the social work task force report - implications for social work in adult social care

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1. Introduction: Purpose of the discussion paper

The Social Work Task Force, chaired by Moira Gibb CBE, Chief Executive of Camden Borough Council, is an expert group of 17 members, jointly appointed by the Secretaries of State for Health, and Children, Schools and Families, to advise the government on social work reform. The Task Force formed a Key Partners Group and a Practitioners Reference Group to test out its draft recommendations. Its Final Report was issued at the end of November 2009.

The Task Force Report’s recommendations are at a broad strategic level and are intended for all social workers in England, both in children’s services and adult services. Consequently, the need arises to ‘customise’ its recommendations to the requirements of social workers in adult social care. A recent policy document, Working to Put People First: The Strategy for the Adult Social Care Workforce in England (Department of Health, 23 April 2009), can help in achieving this customisation. The current projects of the East Midlands Joint Improvement Partnership for Adult Services (JIP) are also significant considerations for customising the Task Force recommendations to the roles.

This discussion paper considers first the Task Force recommendations, and then considers the DH workforce strategy, Roles and Tasks of Social Workers, and the East Midlands JIP projects in relation to Task Force Report. The conclusion summarises the significant points and suggests future actions. The Task Force recommendations are summarised in the Appendix in two comparative grids which indicate (in abbreviated format) how these recommendations link to the workforce strategy and the work of the JIP.
2. Summary of Building a safe, confident future.
The final report of the Social Work Task Force: November 2009

The Report makes fifteen comprehensive recommendations. The Task Force recommends a reformed system of initial training and education for social workers; clear, universal and binding standards for employers; a dedicated programme of training and support for managers of frontline social workers; a single, nationally recognised career structure; a national framework for the continuing professional development of social workers; a new system for forecasting levels of demand for social workers; introducing a license to practise, a new programme of action on public understanding of social work; and a single national reform programme for social work. (For a list of all the recommendations, see the grid at 7).

- The recommendations are intended for all stakeholders concerned with the social work profession, both adult services and children’s services.
- The government has accepted the recommendations in the Report.
- The Task Force recommendations will benefit present-day students and social work practitioners as well as future social workers.
- The qualifications of currently practising social workers should continue to be valued.
- A new Reform Board will develop and oversee an implementation plan from early 2010.
- Resources will be required for successful implementation, but as well, a high standard of leadership will be needed to ensure that all stakeholders (government, professional associations, regulatory bodies, practitioners, employers, higher education, and service users) collaborate and work constructively on a national basis for successful implementation.
- Up to five years of collaborative working on a national basis must be allowed to achieve the reforms.
- An agreed time line of activity is needed.
- The recent economic downturn and possible political change will impact on progress.
- Representation of key people from constituent stakeholder organisations on the Reform Board and on its working groups is essential to ensure successful implementation.
- Communication to and from the Reform Board to stakeholder organisations is essential.
The strategy has six key priorities:

1. **Leadership** Effective management and commissioning skills are crucial to transforming adult social care. New cadres of leadership talent need to be developed.

2. **Recruitment and retention** More must be done to recruit and retain quality staff and to continue to raise the profile of social care.

3. **Workforce remodelling and commissioning** Everyone will need to make personalised services the norm. Personalisation will require more sophisticated workforce commissioning which looks at the aggregation of individual choices by people using services and makes more explicit links with other sectors. Social workers will continue to play a key role in early intervention, promoting inclusion and developing social capital as well as safeguarding adults in vulnerable circumstances.

4. **Workforce development** should aim to create a more confident, empowered and diverse workforce with increasingly sophisticated skills to secure the dignity, quality of services and quality of life of people receiving social care. The workforce will need to be appropriately skilled and equipped to respond to care needs arising from the anticipated increase in long-term and complex conditions associated with changes in society. Social care leaders and employers must therefore work together to deliver effective initial, professional, vocational and post-qualifying learning and development and agree the best ways to achieve improvements in capacity, skills, and competence.

5. **Joint and integrated working between social and health care and other services** People who use services must be assured that the workforce will work across organisational boundaries including health, housing, employment and transport.

6. **Regulation, assuring public safety and raising standards of care in the social care workforce** will be implemented by employers and through professional regulation by the General Social Care Council (GSCC) and through service regulation by the new Care Quality Commission (CQC). All social workers and social work students are now registered with the GSCC. The GSCC was expected to open a voluntary register of home care workers from early 2010, initially on a voluntary basis, but the Department of Health and the GSCC have postponed this.

The Transformation of adult social care towards co-production, self directed care and personalisation requires staff to develop different thinking, values and attitudes; and requires organisational structures and services to change.

- The skills and knowledge required by the social care workforce, including social workers, must be able to respond to and understand the key needs of people with increasingly complex age related and longer term health and care needs.

- The priorities are intended for the entire social care workforce, not just social workers, but the Strategy’s overall aims are compatible with social work’s professional role.

- The breadth of the many different roles within social care makes it difficult to grasp the specific development needs of a particular role like social work.

- Social workers are a small professional minority within the social care workforce, and comprise the only registered social care staff at present.
Skills for Care is working to promote the status of social care workers, including developing a Foundation Degree (FD) framework for social care workers. Nationally at present four projects to help develop the Foundation Degree framework are at implementation stage. The University of Northampton is running one of these pilots. This year should see progress towards developing a FD framework although it will not be mapped to the new Qualification Credit framework until 2013.

Social work is mentioned specifically in only one priority (workforce remodelling): social work is seen as having ‘a central role in delivering personalised services’; social workers ‘will continue to play a key role in early intervention, promoting inclusion and developing social capital as well as safeguarding adults in vulnerable circumstances.’ However, although mentioned in only one priority, social work cuts across and is fundamental to delivery of all priorities and therefore it plays a central role for workforce remodelling. The skills of social workers include identifying models of intervention and working through with people the outcomes to be achieved, undertaking navigator and brokerage roles, and supporting self-assessment.

The Strategy states that social workers in adult social care should have an understanding of children, families and social networks, not just of the specific needs of adults.

Safeguarding adults in vulnerable circumstances is a key responsibility for social workers, but their roles should not be reduced to safeguarding alone. Social workers’ roles in early intervention, promoting inclusion and developing social capital were explicit in the Adult Workforce Strategy.

Considerable synergy and correspondence are evident between the Strategy’s priorities and the Task Force recommendations, for example, both accept the Laming Progress Report’s recommendations for supervision of social workers; both express support for continuing professional development for social workers, for practice learning, and for the programme for newly qualified social workers (NQSW).

The Strategy mentions a review of the functions of the Social Care Institute of Excellence, Skills for Care and the General Social Care Council; recognises the need for strong regulation, and accepts the need to review and revise the Codes of Practice.
4. Summary of work of the East Midlands Joint Improvement Partnership for Adult Services

The Department of Health has designated a Deputy Regional Director for Social Care in each region, who leads a small team of staff to support the Transformation programme in social care. The East Midlands Social Care and Partnerships Team, part of the East Midlands Public Health and Social Care Directorate, is based in the East Midlands government office, although not part of regional government. The team has a close working relationship with colleagues in the Government Office and other partners, including service users, carers, the NHS and service providers. Its overall purpose is to promote improvement across social care and heath. It works closely with local authorities to provide targeted support, using the Department of Health’s regional funding and resources; support delivery of Local Area Agreement (LAA) priorities and targets; and jointly commission improvement activity with the East Midlands Joint Improvement Partnership. Its main function is to support the implementation of national strategies across social care; promote collaborative working with health; and seek performance and efficiency savings through collaborative working.

1. Personalisation, through Transformation of Adult Social Care through Putting People First, the overall transformation strategy that promotes Personalisation by means of personalised services [including personal budgets], investment in cost-effective preventive services, provision of information and advice about choices, and increased choice and quality of care services. During 2009-10, the priorities of developing efficient systems and processes; increasing numbers of people with mental ill-health accessing services; and developing co-production were identified. Transformation also includes the National Carers Strategy (2008) which aims to offer more integrated and personalised support service for carers through accessible information, training for staff, increased breaks, health checks, etc.

2. Prevention and Early Intervention, which includes Living Well with Dementia, the National Dementia Strategy, that aims to improve access to information and advice, early diagnosis and intervention, and improved quality of care; and programmes that support people’s independence in collaboration with NHS preventive services [reducing risk of falls, crisis response, etc].

3. Safeguarding and Dignity, which includes liaison and advice to local authorities and primary care trusts with regard to statutory responsibilities under the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards; and Dignity in Care, which aims to increase the regional number of Dignity in Care champions, and provide the key link between local forums and the national programme.
4. Workforce and Leadership, which is led by Skills for Care and involves working with adult social care departments to implement the workforce strategy Putting People First across the whole adult social care sector. Using information from the National Minimum Data Set for Social Care (NMDS-SC) as the cornerstone for workforce intelligence, which in turn provides the basis for each Local Authority to develop localised workforce strategies that will support the process of workforce planning and workforce remodelling. It provides a key link between the statutory, independent and health sectors.

5. Commissioning and market development, which includes shaping the personalisation market with the voluntary and independent sector, with learning disability services, business/service development, developing a care funding calculator and procurement exercise on high needs placements to improve quality and reduce escalating costs, and market development for adult services in the future.

6. Valuing People Now (VPN), which is a three year strategy for people with learning disabilities that features person centred plans, access to health, jobs and homes. Its current priorities are to increase the number of people with learning disabilities in employment, and the number of those who have good quality person-centred plans. There is no formal learning disability JIP board, although when the VPN strategy was published one of the conditions was to develop a regional VPN board. There is also in existence a network of learning disability partnership boards, whose chairs meet on a regular basis with the VPN support team.

7. Performance, which includes working with adult social care departments to improve services, and support the JIP Strategic Board, with priorities to improve data to inform improvements and strategic commissioning.

- Personalisation and transformation are key themes which link strongly to the Workforce Strategy.
- Synergy is evident with the priorities of the NHS primary care trusts (e.g. commissioning, dementia, prevention).
- The focus on improvement supports the Task Force recommendation for raised standards for social workers and for increased regulation.
- The JIP’s areas of focus suggest themes for the social work curriculum in initial training and in continuing professional development, and for shaping their roles in adult social care.
- Safeguarding and dignity comprise a focus shared across the workforce strategy and the Task Force Report. Social workers have engaged with people with learning disabilities.
- The JIP’s areas of focus will transform all roles within the adult social care workforce, not just social workers.
- The programmes of improvement will require consideration of social workers’ roles.
- Achieving efficiency is seen as important as improved quality, with the areas of focus attempting to find economies whilst performance and outcomes are improved.
5. Summary of Consultation Paper on Roles and Tasks of Social Workers in England

In 2007 a Consultation Paper on Roles and Tasks of Social Workers in England was published by a team from General Social Care Council (GSCC), Social Care Institute for Excellence (SCIE), Children’s Workforce Development Council (CWDC), the Commission for Social Care Inspection (CSCI) and Skills for Care (SfC). The Roles and Tasks paper, which was updated and subject to further consultation in 2009, supports the goals of Transformation, arguing, in summary, that social work should place the service user at the centre of everything it does, and help people transform and change their lives. The Paper states that professional social work is an integral part of the structure of social care in England and argues that in a range of complex situations, social work is the most appropriate and effective professional discipline to deploy, for example, where the child or adult is at risk of significant harm from others or themselves and requires skilled risk assessment and protection. Children, adults and families using services are said to value social work when it maximises their potential, enables them to make informed choices, achieve and sustain independent living, self-assessment, direct payments, individual budgets, self-directed support and other means. Reserving certain roles and tasks to be carried out only by registered social workers may be necessary to protect people, families and the community from significant harm or unacceptable levels of risk. The Paper goes on to say, however, that social workers should not take over tasks people and families can do for themselves, and in direct work with people and families, social workers should not have to work on tasks others could undertake, unless they are integral to building or maintaining therapeutic relationships or delivering outcomes. Social work time and effort should not be diverted to tasks more appropriate to skilled administrators, better IT, and more efficient support and information systems. The Task Force Report will implement many of the conclusions of the Roles and Tasks Paper, and the Paper generally supports the vision of the Adult Social Care Work Force Strategy. The consultation paper can be found on the Skills for Care website.
6. Conclusions and recommendations

A Reform Board, chaired by Moira Gibb, will implement the Task Force recommendations over five years. A number of working groups will report to the Board and these will include an Education Working Group (to address entry criteria, curriculum and delivery of initial education, placements, and regulation); a Career Working Group (to address Assessed Year in Employment, programmes for front line managers, Continuing Professional Development (CPD), and a career structure); and an Employers Standard Working Group (to address establishing a clear standard for support and supervision). The Grids in the Appendices indicate considerable synergy between the Task Force recommendations, the priorities of the adult social care workforce strategy and the East Midlands JIP’s areas of focus. Resources will be required for all the recommendations. Some resources may be moved around; e.g., only high calibre entrants to the social work degree might receive bursaries, and resources might be shifted to postgraduate initial training courses. The Social Care Institute of Excellence, Skills for Care and the General Social Services Council may not continue as separate organisations alongside a new national College. The Task Force recommends a generic initial degree with a specialised Assessed Year in Employment (AYE) and CPD framework. Total specialisation for initial training would be impractical, and probably would result in closure of some degree programmes, as well as cutting off much of the supply of social workers for adult services. The development of a CPD framework that includes post qualifying awards provides an opportunity for less complex, more cost effective further specialist training.

A key issue for adult social care is to consider the roles of social workers and the roles of social care workers together rather than separately. These roles should enhance each other. As noted, Skills for Care has been concerned to promote and develop the skills of social care workers, and more social care workers in new roles will be needed within the Transformation process. The reform of social work will be a reality that has the potential to benefit the Transformation of adult social care. A question to address is how an enhanced higher quality social work profession can contribute to the upskilling of social care.

- Adult social care employers should seek active representation on the Reform Board and its constituent working groups, to ensure that the workforce strategy and the regional JIP priorities influence the reforms.
- Employers may wish to focus on the proposed career structure and explore how this might work within adult social care, particularly the roles of social workers within a skill mix team.
- More work is needed to determine the respective roles of social workers and social care workers in adult social care, and how their roles can complement each other.
- Employers may wish to explore how the proposed social worker roles in the career structure (particularly the mentoring role of the practice educator) might support and enhance the quality of social care workers in a skill mix team.
- Mental health social workers who are employed by NHS Trusts might have more career opportunities if their roles were included in a recognised career structure.
- Workforce planning of social worker supply in adult services should take note of the workforce strategy priority for remodelling the workforce.
- The JIP’s areas of focus should feed into an overhauled curriculum both at initial qualifying level and continuing professional development level.
### Task Force Recommendation

<table>
<thead>
<tr>
<th>Task Force Recommendation</th>
<th>Key priorities of the DH Strategy for the Adult Social Care Workforce in England</th>
<th>Areas of focus for the East Midlands Joint Improvement Plan</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>R.1 Calibre of Entrants: Those criteria governing the calibre of entrants to social work education and training be strengthened.</td>
<td>KP2 Recruitment and retention; KP4 Workforce development; KP6 Regulation for quality</td>
<td>Performance improvement</td>
<td>Raised entry standards may affect entry of social care employees to ‘grow your own’ qualifying courses. Employers may wish to consider alternative training for some employees (e.g. Foundation Degrees).</td>
</tr>
<tr>
<td>R.2 Curriculum and Delivery: an overhaul of the content and delivery of social work degree courses, to include areas of knowledge and skills not being covered to the right depth, including assessment frameworks; risk analysis; communication skills; managing conflict and hostility; working with other professionals, partnerships between employers and providers, and an understanding of the research legislation and policy basis for practice.</td>
<td>KP3 Workforce remodelling; KP4 Workforce development; KP5 Joint and integrated working KP6 Regulation for quality</td>
<td>Personalisation, including Transformation; Safeguarding and dignity of adults; mental health, learning disability, disability, older people, dementia, carers strategy, co-production; End of Life, dignity, prevention and early intervention; transition between children’s services and adult services.</td>
<td>The regional ADASS and JIP may wish to contribute suggestions for overhaul of degree course content that are essential for effective practice in adult the social care, may need to consider how they effectively engage in partnerships with degree programmes.</td>
</tr>
<tr>
<td>R.3 Practice Placements: that New arrangements be put in place to provide sufficient high quality practice placements, which are properly supervised and assessed, for all social work students.</td>
<td>KP6 Regulation for quality</td>
<td>Performance improvement. High quality placements in statutory adult social care settings should provide students with practice experience in the areas above.</td>
<td>Provision of high quality placements in adult social care will contribute to performance improvement of social workers. Employers may need to consider strategies for practice learning provision in local authorities.</td>
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<tr>
<td>R.4 Assessed Year in Employment: the creation of an assessed and supported year in employment [AYE] as the final stage in becoming a social worker.</td>
<td>KP3 workforce remodelling; KP4 Workforce development</td>
<td>Performance improvement.</td>
<td>The AYE will require resources and employers may wish to consider this in the light of workforce planning.</td>
</tr>
<tr>
<td>R.5 Regulation of Social Work Education: more transparent and effective regulation of social work education to give greater assurance of consistency and quality.</td>
<td>KP4 Workforce development; KP6 Regulation for quality</td>
<td>Performance improvement.</td>
<td>Employers will be able to have greater confidence in social work education and to discern the differences between courses.</td>
</tr>
<tr>
<td>R.6 Standard for Employers: the development of a clear national standard for the support social workers should expect from their employers in order to do their jobs effectively.</td>
<td>KP2 Recruitment and retention, career pathways KP4 Workforce development</td>
<td>Performance improvement.</td>
<td>This will require substantial resources and will pose a risk to reputation if standards are not met. Employers may need to self-audit against any new standards that are formulated.</td>
</tr>
<tr>
<td>R.7 Supervision: the new standard for employers should be supported by clear national requirements for the supervision of social workers.</td>
<td>KP3 Workforce remodelling; KP4 Workforce development</td>
<td>Performance improvement.</td>
<td>This will require resources but will be a strong factor in driving up standards and increasing retention.</td>
</tr>
<tr>
<td>R.8 Front Line Management: the creation of dedicated programmes of training and support for front line social work managers.</td>
<td>KP1 Leadership; KP3 Workforce remodelling; KP4 Workforce development</td>
<td>Performance improvement.</td>
<td>This will require resources but will be a strong factor in driving up standards and increasing retention. One approach may be to map forms of management training for social work managers across the region.</td>
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<tr>
<td>R.9 Continuing Professional Development: the creation of a more coherent and effective national framework for the continuing professional development of social workers, along with mechanisms to encourage a shift in culture which raises expectations of an entitlement to ongoing learning and development. [The CPD framework would build on and include PQ. The recommendations support the recommendation for a Master in Social Work programme, and they also mention the availability of doctoral studies, particularly in conjunction with preparing future social work academics.]</td>
<td>KP2 Recruitment and retention; KP3 Workforce remodelling; KP4 Workforce development; KP5 Joint and integrated working</td>
<td>Performance improvement.</td>
<td>This will require resources but will be a strong factor in driving up standards and increasing retention.</td>
</tr>
<tr>
<td>R.10 National Career Structure: the creation of a single, nationally recognised career structure for social work. [Social work student › probationary social worker › licensed social worker › senior licensed social worker › advanced professional or practice educator or social work manager].</td>
<td>KP2 Recruitment, retention KP3 Workforce remodelling</td>
<td>Performance improvement.</td>
<td>Employers will need to consider implications for resources, quality, and practice innovation of the proposed career structure and how it can drive up standards.</td>
</tr>
<tr>
<td>R.11 National College of Social Work: the creation of an independent national college of social work developed and led by social workers.</td>
<td>KP1 Leadership; KP6 Regulation</td>
<td>Performance improvement.</td>
<td>This will introduce an independent voice for social workers. Its possible role in regulation is not yet determined.</td>
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<tr>
<td>R.12 Public Understanding: a new programme of action on public understanding of social work.</td>
<td>KP2 Recruitment and retention</td>
<td>Performance improvement.</td>
<td>The College may provide the main vehicle of increasing public understanding.</td>
</tr>
<tr>
<td>R.13 Licence to Practise: the development of a licence to practise system for social workers.</td>
<td>KP6 Regulation</td>
<td>Performance improvement.</td>
<td>This will drive up standards but require resources.</td>
</tr>
<tr>
<td>R.14 Social Worker Supply: a new system for forecasting levels of supply and demand for social workers.</td>
<td>KP2 Recruitment and retention; KP3 Workforce remodelling; recruitment and retention</td>
<td>Performance improvement.</td>
<td>This should be a national system but also regional and local. Establishing a supply system may not be possible until a career structure is agreed. The implications of social workers practising in skill mix multi professional teams must be considered.</td>
</tr>
<tr>
<td>R.15 National Reform Programme: the creation of a single national reform programme for social work.</td>
<td>All six priorities</td>
<td>Performance improvement.</td>
<td>It is in the interest of adult social care employers to gain representation on the Reform Board and its constituent groups.</td>
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</table>
8. Appendix B Linking the fifteen Task Force recommendations and the six Adult Workforce Strategy key priorities to the work of specific JIP Boards

<table>
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<tr>
<th>Task Force Recommendations</th>
<th>Adult Workforce Strategy report</th>
<th>JIP Board for which these may be relevant</th>
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</thead>
<tbody>
<tr>
<td>R1. Calibre of Entrants</td>
<td>KP2 Recruitment and retention; KP4 Workforce development; KP6 Regulation</td>
<td>PB4, PB7</td>
</tr>
<tr>
<td>R.2 Curriculum and Delivery</td>
<td>KP3 Workforce remodelling; KP4 Workforce development; KP5 Joint and integrated working; KP6 Regulation for quality</td>
<td>PB1, PB2, PB3, PB6, PB7</td>
</tr>
<tr>
<td>R.3 Practice Placements</td>
<td>KP6 Regulation for quality</td>
<td>PB1, PB2, PB3, PB6, PB7</td>
</tr>
<tr>
<td>R.4 Assessed Year in Employment</td>
<td>KP3 workforce remodelling; KP4 Workforce development</td>
<td>PB1, PB2, PB3, PB4, PB6, PB7</td>
</tr>
<tr>
<td>R.5 Regulation of Social Work Education</td>
<td>KP4 Workforce development; KP6 Regulation for quality</td>
<td>PB7</td>
</tr>
<tr>
<td>R.6 Standard for Employers</td>
<td>KP2 Recruitment and retention; KP4 Workforce development</td>
<td>PB4, PB7</td>
</tr>
<tr>
<td>R.7 Supervision</td>
<td>KP3 Workforce remodelling; KP4 Workforce development</td>
<td>PB4</td>
</tr>
<tr>
<td>R.8 Front Line Management</td>
<td>KP1 Leadership; KP3 Workforce remodelling; KP4 Workforce development</td>
<td>PB4, PB7</td>
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<td>R.9 Continuing Professional Development</td>
<td>KP2 Recruitment and retention; KP3 Workforce remodelling; KP4 Workforce development; KP5 Joint and integrated working</td>
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</tr>
<tr>
<td>R.10 National Career Structure</td>
<td>KP2 Recruitment, retention; KP3 Workforce remodelling</td>
<td>PB4, PB7</td>
</tr>
<tr>
<td>R.11 National College of Social Work</td>
<td>KP1 Leadership; KP6 Regulation</td>
<td>PB4, PB7</td>
</tr>
<tr>
<td>R.12 Public Understanding</td>
<td>KP2 Recruitment and retention</td>
<td>PB7</td>
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<td>R.14 Social Worker Supply</td>
<td>KP2 Recruitment and retention; KP3 Workforce remodelling</td>
<td>PB4, PB5, PB7</td>
</tr>
<tr>
<td>R.15 National Reform Programme</td>
<td>All six priorities</td>
<td>PB1, 2, 3, 4, 5, 6, 7</td>
</tr>
</tbody>
</table>

PB1 Personalisation, including Transformation, mental health, carers’ strategy
PB2 Prevention and early intervention
PB3 Safeguarding and dignity
PB4 Workforce and leadership
PB5 Commissioning and market development
PB6 Valuing people now
PB7 Performance improvement
The views expressed in this paper are based on the writer’s reflections on a range of contemporary policy, practice and research, but do not represent the views or policies of any organisation. The paper is intended to stimulate discussion and further debate rather than to promote a definitive position.

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