

Modernising the Social Care Workforce – the first national training strategy for England was approved by the TOPSS England board in April 2000 following public consultation and subsequently received ministerial endorsement. There are three levels of documentation available: the overall training strategy document; the **Supplementary Reports** to the strategy (of which this is one) – one for each workforce area covered, giving detail of the research underlying the strategy; and individual **Summaries** of those reports. The specialist areas consulted on in 1999 were: Residential Care; Child Care; Registration and Inspection; Learning Disability; Youth Custody; Domiciliary Care; Mental Health; Drugs and Substance Misuse; Management Development; Partnership Working. Further supplementary reports are planned.

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shortages of related skill and labour and on turnover of those involved. (Current work on Registration & Inspection should provide a remedy in this particular area.) There are also signs that partnership issues are not yet consistently on the agenda of other research which looks at workforce characteristics, care staff responsibilities and experience of training and development. The position is summarised in **Table 3.0**. The available data is not generally designed to provide or anticipate detailed workforce or training and development imperatives for partnership working. This has mostly to be inferred from shortages among particular groups and from data on staff numbers informed by other research. (Whittington et al, 1993; Balloch et al, 1999; Chief Inspector, 1999). One indication of skill requirements can be gained from a mid-1990s sample of SSDs where two-thirds of managers from different departments and settings and almost 70% of field social workers included joint working in their main responsibilities (Balloch et al, 1999). Their skill levels are not known but as the policy agenda is implemented, partnership skills will be a growing requirement of these and other staff from strategic to operational levels and across sectors.

- 5.9 The question does arise when considering workforce data needs as to whether the workforce involved in partnership working is a new, additional workforce or the same workforce which is differently or additionally skilled and has or requires a revised occupational culture which includes partnership values? If it is the same workforce, then the supply, turnover and wastage questions about the workforce engaged in joint and collaborative working are the same as for the workforce at large – if there are insufficient numbers say for mental health services, then there will by definition be insufficient numbers to engage in co-operative work. In fact, it appears that both conditions apply; that data is needed on two *over-lapping* social care workforces: a *general workforce*, (e.g. managers, including first-line and residential managers, and front-line staff) many of whom will be engaged for part of their time in contacts with other disciplines and agencies, and *particular workforces* (e.g. joint planners, including strategic managers, joint commissioners, future CCS Inspectors, multi-disciplinary teams) whose functions are more formally jointly-based.

Table 3.0 Social Care Workforce Information: Summary of Types of Information and Gaps Relevant to Partnership Working

Types of Information	Gaps
<p>Numbers of staff in LASS workforce in main divisions and role and service categories (e.g. senior directing and planning staff; registration and inspection officers; team managers, social workers/care managers in specialist teams) and additional data including gender and ethnicity of defined groups via 3 year annual rolling data collection programme.</p> <p>DH survey of SSD/HA Registration & Inspection staff in progress</p>	<p>Data differentiating staff with formal joint roles or other collaborative roles at planning, commissioning and operational levels;</p> <p>Reciprocal data from health (but see R&I survey)</p> <p>Forecasting methodology for employers' demands for different types of staff (IDeA, 1999, p.2) including those in different & newly-emerging partnership roles.</p>
<p>Numbers in defined role and service categories with and without qualifications, types of qualifications held and types of qualifications being studied.</p>	<p>Quality of skills of the workforce in partnership working and quality of training available for partnership working. Whether qualific included learning for partnership.</p>

Appendix 1 Tables

Table 1 Government Agenda for Social Care & Health Partnership: policy documents, mechanisms & priorities⁷

Document Title	Policy Mechsm	Qual Mechnsm	Services/User	Trng Priorities	Trng Mechnsm	Key Dates
Better Services for Vulnerable People 1997	Joint Investment Plans (Community Care plans typically contribute to JIPs which form part of HImPs)	NHSE/SCR performance assessment	Joint service dev.; m-d assessment older people framewk (next phase?: LDis; CAMHS)			4/99 JIPs for older people 4/2000 rehab svce plan 4/2000 m-d assessment
New NHS White Paper 1997; (see also HImP Guidance 98 & First Class Svce)	PCGs, HAZs, NSFs, HImPs the main vehicle for jt work - new strategic f'work	CHI, NICE, NSFs PAFs, clinical governance, National Patient and User Surveys	(Partnerhip, quality & performance to tackle causes of ill health,)	Skills across hospital & community sectrs and primary and social care	NHS E&T Consort key role re training arrangements and partnership CPD	
Modern Local Govt White Paper 1998	Local leadership & partnership are key themes	Beacon schemes Best value Perf indicators				4/2000 new SS Pls 4/2000 intro Best value regime
Modernising MH Services 1998 (& LAC (99)8 re MH Grant & CAMHS)	National H&SC priority; National Service Framew'rk Partnership is central	PAFs NSF NICE guidance	Mental health (safe, sound & supportive services)	Trng monies for Local authority workforce including unqualified staff	1999 Modernisatn fund for MH includes new training monies & requires tng plans	
National Service Framework for Mental Health Services	National service standards, service models, progs to support implementation.	Evidence-based approach. Performance indicators and timescales	Mental health	Emphasis on team, inter-disciplinary & inter-agency working	Inter-agency wfp in HImPs. Fasttrack training for skill gaps; Leaders programme.	4/2000 local delivery plans agreed NHSE/SCR
NSF Services for Older People (? NSF: Services for people with Learning Disabils.)	ditto Said to be a strong candidate for future NSF	ditto ditto	Older people People with learning disabilities			4/2000 NSF published

⁷ The selected documents and policies link with others, e.g. *Building a Better Britain for Older People*, 1998, *Caring About Carers*, 1999 and the work of the Social Exclusion Unit which were reviewed before making this selection. The content given here is selective and illustrative. An empty box does not necessarily imply nil data in the original document.

