and achievement				
Garden Lodge Residential Care Home  Mrs Touran Watts 01733 252980 <a href="mailto:Gardenlodge37a@aol.com">Gardenlodge37a@aol.com</a>	Yes and all of them as it is mandatory to put staff through Induction Programmes and other Trainings.	Social Care – vacancy rate 27.38%  Rate of pay reflect level of experience but the differential will be higher if there is sufficient funding from Social Services.	Yes. Advertised vacancies in Evening Telegraph, local paper, Job Centre, Local shops including Post Office, local magazine and asking all over NOK and other visitors. It has helped to improve productivity, standard of our services, continuity of services, and improvement in our budget by not covering shifts by agency staff and has lowered the labour turn over.	Not at all.
Comments	People working in the care sector need to be sufficiently skilled and qualified to meet standards set to deliver quality care and service among the service users. Workers coming from outside EU countries might not have the NVQ level 3 certificates but back in their countries they are holders of a Bachelor's degree be it in the field of Nursing, Physical therapy and other medical related courses. They have hands on experience relating to the course they finished for a minimum of at least 3 years and above, so therefore when they come here			

<b>Organisation and contact details</b>	<b>Undertaken work at NVQ level 3+ even if not qualified as such?</b>	<b>Employ outside the EEA?</b>	<b>How does the employment of those outside of UK and Europe impact upon the delivery of services?</b>	<b>Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?</b>
	<p>to work in the care sector they are highly skilled, qualified and experienced. These workers have great work ethics, lots of enthusiasm, show great flexibility in terms of working hours, multi- tasking, show great initiative and problem solving skills. Their productivity is considerably higher and there is severe shortage of care workers with these qualities that are so important for sustaining the quality of care and raising it to even higher level. The calibre of these workers (above that from local areas) is fully recognised by service users, next of kins and CSCI. As well as that, they are loyal - this considerably reduces the rate of labour turn over. This is a major factor in establishing an on going and close relationship with clients in terms of social contact, their Care Plan and their personal characteristics. These workers also have good command of the English language both oral and written necessary in maintaining open communication, and because they have obtained a higher literacy level they can learn and be trained easily and are more adoptable to changes. I have been advertising the job for 2 years in corner shops, local paper, job centre but it has not been successful. I have not had any application in response to my recruitment due to low quality; poor speaking of the English as well as writing communications which I believe would not meet the standards required for interpreting carte plans, administration of medication and communicating with residents.</p>			
<p>Stonehaven (Healthcare) Ltd. Stephen Stone, Chair/MD</p> <p>Tel: 01364 644 208 (ext. 5) Mob: 07768 741 341 e-mail:</p>	<p>Do you agree with pay as a proxy for skill? The honest answer is that many past years of minimum Wage uplifts of typically; 8%-10% have reduced differentials</p>	<p>Vacancy rate for senior care workers 25% Yes, we have to employ from outside the EEA. We have tried everything and everywhere in the EU; Latvia, Bulgaria, Poland, Romania and only the eastern European states</p>	<p>It stops the delivery of services from 'melting-down' to the level of non-delivery of services. Many of the non-EU nationals speak very good English... especially the Filipinos, who are already excellent carers in any case,</p>	<p>Apparently not in the least, because the UK labour market hardly responds at all to our job advertisements and, if there is any response it is usually inflexible in terms of 24hr shift rota working. Non-EU</p>

<b>Organisation and contact details</b>	<b>Undertaken work at NVQ level 3+ even if not qualified as such?</b>	<b>Employ outside the EEA?</b>	<b>How does the employment of those outside of UK and Europe impact upon the delivery of services?</b>	<b>Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?</b>
<a href="mailto:stephenstone@stone-haven.co.uk">stephenstone@stone-haven.co.uk</a>	<p>dramatically. There is now able to be only little difference between a standard care worker's rate and a senior care workers rate... [Basic arithmetic and intuition notably].</p>	<p>have presented applicants, but only in the very rarest cases (1 in a 100) do the candidates have anything approaching comprehensible English language skills. Our regulatory body (The CSCI) has condemned outright any incidence of employing less than 1<sup>st</sup> class English language ability migrant workers.</p>	<p>with many having Nurse qualifications in the Philippines. They have been, and are, the whole answer to the U.K.'s skill shortage in the care sector... plain and simple. They are wonderful.</p>	<p>persons WANT to work and do WORK.</p>
<p>Additional comments</p>	<ol style="list-style-type: none"> <li>1. Just an example of one of our existing non-EU lady workers in Devon who has her family here and they are a part of the local community, who, because we cannot afford to pay the £7.20 hr rate, has herself gone to work at home in North Wales, which will pay her £7.20hr (how... and stay viable?), without her family for a couple of years to hope to achieve a her residency status. After which she plans to return to live with her family and work for us again (where she is happiest regardless of pay).</li> <li>2. We do not agree with the government for pandering to the unions and to politicians' own salaries and pensions, and for failing to obtain compliance to government demand that older civil servants forgo the unaffordable Final Salary Pensions... thus leaving it to the next generation to not have Final Salary Pensions whilst the latter buckle under the burden of commitment to their older colleagues' Final Salary Pensions.</li> </ol>			

Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
	3. We are also disillusioned with the NHS being falsely presented as a state-owned and run tax-funded health service, when 2/3rds of the workforce is 'Agency' thus making the NHS already 'privatised'. And that at the exploitation costs involved in paying an intermediate staffing agency. All the above three issues directly impact upon the ability of the private care-sector to recruit within the UK			
On behalf of the National Care Association Marches Care Ltd and The Uplands at Oxon Mandy Thorn, Tel: 01743 282047 Mobile: 07720 561166 <a href="mailto:MandyThorn@marchesare.co.uk">MandyThorn@marchesare.co.uk</a>	SfC&D also received and would like to refer MAC to the submission by The National Care Association, the Registered Nursing Home Association and the English Community Care Association represent SME and corporate providers of residential, nursing and domiciliary care across the UK. The report contains much more detailed evidence, but in summary the submission aims to highlight the fact that according to the Commission for Social Care Inspection's(CSCI) report " <b>The state of social care in England 2007-08: an overview</b> " published on January 27 <sup>th</sup> 2009 there are 18,451 care homes and 4897 home care providers supporting 450,000 people across England. CSCI estimate 1.5 million people work within the adult social care sector as of March 2008. The National Care Association, RNHA and ECCA believe that both the Senior Care Worker and the Care Worker role are skilled occupations for which UK and EEA applicants are in short supply, despite the deepening impact of the Credit Crunch and resulting recession.			
Norfolk and Suffolk Care Support Ltd, Su Pointer, <a href="mailto:su@n-scs.co.uk">su@n-scs.co.uk</a> Tel 01263 823232 / 825889	With reference to ESOL Skills Audit in the Eastern Region Health and Social Care Sector, produced 3 years ago for Skills for Care and the LSC. From conclusions: there are over 6,000 staff working in CSCI registered organisations in the Eastern Region who have EASL. These staff are mainly distributed throughout Care Homes and Domiciliary Agencies.  The workforce is likely to increase to accommodate user demand. In order to meet this demand it is			

<b>Organisation and contact details</b>	<b>Undertaken work at NVQ level 3+ even if not qualified as such?</b>	<b>Employ outside the EEA?</b>	<b>How does the employment of those outside of UK and Europe impact upon the delivery of services?</b>	<b>Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?</b>
	<p>probable that employers will continue to employ staff with EASL. However: Health and social care providers that currently employ staff with EASL are finding that lack of English language skills is a problem. Due to the nature of care work it is essential that staff have a high standard of English which is reflected by strict recruitment policies. Thus, lack of sufficient language skills are a barrier to potential employees.</p> <p>40 % of EU and 20 % of non-EU staff documented communicate to Entry Level 3 and below. It is vital that these staff have access to ESOL in order to successfully achieve an NVQ Level 2. In order to achieve an NVQ Level 2, it is essential that learners have a comprehensive and appropriate grasp of the English language. In terms of the National qualifications framework, NVQ Levels are aligned with Literacy/Numeracy Level 1.</p> <p>The majority of staff with EASL are employed in Care Homes as Care Assistants. If required, such staff need access ESOL to enable career progression.</p> <p>There are also a significant number of non-EU staff employed as registered nurses (RGNs). In theory such staff should be proficient in English as they are required by the Nursing and Midwifery Council to achieve an International English Language Testing System (IELTS) score of 6.5 overall. However, IELTS is based around theoretical knowledge rather than practical knowledge meaning that nurses may need extra language support.</p>			
Skills for Care, Christine Eborall  <a href="mailto:Christine.Eborall@skillsf">Christine.Eborall@skillsf</a>	We have concerns about the classification of 6115 "care assistants and home carers". We know that there is a plethora of job titles used in this area but there are several ways of splitting this group based on the nature of the care and support work done and/or the client base/location of the work, and as it's a large group - three quarters of a million in England adult care alone, and growing fast. It's extremely important that a			

Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
<a href="http://orcure.org.uk">orcure.org.uk</a>	sensible spilt is developed so that we can get a better understanding of this workforce from ONS datasets.			
Together for children Liz Railton <a href="mailto:liz.railton@togetherforchildren.co.uk">liz.railton@togetherforchildren.co.uk</a>	<p>The general position across the country is that there are now over 2,900 children's centres operating. By March 2011 we expect that there will be around 3,800 centres in place. It is not possible to quantify the additional demands on social workers and social care that might arise from additional services being in place. However, there is anecdotal evidence (and some data emerging from research - the National Evaluation of Sure Start) that new services improve levels of identification of need and therefore demands for responses from professionals such as social workers and social care workers. This needs to be borne in mind when looking at existing vacancy levels in the social care and social work occupations.</p> <p>In addition, children's centres in the most disadvantaged areas (around 2,000+ of the total number of centres) are required to have outreach workers in their teams. Social care workers have some of the skills required. The same can be said for parent support work which is also increasing and is associated with the development of both children's centres and extended schools. Again, numerical evidence about demand is not yet available but these developments are a key part of the context.</p>			
THE HILBRE CARE GROUP Chris Williams <a href="mailto:della@hilbrehouse.fsnet.co.uk">della@hilbrehouse.fsnet.co.uk</a>	Yes, 80% Jobs for Senior Carers are advertised at £7.05p per hour, these may change with experience and or additional skills	Vacancy rate – 5 We advertise all our job vacancies with Job Centre Plus but over the past twelve months have not had one reply for a Senior Carer position and only one reply for a Manager of an EMI home from the British	No, we only employ from outside the UK when we cannot source labour from the local workforce. British workers seem unwilling to take up roles as care workers because they believe the job only entails changing dirty bed linen and incontinence pads. They fail to realise that most of these elderly people have serious medical conditions that need specially trained staff to be understanding and competent while carrying out their duties. I also don't believe that the	

Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
		<p>workforce. We advertised for a cleaner when our present cleaner moved to London and were inundated with replies despite only paying the minimum rate for that position. The Care industry as a whole is experiencing financial difficulties and government funding for residents is very low. High costs for training and staff turnover do not help with the overall problem.</p>	<p>job is looked upon as needing a person with any educational acumen; therefore it is not the career choice that most people would wish to aspire to. Whereas the reality is just the opposite. Most of those in the nursing profession do exactly the same duties while caring for the elderly in hospitals, but Carers and Senior Carers are not given the credit they deserve for the professional job they do.</p>	
Other Comments	<p>Yes, we have had Job Seekers Plus ring us to do work placements on a trial basis. This has been unsuccessful as we must by law have a CRB and POVA checks on our staff members and anyone who may come into contact with our residents over a prolonged period of time. This costs £48.00 (as at January 2009) and can take anything between 1- 3 months to get the CRB check cleared. This is not a fee the government is prepared to pay, and we have had experience of numerous British people who we have paid to have this check done, only to find they have not lasted a week before they decided they could not continue in the job. This is problematic.</p>			
Richmond Fellowship,		We do not have any non		

Organisation and contact details	Undertaken work at NVQ level 3+ even if not qualified as such?	Employ outside the EEA?	How does the employment of those outside of UK and Europe impact upon the delivery of services?	Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?
Castle Project Donna Jones Tel 01223 566737 <a href="mailto:donna.jones@richmondfeellowship.org.uk">donna.jones@richmondfeellowship.org.uk</a>		British employees at the moment.  We do not and have not had any vacancies.		
UKHCA Donna O'Brien, Policy and Communications Division  Tel: 020 8288 5294 <a href="mailto:donna.obrien@ukhca.co.uk">donna.obrien@ukhca.co.uk</a>	There is a false disparity in skills required of a senior careworker in different UK administrations, solely because of NVQ3 entry requirements. From a homecare perspective there is certainly no difference in the skills needed by a senior careworker depending on where you are in the UK. For example, domiciliary care is commissioned on the same basis across the UK, the standards and regulations essentially mirror each other, and codes of practice are textually identical.			
Northern Ireland	No evidence			
Care for Wales Sioned Wyn Williams Tel: 01745 586859 01248 750758 <a href="mailto:sioned.williams@ccwales.org.uk">sioned.williams@ccwales.org.uk</a>	There are 5006 qualified social workers registered with the Care Council for Wales, of these 106 have qualifications gained in EU countries, and 82 from countries outside the EU. Link to data: <a href="http://dissemination.dataunitwales.gov.uk/webview/index.jsp?study=http%3A%2F%2F192.168.100.31%3A80%2Fobj%2FfStudy%2Ffgd01137_stf_view_1_l1&amp;mode=cube&amp;v=2&amp;cube=http%3A%2F%2F192.168.100.31%3A80%2Fobj%2FfCube%2Ffgd01137_stf_view_1_l1_C1&amp;top=yes&amp;language=en">http://dissemination.dataunitwales.gov.uk/webview/index.jsp?study=http%3A%2F%2F192.168.100.31%3A80%2Fobj%2FfStudy%2Ffgd01137_stf_view_1_l1&amp;mode=cube&amp;v=2&amp;cube=http%3A%2F%2F192.168.100.31%3A80%2Fobj%2FfCube%2Ffgd01137_stf_view_1_l1_C1&amp;top=yes&amp;language=en</a>			
SfC&D	Letter sent to SOC on behalf of SfC&D (available upon request) outlining proposed amendments to			

<b>Organisation and contact details</b>	<b>Undertaken work at NVQ level 3+ even if not qualified as such?</b>	<b>Employ outside the EEA?</b>	<b>How does the employment of those outside of UK and Europe impact upon the delivery of services?</b>	<b>Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?</b>
<a href="mailto:Ed.chapman@skillsforcreanddevelopment.org.uk">Ed.chapman@skillsforcreanddevelopment.org.uk</a>	definitions within our codes to be considered in the forthcoming review.			

<b>Organisation and contact details</b>	<b>Undertaken work at NVQ level 3+ even if not qualified as such?</b>	<b>Employ outside the EEA?</b>	<b>How does the employment of those outside of UK and Europe impact upon the delivery of services?</b>	<b>Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?</b>
<p>Scottish Social Service Council</p> <p>Mike Doherty  <a href="mailto:Mike.Docherty@sssc.uk.com">Mike.Docherty@sssc.uk.com</a></p>	<p>Information presented here is taken from reports on different parts of the social services sector. These are Scottish Care Workforce Survey (independent care homes), Staff of Scottish Local Authority Social Work Services, and the SSSC Migrant Workers Report. Each of these reports collects and presents data in different ways. Evidence below is presented from vacancy rates and statistics on existing workers from outside the EEA.</p> <p><b>Sensible</b></p> <p><b>SSSC Migrant Workers Report (2008)</b> looked at adult day care, sole domiciliary care, early years and childcare, sole housing support services, residential child care and combined housing support services and domiciliary care. This research found that migrant workers were 2.5 % of the workforce in the survey sample. The vast majority of migrant workers (93%) are employed as a worker that is in a care role without supervisory responsibility. The highest proportion of migrant workers is in the domiciliary care sub sector of which 6.2% are migrant workers. The report concluded that the social services sub-sectors surveyed have a minimal reliance on migrant workers at present. But the report also concluded that as the SSSC's registration requirements will place a greater emphasis on qualifications in future there is the possibility of a greater reliance in skilled migrant workers</p> <p><b>The Scottish Care Workforce Survey (2008)</b> reported that 7% of workers in this part of the sector are from outside the EU and employed under work permits. The largest majority are from the Philippines followed by India and China. The report found that workers from outside the EU are usually nurses qualified in their own country and with varying levels of English language ability. They are mainly employed as care workers, occasionally as nurses, depending on whether they have obtained NMC registration. Small homes are much less likely to employ from outside the EU, partly due to the administrative issues around immigration and the lower rate of turnover of smaller homes. The effect and importance of migrant workers engaged in care sector work was acknowledged in this report.</p> <p>This evidence points to advantages for some parts of the social services sector in Scotland in maintaining the status quo for workers from outside the EEA. There are shortages in some parts of the sector and this may indicate a need to recruit from outside the UK. Other parts of the sector do not at present have a significant staff shortage</p> <p>Feedback to the Scottish Government from stakeholders (COSLA and ADSW) is that they wish to retain social workers and senior care workers on the shortage occupation list. Feedback from Scottish Care and Scottish Care at Home (attached) concludes that the need for skilled senior care workers is increasing and the sector will continue to require to make use of migrant workers who possess relevant skills and</p>			

<b>Organisation and contact details</b>	<b>Undertaken work at NVQ level 3+ even if not qualified as such?</b>	<b>Employ outside the EEA?</b>	<b>How does the employment of those outside of UK and Europe impact upon the delivery of services?</b>	<b>Does the employment of those outside of UK and Europe restrict the opportunities for the UK labour market in either skills development or employment opportunities?</b>
Christine Johnston Northern Ireland Social Care Council  <a href="mailto:Christine.Johnston@niscarecouncil.org.uk">Christine.Johnston@niscarecouncil.org.uk</a>	NI have unqualified incomers from wider EU countries – they tend to be professionally qualified eg Doctors and nurses gaining permits from further afield. We have no recruitment difficulties requiring attraction of foreign nationals in the professional social work workforce. Anecdotally, vacancies are in residential and domiciliary care at level 2 in particular, and recently private and voluntary and private sector providers have been recruiting in E Europe. I imagine we'll see a change re low level of £ and also job losses in other sectors. NI profile displays higher than average numbers of workers in state funded employment and upskilling of those with low attainments is a major drive.			
Data not yet published nor available to SfC&D  The Centre on Migration, Policy and Society (COMPAS) University of Oxford	The Centre on Migration, Policy and Society (Compas) at University of Oxford has undertaken research including 1) analysis of existing data on the migrant social care workforce (mainly drawing on the Labour Force Survey; 2) a survey of employers (care homes and home care agencies); 3) interviews with migrant care workers; 4) focus groups with older people; and 5) projections of future demand for migrant social care workers. Its report will be published in the New Year. While it will give useful additional data on the current extent of overseas workers in the UK care sector, its data will not distinguish between lower and higher skilled care roles, or qualification levels, so the SSC will still need more in-depth data to fully scope training needs and the impact of migration.			

**Appendix F:1 Example job descriptions as provided by United Kingdom Homecare Association Limited for Team Leader/Senior Care Assistant and Care Assistant and qualification required for each level**

<b>JOB DESCRIPTION</b>	
<b>Title:</b>	Care Assistant - Days
<b>Responsible to:</b>	Home Manager /Deputy Manager or Senior Care Assistant
<b>Scope:</b>	
<b>Accountability:</b>	<ul style="list-style-type: none"> <li>▪ Is directly responsible to the Home Manager /Deputy Manager for the welfare of the elderly residents.</li> <li>▪ To work as part of a team, with specific responsibilities outlined below.</li> </ul>
<b>Key objectives:</b>	<ul style="list-style-type: none"> <li>▪ To participate in the delivery of care to the residents to ensure that their physical, social, intellectual and emotional needs are met and ensuring dignity, choice, independence and respect.</li> <li>▪ Consult with residents and the senior team to assist in developing individual care plans for residents.</li> <li>▪ Work with others within the home to ensure that resident's needs are met.</li> </ul>
<b>Main Tasks:</b>	<p><u>Resident care and support</u></p> <ul style="list-style-type: none"> <li>▪ To ensure each resident receives assistance with all elements of their personal care to include washing, dressing and assisting residents in all aspects of daily living as required.</li> <li>▪ To participate with the team for continual monitoring of each residents health needs. To include appropriate liaison with senior and relevant staff.</li> <li>▪ To ensure residents choice and independence is respected and have knowledge of residents risk management plans.</li> <li>▪ To help residents with mobility problems and other physical disabilities, including incontinence, and in the use and care of aids and personal equipment.</li> <li>▪ To help serve meals, prepare and clear dining room and assist residents with eating as required.</li> <li>▪ To make beds, tidy rooms, light cleaning and emptying of commodes.</li> <li>▪ To care sensitively to residents who are unwell or requiring palliative care.</li> <li>▪ To escort residents to hospital out-patient appointments as required.</li> <li>▪ To answer emergency bells and the door and greet visitors in a courteous manner.</li> <li>▪ To participate in the key worker system as defined within the home.</li> <li>▪ Encourage residents to be involved in the house. Welcome and encourage their participation in activities so that they can participate and remain emotionally and intellectually stimulated.</li> <li>▪ Assist as required with social functions at the Home.</li> <li>▪ Support and work closely with families and friends offering them professional and emotional support, sensitive to individual need.</li> <li>▪ To assist as directed, in the preparation, implementation, review and update of all residents care plans in line with their personal wishes and preferences in accordance with _____ policies.</li> <li>▪ To perform such other duties as may reasonably be required.</li> </ul> <p><u>General duties</u></p> <ul style="list-style-type: none"> <li>▪ Understand and observe all relevant regulations and _____ policies and procedures.</li> <li>▪ Be familiar with the administrative records of the Home and ensure that all records are kept up to date.</li> <li>▪ To follow appropriate procedures in the event of accidents/ emergencies</li> </ul>

	<p>e.g. fire, missing residents.</p> <ul style="list-style-type: none"> <li>▪ Ensure that the Home is secure at all times whilst on duty.</li> <li>▪ To report and advise the relevant persons with respect to the repairs and maintenance of the home.</li> </ul>
<b>General Requirements :</b>	<ul style="list-style-type: none"> <li>▪ To be flexible about working hours.</li> <li>▪ To be approachable and supportive to staff and managers.</li> <li>▪ To attend staff meetings when appropriate and to be available for one to one sessions as agreed.</li> <li>▪ To attend appropriate training and development sessions as agreed with the Manager.</li> <li>▪ To maintain confidentiality at all times.</li> <li>▪ To carry out any reasonable duties as requested by the Manager.</li> <li>▪ To be aware of and comply with safe working practices as laid down by the Health and Safety at Work Act.</li> <li>▪ To uphold and promote equal opportunities in employment practice and service delivery.</li> </ul>
<b>CANDIDATE PROFILE</b>	
<b>Essential Requirements:</b>	<b>Desirable Requirements:</b>
<ul style="list-style-type: none"> <li>▪ Good organisational, communication and interpersonal skills.</li> <li>▪ Numeracy, good basic literacy and care skills.</li> <li>▪ Ability to work as part of a team.</li> <li>▪ Customer focus and quality service ethos.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experience in a similar role within a registered setting (Carer).</li> <li>▪ A relevant qualification NVQ2 or equivalent.</li> <li>▪ Working in services for older people.</li> <li>▪ Evidence of continuing training and development.</li> </ul>

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<b>JOB DESCRIPTION</b>	
<b>Title:</b>	Care Assistant - Nights
<b>Responsible to:</b>	Home Manager /Deputy Manager or Senior Care Assistant
<b>Scope:</b>	
<b>Accountability:</b>	<ul style="list-style-type: none"> <li>▪ Is directly responsible to the Home Manager /Deputy Manager / Night Senior for the welfare of the elderly residents during the night.</li> <li>▪ To work as part of a team, with specific responsibilities outlined below.</li> </ul>
<b>Key objectives:</b>	<ul style="list-style-type: none"> <li>▪ To participate in the delivery of care to the residents to ensure that their physical, social, intellectual and emotional needs are met and ensuring dignity, choice, independence and respect.</li> <li>▪ Consult with residents and the senior team to assist in developing individual care plans for residents.</li> <li>▪ Work with others within the home to ensure that resident's needs are met.</li> </ul>
<b>Main Tasks:</b>	<p><u>Resident care and support</u></p> <ul style="list-style-type: none"> <li>▪ To ensure each resident receives assistance with all elements of their personal care to include washing, dressing and assisting residents in all aspects of daily living as required during the night.</li> <li>▪ To participate with the team for continual monitoring of each residents health needs. To include appropriate liaison with senior and relevant staff.</li> <li>▪ To ensure residents choice and independence is respected and have knowledge of residents risk management plans.</li> <li>▪ To help residents with mobility problems and other physical disabilities, including incontinence, and in the use and care of aids and personal equipment.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ To prepare small snacks and assist residents with eating as required.</li> <li>▪ To make beds, tidy rooms, light cleaning and emptying of commodes.</li> <li>▪ To care sensitively to residents who are unwell or requiring palliative care.</li> <li>▪ To escort residents to hospital as required.</li> <li>▪ To answer emergency bells and the door and greet visitors in a courteous manner.</li> <li>▪ To participate in the key worker system as defined within the home.</li> <li>▪ Assist as required with social functions at the Home.</li> <li>▪ Support and work closely with families and friends offering them professional and emotional support, sensitive to individual need.</li> <li>▪ To assist as directed, in the preparation, implementation, review and update of all residents care plans in line with their personal wishes and preferences in accordance with _____ policies.</li> <li>▪ To perform such other duties as may reasonably be required.</li> </ul> <p><u>General duties</u></p> <ul style="list-style-type: none"> <li>▪ Understand and observe all relevant regulations and _____ policies and procedures.</li> <li>▪ Be familiar with the administrative records of the Home and ensure that all records are kept up to date.</li> <li>▪ To follow appropriate procedures in the event of accidents/emergencies e.g. fire, missing residents.</li> <li>▪ Ensure that the Home is secure at all times whilst on duty.</li> <li>▪ To report and advise the relevant persons with respect to the repairs and maintenance of the home.</li> </ul>
<b>General Requirements:</b>	<ul style="list-style-type: none"> <li>▪ To be flexible about working hours.</li> <li>▪ To be approachable and supportive to staff and managers.</li> <li>▪ To attend staff meetings when appropriate and to be available for one to one sessions as agreed.</li> <li>▪ To attend appropriate training and development sessions as agreed with the Manager.</li> <li>▪ To maintain confidentiality at all times.</li> <li>▪ To carry out any reasonable duties as requested by the Manager.</li> <li>▪ To be aware of and comply with safe working practices as laid down by the Health and Safety at Work Act.</li> <li>▪ To uphold and promote equal opportunities in employment practice and service delivery.</li> </ul>

**CANDIDATE PROFILE**

<b>Essential Requirements:</b>	<b>Desirable Requirements:</b>
<ul style="list-style-type: none"> <li>▪ Good organisational, communication and interpersonal skills.</li> <li>▪ Numeracy, good basic literacy and care skills.</li> <li>▪ Ability to work as part of a team.</li> <li>▪ Customer focus and quality service ethos.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experience in a similar role within a registered setting (Carer).</li> <li>▪ A relevant qualification NVQ2 or equivalent.</li> <li>▪ Working in services for older people.</li> <li>▪ Evidence of continuing training and development.</li> </ul>

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**JOB DESCRIPTION**

<b>Title:</b>	Team Leader / Senior Care Assistant
<b>Responsible to:</b>	Home Manager /Deputy Manager

<b>Scope:</b>	
<b>Accountability:</b>	<ul style="list-style-type: none"> <li>▪ Is directly responsible to the Home Manager /Deputy Manager for the running of the home and the welfare of the elderly residents.</li> <li>▪ To work as part of a team, with specific responsibilities outlined below.</li> </ul>
<b>Key objectives:</b>	<ul style="list-style-type: none"> <li>▪ To supervise and participate in the delivery of care to the residents.</li> <li>▪ To lead on the responsibility of residents individual care documentation ensuring a person centred approach.</li> <li>▪ To provide effective leadership for care staff through supervision, support and mentoring in all aspects of care.</li> <li>▪ To be responsible for the administration of medication.</li> </ul>
<b>Main Tasks:</b>	<p><u>Resident care and support</u></p> <ul style="list-style-type: none"> <li>▪ To actively participate and supervise in the delivery of care to the residents to ensure that their physical, social, intellectual and emotional needs are met and ensuring dignity, choice, independence and respect.</li> <li>▪ To be responsible with the team for the preparation, implementation, review and update of all residents care plans in line with their personal wishes and preferences involving resident, representatives, key workers and management as appropriate in line with _____ policies.</li> <li>▪ To be responsible with the team for continual monitoring of each residents health needs by ensuring access to NHS healthcare services and monitoring of health related care documentation assessments. To include appropriate liaison with residents, relatives, deputy/manager and relevant staff.</li> <li>▪ To ensure residents choice and independence is respected through appropriate risk management involving all parties and ensuring accurate up to date record keeping.</li> <li>▪ Encourage residents to be involved in the Home. Welcome and encourage their participation in activities so that they can participate and remain emotionally and intellectually stimulated.</li> <li>▪ Assist as required with social functions that take place at the Home.</li> <li>▪ Support and work closely with families and friends offering them professional and emotional support, sensitive to individual need.</li> <li>▪ To administer prescribed medication to residents and assist in the management of an effective system for the safe control and administration of medication in accordance with policy and procedures.</li> </ul> <p><u>Staff support</u></p> <ul style="list-style-type: none"> <li>▪ To effectively lead, motivate and support care staff via <ul style="list-style-type: none"> <li>○ Upon appointment to assist in the appropriate induction and support of new care staff to the home.</li> <li>○ Provide effective supervision sessions for care staff within the team and support with identified training needs.</li> <li>○ Assist staff to complete relevant documentation as directed.</li> <li>○ Monitor care staff performance, report any issue to the deputy / manager.</li> </ul> </li> </ul> <p><u>General duties</u></p> <ul style="list-style-type: none"> <li>▪ Understand and observe all relevant regulations and _____ policies and procedures.</li> <li>▪ Be familiar with the administrative records of the Home and ensure that all records are kept up to date.</li> <li>▪ To follow appropriate procedures in the event of accidents/emergencies e.g. fire, missing residents.</li> <li>▪ Ensure that the Home is secure at all times whilst on duty.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Ensure appropriate and agreed staffing levels are maintained in liaison with the deputy/manager.</li> <li>▪ To report and advise the relevant persons with respect to the repairs and maintenance of the home.</li> </ul>
<b>General Requirements:</b>	<ul style="list-style-type: none"> <li>▪ To be flexible about working hours.</li> <li>▪ To be approachable and supportive to staff and managers.</li> <li>▪ To attend staff meetings when appropriate and to be available for one to one sessions as agreed.</li> <li>▪ To attend appropriate training and development sessions as agreed with the Manager.</li> <li>▪ To maintain confidentiality at all times.</li> <li>▪ To carry out any reasonable duties as requested by the Manager.</li> <li>▪ To be aware of and comply with safe working practices as laid down by the Health and Safety at Work Act.</li> <li>▪ To uphold and promote equal opportunities in employment practice and service delivery.</li> </ul>

<b>CANDIDATE PROFILE</b>	
<b>Essential Requirements:</b>	<b>Desirable Requirements:</b>
<ul style="list-style-type: none"> <li>▪ A relevant qualification NVQ2 or equivalent.</li> <li>▪ 2 years experience in a similar role within a registered setting (Carer or Senior Carer).</li> <li>▪ Good organisational, communication and interpersonal skills.</li> <li>▪ Numeracy, literacy and good basic care planning skills.</li> <li>▪ Ability to work on own initiative and under pressure in a diverse and changing environment.</li> <li>▪ Customer focus and quality service ethos.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NVQ 3.</li> <li>▪ Training or Assessment Qualification e.g. Moving and Handling.</li> <li>▪ Working in services for older people</li> <li>▪ Evidence of continuing training and development.</li> </ul>

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<b>JOB DESCRIPTION</b>	
<b>Title:</b>	Team Leader / Senior Care Assistant
<b>Responsible to:</b>	Home Manager /Deputy Manager
<b>Scope:</b>	
<b>Accountability:</b>	<ul style="list-style-type: none"> <li>▪ Is directly responsible to the Home Manager /Deputy Manager for the running of the home and the welfare of the elderly residents.</li> <li>▪ To work as part of a team, with specific responsibilities outlined below.</li> </ul>
<b>Key objectives:</b>	<ul style="list-style-type: none"> <li>▪ To supervise and participate in the delivery of care to the residents.</li> <li>▪ To lead on the responsibility of residents individual care documentation ensuring a person centred approach.</li> <li>▪ To provide effective leadership for care staff through supervision, support and mentoring in all aspects of care.</li> <li>▪ To be responsible for the administration of medication.</li> </ul>
<b>Main Tasks:</b>	<u>Resident care and support</u> <ul style="list-style-type: none"> <li>▪ To actively participate and supervise in the delivery of care to the residents to ensure that their physical, social, intellectual and emotional needs are met and ensuring dignity, choice, independence and respect.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ To be responsible with the team for the preparation, implementation, review and update of all residents care plans in line with their personal wishes and preferences involving resident, representatives, key workers and management as appropriate in line with _____ policies.</li> <li>▪ To be responsible with the team for continual monitoring of each residents health needs by ensuring access to NHS healthcare services and monitoring of health related care documentation assessments. To include appropriate liaison with residents, relatives, deputy/manager and relevant staff.</li> <li>▪ To ensure residents choice and independence is respected through appropriate risk management involving all parties and ensuring accurate up to date record keeping.</li> <li>▪ Encourage residents to be involved in the Home. Welcome and encourage their participation in activities so that they can participate and remain emotionally and intellectually stimulated.</li> <li>▪ Assist as required with social functions that take place at the Home.</li> <li>▪ Support and work closely with families and friends offering them professional and emotional support, sensitive to individual need.</li> <li>▪ To administer prescribed medication to residents and assist in the management of an effective system for the safe control and administration of medication in accordance with policy and procedures.</li> </ul> <p><u>Staff support</u></p> <ul style="list-style-type: none"> <li>▪ To effectively lead, motivate and support care staff via <ul style="list-style-type: none"> <li>○ Upon appointment to assist in the appropriate induction and support of new care staff to the home.</li> <li>○ Provide effective supervision sessions for care staff within the team and support with identified training needs.</li> <li>○ Assist staff to complete relevant documentation as directed.</li> <li>○ Monitor care staff performance, report any issue to the deputy / manager.</li> </ul> </li> </ul> <p><u>General duties</u></p> <ul style="list-style-type: none"> <li>▪ Understand and observe all relevant regulations and _____ policies and procedures.</li> <li>▪ Be familiar with the administrative records of the Home and ensure that all records are kept up to date.</li> <li>▪ To follow appropriate procedures in the event of accidents/emergencies e.g. fire, missing residents.</li> <li>▪ Ensure that the Home is secure at all times whilst on duty.</li> <li>▪ Ensure appropriate and agreed staffing levels are maintained in liaison with the deputy/manager.</li> <li>▪ To report and advise the relevant persons with respect to the repairs and maintenance of the home.</li> </ul>
<p><b>General Requirements:</b></p>	<ul style="list-style-type: none"> <li>▪ To be flexible about working hours.</li> <li>▪ To be approachable and supportive to staff and managers.</li> <li>▪ To attend staff meetings when appropriate and to be available for one to one sessions as agreed.</li> <li>▪ To attend appropriate training and development sessions as agreed with the Manager.</li> <li>▪ To maintain confidentiality at all times.</li> <li>▪ To carry out any reasonable duties as requested by the Manager.</li> <li>▪ To be aware of and comply with safe working practices as laid down by the Health and Safety at Work Act.</li> <li>▪ To uphold and promote equal opportunities in employment practice and service delivery.</li> </ul>

<b>CANDIDATE PROFILE</b>	
<b>Essential Requirements:</b>	<b>Desirable Requirements:</b>
<ul style="list-style-type: none"> <li>▪ A relevant qualification NVQ2 or equivalent.</li> <li>▪ 2 years experience in a similar role within a registered setting (Carer or Senior Carer).</li> <li>▪ Good organisational, communication and interpersonal skills.</li> <li>▪ Numeracy, literacy and good basic care planning skills.</li> <li>▪ Ability to work on own initiative and under pressure in a diverse and changing environment.</li> <li>▪ Customer focus and quality service ethos.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NVQ 3.</li> <li>▪ Training or Assessment Qualification e.g. Moving and Handling.</li> <li>▪ Working in services for older people</li> <li>▪ Evidence of continuing training and development.</li> </ul>