THE CARE CERTIFICATE 2015: ARE WE PREPARED?

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Important policy developments in social care

- Funding cuts
  - Commissioning process
  - Minimising cost and implications on how social care is provided

- The personalisation agenda
  - Diversifying the role and requirement from social care workers

- Outsourcing
  - Increased reliance on the private for-profit sector
  - Wages are a major cost
  - Implications on training and support provision
Recruitment to the social care sector

- Exponential growth in demand
- Limited qualifications requirements- importance of ‘soft skills’
- Low wages
- High vacancy and turnover rates
- Most motivated to ‘help others’ but some might be looking for ‘any’ job
- Women’s work – female dominated
- Large contribution from migrant workers
What social care workers do

- Provide care at people’s own homes, residential homes or in the wider community
- Receive low wages, with the National Minimum Wage being the reference point
- Increasingly provide care within limited time and away from support
- Different roles especially Personal Assistants

- Care workers are expected to:
  - have awareness of certain conditions e.g. Dementia
  - Be able to assist people with complex needs
  - Be able to seek help when needed
  - Respect the wishes of users and their dignity
  - Some would perform tasks usually expected from nurses
How to prepare social care workers?

- At the point of recruitment
  - Interview
  - Police checks
  - References
- Induction
- Continuous training and ‘refresher’ courses
  - Task oriented
  - Conduct
  - Communication
- Supervisory and co-workers’ support

In social care, it was felt that staff needed to learn how to build relationships with each individual they care for, not just focus on a list of tasks performed mechanically. The future workforce will need not just to be “competent”, but to start learning from their first day about how to act with compassion and respect

(Cavendish Review, 2013)
Current state of induction and training

- Common Induction Standard (CIS) induction should be offered to everyone
- In reality, induction is very variable across providers
- Some start with no formal training
- Indications of lack of training in some areas e.g. dementia awareness, mental capacity issues and communication skills

<table>
<thead>
<tr>
<th>Induction/training</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>No induction</td>
<td>5%</td>
</tr>
<tr>
<td>Formal induction</td>
<td>68%</td>
</tr>
<tr>
<td>Informal induction from co-workers</td>
<td>24%</td>
</tr>
<tr>
<td>Web/paper based induction</td>
<td>4%</td>
</tr>
<tr>
<td>Never heard of Common Induction Standards</td>
<td>62%</td>
</tr>
</tbody>
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Source: Longitudinal Care Work Study (LoCS), SCWRU, King’s College London. The same study showed increased level of induction but a reduction in specific training from 2010 to 2012
How can the Care Certificate help?

• Will build on existing Common Induction Standard and Minimum training standard to reduce duplication
• Ensures a minimum level of training during the early stage post recruitment
• Will help bridge the gap between health and care
• Will be transferable between the two sector thus potentially enhancing retention

• Camilla Cavendish's review called for workers in England to be given at least two weeks' training to prepare them for providing basic care in hospitals, care homes and for patients in their homes.
Challenges in implementing the care certificate

• How to ensure the content and delivery is consistent across providers?
• Continuous training and ensuring workers already in the job receive at least the same certificate
• The need for further training
• Impact of funding challenges and outsourcing, how to priorities training within tight budgets?

We weren’t given any training or supervision or support around that [mental health issues]. A lot of it is really kind of like, to be honest, it sometimes feels a bit like a cowboy operation. A bit like sort of like...like plastering over things that really need kind of a lot of attention

(Care worker, LoCS)
Future steps building on the certificate

• Ensuring ‘all’ care workers are trained- including personal assistants (PA)
• Attaching financial incentives for further transferable qualifications for example QCF level 2 Diploma
• Further opportunities to integrate health and social care workforce
• Create clearer workforce development pathways to attract and retain wider range of workers

[As a self-employed PA] You have to pay for your training. Yes, it’s £12 an hour, but you have got to pay for your insurance and your public liability insurance

(PA, LoCS)
Conclusion and discussion

• The Care Certificate offers many opportunities and addresses current gaps
• There is a need to appreciate the diversity in training and induction provision across individual employers
• To be effective, it is important to ensure the content and quality of delivery is consistent across all providers
• Further steps to integrate the health and care workforce are needed given the increased complexities of needs
• Funding opportunities and support for workforce development are important to consider
Acknowledgment and disclaimer

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Thank you for listening

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