New, emerging, changing and existing job roles in Adult Social Care within the Extra Care Housing Sector Project

Workforce Development and Building Bridges
Existing Landscape, Apprenticeships and the Lens for Further Research

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1 Introduction

1.1 Background

The overall aim of this project is to undertake research into new, emerging and changing existing job roles that have a housing and social care overlap, and their suitability to apprenticeships.

This project will provide a critical part of the jigsaw of provision and emerging roles which ‘cross over’ between care and housing. The two disciplines have to date developed in relative silos, both as professions and in their development pathways and this research provides an opportunity to reflect on how significantly that picture has changed.

The overall scope of the project is:

1. To list and describe current existing job roles that have a housing and social care overlap
2. To identify and describe new, emerging and changes to existing job roles that have a housing and social care overlap, which have occurred in response to changes within the sector
3. To identify, describe and assess how these new, emerging or changed job roles that have a housing/social care overlap lend themselves to career progression and which specialisms are needed. This may also include strategies or ambitions for integrated roles
4. To describe and assess if apprenticeships present a workforce development solution for these jobs, if they are already using an apprenticeship model, and what systems and structures may be needed to implement this.

This report will provide the initial understanding of the job roles within housing that cross over into social care, begin to explore how roles are changing, and identify where new roles are emerging. This will form the basis of the further primary research that will seek to explore whether any specialisms are emerging or required and whether career progression opportunities are presented and then to assess if these could be suited to apprenticeships.

This desktop research also acts as a lens for the on-going research within this project, to assist in identifying the areas that require further interrogation and to direct the content and depth of the qualitative and quantitative research with employers and with staff themselves.

The desktop research aims to:

- Set out a definition of the extra care housing model as understood by the sector
- Set out a definition of supported housing as understood by the sector
- Examine the existing workforce: how services are currently delivered in extra care housing and the size of the current workforce
- Examine current drivers that are influencing the way services are delivered and, more specifically, how these might impact on job roles inter alia changes in commissioning, changes in policy approach to the delivery of care and support and financial drivers
- Provide an understanding of the job roles in this specific sector and whether they are changing in response to external drivers within the sector
- Reference the range of apprenticeships in place across adult social care services and housing that might be applicable to the extra care housing model
- Act as the lens through which we identify areas for additional research

1.2 The extra care housing sector

It is important to understand and get a feel for the sector which is being explored as part of this project. This section looks at the definition of extra care housing as well as the accommodation and
care support provided to tenants. We also look at the wider area of supported housing as the exploration of ‘cross over’ job roles is likely to extend into this area as services broaden what they deliver and how.

The health and social care sector (and within that the sub sector of sheltered and supported housing, within which extra care housing sits) is a fast growing and increasingly regulated sector with a spotlight rightly being placed on skills, knowledge and competency of staff.

Extra care housing usually sits within the housing and supported housing sector, in both the voluntary and private sectors; however it delivers care services to residents which are regulated through adult social care regulation.

1.2.1 Extra Care Housing: a definition

A defining feature of extra care housing is the scheme-based availability of round-the-clock care. However, there is great diversity in the way this care is commissioned, managed, configured and delivered. Despite the variety, there are also common features and key principles which are universally applicable. For example, although care is part of the overall service, extra care housing is fundamentally a housing provision. People live in their own homes and the care delivered is essentially personal care not “accommodation and nursing or personal care together”.¹

The Housing LIN, a sector leader in the development of extra care housing uses the following broad description of extra care housing.

“The term ‘extra care’ housing is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living. Extra care housing is popular with people whose disabilities, frailty or health needs make ordinary housing unsuitable but who do not need or want to move to long term care (residential or nursing homes). Although older people make up the majority of users of extra care, people with disabilities that are not age related are increasingly making use of this type of housing. Extra care provision comes in a huge variety of forms and may be described in different ways, for example ‘very sheltered housing’, ‘housing with care’, ‘retirement communities’ or ‘villages’”.²

Extra care housing is a specific housing model that provides care to its residents within their own homes, with those homes being within a ‘sheltered scheme’. Its full name is ‘extra care sheltered housing’ and the model emerged from the traditional sheltered housing model as the demand developed for a wider range of services to meet the needs of an aging population. It has become a favoured model with many commissioners over recent years as a viable alternative to residential care and one that is able to provide an independent setting and a flexible range of services to clients ‘in their own homes’. It is often a cheaper alternative to residential care, but is also widely observed to be a very dignified and respectable alternative to residential care, maintaining, as it does, a client’s independence both in terms of care and support (supporting the client to maintain independent living skills for as long as possible) and in terms of tenure, with residents holding a tenancy or lease in their own name thus providing significant security of tenure

Sheltered housing schemes do however have their limitations; the scheme manager/warden is unable to administer medication or personal care; it is not her/his job to go shopping or accompany a resident out in the community and the service design does not allow for a significant input of support to any one resident as staffing ratios are low;

Care and support in extra care housing

Care and support in extra care can be broadly defined to cover a wide range of supportive services delivered in a holistic and cohesive manner.

¹ For further information on extra care housing, see The Extra Care Housing Toolkit and Factsheet 1: Extra Care Housing: What is it? [http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/](http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/)
² HousingLIN (2013), ‘What is Extra Care Housing’, [http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/](http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/)
“Care” is used when referring to regulated services provided by the likes of adult social care. Whereas “support” is used loosely to general support which may encompass personal care or housing related support. The term “support” will cover any type of service which can be included in a “support plan”

Care is delivered to those residents who need it via a domiciliary care service. This service may be an additional service provided by the Landlord or it may be provided by a third party with whom the landlord has established some form of service level agreement or partnership working arrangement.

This ‘distance’ between the landlord function and the provision of care is an essential component of the model, as the provision of care to all residents by an in-house staff team would risk being designated as a residential care home. The existence of independent tenancies, and individually assessed and funded packages of care ‘in their own home’ are essential ingredients of extra care sheltered and this is robustly tested by Care Quality Commission (CQC) when new schemes are opened. “Personal care” where a tenant needs physical assistance to perform to perform tasks, together with less intimate forms of care and support, as well as housing-related support, are all commonly provided in extra care schemes.

Older people are now able to receive a direct payment to arrange their own package of care rather than simply receive services contracted on their behalf by social services. People receiving direct payments may employ their own carers or have some of their care provided by personal carers and some contracted for by social services whilst living in extra care housing.

**Accommodation in extra care housing**

Extra care housing is provided within both social housing and the private sector. Each tenant (or couple) has their own self-contained flat or bungalow, which they hold on a tenancy (usually an assured tenancy) or in some instances a lease which they have purchased. This arrangement makes a clear distinction between their care and support needs and their accommodation. It is this element that most clearly distinguishes it from much supported housing and from residential care both of which have intrinsic links between care/support needs and the options to remain in the accommodation. A tenancy grants an ‘interest in the land’ and as such can only be ended by the tenant relinquishing their tenancy or through a court order if the tenant does not abide by the terms of the tenancy agreement. A leaseholder has even greater security and provides significant security of tenure.

**Supported housing: a definition**

It is important to understand that whilst this research will focus in on extra care provision in the first instance, the changes identified will extend to the broader supported housing sector, and it is anticipated that cross over roles will emerge in settings wider than extra care.

Supported housing can be described as any housing scheme where housing, support and sometimes care services are provided as an integrated package; however this definition does not reflect the scope of arrangements that now fall under its remit. Supported housing also encompasses the following:

- The purpose of support is to enable service users to live as independently as possible within their community
- Service users are empowered to become socially included in the wider sense of community participation.
- The support provided varies and relates to the nature of the accommodation. For instance, young people living in a foyer may receive support on site by support workers whereas people living in their own home may receive floating support within their own homes to enable them to sustain their accommodation

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3 Sitra, 'What is Supported Housing', http://www.sitra.org/about-us/what-is-supported-housing/
• It is a finite and an increasingly limited resource which is not generally available but limited to those who are vulnerable.

The support given to tenants depends on their needs. It can include for instance:
• access to treatment services for alcohol, drug or health problems
• help with getting benefits
• developing independent living skills, such as how to cope in a crisis
• developing budgeting skills
• encouragement to reconnect with family and friends, or develop new social networks
• assistance in taking up education, training and employment opportunities

Supported housing has provided an important service for vulnerable people in the community for a long time. Often under review, its future may seem unclear. However, the recent Department of Health Care and Support Specialised Housing Fund was oversubscribed and there is an increasing interest amongst funders, commissioners, developers and providers in what supported housing can offer.

It is anticipated that demand for supported housing will grow as a consequence of broader social and demographic change, as it is deemed to be community based and more economical than some other options, and perhaps more flexible. Lord Filkin\(^4\) report cites a number sources highlighting how demand for supported housing outstrips supply.

The roles of extra care and supported housing are seen as positive moves in the prevention agenda as maintaining independence for older is an increasing priority. The increasing support for this type of housing provision will lead to an increased need for a suitably skilled workforce it will also impact on the roles within that workforce to be flexible to meet the needs of an ageing population with complex needs and varied needs.

\(^4\) Select Committee on Public Service and Demographic Change (2013) ‘Ready for ageing?’
http://www.publications.parliament.uk/pa/ld201213/ldselect/ldpublic/140/14003.html
2 Mapping the workforce

One of the most important issues in an extra care housing scheme is the quality of the local management, staff and the provision of care and support direct to the tenant.

Existing schemes offer a wide range of approaches to staffing and managing schemes. They range from simply adding a domiciliary care service to a sheltered housing scheme through to a unique set of functions designed to provide for a new and different kind of housing service. Extra care housing is different from both sheltered housing and residential care and therefore requires some new thinking in terms of ethos, culture and objectives. Many extra care schemes will be formed by the modernisation of existing sheltered schemes; others will be brand new buildings. However the physical facility is provided, the success of the new service will depend upon the quality of input by local, on-site staff more than any other factor.

The local workforce is usually made up of a management function and a care and support delivery function, working together with tenants themselves, to promote independence and overall well-being. Inherent within these objectives is the ability to vary services based on the needs and wishes of tenants and a certain amount of considered risk taking as a part of reablement and relearning of personal life skills, where possible.

One of the key challenges of this research is the lack of robust workforce data geared around the supported housing and extra care sector. This means that some of the research will from necessity need to extrapolate conclusions about workforce scope and growth from Skills for Care workforce data focussing in on supported living, and drawing assumptions from the numbers of units of supported housing and Extra care and assumptions regarding staffing levels. These assumptions will be subject to challenge as part of the on-going research.

As noted, some key drivers for our research can be distilled from the current research in terms of skill demand; employment projections across the adult social care sector as a whole indicate that there will be a growing need for high level skills and caring skills.

Using the Skills for Care National Minimum Data Set we can explore the overall breakdown of roles within Adult Social Care by location. In total 685,000 jobs are defined as domiciliary adult social care jobs with 410,000 being in CQC regulated locations.

Figure 1: Breakdown by location of Adult Social Care Roles 2012

Source: The National Minimum Data Set

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5 Housing Learning and Improvement Network (2005), ‘An Introduction into Workforce Issues in Extra Cost Housing’, http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareProvision/Workforce/?parent=1014&child=1626
Figure 1 illustrates the breakdown of these roles by location\(^6\). For the purposes of this project we are interested in locations offering supported living and extra care housing services which account for almost 25% of the job roles (18.3% and 6.4% respectively).

It is important however to also be aware that many staff working in extra care settings may also fall within the domiciliary care workforce, where that model has been adopted by the housing provider.

From a report\(^7\) published by Skills for Care in 2013 the number of adult social care jobs in England as at 2012 was estimated at 1.63 million, with majority of jobs split between residential and domiciliary (40% and 42% respectively) 4% of job were in day care services and 14% were community based. Figure 2 shows the occupational breakdown of these job roles.

**Figure 2: Breakdown of job roles in Adult Social Care**

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<th>Job role group</th>
<th>Total jobs</th>
<th>% of jobs</th>
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<tr>
<td>Direct care (includes care workers, senior care workers, support workers and staff employed by recipients of direct payments)</td>
<td>1,236,000</td>
<td>76%</td>
</tr>
<tr>
<td>Managerial (includes senior and middle managers, line managers)</td>
<td>121,000</td>
<td>7%</td>
</tr>
<tr>
<td>Professional (includes social workers and occupational therapists)</td>
<td>93,000</td>
<td>6%</td>
</tr>
<tr>
<td>Other (included administrative jobs and ancillary jobs)</td>
<td>180,000</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,630,000</strong></td>
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Source: The Size and Structure of the Adult Social Care Sector and Workforce in England, Skills for Care 2013

In terms of supported housing, there are no official records of the number of people employed in this sector. According to Homes and Communities Agency’s (HCA) statistical data return 2013, there were 325,002 units of HCA registered supported housing in England. And according to the DWP’s Employment and Support Allowance data published in 2010\(^8\) there are around 40,000 non-RSL ‘exempt accommodation’.

The 2014 SNAP survey\(^9\) reported that there were 53,540 households were accepted as statutory homeless and 38,534 bed spaces in supported housing in England.

The implication of these figures is that there is still much to ascertain about not only the learning and development needs of the staff employed within the supported housing and extra care housing areas but also an attempt to establish a baseline of the number of people employed. From the Skills for Care data we can observe the basic occupational breakdown but it will be important to establish a clearer and more robust evidence base of the roles within extra housing being explored as part of this project.

Coupled with the breakdown of roles above the influence of population demographics cannot be ignored as a driver for change in workforce development.

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\(^6\) Note that locations can offer more than one service; therefore the sum of the individual services does not equal the total locations.


Lord Filkin’s ‘Ready for Ageing’\(^\text{10}\) report highlighted a number of factors including demographic change, with families no longer ‘local’ or ‘available’, an increase in people with long term conditions, a greater focus on people remaining within the home and in the forecast increase in domiciliary care alongside the policy initiative by commissioners to reduce reliance on residential placements. The Care Act also presents further impetus for a potential shift in the balance between residential and domiciliary care with the increasing focus on enabling people to remain within their home – and therefore – the potential for greater cross over between care and support roles.

Employers may be able to meet these challenges through the development of new entry routes into the sector. Through the use of apprenticeships, encouraging innovation and using technology to develop things differently whilst also developing management and leadership capability could all provide solutions to workforce needs and demands.

3       Policy and other external factors influencing changes within the sector

The key drivers that are currently influencing the way services are currently delivered can be summed up as:

- Financial: restricted budgets, the need for efficiency savings
- Demographic: population is aging and predicted to grow, family support may no longer be local, increased number of single person households
- Political and ideological: changes in policy approach: personalisation of services, personal Budget holders, roll back of the state/Big Society
- Legislative: Care Act 2014; Social Value
- Trends in commissioning: Outcomes based approaches, Payment by Results, reduced reliance on residential care; greater emphasis on support and care ‘at home, short term interventions
- Individual contracting: The purchasing power of individual whether they hold Personal Budgets or are self-funders

3.1       Budgetary Pressures

Increasing downward pressure on local authority budgets and austerity measures are impacting on eligibility for services and providers are being asked to deliver cost efficiencies on their contracts. Consequently this is having an impact on salaries within both housing and care. Broadway People and Twenty Six Consulting have carried out two recent surveys of pay including the supported housing sectors, and they tell a story of frozen pay, reduced benefits and in some cases the downgrading of the salaries of support roles 11. At events and training sessions, Sitra members have particularly raised concerns about the reduction and in some cases removal of Supporting People funding which for support services presents an instant threat to their ability to continue.

In response to this, supported housing providers and Sitra members are looking to more closely align the roles and tasks they offer across housing, support and care to enable them to fulfil the demands of new and existing commissioners. In 2013 the National Housing Federation produced ‘Providing and Alternative Pathway’ 12 which showcases how housing and care and support together can provide effective solutions and efficiencies. Whilst the changes providers are making may not to increase the numbers involved in the workforce, it is likely that staff will need to be re trained across a broader range of roles There is limited documentary evidence as shown in the earlier review of roles, but plenty of practice examples of this highlighted in specialist case studies and publications – including the Skills for Care Social Care and Housing short films and the Sitra Bulletin.

As part of the future research it is important to understand from providers if, and how, these budgetary pressures are having an impact on services and the way they are delivered. These constraints and reduction in funding may also have an impact on the sectors ability to recruit and train staff and the budgets available to learning and development programmes.

3.2       Demographics

Lord Filkin’s ‘Ready for Ageing’, and other forecasting reports such as the Demos report ‘The Top of the Ladder’ 13, provide an overview of current and future changes to the population, and the impact of these changes on both individuals and society. Advances in health care and medicine mean the population is continuing to grow and people are living longer with more complex conditions such as dementia, learning disabilities, syndromes such as multiple sclerosis, muscular dystrophy, Parkinson’s disease, sensory impairments which places more demand on providers with specialisms.

These changes, when coupled with changes in family structure, migration patterns and adjustments to traditional households, will influence the potential for informal care to be provided, and are therefore likely to place greater pressure on services funded by both the state and those on personal budgets.

Again, documents such as ‘Breaking the Mould’ which looks specifically at how housing should respond to the demographic changes does not reflect on the impact on the workforce, and indeed documents such as Ready for Ageing reflect on the paucity of preparation both centrally and locally for this demographic change within the UK. However, our understanding of how supported housing, and particular Extra Care Housing, may play a strong role in future provision are reinforced by the language of the Care Act 2014, which focuses on the importance of prevention, independent living and the integration of care and support.

Whilst the time frame for the primary research may make it difficult to test in detail how swiftly these legislative changes will impact on workforce make up and complexion. It will present an opportunity to explore whether employers are considering these issues, and if so, what impact they foresee this having on their workforce.

3.3 Policy and legislative changes

3.3.1 Personalisation including personal budgets

The Personalisation agenda aspires for individuals to have more choice and control over their lives, influencing from the outset all stages of the design and delivery of care or support. Breaking the Mould, produced by the NHF to focus on Older Peoples Housing provision of the future, “Older people who need on-going support services want these to be personalised, to respond in a more flexible way to their individual needs and to give the person more control over the services they receive. Services need to be high-quality and reliable, as well as personalised.”

Recent survey work carried out by Sitra on personalisation (not yet published) has shown that many commissioners of extra care and supported housing now sit under the umbrella of adult social care. As leading proponents of personalisation with the local authority, local authority social care commissioners are beginning to challenge the separate commissioning of care and support in supported and extra care housing provision. Centrally driven models, including the Department of Work and Pensions led ‘Right to Control’15 tested out the bringing together of funding streams under the personalisation agenda. However, the evaluation of this work16 showed that during the time period of the trailblazers – between 2010 and 2013 – there was insufficient evidence of housing related support being utilised as a personal budget. However, where it was used effectively, it was often in conjunction with an adult social care budget. There were clear case studies indicating success in connecting these budgets, and enabling individuals to purchase coordinated packages of care and support, and to have a more directive influence on who was delivering services and in what way.

The primary research will explore whether the on-going central and local government commitment to personalisation is driving forward changes in provision, with individuals looking to purchase services from ‘one stop shop’ organisations or personal assistants who can provide both care and support and how extra care and supported housing providers are skilling up their workforce to meet these needs.

3.3.2 Short term interventions/reablement

Recent case studies from Sitra’s members (Midland Heart, Housing 21 and others) show the emergence of supported housing providers as suppliers of reablement services\textsuperscript{17}. The shift in focus from care to support has been credited with establishing greater success in limiting readmissions, facilitating earlier discharge and maintaining or developing independent living skills post hospital stay. However, in order to provide these services, traditional support providers have been required to register with the Care Quality Commission and be involved in the delivery of care as well as support. Sitra has worked with organisations such as Creative Support in the North West\textsuperscript{18} who have sought to expand their offering around social care, and begun to work through the workforce implications. Reablement is delivered in short term interventions, and may include a number of disciplines in delivery of the service. Again, there has been limited focus to date on the skills for the workforce; however, the tasks involved in reablement are likely to involve training or retraining staff in areas including networking, interagency working, use of dispersed technology to connect in with health and social care teams. Drawing on Sitra’s experience around the introduction of Floating Support across the sector, it is also likely to increase managerial demands around lone working, safeguarding, risk assessment and understanding of person centred planning.

The next phase of research could reveal that the development of these services is leading to specialisms within the workforce or particularly creative responses by services to engage with this area. Providers could provide an insight into how roles are changing or developing as a consequence of the shift from acute to preventative measures.

3.3.3 The Care Act 2014

The implementation of the Care Act 2014 will have significant implications for the delivery of adult social care and also for extra care housing and many other forms of supported housing. Implementation will accelerate and cement recent drives towards prevention, personalisation and partnership-based working within an overarching principle that requires local authorities to place the promotion of health and wellbeing at the heart of what they do.

The full implications for the workforce and job roles within extra care and supported housing are not yet fully charted but are likely to include staff needing to be equipped to:

- Work in increasingly personalised ways that build on people’s strengths
- Have the ability to work effectively and liaise with an increasing range of other agencies involved in the provision of health, care and support
- Be comfortable with the notion of co-production, working with people who use services and carers as equal partners
- Where schemes provide outreach or to act as resources or hubs for the local community, being able to expand their knowledge and skills e.g. provision of information and advice

Primary research will need to gauge how existing roles within the sector meet the requirements of the Care Act 2014, and how workforce development might enhance this. How prepared do housing providers feel they/their staff are to cope with these demands?

The supported housing and extra care workforce is potentially better prepared for some of these areas than others, because of its primary focus around retaining independent living. However, the Act has only recently received parliamentary assent, and the guidance for implementation of the Act is only just emerging.

\textsuperscript{17} National Housing Federation (2013), ‘Providing an Alternative Pathway’, \url{http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Providing%20an%20Alternative%20Pathway.pdf}
\textsuperscript{18} \url{http://www.sitra.org/news/bulletin/}
The implementation of the act is also being driven by the Better Care Fund. Sitra work with members to date shows there is very limited understanding of either the Care Act or the Better Care Fund, and therefore there is little existing focus on workforce development in this area.

The Better Care Fund is a further catalyst for the integration of services across housing, health and care. With pooled budgets being integral to the funding of services from 2015/16 it will be interesting to explore whether providers are aware of these changes and also anticipating the impact this might have on the delivery of services and consequently workforce developments.

### 3.4 Trends in Commissioning

Changes in commissioning practice are having significant impact on the way services are run and the roles of staff. Outcomes based commissioning, as demonstrated in the changes to Wiltshire’s Homecare contracting arrangements will require staff to acquire new skills in assessment and support planning, in recording and possibly in understanding changing contractual compliance issues. This is likely to engage a broader range of staff in these roles, increasing use of technology, Staff may feel job security is threatened if the ‘results’ or ‘outcomes’ set in the contract are not achieved whether or not this is due to staff performance. Workforce reaction to results based commissioning was capture in piloting of Payment by Results approaches in supported housing services between 2012-14.

Commissioning practice is also changing, bringing together domiciliary care and support services under one generic contract. This is often conducted using procurement process leading to contracts passing from one provider to another with some frequency. This places strain on staff who may either lose their jobs (due to downward pressure on prices as part of the tendering process) or be TUPEd across to a new employer. This leads to job instability and risks a lowering of standards to the client, but also brings with it the potential for jobs to be changed, merged or removed. Whilst documentary evidence identified during the DBER does not evidence the impact of this emerging practice, it is anticipated that research on the ground will show that this is impacting the recruitment of staff to carry out these functions, and the potential emergence of a new range of cross over roles.

Looking to the next phase of work it will be important to explore to what extent the trends in commissioning are affecting workforce recruitment and development. Are providers investing in learning and development or are they wary of long term contracts? Would this affect their willingness to commit to Apprenticeship programmes?

### 3.5 Regulation

The Care Quality Commission Essential Standards for Quality and Safety, implemented in 2010 place demands on providers to keep accurate and detailed records and to understand the evidence base needed for their work. Staff must increasingly evidence improved communication and literacy skills - for example all care workers must achieve QCF level 2, all senior workers level 3 and all Managers level 5 and this brings financial implications for employers and a further shift in job roles as expectations change and increase.

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Regulation in housing support services takes the form of the Supporting People Quality Assessment Framework (QAF)\textsuperscript{24}. This is a robust and widely respected quality assessment tool that was nationally implemented and will be applied to extra care housing where Supporting People funding is in place. The QAF does not however prescribe minimum training requirements or qualifications.

Anecdotal feedback from Sitra members indicates changes in commissioning practice bringing care and support under the same contract have led to increased workforce qualification requirements for some providers in order to satisfy minimum tendering and regulatory requirements.

It would be interesting to explore as part of the primary research the direct experience of providers in having to meet these requirements. Has this led to pressures to maintain standards or, indeed, change organisational structures or job roles?

4 Existing roles across the sector: extra care housing and supported housing sector

In 2003 the Supporting People programme was introduced in England. This was designed to separate the funding of support from housing costs, and was aimed at supporting people to live independently. The funding was administered at upper tier level within authorities, and was targeted to provide non statutory preventative services. Extra care provision first began to develop around the same time, and a significant demarcation developed between the tasks carried out in extra care that were eligible for Supporting People funding, and those that were assessed and provided under social care auspices. Job descriptions within the sector were developed with very precise lines being drawn between respective job titles, linking roles to the eligible activities determined by the funding regime. Tasks might be undertaken by different members either from within the same organisation, but different team, or from separate organisations. Record keeping often involved both a support and a care plan depending on the funding to meet the needs of both sets of funders and regulators. This was unlikely to be in the best interests of the client, and had the potential consequential impact on service delivery risking services being disjointed and hard to co-ordinate. The Joseph Rowntree Foundation (JRF) highlighted in 2011, that this disjointed approach may not stop at distinctions between care and support. There may be a range of organisations offering different services including care, support, leisure, meals, housing management. JRF research also recognises the success or otherwise of the combination of these services may rely on commissioning arrangements and communication and connections between service providers – particularly at management levels within schemes.

Whilst understanding the context within which roles have developed, the research went on to existing published research on extra care and supported housing roles. The desktop research revealed a limited number of documents which focussed specifically on either the roles or professional development of those working in extra care or supported housing. In 2004 the Housing LIN had carried out research into Extra Care Housing Training and Workforce Competencies which indicated that there was not yet a clear view of what training was needed for those working in Extra Care Housing. This study coincides with the early growth in extra care provision, but does not appear to have been repeated in later years. In 2011 the Joseph Rowntree Foundation explored ‘Boundaries of roles and responsibilities in housing with care schemes’, which includes an analysis of how the distinctions between care, support and housing are managed. There is a commonality of understanding about the breakdown of the existing roles in these two documents. Typically roles within extra care and supported housing fall under the following headings care staff, support staff, housing support staff including some concierge type roles. For the purposes of this scoping work, this demarcation will be used to explore existing roles. The desktop research did then go on to use a web search approach to identify model job roles which matched this demarcation within the extra care housing model.

In addition to this, in 2014, a research document was produced by the University of York looking at training in the integrated housing with support sector. Whilst the research was Europe wide, much of the findings were focussed on the UK supported housing sector, and whilst helpful in showing an understanding of the scope of integrated housing support and the kinds of activities it is involved in, it does not give any clearer demarcation of roles, except as driven by the qualification framework.

26 Department of Health (2005) ‘Extra Care Housing Training and Workforce Competencies’, Housing Learning and Improvement Network
The limited evidence identified about workforce development for extra care and supported housing suggests that this is an area where more detailed research would be valuable. Whilst this project is looking particularly at emerging cross over roles, it is also likely to identify a greater understanding of how the current workforce is being developed, and how their needs could be better met. The review carried out by Institute of Public Care on behalf of the Housing LIN in 2004 remains the key document which looks specifically at competences and training for extra care housing, but as the remainder of this research will show, the operating climate for this sector has changed, and is continuing to change at a very fast pace.

4.1 Extra care housing workforce

This section looks at the different roles which exist within extra care housing. As noted, the research can be applied to the broader supported housing sector, where again this range of roles can be found.

4.1.1 Social care workforce operating within extra care housing

The care service is provided under the domiciliary care arrangement and therefore must be registered with Care Quality Commission (CQC). The service can be based on site at the scheme or off site and can cover more than one location. It must however be a clearly separate entity from the housing. Roles described here are predominantly drawn from the Extra Care Charitable Trust, one of the country’s leading proponents of extra care provision.

Care assistant/worker: has direct contact with the tenant to provide for their assessed care needs. This may include all aspects of personal care (washing, bathing, dressing, etc), assisting with medication, preparing meals and also feeding where required, sometimes this can also include domestic tasks such as washing, ironing, cleaning according to the assessed care plan. Care packages will vary from 1 - 4 calls a day, 7 days a week (more in some intensive packages) with the majority of authorities commissioning calls of a duration between 15 minutes and 2 - 3 hours, again depending on the assessed needs. Maintaining daily records of care provided is also an essential task. A typical role description – called resident support worker, from the Extra Care Charitable Trust, is included in Appendix A.

Senior care assistant/care coordinator: This role might typically include a care worker role with a split in time allocated for additional tasks such as supervising the care workers, assessing referred clients, writing care plans and risk assessments, auditing and spot checking care delivered. Maintaining records of care provided is also an essential task. A role description form for the role, here called ‘resident support worker’ at the Extra Care Charitable Trust, is included in Appendix A.

Registered care manager: as the title suggests this person is registered with CQC to operate the service. They are personally liable, alongside the organisation (who also have to be registered as a provider). This role involves the day to day operational management of and responsibility for the care service. Additional tasks include supervisory management, reporting of performance indicators, meeting CQC and contract requirements, marketing and following up enquiries/referrals, assessing new referrals, negotiating care packages, health and safety, budget management and business development in terms of seeking new care packages, attending meetings and forums and developing links with other agencies (in extra care schemes essentially the housing and support teams). A role description from the National Careers Service is included in Appendix A.

29 Institute of Public Care (2004) ‘Defining the skills and experience required for extra care housing scheme managers’
The primary research will seek to identify:

- Does this suite of care only roles continue to exist?
- How are the workforce carrying out this role developed?
- Are there situations where individuals roles are crossing over into either support or housing roles – and if so how are the workforce development elements for the cross over elements being met?
- Is there an emerging development need which might be met by apprenticeships or other training interventions?

The research will also collect job descriptions in order to map care only roles and cross over roles to the example job descriptions supplied in Appendix A.

4.1.2 Support focused workforce in extra care housing

The Extra Care Charitable Trust provides all new tenants with a housing related support assessment. Those offered support will include a specific focus on maintaining independence and are more focused on those with lower level of needs, in many cases to individuals where the authority has no statutory obligation to provide a service. The aim of these services is to promote independence, maintain independent living skills and, where possible, maintain community involvement and engagement and this model is akin to the service received by residents in traditional sheltered housing schemes.

**Support worker:** This role works with the tenant to enable them to maximise independence, with the aim of supporting them to remain in their home environment for as long as possible and to reduce the need for higher packages of care and support (or even hospital admission).

Pivotal to this role is an appreciation of the concept of a service that ‘supports’ (and encourages, prompts, leads) a client with daily living tasks such as cooking, shopping, paying bills, accessing social and leisure, maintaining relationships with friends and family, rather than doing it ‘for’ them. A role description of a support worker is provided by Ability Housing Association in Appendix A.

**Support coordinator/manager:** As with the care service this tends to be a senior role that will oversee the day-day operational aspects of the support service. Dependent on the service structure and provider this role can be incorporated within the housing, support or care service elements. In Appendix A see the sample job description titled ‘sheltered housing manager.’

The primary research will seek to identify:-

- Does this suite of support only roles continue to exist?
- How are the workforce carrying out this role developed?
- Are there situations where individuals roles are crossing over into either care or housing roles – and if so how are the workforce development elements for the cross over elements being met?
- Is there an emerging development need which might be met by apprenticeships or other training interventions?

The research will also collect job descriptions in order to map support only roles and cross over roles to the example job descriptions supplied in Appendix A.
4.1.3 The housing workforce within extra care housing

The housing provider can encompass private landlords, housing associations, local authorities or an organisation acting as a managing agent for the landlord. The housing provider has legal responsibility for physical safety – including areas of repairs, safety checks and servicing of appliances. In addition, an extra care scheme or supported accommodation may include specialist facilities such as gyms or hydrotherapy pools.

**Housing officer:** Primarily this role involves direct contact with tenants/service users on behalf of the landlord for such tasks as tenancy sign up, providing support and information relating to the tenancy, rents, repairs, neighbour issues. The role requires knowledge of legislation including housing and, anti-social behaviour legislation, welfare reform, rent collection and recovery and tenancy termination arrangements. Record keeping is an essential task. It will also require an overview of areas such as mental capacity and safeguarding. The extent to which housing officers have an understanding of these areas will be directly impacted by the degree of support the residents require and the extent of their vulnerability and dependent on the priorities of the organisation’s training and HR strategy. Supported housing staff will have a thorough grasp of these issues and so we begin to see already the crossover roles between housing and support and support and care as staff are requiring some of the same core skills.

**Facilities/maintenance:** These roles vary in schemes according to the landlord arrangements but the staff member can be responsible for the health and safety of the building, maintenance of all communal areas, private and communal, liaising with contractors, conducting routine checks on the building, domestic service, catering service, room hire – depending on facilities available. Contact with tenants will be regular due to working directly at the scheme. This role is increasingly described as a concierge role. A typical role description from the Extra Care Charitable Trust is included in Appendix A.

This role is often combined with the roles described earlier of the sheltered scheme warden/manager and so we again the emerging of combined roles that require knowledge of housing, support and, increasingly, care.

**Housing manager:** As the title suggests this role has overall responsibility for the housing and facility elements of the service. According to the size of scheme and organisational structure it is usual for this role to cover a number of schemes. This role has supervisory responsibility for the staff within the structure as above. It will also include responsibility for budget management, health and safety, reporting of key performance indicators and standard reports on compliance and quality. Contact with tenants will usually be on a less frequent basis but specifically for areas such as complaints, tenant meetings, quality audits and feedback (unless a scheme based role).

The primary research will seek to identify:

- Does this suite of housing only roles continue to exist?
- How are the workforce carrying out this role developed?
- Are there situations where individuals roles are crossing over into either support or care roles – and if so how are the workforce development elements for the cross over elements being met?
- Is there an emerging development need which might be met by apprenticeships or other training interventions?

The research will also collect job descriptions in order to map housing only roles and cross over roles to the example job descriptions supplied in Appendix A.
5  Workforce development approaches

Workforce development is increasingly important in ensuring business sustainability. Maintaining business sustainability and developing new business opportunities requires new thinking, leadership, service innovation and employers' investment in a workforce that is capable, confident and skilled.

The Government’s Vision for Adult Social Care: Capable Communities and Active Citizens30 emphasised that people have an important part to play in taking forward the reform programme, people with the right skills working in the right places. Delivering the vision demands a confident, capable and well-trained workforce which is at the forefront of empowering people to have independence and choice, and enabling them to stay healthy and active in the ways that the personalisation agenda demands. We also want a workforce which rightly takes pride in providing high quality care and support to the most vulnerable people in society. This research draws together learning around workforce development from both housing, housing with support and care.

5.1 Education and training in housing related support

The most recent study of the workforce, ‘Education and Training in Housing Related Support’31 highlighted a small number of supported housing accredited courses, but makes no mention of apprenticeships. Within the accredited courses identified, the supported housing modules are run alongside more general housing modules. It was clear from the review that the bulk of concentrated research on the workforce sits in the care sector. Comparable data to either scope the workforce, or to highlight training and development trends does not exist. Updated information that addresses how a workforce that crosses over between care, housing and support should be developed did not appear in the research, and as such will be a critical point to explore in the primary research. It is of note that research by the housing sector ‘Breaking the Mould’32 focuses on all the challenges facing older peoples housing, but does not look at workforce development. As a sector, there seems to be an overall paucity of research looking at the development needs of staff.

5.2 The Joseph Rowntree Foundation

The Joseph Rowntree Foundation report into roles and boundaries33 in supported housing recognises the need to understand and skill the workforce to anticipate cross over: “The skills, training and make-up of the workforce may reduce – or exacerbate – the incidence or impact of contested roles and responsibilities.” However, the opportunity presented by this research is to frame an understanding of these emerging ‘cross over’ roles – new to both housing and social care – within the existing and emerging architecture. Then to understand what the workforce development agenda is to upskill employers and employees to meet this need in the future.

5.3 Review of policies and research influencing workforce development across the sector

The publication ‘Getting the Job Done’: The Government’s Reform Plan for Vocational Qualifications34 provides the direction of travel for workforce development, highlighted below. A

summary of the actions is set out under each review. In addition, one area not mentioned in great detail - but worth citing - is Professor Alison Wolf’s review on vocational qualifications for 14-19 year olds in England; this found that many vocational qualifications had low market value and employer recognition.

There are several initiatives that are happening that are relevant to this research and they include the following areas.

5.3.1 Review of adult vocational qualifications

In Spring 2013, The Minister for Skills and Enterprise commissioned a review of adult vocational qualifications in England. The report positioned a vision of adult vocational qualifications being relevant, matching the skills knowledge and understanding, being rigorous through clear occupational standards and recognised that individuals need to have the relevant skills, knowledge and understanding for their vocation. For adult vocational qualifications to be relevant rigorous and recognised they need to be aligned with the skills that employers need and the modes of delivery that industry requires.

The review described a need to put rigour and responsiveness at the heart of the skills system. It identified that the current system is over-complex and lacking in accountability structures and that the regulation of the qualifications should be strengthened by focusing qualifications on the needs of employers and individuals.

The shift in focus to challenge and encourage employers to invest in their workforce and consider progression for their sector is an important element of this project. Moving forward with the primary research asking providers about the importance of vocational training within their workforce development plans will be important. The value they place on learning and development will be an indicator of their desire to up-skill their workforce and invest in Apprenticeships.

5.3.2 Getting the Job Done: the Government’s Reform Plan for Vocational Qualifications35

Ultimately, the aim is for the education and skills system to help, support and encourage people to acquire new skills and competences and to progress. ‘Getting the Job Done’ identified that where possible, employers should have direct involvement and greater ownership of occupational standards and qualifications, the system should be clear, comprehensible, easy to navigate and simple to enable and encourage innovation.

As part of this simplification process, the Government wants better alignment between qualifications (at 16-19 and 19 plus) and Apprenticeships. High-quality vocational qualifications available to 16-19 year olds (Tech Levels) will also be funded for some adult learners. Both Tech Levels and reformed Apprenticeships will have explicit backing from relevant employers and trade bodies, will be graded and will benefit from an increased use of external and independent assessment.

The above evidence collectively highlights the following key messages:

- Regulatory, funding and accountability arrangements should be designed to deliver training and qualifications which clearly lead to progression into a job or further study.
- Employers should have greater ownership of occupational standards and qualifications. Wherever possible, their involvement should be direct, rather than through intermediaries.
- The design and assessment of a qualification should reflect the best research and international practice. Assessment methods must be independent whenever possible and credible.
- The system and its output should be clear, comprehensible and simple, and should enable and encourage innovation.

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There should be a clear rationale for what Government funds. This should include consideration of whether qualifications are the right things for Government to fund in specific circumstances and whether they are the best way of ensuring or indicating effective learning and training.

The impact of this work on this project is the need to understand employers understanding of the learning and development approaches including the relevance of vocational training to workforce development. The further primary research will seek to establish the appetite for providers to engage with the qualification reform agenda and instilling this in workforce development strategies.
A priority focus of this project is to explore whether Apprenticeships present a workforce development solution for new and emerging job roles. It is also important to establish the current use of Apprenticeship models, and what systems and structures may be needed to implement the further development and use of this learning and development.

In the ‘Rigour and Responsiveness in Skills’ report (April 2013), the reform to Apprenticeships is highlighted as a response to Richard’s Review of Apprenticeships. The report highlights that whilst the programme has already been successful there have been some issues around quality, value and also the relationship between the individual and the employer.

Employers are being encouraged to be very much more in the driving seat in terms of setting the standard and identifying what the frameworks need for individuals to achieve industry standards. Elements have changed to raise standards, including that all Apprentices must now be employed in real jobs. Minimum durations for Apprenticeships have also been introduced and enforced. Alongside this new quality expectations have been introduced which include English and Maths. With the expectation being that from 2014/15 all intermediate Apprentices should work towards achieving a Level 2 in these subjects. Each Apprenticeship must offer a high quality career path.

Doug Richard’s central insight identifies that: ‘at the heart of an Apprenticeship lies the relationship between the individual and the employer’. Basically, an employer trains an employee to perform a new job role and gain significant new knowledge and skills. Existence in a real workplace enables the employee to become fully competent in their role and where the standard achieved sufficiently stretches the participant - it provides transferable skills. Therefore, employers must lead in setting the Apprenticeship standards which should focus on the outcome of the programme: i.e. what Apprentices can do at the end of their Apprenticeship to demonstrate competence in their occupation. Quality and rigour should, in future, be underpinned through enabling the employers to be effective purchasers and owners of training.

Currently, an individual Apprenticeship is defined as a period of paid work, usually lasting at least one year, in a given occupation while training toward a package of related vocational qualifications and job specific skills. There are 250 different Apprenticeship frameworks available, with each framework relating to a particular economic sector relating to over 1,400 specific job roles in different sectors.

Each Apprenticeship is tailored to a specific occupation and contains three core components:
- Competency – assesses how well the apprentice performs in a specific occupation, leading to a vocational qualification.
- Knowledge – theoretical knowledge leading to a knowledge-based qualification.
- Key skills – functional skills, eg. mathematics and English.

There are different levels: Intermediate (Level 2), Advanced (Level 3) and Higher (Level 4). From the end of 2012, Level 6 and 7 Professional Apprenticeships were also introduced.

6.1 Health and Social Care Apprenticeships

In 2012/13 there were a reported 80,870 starts on the Health and Social Care Apprenticeship Framework. Skills for Care reported in 2012/13 there were 73,100 social care Apprentices in the

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The framework as it currently stands contributes towards addressing the skills gaps identified in ‘State of Adult Social Care Workforce’, 2010. In social care 27 roles were identified (see Appendix A also Housing Apprenticeships). Progression routes are clearly defined into the Apprenticeship and from them.

6.2 Specific supported housing apprenticeships

Research has revealed little information on the extent of Apprenticeships within extra care or supported housing. This suggests that it is currently not a well-developed area of workforce development; however using the knowledge base of Sitra members we have drawn together examples of supported housing apprenticeship schemes developed by the employers themselves.

Across these examples most appear to have been developed within the host organisation themselves, presumably influenced by their own demands and constraints. However, there appears a paucity of information available to offer any robust comparison of strengths and weaknesses of these differing approaches and models. Indeed the desk based evidence research appears to have uncovered an urgent need for further research and evaluations in order to develop a greater understanding of what is available nationally. We hope a greater understanding will emerge from the research.

In terms of qualifications being offered through these programmes, the Thames Reach scheme (12 month duration) offers a formal Level 2 qualification in health and social care (From City Lit); the St Mungo’s Broadway scheme (12 month duration) offers training towards Intermediate Apprenticeship in Health and Social Care.; whilst the Look Ahead scheme (18 month duration) offers accredited training towards a formal qualification. This needs to be explored in the next phase of primary research to understand why they chose this option and what gaps were identified leading to the design of these frameworks.

Thames Reach
Thames Reach offers a 12 month Apprenticeship that provides a career pathway into the homeless sector gaining the skills and experience needed to equip them to work in our front-line services and in the sector. The Apprenticeship/trainee programme is open to people with a previous history of homelessness and to people with little or no experience of the homeless sector i.e. a career change. To succeed in the programme they ask that you have ‘passion and commitment, empathy towards homeless people and good administration skills’.

The Apprenticeship offers induction into the organisation, into the apprentice/trainee programme, and into the specific job. A placement supervisor supports the Apprentice giving direction, feedback and evaluation based on a set of core competencies and professional appraisals. Posts will normally have 2 6-month placements, based across Thames Reach services. Apprentices will achieve a formal Level 2 qualification in health and social care.

St Mungo’s Broadway
St Mungo’s Broadway offer a 12-month F/T paid post, which combines working as an apprentice project worker in one of their accommodation projects, with attending training and work towards the Intermediate Apprenticeship in Health and Social Care. It offers apprentices the opportunity to gain the skills and experience needed to equip them to work in our frontline services and within the sector in the future.

Look Ahead
Look Ahead offers an 18 month programme combining on-the-job training with accredited classroom based learning, leading to real experience and formal qualifications to progress a career in the sector.

6.3 Scoping the future

The document has provided an understanding of how policy is likely to have a growing influence on the workforce in extra care and supported housing. The next phase of primary research will provide more evidence of the potential for ‘cross over’ roles between care and support and how they are currently supported through professional development approaches. However, the world of learning and development is changing, both in relation to Apprenticeships and national occupational standards.

The overall Apprenticeships programme has been successful in many areas and provides benefits to both employers and apprentices. However, the Richard Review found that there were key areas of the programme where significant improvements could be made to make it more rigorous and responsive to the needs of employers. The reform programme is set out in The Future of Apprenticeships in England: Implementation Plan\(^4\), published in October 2013.

The key measures aim to:

- **Increase the quality of apprenticeships.** An apprentice will need to demonstrate their competence through rigorous and synoptic assessment. This will focus on the end of the Apprenticeship to ensure that the apprentice is ready to progress.

- **Put employers in the driving seat.** In future, Apprenticeships will be based on standards designed by employers.

- **Simplify the system.** The new employer-designed standards will be short and easy to understand. They will describe the skills and knowledge that an individual needs to be fully competent in an occupation.

- **Give employers purchasing power.** Another key element of the reform programme is the routing of government funding for the external training of apprentices via their employers, to empower business to drive up the quality and relevance of such training. More information will be available in the Funding Reform Technical Consultation.

These are significant reforms to Apprenticeships and it will take time to move from the existing programme to the new approach. To support this transformation eight Trailblazers were established. These were groups of employers working together to design new Apprenticeship standards for occupations in their sectors, and moving quickly to develop examples of the new system working in practice. The Housing Trailblazer is part of this new group, and the organisations involved in this are show in Appendix B: Many contain a portfolio of extra care and supported housing in their stock. The phase 1 Trailblazers have successfully created models of effective practice and provide a strong basis for full implementation of the reforms. The developments are now ready to expand and extend the group Trailblazers to develop Apprenticeship standards in a range of other sectors through phase 2 projects. New draft Standards as part of this reform are being developed in adult social care and housing for June 2014.

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6.3.1 Criteria for new Apprenticeship Standards

It has been agreed that the Apprenticeship Standards being developed as part of the reform must be short, concise and accessible documents. They describe the level of skill, knowledge and competency required for someone to do a specific occupation well and operate confidently in the sector. They must:

- Describe what full competence for a specific occupation means so that, on completion, an Apprentice will have the skills, knowledge and confidence to perform the role in any part of the sector
- Be recognised by employers (including small businesses), recognised professional or trade bodies and - where appropriate - higher education institutions (HEIs), as fit for purpose
- Be suitable for small businesses to use to train their Apprentices, if necessary with external training
- Contain sufficient content, and be pitched at such a level, that new entrant to the occupation would find it stretching and need at least one year of training to meet the standard
- Include any skills, and any other requirements, for professional registration if such a system exists in the sector or occupation so that, on completion, a successful Apprentice can achieve professional registration.

There will be a single Apprenticeship Standard for a given occupation; there will also be a single approach to assessment against that standard. With employers, including small businesses, leading the design of the standard and high level approach to assessment with increase employer confidence in Apprenticeships.

6.3.2 Timescale

The overall aim of Government is to take a staged approach to delivery, building on the important early work of the phase 1 Trailblazers. They intend to continue to grow the Trailblazer programme in academic years 2013/14 and 2014/15, with employers creating a range of new Apprenticeship standards and assessment approaches in different sectors and occupations.

The two academic years 2015/16 and 2016/17 will be the key period of transition to full implementation of the reforms. During 2015/16, building on the work of the Trailblazers, employers and professional bodies will work together to agree standards for all occupations where Apprenticeships should be available. The aim is that from 2017/18 all new Apprenticeship starts will be on the new standards.

6.3.3 Skills development

Investing in skills development can bring a range of benefits to both individuals and employers. Garret et al. (2010) comment that ‘the potential economic gain from raising skill levels is huge’. The challenge for the sector is attracting talented individuals who can live up to these requirements. It is increasingly recognised that care outcomes are a function of a team’s performance, rather than the knowledge, skills and competencies of individual professionals. The health and social care system of the future will require staff who are team players and who are able to adapt their skills to changing patient/client needs. Care can then be provided by staff who have the most appropriate skills, allowing the most senior and qualified staff to perform only those functions that cannot be better undertaken by others. Changes to the education and training of health and social care professionals, including closer integration of training, are needed to facilitate team work.


Taking the extra care housing model as an example, but considering it also in the wider context of integrating services across adult social care, health and housing, it becomes clear that the role of each staff member/job role within the team and the way the team interacts is of critical importance in the delivery of quality care and support.
7 Lens for research

The desktop research provides the background to inform the ‘on the ground’ research. This section draws together the key areas explored throughout this document and seeks to identify the research questions which have been highlighted. These questions and focus areas will be used to formulate the next phase of primary research with the extra care and supported housing sector.

The following key areas have been identified:

Mapping the existing landscape with extra care and supported housing

The lack of robust workforce data within extra care and supported housing has been identified as a gap in the current evidence. It is important to create a baseline for organisational structures and roles that exist with the current workforce so that we can establish and clearly identify the new and emerging job roles clearly.

Evidence indicates that there are also differing models of service delivery by extra care and supporting housing providers which can lead to a wide range of services being provided that can influence the organisational structure and consequently the job roles needed to provide those services whether employed directly or indirectly.

The primary research will examine in detail:

- Has there been a growth/change in the sector, what has influenced this growth/change?
- Is the sector attracting the workforce it needs and are there any specific occupational gaps?
- How is the sector responding to changes? For example are providers meeting the demands through new technologies, apprenticeships or developing management and leadership capabilities?

Policy development and other external factors influencing changes

There are many influencing factors on the sector including, but not exclusively, legislative, financial and demographic changes but to what extent are these driving changes in new and existing job roles. It is also important to consider to what extent are they influencing organisational development overall in terms of direction and speed of change.

An ageing population is not the only factor putting extra care and supported housing in the spotlight. With local authorities continuing to face cuts alongside changes to legislation and regulation there are increased pressures on providers and the services they deliver. It has been identified that personalisation and the drive from acute to preventative interventions is going to have a big impact on the need for extra care and supported housing but to what extent has this already had an impact on the sector and what do providers envisage will be the challenges they face going forward. The desktop research provided a solid understanding of the breadth of change, but little detailed focus on the impact of these changes on the extra care and supported housing sector, and even less on cross over roles. It will be helpful for the primary research to expand the understanding of the impact on workforce in the following areas:

- Are providers aware of the implementation of the Care Act 2014? To what extent do they is this impacting workforce development and if so, how? Is the drive for integration creating ‘cross over’ roles between housing, support and care?
- Personal budgets – are these affecting people’s choices? Is this driving workforce change extra care and supported housing in relation to skills, roles or structure?
- What do providers feel are the biggest challenges for the workforce ahead with the ageing population and a shift in focus to prevention? What will the workforce need to support this change?
• Are service providers seeing a change in the commissioning landscape? Does this vary by region? Do providers have to compete for services? How is this impacting their workforce?

Existing roles across the sector: extra care housing and supported housing sector

It has been identified that the typical roles within the extra care and supported housing sector fall under three main categories of care, support and housing staff.

We have highlighted throughout this document that there is limited evidence about workforce development for extra care and supported housing suggesting that this is an area where more detailed research would be valuable. Whilst this project seeks to look particularly at emerging cross over roles, it is also likely to identify a greater understanding of how the current workforce is being developed, and how their needs could be better met.

The primary research will collect job descriptions in order to map care only and housing only roles plus cross over roles using our collection of current job descriptions as a baseline. The next phase of primary research will also explore the following areas:

• What has been the impact of regulatory requirements on the current workforce in terms of learning and development? More training, higher staff turnover?
• Does the suite of housing only, support only and care only roles continue to exist? And how is the workforce carrying out the role developed?
• Are there situations where individuals roles are crossing over into either support, care or housing roles or vice versa – and if so how are the workforce development elements for the cross over elements being met?
• Are there any new and emerging job roles as a consequence of external drivers/changes? Is there an emerging development need which might be met by apprenticeships or other training interventions?

Workforce development approaches

Workforce development is increasingly important in ensuring business sustainability. Maintaining business sustainability and developing new business opportunities requires new thinking, leadership, service innovation and employers' investment in a workforce that is capable, confident and skilled.

The impact of this work on this project is the need to understand employers understanding of the learning and development approaches including the relevance of vocational training to workforce development. The further primary research will seek to establish the appetite for providers to engage with the qualification reform agenda and instilling this in workforce development strategies. As part of the next phase of research the following areas can be explored to establish more robust evidence:

• To what extent is workforce development formalised in extra care and supported housing? And what is the favoured approach by providers? Has this changed in the last few years?
• To what extent are vocational qualifications utilised? What are the unmet training needs of staff within the new and emerging job roles?
• Are employers aware of the vocational qualification reforms and how these might impact on the future learning and development of the extra care and supported housing workforce?

Apprenticeships – now and in the future

The challenge facing the sector is attracting talented individuals. The health and social care system of the future will require staff who are who are able to adapt their skills to changing patient/client
needs. Changes to the education and training of health and social care professionals, including closer integration of training, are needed to facilitate teamwork. There are new developments in the world of learning and development and the changes to Apprenticeships and National Occupational Standards could have a significant effect on the sector. Research has revealed little evidence of apprenticeships within extra care and supported housing and this element of learning and development is a critical part of the next phase of research. The following questions have been identified and will need to be addressed:

- What is the extent of apprenticeships within extra care and supported housing?
- Does the Health and Social Care Apprenticeship framework ‘fit the bill’? What are the gaps?
- Could the new and emerging job roles lead to a need for new apprenticeship frameworks? Do frameworks need to be developed for specialised roles?
- What would employers like to see in the new apprenticeship standards? What would encourage a higher uptake? What other training and skills development could be utilised by the sector to raise standards? What can Skills for Care do to support employers?
8. Publications Reviewed (summary additional resources)

Background

  

  

  

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