

Social Care and Health Sector Skills Plan

Appendices

Appendix 1 – Data Analysis

Norfolk and Suffolk Economic and Social Data

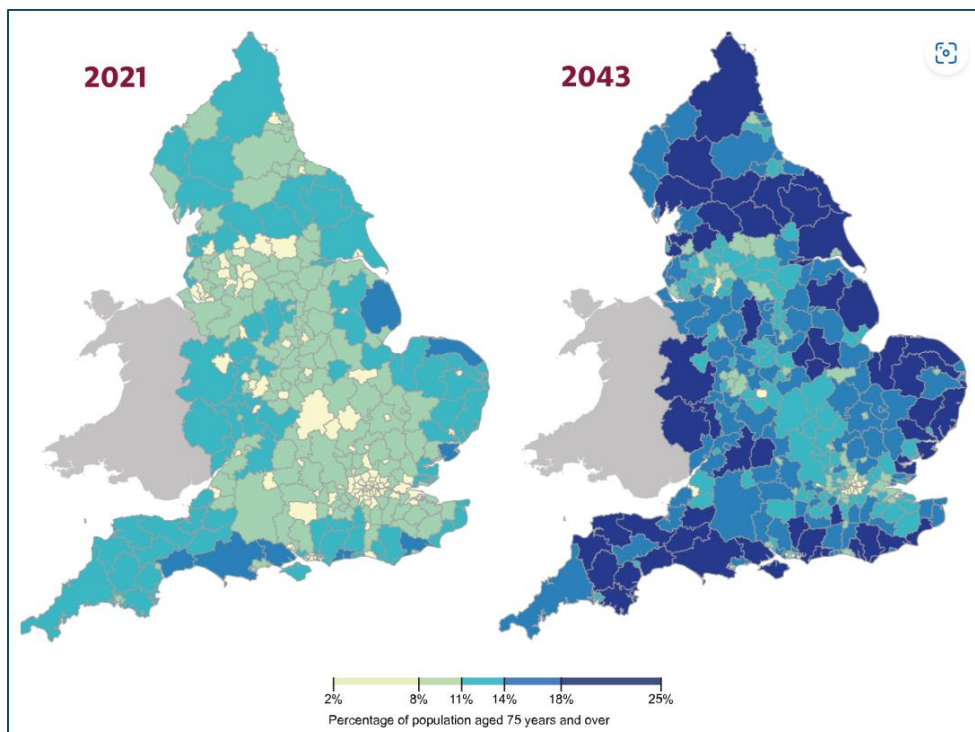
Resident population

The combined population of Norfolk and Suffolk is approximately 1.7 million (2021), of which 58% is of working age (16-64), and 25% is aged 65 and over. Nationally, 62% of the population is of working age and 19% is aged 65+.

Over the next 20 years, we expect our 65+ population to increase at a much faster rate than the working age population. In Norfolk, there will be an estimated 36% increase in people aged over 65, mostly in those aged over 75 years of age; a 3% increase in people of working age; and a 1% decrease in children and young people. This increase in older people means that by 2040 the non-working age population (those aged under 16 or over 65 years of age) will have increased by almost 91,500, whereas the working age population will have increased by just over 20,200.

In Suffolk, the 65+ age group accounts for the entire population increase forecast from 2022 to 2042, with an estimated 34% increase in people aged over 65; a 2% decrease in people of working age and a 4% decrease in children and young people. By 2042, it is estimated that 1 in 3 people in Suffolk will be aged 65 and over (up from nearly 1 in 4 now and around 1 in 5 five years ago).

Map of England showing the projected rise in the percentage of the population aged 75 years and over.



ONS, 2021 mid-year estimates by local authority

Population and migration

ONS migration data shows that for people resident in the UK, there is generally a net inflow to Norfolk and Suffolk until the age of 19/20 (the net outflow starts earlier for males). After this there is a net outflow, before numbers pick up again in older age groups. The region's highest inflow is among the 50 – 64 age group.

Economic inactivity

Across Norfolk and Suffolk, the percentage of the working age population who are economically inactive is 19.7%, which is slightly lower than the national average of 21.3%. However, Norfolk and Suffolk have a higher-than-average number of working age people who are economically inactive but want a job (49,700). Figures vary by district, with some districts, e.g., Great Yarmouth having a significantly higher proportion of people who are economically inactive but want a job (69.8%), compared to the national average of 18%.

27.6% of economically inactive men want a job compared to 23.5% of women. However, the percentage of women who are inactive greatly exceeds that of men - 24% compared to 15.3% - so in real terms, there are more women who are economically inactive but want a job than men (28,400 compared to 21,300).

The percentage of ethnic minority individuals who are economically inactive (25.6%) is higher than the all-persons average (19.7%).

In line with the national trend, the most common cause of economic inactivity is long-term sickness. However, Norfolk and Suffolk have a higher-than-average proportion of people who have taken early retirement (16.5%) compared to the national average of 14%, and a higher-than average proportion of the working age population classed as 'other'.

Increasing economic activity rates could contribute to a reduction in workforce shortages in Social Care and Health, increasing the sector's ability to meet customer demand and contribute to growth.

Wage levels

Norfolk and Suffolk are low wage economies. In England, the median hourly pay is £16.42 (2022) and in the East of England it is £16.67. However, in Norfolk and Suffolk the median hourly pay is £14.74, which means that those employed in the region earn (on average) £44.60 less a week than the national average. The gap in earnings also persists at sector level, with the median hourly wage for the social care and health sector in Norfolk and Suffolk standing at £11.82.

In-work poverty (employed but on Universal Credit)

The percentage of people on Universal Credit who are in employment in Norfolk and Suffolk in 2022 was 44% (national average, 41%). The high level of in-work poverty in the region is due, in part, to low wage levels, an issue which is prevalent in the Social Care and Health sector, particularly for care workers, who are among the lowest paid in the economy.

Qualifications (Jan 2022 – Dec 2022) *

Qualification levels across the working age population in Norfolk and Suffolk are lower than average, with only 36.6% holding a RQF4+, compared to 45.1% nationally, and 63.6% holding a RQF3+, compared to 66.4% nationally.

Higher educational attainment leads to better labour market outcomes: 84% of the working age population who hold a RQF4+ are in employment, compared to only 48% of those who hold no qualifications.

*From Jan to Dec 2022, qualifications are measured using the Registered Qualifications Framework (RQFs). Under RQFs, Trade Apprenticeships are accurately classified to the relevant levels. For Jan to Dec 2021 and prior, qualifications were measured using the National Vocational Qualifications framework (NVQs). The trade apprenticeships were split 50/50 between NVQ levels 2 and 3.

Deprivation – Index of Multiple Deprivation (IMD)

Pockets of high-level deprivation persist across Norfolk and Suffolk. 13% of Norfolk and Suffolk's lower super output areas (LSOA's) are among the 20% most deprived in England, based on the 2019 Index of Multiple Deprivation (IMD).

The IMD consists of seven domains including the Education, Skills, and Training Deprivation Domain, which measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains: one relating to children and young people's skills and one relating to adult skills. In Norfolk and Suffolk, 29% of all LSOA's are among the 20% most deprived in England (Children and Young People Sub-domain) while 17% of all LSOA's are among the 20% most deprived in relation to the Adult Skills Sub-domain. The Children and Young People Sub-domain measures the attainment of qualifications and associated measures ('flow'), while the Adult Skills Sub-domain measures the lack of qualifications in the resident working-age adult population ('stock'). These two sub-domains are designed to reflect the flow and stock of educational disadvantage within an area.

In relation to Health Deprivation and Disability, 14% of all LSOA's in Norfolk and Suffolk are among the 20% most deprived. This domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health.

Sector-Specific Data

Sector gross value added

Of high value to the local economy, in 2019, Health and Social Work's¹ (SIC) gross value added (GVA) was fourth highest at £3,264 million, and lower only than Real Estate, Manufacturing, and Wholesale and Retail Trade.

Sector employment

The Health and Social Work (SIC) industry contributes to 13.3% of all employment across Norfolk and Suffolk which is slightly higher than the National average of 13.1%. It has the highest share of employment in our region, followed by retail (10.2%) and Business Admin and Support services (9.3%).

Occupational breakdown by gender and age

A gender breakdown of the sector workforce reveals that 80.7% is female. A breakdown by age reveals that 45% of the sector workforce is aged 45+ (compared to 41% across all occupations), with 22% aged 45-54 (all occupations, 22%), and 23% aged 55+ (all occupations, 19%). Those aged 16-24, make up only 10.7% of the social care and health workforce (compared to 13.1% across all occupations).

Job postings

Vacancies in Social Care and Health remain high compared to the wider UK economy. In Norfolk and Suffolk, in 2022, there were around 23,000 job postings in Social Care and Health. In 2022, 17,501 job postings (76%) were for Care Workers and Home Carers; 1,897 (8%) were for Senior Care Workers; 1,230 (5%) were for Physiotherapists; 1,054 (5%) were for Residential, Day and Domiciliary Care Managers; 821 (4%) were for Occupational Therapists; and 510 (2%) were for Care Escorts. Factors affecting the very high demand for care workers could include a rise in demand for social care, low recruitment to the sector and high staff turn-over.

The top three posted job titles in the social care and health sector in 2022 were Support Workers, Care Assistants and Health Care Assistants while the most frequently demanded skills were communication, management, and English language.

Sources

¹ This refers to the health and social care sector but is labelled as the Health and Social Work (SIC) industry by the Suffolk Observatory and Norfolk Insight.

Office for National Statistics (ONS) website, accessed January 2024

NOMIS website, Local Authority Profiles, accessed January 2024

Index of Multiple Deprivation (IMD) CDRC data, website accessed January 2024

Lightcast, data accessed January 2024

Chief Medical Officer's annual report 2023: health in an ageing society

Market Position Statement for Norfolk, Norfolk County Council, website accessed January 2024

Suffolk in 20 years, Public Health & Communities, Suffolk County Council, accessed January 2024

Appendix 2 - Literature Review

Priority	Literature review headlines	Reference
Increase the Potential Workforce Pool	In Norfolk, over the next 20 years, there will be an estimated 36% increase in people aged over 65, a 3% increase in people of working age and a 1% decrease in children and young people.	Norfolk Market Position Statement
	In Suffolk, over the next 20 years, there will be an estimated 34% increase in people aged over 65, a 2% decrease in people of working age and a 4% decrease in children and young people.	Suffolk in 20 Years - healthy, wealthy and wise?
	The geography of older age in the UK is already highly skewed away from large urban areas and will become more so. North Norfolk has the second highest old age dependency ratio in England, and an increase will put extra pressure on the decreasing working age population.	Chief Medical Officer's report 2023
	Workforce shortages within Home Care are the most significant factor affecting the sustainability of services in this sector. Staff shortages have increased in the past year and vacancies across all roles are acute in certain geographical locations.	Norfolk Market Position Statement
	Ageing workforce is creating sustainability issues.	Norfolk Market Position Statement
	Over half of respondents to survey of adult social care providers in England said they were having challenges recruiting new staff and 31% said they were having challenges retaining them.	The State of Health Care and Adult Social Care in England 2023 (CQC)
	Only 18% of sector's workforce is made of up men, many of whom will be in management, ancillary or business service roles, meaning that the number of men directly delivering care is fewer than that. Having men working in social care is vital to providing person-centred care and support (now 50-50 female/male split).	Skills for Care: Widen your Talent Pool
	Disabled friendly recruitment and retention policies and practices will help to attract more candidates & increase talent pool. Disabled people could bring a level of insight to workplaces gained through lived experience. Adapting recruitment processes is key - use appropriate networks, e.g., disability charities.	Skills for Care: Widen your Talent Pool
	International recruitment: Workforce in Norfolk reliant on workers from the EU. High demand for international recruitment to plug current recruitment and retention gaps.	Norfolk Market Position Statement
	In 2022/23, approximately 70,000 people arriving to work in the UK from overseas started direct care roles in the independent adult social care sector, compared with around 20,000 in 2021/22.	The State of Health Care and Adult Social Care in England 2023 (CQC)
	The development of a Suffolk and North East Essex Workforce Academy will be key to the supply pipeline and a focal point for the recruitment of people to health and care. It will aid recruitment and skills development of the current	SNEE Can Do People Plan 2019/2024, plus 2021 refresh

Priority	Literature review headlines	Reference
	<p>and future workforce, whilst also ensuring the portability and integration of skills across the social care and health system. Ambition is to achieve one workforce across the system, with the easy movement of staff to meet population care needs.</p>	
	<p>In April 2023, DHSC scaled back its short-term plans for system reform and associated funding to £729 million, compared with the £1.74 billion agreed with HM Treasury when DHSC published its white paper in December 2021. Despite progress in some areas, DHSC is behind schedule and some key projects, including on workforce, are still in development. DHSC acknowledged it had made less progress than expected on system reform during 2022-23.</p>	<p>Reforming Adult Social Care in England NAO report</p>
	<p>Ban on newly arriving care workers bringing dependants into the UK has been in place since 11 March 2024.</p>	<p>Change to legal migration rules 2024</p>
<p>Increase Qualifications and Accreditations</p>	<p>Only 45% of direct care providing staff hold a qualification at Level 2 or above while only 48% of care workers have achieved or are working towards achievement of the Care Certificate. Greater care worker uptake of the Care Certificate was associated with better CQC scores. Establishments with higher CQC scores had a larger proportion of care workers who had undertaken training.</p>	<p>The State of the Adult Social Care Sector and Workforce in England (Skills for Care)</p>
	<p>31% of direct care workforce in Norfolk completed Care Certificate in 2021-2022</p>	<p>Skills for Care data</p>
	<p>Aiming for Level 2 Care Certificate to be baseline standard for all new care workers.</p>	<p>Care Workforce Pathway</p>
	<p>Lack of training is a particular issue in job retention because staff feel ill-equipped for their role. 75% of care home managers come from within the sector, but they report low levels of support and training, as well as poor job satisfaction. Training is one way in which social care staff lack parity with the NHS.</p>	<p>UK Parliament, Workforce: recruitment, training and retention in health and social care 25 July 2022</p>
	<p>In 2022/2023, care workers had a much higher turnover rate (35.6%) compared to other direct care roles and more than twice that of senior care workers at 15.3%. Senior care worker roles often have higher pay, guaranteed hours and more training and qualification opportunities than care worker roles. These factors have been shown to be associated with better retention.</p>	<p>The State of the Adult Social Care Sector and Workforce in England (Skills for Care)</p>
	<p>Staff do not always have the training to carry out higher level assessments or reviews, leading to delays in people receiving assessments. This leads to people receiving poorer quality and unsafe care.</p>	<p>The State of Health Care and Adult Social Care in England 2023 (CQC)</p>
	<p>Vacancies, sickness levels, and number leaving the sector all high. Challenges are not new but the scale of them is. Important to develop career pathways. Requires both educational investment and staff development. Important to embed a system-wide approach to education.</p>	<p>Norfolk & Waveney Education Plan 2022 - 2025</p>
	<p>Trainee Nursing Associates typically recruited from existing carers. Barriers to take up include lack of required qualifications and limited knowledge of role. Difficult to adapt to care settings. Demand for NA's increasing as the</p>	<p>Follow up report on the Introduction of the Nursing Associate Role in Adult Social Care</p>

Priority	Literature review headlines	Reference
	population of care homes changes; moving towards a community hospital look.	
	Care workforce pathway will set out clearly what a career in social care means and the level of knowledge, experience and skills required to deliver high-quality, personalised, care and support. Refresh of roles with behaviours, knowledge and skills, responsibilities and opportunities for progression set out. Universal set of values for entire adult social care workforce.	Care Workforce Pathway
	Around 28,700 people started a social care apprenticeship in 2021/22. This was 15% less than in the previous year, and 71% less than the number that did so in 2016/17.	The State of the Adult Social Care Sector and Workforce in England (Skills for Care)
Specific Skills Developed Through Training	Shift in focus and better staff training required to support those with LD&A.	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)
	Decisions around delegated healthcare interventions more difficult as social care becomes more complex. Providers must ensure staff are appropriately trained.	Delegated Healthcare Interventions framework - NCC/N&W ICB
	Training offer to include funding for L&D, including training courses on healthcare interventions to support delegation, learning disabilities and autism, dementia care, leadership, and digital skills.	Care Workforce Pathway
	Death rate from conditions associated with extreme old age and frailty such as dementia has doubled. Dementia now the leading cause of death in women. Number of people with dementia in Norfolk is predicted to increase by around 55% between 2020 and 2040. This will be a key driver of social care demand, primarily in the older people's care market, but also impacts learning disabilities, autism, and mental health services catering for older care users.	Norfolk Market Position Statement, NCC
	Number of people with a learning disability is predicted to increase by 10% between 2020 and 2040.	Norfolk Market Position Statement, NCC
	Local authorities need to demonstrate an understanding and preparedness for the changing and complex needs of local populations. On average, people living in more deprived areas have shorter lives and spend more time living with diagnosed long-term illness.	The State of Health Care and Adult Social Care in England 2023 (CQC)
	High staff turnover is leading to skills gaps, particularly in services for autistic people and people with a learning disability. Result is the need for more training around people's individual needs, which negatively impacts person-centred care.	The State of Health Care and Adult Social Care in England 2023 (CQC)
	Still a big inconsistency in outcomes for autistic people and people with a learning disability. Staff need to get to know the people they support. Too often, the threat of restraint is used when it is difficult to interpret or manage the way a person is communicating. This is often due to a lack of training.	The State of Health Care and Adult Social Care in England 2023 (CQC)

Priority	Literature review headlines	Reference
	Survey to identify training needs for employers in Norfolk & Waveney. Most mentioned training priorities for the year: 1. Autism / LD / Oliver McGowan. 2. Dementia. The most reported challenge providers have when training workforce is releasing staff / covering shifts (75%). 50% reported cost.	NCSC Training Survey report
	Will implement learning from Learning Disabilities Mortality Review Programme (LeDeR). Staff will receive information and training on supporting people with a learning disability and/or autism. Awareness and training should involve everyone within care.	SNEE Can Do People Plan 2019/2024, plus 2021 refresh
	The use of AI has the potential to bring huge improvements for people. Important to ensure new innovations do not entrench existing inequalities.	The State of Health Care and Adult Social Care in England 2023 (CQC)
Good Organisational Environment to Support Retention	Care worker pay rates are among the lowest in the economy.	The State of the Adult Social Care Sector and Workforce in England (Skills for Care)
	Providers cite low pay, high pressure and staff burnout as key causes of the many care workers leaving the sector for better paid jobs in less pressurised environments.	The State of Health Care and Adult Social Care in England 2023 (CQC)
	Average pay of care worker is £17.9k, £3.5k less than similar roles in NHS. Retail main competitor due to better pay and less responsibility. Social care witnesses at oral evidence session and many written submissions emphasised that social care suffers because of a lack of value generally, and a lack of parity with the NHS. Papworth Trust argue that social care staff need parity with their colleagues in the NHS. It's not simply about pay, but also about terms and conditions and benefits that go with the role.	UK Parliament, Workforce: recruitment, training and retention in health and social care 25 July 2022
	High turnover: many carers who leave caring roles move to different care jobs, indicating greater satisfaction with the caring role than their employer. 64% of staff were recruited from within the adult social care sector during 2021-2022 within Norfolk. Turnover rates significantly impact on quality with a loss of continuity of care, experience, and expertise.	Norfolk Market Position Statement, NCC
	Factors affecting staff turnover: sector has difficulty retaining younger staff: turnover rate for those under 20 years was 53.7%; people are more likely to leave soon after starting a new role; people are more likely to leave if they are on zero-hours contract; staff with multiple positive employment factors (paid above the national living wage, guaranteed hours, f/t hours, training, and qualifications) were more likely to stay (20.6% turnover) than workers without any of these factors in place (48.7%).	The State of the Adult Social Care Sector and Workforce in England (Skills for Care)
	In 2022/2023, 32% of all care workers were recorded as being employed on a zero-hours contract. Of those, domiciliary care services had the highest proportion of workers employed on zero-hours contracts at 42%.	The State of the Adult Social Care Sector and Workforce in England (Skills for Care)
	Plan sets out objectives for good organisational environment: promote good health & well-being of your workforce - caring for the people caring for you; maximise and value the skills of your workforce; create positive and inclusive culture, embracing diversity to flourish.	Norfolk & Waveney Education Plan 2022 - 2025

Priority	Literature review headlines	Reference
	Key objectives: create a collaborative, inclusive culture with strong leadership; focus on retention by promoting wellbeing and expanding supervision, coaching, and mentoring; mitigate burnout by engaging with people; maximise and value the skills of the workforce; adopt new ways of working using tech and career pathways.	Norfolk & Waveney ICS We Care Together People Plan
	Retention: aspiration to increase current staff retention rate and in turn improve workforce experience. Value and invest in staff in a range of ways including health and wellbeing programmes, flexible work-life balance, and enabling career development via the one workforce model. Key to achieving an agile workforce ambition is a common e-rostering system, which will facilitate the movement of a shared workforce and support a positive work-life balance, more efficient job planning and more flexible working.	SNEE Can Do People Plan 2019/2024, plus 2021 refresh
	Quality of care in the region is an issue. Improving quality is a priority for partnership organisations across the ICS.	ICB Social Care Quality Care Programme. Update Sept/Oct 2023

Appendix 3 – Consultation Feedback

The working group was keen to explore the challenges through consultation but also to hear about examples of good practice already happening in the sector to build on and champion. The information below highlights, for each priority the detail that those feeding back gave on the current challenges, action being taken, what success would look like and impact measures.



Current challenges:

Points raised to illustrate the issues for the sector were pay rates, demanding workloads, lack of incentives, few new staff coming into the sector and the importance of work ethic. It was commented that social care is often seen as a female-focused profession and that it was hard to encourage younger people and people from a range of backgrounds into the sector. Challenges around recruiting local staff, paying travel time for home care staff and applicants failing to see through the recruitment process were also highlighted. There were also points raised about a lack of LGBTQ+ people in the workforce, and client preferences on occasion causing issues e.g. refusing LGBTQ+ workforce members or oversees staff members caring for them.

Action already taken:

Recruitment drives, networking, accessing Indeed, activity on social media, attending recruitment fairs, working with schools and colleges, equity with training and development, radio adverts, oversees recruitment, supporting working parents and being flexible with the Rota where can, marketing to different groups.

Action that people would like to see taken included:

A training academy that did not require accessing the apprenticeship levy, ensuring that the sector was seen as a profession rather than 'just a job' and not just entry level, support for child care, and support for mental health, involvement from care providers with students, better pay, promoting senior roles with all staff especially ethnic minorities, ensuring that people's knowledge and expertise is used and respected, recruitment drive to develop unskilled workers with opportunities to develop English and Maths, government to incentivise working in health and social care.

Success for the sector in this area was deemed to be:

Full recruitment and retention, with a happy, settled workforce and well cared for clients, providing continuity of care for clients and their families, employing new workforce members, having a talent management programme in place, high calibre candidates available, increase in men in sector and roles they are in, increased range of ethnicities, reduced turnover, the workforce not constantly having to 'run' but rather focus on best possible care.

Suggestions on how to measure progress and impact:

Audit of success, seeing a change in public view on the sector as a career, reduction of medical certificates being issued without being able to access mental health support, track new recruits from colleges, track age range, qualitative data gathering, number of good candidates per role, vacancy rates, track cost of living costs to wage increases, track progress through social care to become specialists and give same recognition as gaining qualifications at university, feedback from the different environments and settings, exit information to

be submitted to local authorities, case studies, monitor effectiveness of marketing campaigns on particular groups entering the workforce.



Current challenges:

Funding is challenge - especially for smaller organisations and external funding is often relied upon, staff numbers/workforce pressures, time, shift work can hamper attendance at training, sometimes staff expected to do in their own time but if there no reward or monetary value they aren't motivated to do it, most training comes at a cost to either the setting or the learning, appropriate support needs to be in place, staff aren't looking for progression and don't see care as a vocation, social care is seen as an unskilled area and employers are not always on board to support staff development, fear that some people may be put off social care for fear of failing qualifications, the basics need to be supported more in school to support confidence for future opportunities, some people in Norfolk not engaged with gaining qualifications, more apprenticeships needed, issues with tutors/assessor who change and/or don't work in a timely manner, workforce can worry about completing qualifications, perception training providers just want outcomes so they can get paid, qualifications rely on self-study which isn't always best for this workforce, English as a second language can be a barrier, person who does a lot of qualifications often then on same wage/grade as someone who hasn't, views on training providers and service offered.

Action already taken:

Enthusiastic training lead means development opportunities always happened, find that qualifications done in school/college mean people are well trained, training matrix, role champions, team mentors, Care Awards, link with UEA, linking with Teaching and Learning in Care Homes programme, visiting schools, buddy systems, training broken down into bitesize chunks, in-house trainer for NVQs and looking at training needs, supporting workforce to do qualifications while working, cross system working e.g. social care workers joining Norfolk and Waveney bi-monthly learning sessions, e-learning, encourage staff to do formal qualifications, offer support and development wherever possible.

Action that people would like to see taken included:

Better funding for care, qualifications should lead to staged payments within grades, there needs to be education for young people on all the different ways they can progress in care, there needs to be a recognition of experience as being as valuable as qualifications, better pay would mean those with experience/qualifications would be able to be recognized and rewarded, have set time aside to allow people to train, sharing good practice with other organisations, short bitesize courses to fit into people's lives, more development at school/college level, promotional activity for social care, more emphasis on face to face learning, acknowledge qualifications aren't everything in the care of vulnerable people, an offer for 16 – 19 year olds so they can come into care, team up with providers who have funding for free of charge courses, providers have a set ratio of staff who should be in training, mandatory training shouldn't be included in statistics, comprehensive training offer that covers social care with opportunities for people in a clear pathway, one government provider for training.

Success for the sector in this area was deemed to be:

Proactivity in attending meetings and training, having staff who are confident to challenge to provide high quality care, strong effective team who are valued and respected for the work they do, staff rewarded for experience and length of service, staff with more recognized certification, improved staff knowledge.

Suggestions on how to measure progress and impact:

Audit and feedback, uptake on courses, how social care is actively promoted, quality measures, highlighted areas for improvement and focusing learning and development on these areas, staff satisfaction, service users questionnaires and family feedback, number of colleges and universities offering care courses, years of service, filling of higher grade vacancies with in-house staff, more staff progression, benchmarking with yearly reporting, retention rates, reduce need for double up.



Current challenges:

Budget for external provision, spend a lot on development for registered nurses but they don't stay in role, limit on employee time, reluctance of providers to give study time, reluctance of workforce to engage, lack of staffing to allow on-shift study time, finding appropriate training (for them as a specialist provider) can be challenging so employ specialist trainer which is expensive but effective, education levels in sector are low, need to improve digital skills and prepare for delegated health care tasks, pressure to rapidly meet changing social care needs means training is important, workforce often doing 60+ hours a week therefore too tired to consider training as well, elearning doesn't provide good standards, poor practice can often be passed on in-house, training can be expensive and if not planned into the budget for the year providers can struggle, new training courses are rare and often focus on the basics – there is rarely advanced training on a topic, lots of online training but not everyone learns that way or has the skills/equipment to access, standard of training can be variable, social care workforce often have caring/other responsibilities.

Action already taken:

Induction, mentors, supervision, champions, induction training, on the job training, reablement training and wound/tissue viability, development via the Quality Improvement Nurses, inhouse training, specialist trainer employed, encourage and support learning development, provision focused on more urban areas e.g. Ipswich, Stowmarket, Workforce Development Fund and free training, use of Suffolk Training Hub.

Action that people would like to see taken included:

Staff to be paid to attend bitesize training which can be built up to accreditation, partnerships with local colleges, further allocation of staff time for training, more external training, tap into where there are budgets to create free courses e.g. NCC's Adult Learning, nationally recognized training programme, support environments to deliver meaningful training and development, fund train the trainer courses, needs to be scaled up, make training compulsory, training expectations to be written into contracts, training provider accreditation schemes.

Success for the sector in this area was deemed to be:

Knowledgeable workforce, good care, staff retention, happy and settled team.

Suggestions on how to measure progress and impact:

Increasing enrolments, completion, and success on training. Benchmarking increased satisfaction of those who access care to carers attending training, comparing social care providers e.g. looking at staff turnover, care placement breakdowns and safeguarding referrals linked to training.



Current challenges:

This is a challenge as carers are not paid enough, national minimum wage can place a pressure on smaller businesses without additional government support, very often use zero hours contracts, culture of the home needs to be supported by management and more training is needed, pay above minimum and flexible working would be difficult in the sector, competition with NHS and other providers, financial constraints placed upon social care, reliance on state funding does not enable to fund living wage as well as training opportunities, zero hours contracts are not suitable for people to live on so creates a favourites bidding system for work which causes hostility and resentment, working environments (e.g. offices) can be cramped and poorly maintained, can be unsafe and service users can be violent, aggressive or difficult, people often work overtime without pay, social care needs to be properly financed, so many small businesses in the market, should be publicly delivered like health, management should take a 'why can't we do this?' approach, a lot of managers can't develop a good culture as never experienced it, providers often owned by large investment companies wanting a profit, other sectors have less stress and better pay and conditions, there is not enough money in the sector.

Action already taken:

Pay above national minimum wage, guaranteed hours, paid for access to qualifications, carer of the month award, exploring flexible hours, legacy mentor investment, supporting staff in any way can with wages and accessing qualifications, sharing training through managers.

Action that people would like to see taken included:

Better pay – real living wage as a minimum, having permanent contracts, promoting social care as a career, celebrating social care as a career, offering job sharing and more flexibility, having a pool of staff willing to be Ambassadors for working in social care, improving access to workforce access to legal representation and unions, all social care providers should pay into a training fund that they can then draw from to pay for training and time off, providing mentors for managers, promoting sage working culture, there being opportunities for upskilling managers, having a national steer for good organizational development.

Success for the sector in this area was deemed to be:

Staff rewarded for experience and length of service in the sector, a happy settled workforce with minimal turnover.

Suggestions on how to measure progress and impact:

Improved staff mental health, being able to track the careers of carers into specialist areas of social care, give the same recognition to experience as gaining qualifications at university, increase in recruitment and retention, staff satisfaction, service user questionnaires, length of service, happier customers, comparison of social care providers on metrics such as staff turnover and satisfaction, unmet needs declining.