To: Ivan Lewis MP, Parliamentary Under Secretary of State for Care Services, Department of Health

I enclose my review into the Status of Social Care services, which I undertook following the Secretary of State's request at last year's national Social Services Conference. I am very pleased to have had this opportunity and I hope the commentary and recommendations in this report are helpful. I am grateful to David Crosbie and Dan Murphy at the Commission for Social Care Inspection who have helped me with the work involved in this review. The comments in this report however, are my own and not those of the Commission for Social Care Inspection, which I Chair.

The services provided by social care, when done well, can transform people's lives, give them new opportunity, help them realise independence and provide personal care with dignity and understanding. Many of the initiatives introduced by social care services to empower people who use those services, to develop new approaches and to include all partners in their delivery are at the forefront of the Government's reform agenda.

Yet the service lacks confidence. As a result it is timid in its vision and ambition for how adult social care services can be delivered. The services call for imagination, excitement and enthusiasm. This requires leadership across the sector and at all levels within it – working closely with the people who rely on social care services to make their experience liberating and affirming. I hope this report provides some ideas about how the service can begin to rebuild its own confidence and the confidence of the public in the valuable, and for the most part, invisible service – social care.

Dame Denise Platt
April 2007

The Status of Social Care – A Review 2007

Terms of reference.

The Secretary of State for Health, in her speech to the national Social Services Conference in October 2006, commissioned work to review how the status of social care might be raised. There were four broad areas, which might be pursued to develop and promote the workforce to achieve this end:

- The development of a Skills Academy to concentrate on leadership, management and commissioning.
- The creation of research centre(s) of excellence.
- The creation of a prestigious journal for social care that would emulate the status of The Lancet or the British Medical Journal.
- New awards for social care.

The following terms of reference for the review were agreed:

- To review the current arrangements for promoting the contribution social care makes to the promotion of people's independence, inclusion, health and well being
- To consider whether any action is required to improve the status of social care services and the social care workforce
- To propose recommendations and timetable on any next steps which will be required.

This review has concentrated on the status of social care services for adults. In carrying out the review a number of organisations have been consulted – in particular views were sought on the specific proposals for the development of a Skills Academy; research centre(s) of excellence; a prestigious journal for social care; and Social Care awards. Most of the organisations interviewed described one of their key aims to be to promote the role and values of social care and to raise its status.

The organisations interviewed were:

MENCAP
Help the Aged
Shaping our Lives
SCIE,
GSCC
Skills for Care

ECCA,
NCA,
RNHA,
SCA,
Residential Forum;
ACEVO,
ADSS, now ADASS (including the Workforce Development Committee);
LGA,
IDeA
Pavilion Publishing

Conversations were also had with key officials in the department for education and skills, selected academics, selected recruitment consultants, the department of health Branch Head for social care research and the chief executive of the BMJ. David Crosbie attended a meeting at SCIE on the funding of research into adult social care in England. Written contributions were received from SCIE and the United Kingdom Home Care Association.

Raising the status: the challenge

1. The term 'social care' is not well understood by the public and other opinion formers.
2. Reputation: the services are perceived to be of poor quality and not to offer safety to the people who rely on them.

The term 'social care' is not well understood by the public and other opinion formers.

People cannot readily envisage what the term social care means – unlike health or education services. Terms such as 'social services', or 'personal social services' are more familiar.

There is no universally agreed definition of the term 'social care' either within the service or beyond. The term social care is not recognised internationally; it is more common to find reference to personal social services. The term was created to provide a generic label for **the people** who worked in residential care and other social services who were not social workers. However, there is better understanding and definition of the term `social worker', which has an agreed international definition. The title 'social worker' is now protected in law.

The White Paper "Our health, our care our say" has a broad definition and describes social care as *"the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships." (para. 1.29)*

However, this broad enabling definition is not reflected in the definitions of key opinion formers, which concentrate solely on the provision of practical services. For example:

The BBC define social care as follows:

'*……it covers a wide range of services provided by local authorities and the independent sector to elderly people either in their own homes or in a care home. It also covers day centres, which help people with daily living. Services like help with washing, dressing, feeding or assistance in going to the toilet are also included, as are meals-on-wheels and home-help for people with disabilities.*
It does not cover nursing care, which is defined as care that has to be provided or supervised by a registered nurse'.

Skills for Care define social care as:

' *Social care work is about helping people with their lives. People who have physical or psychological problems often require practical help coping with the everyday business of living. Social care workers provide this practical support'*

People using the services prefer the broader enabling definition with its emphasis on independence and control, many people with disabilities prefer the term 'support' to 'care'. People using the service prefer a description of social care services, which emphasises what the services help them achieve. The broader definition takes the understanding beyond the description of what the people with 'social' in their job title do.

For the purposes of this review I have used the following description – which seems to resonate well with both the people using the service and those working within it:

The group of services that provide personal care and support to people in a social situation – such as family; the community; a communal setting; to help them achieve independence and to promote their positive contribution as citizens.

Directors of Adult Social Services (DASS) also have a critical role to influence the wider environment in which these key services sit, to promote inclusion, independence, control and well being across **all** local services.

Social care services not only employ social workers and care workers but also people from other disciplines and training experiences such as occupational therapists, physiotherapists, psychologists, and nurses.

The following table sets out the range of occupational backgrounds of people working in organisations delivering social care services.

People working in social care services.

	Registered	Level of Qualification
Social worker	GSCC	Degree
Care worker	No Agreement in principle to the registration of Domiciliary Care workers	NVQ
Nurse	NMC	Degree
Psychologist	British Psychological Society	Degree
Manager	No (Except in regulated services)	
Lawyer	Law Society	Degree
Dietician	Health Professions Council	Degree
Occupational therapist	Health professions Council	Degree
Physiotherapist	Health Professions Council	Degree
Pharmacist	Royal Pharmaceutical Soc of GB	Degree/Masters
Advocates	No	
Care Brokers	No	

Reputation: the services are perceived to be of poor quality and not to offer safety to the people who rely on them.

Many people who receive social care services are satisfied with their personal experience.

But many people, and the general public, are critical of the service overall, for example:

- they are fearful because of reports about neglect and cruel treatment in the service;
- they cannot find the service they need;
- they are ineligible for a care managed service;
- the minimum standards are too low;
- charges are too high;
- the services are insufficiently responsive to their needs;
- they do not have sufficient control or choice of service;
- the pattern of services that people receive – the fifteen minute slot;
- the services are passive.

Working in a service that is not clearly understood, or experienced as being poor is not a great motivator of the workforce!

Current policies emphasise the need for closer co-operation across a number of services in health, the criminal justice services, education and social care. The workforce needs to be more confident in its contribution and knowledge for the impact, which good quality social care can have, is to be realised and understood.

A Skills Academy for Leadership, Commissioning and Management.

Current position

The DfES has policy responsibility for the development of Skills Academies and the award of grants to develop a business case for a Skills Academy. The Academies are expected to cover all sectors of the economy based on the current sector Skills Councils, of which Skills for Care is one of 25. DfES has funding for approximately 12 such Skills Academies. Four sector Skills Councils have been given the "go ahead" to develop their plans. Each Sector Skills Council is expected to secure funding from their own sector – usually private sector funding - to support the Skills Academy. Funding of additional Skills Academies is dependent on the outcome of the Comprehensive Spending Review.

Skills for Care has submitted a proposal for a virtual skills academy based on curriculum hubs; each hub being, or linked to a university. Three such hubs are proposed for the North of England; three in the Midlands; and three in the South. These hubs will be linked regionally into the Skills for Care learning resource networks, and Centres of Vocational Excellence.

Skills for Care will proceed with their proposal even if DfES funding is not forthcoming and plan to tender contracts with universities later this year. The proposal outlines three main priorities of leadership, management and commissioning with a fourth priority to be set by employers.

The sector currently has a range of leadership programmes available to it.

SCIE, using department of health funding, organise leadership programmes with the University of Birmingham and a specific programme for black and ethnic minority staff from the Improvement and Development Agency (IDeA). The IDeA itself offers a number of leadership type courses/events specifically for elected members. The University of Birmingham, which runs several leadership and management courses –INLOGOV, Social Work, Business School, School of Advanced Urban Studies and the Health Services Management Centre - is reviewing all its leadership and management courses to reduce duplication and to promote more intellectual coherence across their programmes.

The local Government Leadership College and the National College for Government (formerly the Civil Service College) both offer leadership courses for their particular sectors.

ACEVO, whose members are Chief Executives of social care and other organisations, has developed access for their members to a wide variety of courses; e.g. Cranfield College, the Institute of Directors and the National College for Government. It is clear that ACEVO wishes to enable its third sector member organisations to deliver care and other types of services in response to Government policy for third sector. It is their view that Chief Executives need to have business acumen to run and manage services efficiently and effectively.

The private sector is more likely to use leadership programmes from a business school or college for similar reasons and a number of larger providers and representative groups have well developed links with local universities or business schools.

The Improvement and Development Agency (IDeA) has close links with the local government Leadership Academy and runs Member development programmes for councillors. It is a partner in the SCIE Leadership programme for social care.

There appear to be only two higher education courses available in the commissioning (as opposed to procurement) of services – Birmingham and Lancaster.

There are strongly held views either in support or critical of the current arrangements.

The existing programme for senior management, sponsored by the Department of Health, channelled through SCIE was originally intended for Directors of Social Services and their second tier. Current Directors involved in these early programmes speak very highly of them. The course has widened its scope to offer places to personnel from the private and voluntary sector. These participants, however, are not seen as having the same leadership agenda as actual or potential chief officers in councils. The public sector considers that their leadership and management programmes need to focus on working to the local political agenda; developing strategic commissioning for the whole community as well as undertaking the functions of assessment and care management.

The SCIE programme is not perceived by top managers in the independent sector to have sufficient prestige to attract existing and aspiring leaders from across all three sectors of social care as it does not include enough input from business. The argument is that professional staff can supply the social care elements but some actual or potential chief executives in the private and voluntary

sectors need leadership courses based on running a successful business. It was put to us that leaders in the private and voluntary sectors needed business acumen to lead, run, market and develop provider services. The SCIE organised courses are perceived not to be adequate in this respect.

The present arrangements clearly do not add up to a coherent and flexible framework for the development and support of social care leaders across the sector and making appropriate links with others. Whilst there is support for a Skills Academy focused on leadership commissioning and management amongst the cross section of organisations consulted, there was little agreement on the nature of such an academy, with each part of the sector reluctant to relinquish their own hard earned opportunities and ambivalence concerning the current Skills for Care proposal. There are concerns across the sector about appropriate consultation on the current bid proposal and its content. The groups representing people who use the services consider they have had no input to it.

Recommendations:

The department of health with the DfES, and building on the work of Skills for Care, should actively consider the creation of a Skills Academy for Social Care to develop skills in leadership, commissioning and management across the whole social care sector.

The Skills Academy should have an ambitious aim linked to the purpose of the service itself, it should inspire and motivate people to want to lead social care services, it should aim for leaders in social care to be the best leaders in the public service! Therefore:

- It is necessary to articulate that the purpose of a skills academy for social care is to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships ***by developing world class practice leaders, service leaders, system leaders, and future leaders across the whole sector of social care.***

- The goals of such an Academy should be to:

  - Transform the lives of people who rely on social care services through excellent leadership of the service;
  - To develop leadership across the public, private and voluntary sectors of social care;
  - To identify and grow leaders in all parts of the sector;

- To create a 'fit for purpose' academy.

The structure proposed by Skills for Care for the development of a virtual Skills Academy for social care appears sound and a practical way to proceed, however:

- The Academy should have a clear named identity separate from Skills for Care, even if federated to Skills for Care and supported administratively by it.

- Skills for Care should be requested to set up a high level steering group, jointly with SCIE, and including the ADASS, independent sector representative organisations such as ECCA, UKHCA, ACEVO and groups representative of those who use the service, to oversee the process of development of the Academy. This steering group might ultimately become the Board of the Academy.

- This steering group should develop a leadership framework to encompass the needs of the whole sector, and consider how to accredit courses provided by others as well as creating the new hubs. This would allow those courses which different parts of the sector consider important and relevant to them to continue, but within a new framework. Developing a database of existing leadership courses could be done relatively quickly.

- Consideration should be given to making all programmes available to the whole sector.

- The proposed academy should make links with existing leadership academies and seek joint programmes where possible and where the contribution of social care is not diluted. For example, there is benefit for DASSs to participate in programmes for council Chief Executives. The academy might also arrange access to specialist courses run by other professional associations, for example, the Institute of Directors.

- The Academy should serve the needs of those about to take on their first leadership role as well as the needs of those who are experienced in the service.

Given the important systems leadership role, which has been proposed by the creation of the post Director of Adult Social Services, it is proposed that their development needs be the first priority of such an academy.

Directors of Adult Social Services
These newly created posts are critical to the transformation of social care services in the 21st Century. The intention is to create a post in each council with social services functions, to have the strategic responsibility and accountability for planning, commissioning and delivery of social services for all adult client groups. The postholder will also have a leading role in delivering the wider vision for social care and for combating social exclusion. The postholder is responsible for the provision of professional leadership, including workforce planning, delivering the culture change necessary to implement person-centred services and promoting partnership working.

The current postholders come from a variety of backgrounds, not necessarily from the social care sector. Recruitment consultants advise that councils are not clear about the range of skills and experience that candidates for these posts should have.

It is therefore recommended that:

- All DASSs should within three years of appointment complete an accredited programme specifically designed for social care services.

- Consideration is given to the proposal that all future DASSs should have attended such programmes before appointment.

A Research Centre of Excellence

The department of health currently supports three research units for social care:

- Personal Social Services Research Unit (PSSRU) at Kent, LSE and Manchester
- Social Policy Research Unit (SPRU) at York (part funded)
- Kings College, London which is the workforce research unit taking forward the longitudinal and other research which was developed at the National Institute for Social Work (NISW)

These units have recently had their quinquennial reviews and are all funded for a further five years.

The department contributes £10m to research in social care; compared with £650m on NHS Research and Development, and £32m for a Policy Research programme. The department began a new social care research programme in 2004 – 'Modernising Adult Social Care'

The department of health Policy Research Branch is actively considering the development of a new research centre of excellence in social care as part of a research strategy for social care. Their view is that this Centre should be a new School for Social Care Research (or an alternate name being used by the department is National Institute for Social Care Research) and therefore should have a physical location. However, there is no new funding for such a body. The equivalent health body, the National Institute for Health Research, which agrees priorities and commissions research in the health sector, is funded by a levy on the health budget.

There is common agreement that there is a need to strengthen the research infrastructure of social care, the department of health has been working with SCIE, other UK government sponsors and ESRC to inform a strategic approach to strengthening it. The need to strengthen the infrastructure comes from the necessity for social care to become more evidence based and to be a full partner with other health and welfare agencies in addressing social disadvantage. By infrastructure the department and others mean:

- The capacity to undertake high quality, applied research particularly research that addresses the need for practice improvement
- An appropriate level of investment
- An established means for setting priorities for research within the sector.

A number of initiatives to improve the efficiency and effectiveness of the existing spend on research in social care arose out of a seminar held by SCIE and the department of health in December 2006. These are:

- Setting up a Funders Forum including Joseph Rowntree Foundation and Nuffield. The Nuffield Foundation are prepared to fund a short project to look at the sources of funding for social care research.
- Pooling arrangements for research funding – this mainly concerns council spending. Ten councils are involved in and invest in research – these are primarily councils with three stars in the performance ratings. The bulk of research in social care focuses on local councils who are also the primary sampling frame.
- SCIE has set up a research data base of research being carried out by local councils. Much piecemeal research is carried out by councils often into the same topic.

There are a number of other linked initiatives:

- ESRC has accepted the case to strengthen social work research, partly on the basis that it is a key discipline underpinning social care.
- The Joint Universities Council Social Work Education Committee (JUC-SWEC) has developed a 15-year strategy to strengthen social work research in Higher Education Institutions. It argues that social work research is a key contributor to the evidence base for social care.
- Options for Excellence: the GSCC led review into the roles and tasks of social workers is seen by many as a significant opportunity to develop the research capacity of this part of the social care workforce.
- DfES also has a proposal (Care Matters Green Paper) for a Centre of Excellence for Children and Family Services. The proposal is dependent on funds being made available through the CSR.

It is clear that a longer term research strategy for the sector is needed, some contributors considered this strategy should be UK wide. The current discussion focuses almost exclusively on councils and their contribution with little knowledge of the contribution made by the private and voluntary sector in funding or undertaking research. Organisations managed by people who use services are almost completely overlooked.

Key contributors seem unaware of other collaborative initiatives in the sector, which might be used as a model for a Social Care Research Centre of Excellence. For example the University of Sheffield collaborative on research into ageing, the New Dynamics of Ageing Research Programme, which involves key funders, universities abroad, the private and voluntary sectors of social care, and people who use services.

Much of the current discussion focuses on social work and it is not clear what balance funders and the universities will strike across research into children or adult social care services.

Recommendations:

- The discussion, which is ongoing, within the department of health, needs to be aired more fully before any proposals to create a Research Centre of Excellence can be developed.

- The draft research strategy being developed by the department of health needs to be reassessed to take account of the totality of the social care sector.

- The Nuffield project to identify funding sources for social care research should be pursued.

- There are key areas of knowledge, which need to be informed by research, if social care in the 21st Century is to make an impact. Some of these are:

- Models of personalised care – a concept which is recognised internationally and where such collaboration might be possible.
- Effective models of commissioning.
- Effective models of brokerage and advocacy
- The effective role of social work and relationship support in adult social care
- Effective models of user managed services

  A virtual Centre of Excellence or research collaborative to pursue these themes and others from the White Paper 'Our health, our care our say', should be considered. Such a virtual centre/collaborative would need new resources.

Dissemination.

Most people however, considered that a more effective dissemination strategy of 'what works' is needed. Increasing the capacity of the sector to make good use of research findings is perceived as a **critical area for immediate development**.

Translating research into practice such that frontline staff across the public, private and voluntary sector can improve how they deliver their services is considered to be partial both in geographical coverage and sector coverage.

A number of collaboratives exist, such as Research into Practice and Making Research Count. Both work with social care services in the public and voluntary sectors to help the service understand and actively put research into practice at local level. Both collaboratives provide local consultancy. The first such research collaboratives began with a focus on children's services. A number of councils have links with their local University.

CSCI's Quality Bulletins are widely regarded and used extensively by the independent sector.

Dissemination of what works was a prime reason for the creation of SCIE.

'SCIE will draw together and spread evidence of what works best in social care.' (Quality Strategy 2000)

There is disappointment in the sector that this function has not yet been effectively delivered for adult social care. There is much admiration for the work, which SCIE has done on user involvement and participation, but quicker progress on dissemination of good practice was expected. There is widespread agreement that more is required than just making the material available.

A critical issue for the service is developing the capacity to replicate good practice and what works. To do this the service needs to understand what the critical elements are that make the practice **work** rather than a description of what the practice **is**. Experience in the US and Australia indicates that the learning from research needs to be actively promoted by 'change agents' working within the service.

In the course of this review Professor Alan Walker from the University of Sheffield has offered to co-host a seminar to explore different dissemination strategies and 'what works'.

Recommendations:

- SCIE should be encouraged to give a higher profile to its dissemination role, particularly in respect of adult social care.

- SCIE should be asked to develop proposals to collect information and provide co-ordination of the existing collaboratives and reach joint agreement on what constitutes good practice and how it will be promoted.

- Similarly, SCIE be asked to identify the reach, and therefore the gaps in coverage of the good practice networks that currently exist and consider how such gaps might be closed.

- SCIE should develop a closer relationship with the Care Services Improvement Partnership (CSIP) to agree priorities for service development, taking account of both research and inspection findings, and assist the service to take on board best practice.

- SCIE should consider how all parts of the sector, including the private and the voluntary sector can be facilitated to take best practice on board.

- SCIE should be requested to make appropriate links with good practice networks in children's services to avoid overlap and duplication of effort.

- The National Institute for Health and Clinical Excellence is valued for the guidance it gives to the service. It is also valued for what it tells the health service **not** to do because it is ineffective. Such advice (on what not to do) from SCIE would be similarly welcome.

A prestigious journal.

The Lancet and the BMJ have a long history within the medical profession. The Lancet was developed in order to print and circulate medical lectures to students. Both journals publish a mix of peer-reviewed research, comment, letters and opinion. Both journals have student readership and international links. 'Nature' is another magazine commonly quoted as a model to follow which manages to turn serious research into accessible language. Views were mixed about the need for such a journal, which would cross all sectors of social care. Nevertheless, on the whole, there was support for a journal with high credibility and which might develop a reputation outside social care.

There are a number of magazines and journals in social care and we were sent thirteen different magazines to consider.

'Community Care' magazine is best known by social workers – its reach is primarily in the public and voluntary sectors, it is less well known or read in the private sector. The journal will be relaunched at the end of April 2007 – the magazine intends to cover both adult and children's services – aiming for a unique selling point of covering the totality of social care across new organisational arrangements. Its hard copy will focus on articles, which provide the background to the news and practice features. A daily online newspaper will cover the news.

'Caring Business' a magazine that has in the past had a readership primarily in the residential care sector, has relaunched as a journal with a wider reach – it is primarily read by the private and voluntary sectors. It contains news, good practice and comment.

'Care and Health' is a web-based news and information service primarily targeted at managers that reaches across social care, health and local government. It is supported by consultancy, conferences and has developed leadership, management and commissioning courses jointly with the Harrogate Management Centre. The company, jointly with others competes for government contracts, most notably it won the DfES contract to develop children's centres.

The British Journal of Social Work, published by BASW, contains peer-reviewed research in social work and practice. It has a small readership. Its small readership perhaps reflects the comment given by one interviewee that the articles are 'tortuously theoretical and get nowhere'.

The voluntary sector values its magazine the 'Third Sector', however, this magazine focuses on issues relevant to the sector as a whole rather than just social care.

In the academic community the model adopted by Lancet is highly regarded because its articles are short, well written and are useful in practice.

Another highly regarded model is the Tizard Journal of Learning Disability, which is published by Pavilion. It is much read by people across all professions working in learning disability services, but the Tizard Centre keeps control of the content. The format of the main articles, which are refereed but commissioned by the editor, is that one pair of articles is written by practitioners and responded to by an academic thus placing the practice in the context of research and what is known. The second pair are academic articles responded to by practitioners.

Pavilion Publishing print a number of specialist journals targeted at management and specialist practitioners.

Recommendations:

- That a journal based on the model of that adopted by the Tizard Journal be considered, and that peer-reviewed articles be commissioned in a similar format, but with **all** articles including a commentary by people who use services.

- That the journal should be closely associated with SCIE in the manner of the Tizard Centre as above.

- That such a journal be considered for adult social care in the first instance.

Social Care Awards.

Most people see such awards as morale boosting and reaffirming for staff as well as a mechanism for promoting good practice. To raise the status of the workforce with the general public however, most people thought there needed to be a conscious communication and media strategy possibly with TV coverage. Comparison was made with the Teacher's Awards. Awards that had an element of financial reward for the service were particularly appreciated. Most of the awards described below, apart from the Health and Social Care Awards and the Beacon Council scheme attract considerable sponsorship.

There are a number of awards that attract applications from social care services.

The 'Accolades', administered by Skills for Care and supported by the GSCC, are awards which reward excellence in human resource policy and practice, training and workforce development.

The Community Care Awards are promoted by the magazine and are probably the most well known in social care. The awards reward service excellence across the UK. The awards emphasise user involvement and a special award is given to the project, which demonstrates this best. The private sector considers their projects are not given sufficient attention in the awards. Paradoxically, given the emphasis on people who use the services, the awards have been criticised by user led organisations because projects run by them do not fit easily into the categories, nor does the circulation of the magazine reach into their organisations. Winners are promoted through a follow up brochure and articles in the magazine.

The Caring Times awards are for excellence in care and contain a mix of service and individual awards. They are perceived primarily as awards for the private residential care sector, reflecting the circulation of the magazine. Winners are promoted in the magazine.

The Beacon Council scheme is highly regarded by local government. Councils are required to submit detailed applications on particular themes chosen each year by government. Councils are visited as part of the process. Winning councils are celebrated through government press release, a dissemination process is administered

by the IDeA and councils are required to hold open days. Whilst highly regarded by local councils, the awards are perceived as celebrating council rather than social care achievement, and are little known outside the local government sector.

The department of health 'Health and Social Care Awards' bring together a number of awards into one process, namely the Health awards, the Social Care Awards and the NHS Diversity awards. The social care sector views the awards as NHS awards, even though attempts have been made to involve national social care organisations in their administration and publicity, the perception remains. The private sector feels particularly excluded from the awards, which they perceive as strongly NHS and public sector focused.

Local council social care teams will also actively compete in the LGC Awards, the Municipal Journal Awards, the CIPFA/Public Finance/Cabinet Office Public Servant of the Year Awards and the Guardian Public Service Awards. Winners of these awards are promoted in the respective magazines. Similarly, more general awards for the voluntary sector also attract social care applications.

Recommendations:

There was no appetite in the sector for a new social care award scheme beyond those that already exist.

- Consideration should be given to making the social care element of the health and social care awards a distinctly separate strand marketed separately and across the whole sector.

- Consideration should be given to the administration of the social care element separately from the department of health, possibly overseen by SCIE in conjunction with the other national social care bodies (CSCI, GSCC, CSIP) and focused on good practice, including managerial practice.

- The design of the awards should focus on service excellence and be planned to attract competition equally from all sectors.

- Judging of awards should include site visits, panels/judges should be chosen from across the sector, and people who use the services.

- Consideration be given to having a national media partner to promote the success of the winners.

- That the 'Accolades' be positively promoted externally beyond the sector as part of a media strategy to raise the status of the workforce with the general public.

- That these two awards be equally promoted as the most prestigious in the sector: the gold standard.

- Celebrating success can take a number of forms. In 2001 the Prime Minister held a reception for social workers at Downing St. This was the first time such a reception had been held. There has not yet been another! A reception for people working in adult social care services would be widely appreciated.

Raising the Status?

Creating a Skills (Leadership) Academy, a Research Centre of Excellence, a Journal and Awards, which are valued in the sector, provide additional building blocks to creating a service which is respected and which is proud of its contribution.

These are, however, long term proposals.

In the short term they will not immediately impact on the reasons why social care has a low status and poor perception in the eyes of the public, namely:

- The term 'social care' is not well understood by the public.
- Reputation: the services are perceived to be of poor quality and not to offer safety to the people who rely on them.

Other measures are needed if confidence is to be restored.

Tackling these issues in the short and longer term needs a co-ordinated leadership effort at national level and which involves the national bodies set up in the Quality Strategy 2000, and at all levels of the service.

Quality Strategy for Social Care (2000)

The 'Quality Strategy for Social Care' (2000) was designed to promote excellence in social care and to deal with some of the issues which are the subject of this review. The strategy noted that 'social services could be a powerful force for good' in society, but to fulfil the role, they had to be of the highest quality throughout the country.

The strategy outlined the aspiration to ensure that social services could:

- 'promote independence, by supporting people to achieve their potential
- to strengthen families, by supporting parental responsibility
- to improve the life chances of children in need, including children in care
- were a dynamic positive force in tackling inequality and promoting social inclusion.'

The strategy set in place a 'national framework to promote excellence'. In addition to the National Care Standards Commission (created 2002, replaced in 2004 by CSCI, to be replaced in 2009 by OfCare), and the General Social Care Council, this strategy saw the

creation of the Social Care Institute for Excellence (SCIE) to draw together and disseminate what works best in social care.

The infrastructure that currently exists to support the service is:

Social Care Institute for Excellence (SCIE): knowledge, guidelines, and dissemination
Commission for Social Care Inspection (CSCI): evaluation, inspection, review, national minimum standards and promotes improvement,
Skills for Care: occupational standards for adult social care
General Social Care Council (GSCC): codes of conduct, regulation of the workforce

In 2004 the department of health created the **Care Services Improvement Partnership (CSIP)** to provide direct assistance to the service in modernising how services are delivered and to promote integrated and partnership working across health and social care.

The creation of the post **Director General of Social Care** has provided a much needed national leadership role for the service, and the interest and commitment of the **Care Services Minister** has been warmly received.

Current issues.

The sector is fragmented and there are serious barriers to creating an identity for "social care". Some barriers are attitudinal with some respondents having the view that there is a "divide" between the public and the private and voluntary sectors.

The public (including some politicians) does not know what the social care infrastructure bodies have been set up to do, nor are some significant policies well understood. For example, there are calls for a 'NICE for social care' – SCIE's role; and the public does not know that the title of social worker is protected nor that social workers can be 'struck off' for misconduct.

The work of some of the national bodies and initiatives are perceived to be biased towards the public sector.

People commented that the message of reform is not coherent across the national infrastructure bodies; it is not clear whether they have the same understanding of the reform agenda. They do not speak with one voice, it is not clear what their respective

contributions are to the reform agenda – they are perceived as competing. There is no common discourse.

There is a perception that the trade associations primarily represent the private sector and provider interests, acting as advocates for them. They are considered not to speak with one voice and some respondents thought that it would help if the trade associations could be persuaded to develop an umbrella organisation with which other bodies could communicate.

Improvement resources and modernising initiatives are perceived to focus on the public sector rather than the sector as a whole. Dissemination of good practice is not well developed across the whole sector.

People who use the service want to have more active involvement in how any initiatives are taken forward. Their voice is not loud enough in discussions on how social care should develop.

However, no-one interviewed wanted to see the current national infrastructure dismantled. There is an understanding of the struggle that the bodies have had in establishing themselves in an atmosphere of threat to their existence (especially given the examples of NCSC and CSCI). People want to see any new initiatives built on to existing institutions. In particular there was a desire to see SCIE fulfil the remit, which is still highly relevant, for which it was set up.

Improving the service.

Articulating the vision

There needs to be a concerted effort to explain in simple language what social care is and how it contributes to the national agenda both to prevent social exclusion and to lead the reform of public services. This must be a concerted effort of Ministers, the department of health, the national bodies and representative organisations including Directors of Adult Social Services.

Active promotion of current policies aimed to improve confidence in the service should be under taken – e.g. the protection of the title 'social worker'. The national bodies are best placed to do this.

- The opportunity of the CSR announcement should be taken to raise the profile of the service with a co-ordinated effort involving the national bodies and representative organisations. An article in the national press? (Link with a strategy for

improvement – see later recommendation)

- A major speech by the Chancellor or the Prime Minister on the importance of social care should actively be considered.

- Review the existing pattern of national leadership meetings. The stakeholder meetings at the department are perceived as having improved since the Director General's arrival, other top level meetings need to be given a clear focus on delivering the future.

Skills

Organisations consulted as part of this review consistently raised issues of recruitment and retention of staff, particularly of those who deliver direct care, as relevant to the poor esteem and value of the service. These issues have been much covered by other reviews and not repeated here.

However, whether the workforce has the skills to deliver the task was a recurring question. 'Options for Excellence' and the Leitch Review both argue for enhanced skills for care workers. The Leitch Review recommends a basic skill level at NVQ level three for care workers. However, some employers aim only for level two NVQ as the basic skill. Thus there is much still to do to promote qualifications with employers, now. In addition the realisation of personalised care for all is dependent on a higher level of skill than the current aspirations for the existing workforce.

The department of health has requested that Skills for Care rekindle the workforce development strategy which had been 'put on hold' whilst Options for Excellence was in development.

Care services in some parts of the country are heavily dependent on migrant workers. This brings with it problems of understanding and language – for example in simple communication with the person being cared for, in the proper administration of medication and in fire safety if signage is not multi-lingual.

- A further push to raise the basic qualifications in the workforce should be considered. Consideration also needs to be given to basic courses in the English language for immigrant workers.

- Until the general public can recognise a real push to raise the competence of the staff engaged in direct care, they are unlikely to regard it highly.

Registration.

Registration of the workforce was also perceived as important to provide a proper reassurance to the public that people not fit to practice would not be allowed to. Registration also reassures the public that staff have an appropriate qualification for the job they do and that they are continually challenged to improve.

- Aim for a totally registered workforce – the registration does not have to be with the GSCC; ways should be found of accrediting existing qualifications so that they count in the National Minimum Standards and workforce data.

- Such systems however, only reassure if the public know about and have confidence in them.

Other professionals.

The social care workforce comprises more disciplines than social work and staff with an NVQ in care. It contains OTs, physiotherapists, psychologists and so on – these professionals are not actively courted and offered positive career opportunities in social care – this should be remedied.

Options for Excellence and the Skills for Care workforce development strategy do not address the needs of this wide variety of professions, which are engaged in social care services. Promoting career opportunities in the service to these professions can also contribute to raising the status of the service by attracting professionals who already enjoy a high level of public recognition – for example occupational therapists. These professionals are also registered with their own professional bodies and contribute towards the goal of a fully registered workforce.

Because of the relatively high percentage of graduates in the population in Europe (52%) it is common to find graduates working in a wider range of social care services, such as residential care, than in the UK. It is not uncommon to find social workers working in such settings providing relationship and other psychological support. People working in social care in the UK appear to define their career path by setting rather than role. Raising the status also indicates that the service should remove some of its own perceptions about the value and hierarchy of certain types of work.

Some graduates with specialist qualifications – for example in learning disability, who work in residential care services in the UK are not 'counted' as qualified staff – even though they probably have more skills than care workers with NVQ qualifications. Such anomalies should be removed.

- Opportunities for other disciplines to work in social care services, whilst not diluting a specific professional social work contribution, should be actively promoted.

New types of worker

Pilot projects to identify whether there is a place in the service for roles, which straddle health and social care, are ongoing and being evaluated. Such roles were first proposed in the Griffiths report, which led to the Community Care reforms that were initiated in 1991. Sir Roy Griffiths outlined a role for a generic Community Care Worker, which combined domiciliary care, health care assistance and enablement, tasks in one job description. Such Community Care workers could work in the community or in residential care.

- Consideration should be given to the early implementation of roles such as Community Care Worker, which could be registered with the GSCC.

Quality of provision.

Social Care is not well regarded by the public because of the quality of the services on offer. The public perceives the current set of National Minimum Standards as below an acceptable standard. The introduction of quality ratings by CSCI should help people to discriminate between services and serve as a lever to raise quality.

Where public services are seen to be below an acceptable standard a range of improvement resources can be made available. However, such support to improve capacity is not widely or freely available in the private and the voluntary sector.

Regulated services are now required to produce an annual quality assurance assessment outlining how providers intend to improve their services or address quality issues they have identified. Some councils already use tools provided by CSCI to identify an improvement agenda for local services – setting up seminars on key issues whilst funding back up staff from various training grants to ensure rotas are covered. Other councils employ a care services

development worker to work with providers on key issues arising from inspection.

- DASSs who have a role to maintain the quality of social care in their area should actively consider such improvement strategies locally as part of their commissioning role.

Transformation Agenda

Both the health and the education services have developed effective models to challenge and transform services. The primary care collaboratives developed by Dr John Oldham and the Schools Remodelling programme developed by Dame Pat Collarbone are two examples of 'change agents' working within the service through change management and organisational development strategies to transform service delivery. The challenge to deliver personalised care in order to promote independence, control and inclusion requires a step change in the way the service is organised and delivered.

- The department should consider how its current capacity building resources might be used systematically to help the service improve using such improvement models. Exhortation on its own is unlikely to be effective!

In conclusion

Bearing in mind the recommendations of this review, active consideration should be given to the launch of a national, co-ordinated improvement strategy for social care involving the national bodies for social care and representative organisations, including people who use the service, as part of the CSR announcement and the initiative to promote the importance of social care.

Dame Denise Platt
Chair Commission for Social Care Inspection
April 2007

SUMMARY OF RECOMMENDATIONS

A Skills Academy for Leadership, Commissioning and Management.

The department of health with the DfES, and building on the work of Skills for Care, should actively consider the creation of a Skills Academy for Social Care to develop skills in leadership, commissioning and management across the whole social care sector.

The Skills Academy should have an ambitious aim linked to the purpose of the service itself, it should inspire and motivate people to want to lead social care services, it should aim for leaders in social care to be the best leaders in the public service! Therefore:

- It is necessary to articulate that the purpose of a skills academy for social care is to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships ***by developing world class practice leaders, service leaders, system leaders, and future leaders across the whole sector of social care.***

- The goals of such an Academy should be to:

- Transform the lives of people who rely on social care services through excellent leadership of the service;
- To develop leadership across the public, private and voluntary sectors of social care;
- To identify and grow leaders in all parts of the sector;
- To create a 'fit for purpose' academy.

The structure proposed by Skills for Care for the development of a virtual Skills Academy for social care appears sound and a practical way to proceed, however:

- The Academy should have a clear named identity separate from Skills for Care, even if federated to Skills for Care and supported administratively by it.

- Skills for Care should be requested to set up a high level steering group, jointly with SCIE, and including the ADASS, independent sector representative organisations such as ECCA, UKHCA, ACEVO and groups representative of those who use the service, to oversee the process of development of the Academy. This

steering group might ultimately become the Board of the Academy.

- This steering group should develop a leadership framework to encompass the needs of the whole sector, and consider how to accredit courses provided by others as well as creating the new hubs. This would allow those courses which different parts of the sector consider important and relevant to them to continue, but within a new framework. Developing a database of existing leadership courses could be done relatively quickly.

- Consideration should be given to making all programmes available to the whole sector.

- The proposed academy should make links with existing leadership academies and seek joint programmes where possible and where the contribution of social care is not diluted. For example, there is benefit for DASSs to participate in programmes for council Chief Executives. The academy might also arrange access to specialist courses run by other professional associations, for example, the Institute of Directors.

- The Academy should serve the needs of those about to take on their first leadership role as well as well as the needs of those who are experienced in the service.

- All DASSs should within three years of appointment complete an accredited programme specifically designed for social care services.

- Consideration is given to the proposal that all future DASSs should have attended such programmes before appointment.

A Research Centre of Excellence

- The discussion (concerning a new Research Centre), which is ongoing, within the department of health, needs to be aired more fully before any proposals to create a Research Centre of Excellence can be developed.

- The draft research strategy being developed by the department of health needs to be reassessed to take account of the totality of the social care sector.

- The Nuffield project to identify funding sources for social care research should be pursued.

- There are key areas of knowledge, which need to be informed by research, if social care in the 21st Century is to make an impact. Some of these are:

- Models of personalised care – a concept which is recognised internationally and where such collaboration might be possible.
- Effective models of commissioning.
- Effective models of brokerage and advocacy
- The effective role of social work and relationship support in adult social care
- Effective models of user managed services

A virtual Centre of Excellence or research collaborative to pursue these themes and others from the White Paper 'Our health, our care our say', should be considered. Such a virtual centre/collaborative would need new resources.

Dissemination.

- SCIE should be encouraged to give a higher profile to its dissemination role, particularly in respect of adult social care.

- SCIE should be asked to develop proposals to collect information and provide co-ordination of the existing collaboratives and reach joint agreement on what constitutes good practice and how it will be promoted.

- Similarly, SCIE be asked to identify the reach, and therefore the gaps in coverage of the good practice networks that currently exist and consider how such gaps might be closed.

- SCIE should develop a closer relationship with the Care Services Improvement Partnership (CSIP) to agree priorities for service development, taking account of both research and inspection findings, and assist the service to take on board best practice.

- SCIE should consider how all parts of the sector, including the private and the voluntary sector can be facilitated to take best practice on board.

- SCIE should be requested to make appropriate links with good practice networks in children's services to avoid overlap and duplication of effort.

- The National Institute for Health and Clinical Excellence is valued for the guidance it gives to the service. It is also valued for what it tells the health service **not** to do because it is ineffective. Such advice (on what not to do) from SCIE would be similarly welcome.

A prestigious journal.

- That a journal based on the model of that adopted by the Tizard Journal be considered, and that peer-reviewed articles be commissioned in a similar format, but with **all** articles including a commentary by people who use services.

- That the journal should be closely associated with SCIE in the manner of the Tizard Centre as above.

- That such a journal be considered for adult social care in the first instance.

Social Care Awards.

There was no appetite in the sector for a new social care award scheme beyond those that already exist.

- Consideration should be given to making the social care element of the health and social care awards a distinctly separate strand marketed separately and across the whole sector.

- Consideration should be given to the administration of the social care element separately from the department of health, possibly overseen by SCIE in conjunction with the other national social care bodies (CSCI, GSCC, CSIP) and focused on good practice, including managerial practice.

- The design of the awards should focus on service excellence and be planned to attract competition equally from all sectors.

- Judging of awards should include site visits, panels/judges should be chosen from across the sector, and people who use the services.

- Consideration be given to having a national media partner to promote the success of the winners.

- That the 'Accolades' be positively promoted externally beyond the sector as part of a media strategy to raise the status of the workforce with the general public.

- That these two awards be equally promoted as the most prestigious in the sector: the gold standard.

- Celebrating success can take a number of forms. In 2001 the Prime Minister held a reception for social workers at Downing St. This was the first time such a reception had been held. There has not yet been another! A reception for people working in adult social care services would be widely appreciated.

Improving the service.

Articulating the vision

- The opportunity of the CSR announcement should be taken to raise the profile of the service with a co-ordinated effort involving the national bodies and representative organisations. An article in the national press? (Link with a strategy for improvement – see later recommendation)

- A major speech by the Chancellor or the Prime Minister on the importance of social care should actively be considered.

- Review the existing pattern of national leadership meetings. The stakeholder meetings at the department are perceived as having improved since the Director General's arrival, other top level meetings need to be given a clear focus on delivering the future.

Skills

- A further push to raise the basic qualifications in the workforce should be considered. Consideration also needs to be given to basic courses in the English language for immigrant workers.

- Until the general public can recognise a real push to raise the competence of the staff engaged in direct care, they are unlikely to regard it highly.

Registration.

- Aim for a totally registered workforce – the registration does not have to be with the GSCC; ways should be found of accrediting existing qualifications so that they count in the National Minimum Standards and workforce data.

- Such systems however, only reassure if the public know about and have confidence in them.

Other professionals.

- Opportunities for other disciplines to work in social care services, whilst not diluting a specific professional social work contribution, should be actively promoted.

New types of worker

- Consideration should be given to the early implementation of roles such as Community Care Worker, which could be registered with the GSCC.

Quality of provision.

- DASSs who have a role to maintain the quality of social care in their area should actively consider such (independent sector) improvement strategies locally as part of their commissioning role.

Transformation Agenda

- The department should consider how its current capacity building resources might be used systematically to help the service improve using such (remodelling) improvement models. Exhortation on its own is unlikely to be effective!

Bearing in mind the recommendations of this review, active consideration should be given to the launch of a national, co-ordinated improvement strategy for social care involving the national bodies for social care and representative organisations, including people who use the service, as part of the CSR announcement and the initiative to promote the importance of social care.

April 2007.