

A black and white photograph of two men walking on a boardwalk. The man on the left is bald, wearing glasses, a dark jacket, and dark trousers. The man on the right has white hair, is wearing a dark jacket over a striped scarf and light-colored cargo pants. They are walking past a kiosk with advertisements for smoothies and ice cream. The background shows a building with arched windows and a wooden boardwalk.

Housing with care and support

a snapshot of the sector and its
challenges and opportunities

Housing with care and support - challenges and opportunities for workforce development

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Introduction

Housing with care and support (HWC&S) is an important part of the types of support that enables people to live good lives. The sector is wide and diverse, ranging from 24 hour care to support of a few hours per week, supporting a range of needs. The models of design and delivery also vary within each part of the sector, making this a complex picture and one that needs a variety of responses to help it flourish.

To investigate this breadth of offer, Skills for Care has undertaken five in-depth case studies with five types of HWC&S. An invitation was issued to the sector to ask for volunteer sites. Looking at available data¹ and the sites that offered to take part, we chose the types of service that broadly reflected what appears to be the proportionate make-up of the HWC&S sector. From the responses, we therefore chose:

Type of service	User group	Location	Provider/Landlord
Extra Care	Older people	Leeds	Methodist Homes Association
Extra Care	Older people (55 plus)	Widnes	Halton Housing Trust (Landlord only, with Housing related support)
Extra Care	Older people	Weymouth	Aster
Supported Living	People with Learning Disabilities	Kent	Avenues Group
Supported Living	People with Learning Disabilities	East, West and Central Mendip	Aster

The ambition of these case studies was to explore in detail with sites the strategic and operational issues they faced, the influence these had on their workforce and what they saw as the future challenges ahead.

¹ Housing Lin Factsheet 1 (2015) Extra care housing – what is it? prepared by Moyra Riseborough, Peter Fletcher and Denise Gillie.

Why is Skills for Care interested in housing with care and support?

Depending on the type of HWC&S offered and the needs of the people who use it, there can be varying degrees of care and support offered. Some services focus on giving support (often called housing-based support).

Support can be:

- helping people to maintain their tenancies
- keeping well and healthy
- offering advice and support (for example benefits advice)
- other help to maintain independence (for example access to wider community services).

Others focus strongly on care. This can be:

- helping people to wash
- management of medicine
- helping people eat
- helping people get dressed.

Some services are a combination of the two. Whether it be support or care that is being provided, our role is to enable the staff delivering these services to be skilled and knowledgeable in order to provide an excellent service. In many cases, roles and ways of working have started to emerge that cross over between housing support and care.

In 2014 we worked with Sitra to research roles within the extra care housing sector that ‘crossed over’ between housing and care, their changing nature and what this meant for learning and development². To explore some of these issues in more detail and to widen the group of housing employers consulted, during the summer of 2015 we carried out a further online survey and a series of phone interviews with the HWC&S sector to further understand the challenges and needs of its workforce. You can view the results here:

www.skillsforcare.org.uk/housingwithcareandsupport

The case studies in this report explore in more detail some of these previously highlighted issues, against the backdrop of ever tighter resources since our initial research in 2014/15.

Structure of the interviews with HWC&S sites

It’s important to note that HWC&S spans a very wide range of services, types of support and people being supported. Therefore, to gain a view of ‘the sector’ is almost impossible due to its diversity, ranging from housing support, supported housing, extra care, sheltered housing and retirement villages. However, from our National Minimum Data Set for Social Care (NMDS-SC) data, it’s possible to note some common issues that seemed to be consistent across the organisations and services that had entered their data on it. Similarly, we were able to work from existing research undertaken by ourselves and Sitra. It was clear then that we would conduct some further exploration of these issues as well as explore each employer’s unique challenges.

2 Foundation for People with Learning Disabilities Learning disability statistics: Support.

<http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-integration/housing/Housing-with-care-and-support-challenges-and-opportunities.pdf>

To give as broad a picture as was possible within the remit of this work, we recruited a range of services. The services recruited were also set up in a variety of different delivery models, some splitting the landlord function from the housing support function and some separating the housing from the care function, with some keeping all three together. We recruited:

- extra care housing provider (housing support only, older people, 55 plus) **Halton Housing Trust**
- extra care housing provider (landlord, housing support and care support provider, older people) **Methodist Homes Association**
- extra care housing provider (landlord, housing support and care provider, older people) **Aster**
- supported living provider (care provider only, people with learning disabilities) **Avenues Group**
- supported living provider (landlord, housing support and care provider, people with learning disabilities and physical disabilities) **Aster Group**.

Across two interviews with each site, we explored a wide range of issues. The first interview explored their model of delivery, relationships with regulators and commissioners, workforce planning and partnership working. This interview was conducted with either the registered manager or the area manager (in some cases both). The second interview explored challenges in everyday practice, including recruitment and retention, career progression, qualifications and perceived gaps in knowledge and skills across the workforce. This interview was again held with the registered manager or the area manager but for this, a care worker also joined.



Structure of the service and its effect on learning and development

In this section, we explored how the HWC&S service is set up in order to examine the effect of different models/types of delivery extra care housing

Across the five sites, there was a diverse response to this issue. In the case of Avenues Group, the care service and landlord are completely separate. Avenues don't offer housing tenancies to the people with learning disabilities that they support. Neither do Avenues Group offer housing related support (HRS). Avenues only provide the commissioned care to the person in their home, which can be within 'everyday' accommodation or in some cases sheltered with a warden facility.

"We're linked with housing associations (HA's). People we support who live there rent spaces from the HA. Then we provide support within their home. In Bromley, we work with at least three HAs."

Avenues acknowledged the tensions this can bring, when they know of housing related issues that the people they support are having. They described giving support to be able to be a 'good tenant' and maintain tenancies (often referred to a 'housing based support') being needed but there often not being enough hours allocated to the person to properly support this.

"One gentleman that sticks in my mind, lives locally and has 17 hours support a week. The warden is very unhappy with his behaviour, hygiene, cleanliness and general behaviour. This gentleman's hours aren't enough for us to provide the best type of life he should be getting."

They described being a 'middleman' in terms of the tenants relationship with the HA and how at times, this feels like they take on a lot of this, with little or variable support from other agencies. The HA's may offer practical help but this is only available in office hours and if someone's lights have gone out for example, outside of these hours, Avenues have to respond to keep that person safe.

"...the walls may be cracked and the toilet might not flush properly – all those things we have to manage. We have been waiting a year for HA to remove certain items from a garden. We are at the sharp end of this situation."

In contrast, in Methodist Homes Association's (MHA's) extra care service, they're both landlord, care provider and housing related support provider. MHA see the model of housing and care being provided by the same organisation in a joined up way being vital to the wellbeing of their residents.

"Where you have a different landlord to care provider, there are difficulties. And the worry is that some of the issues would not be classed as specifically care related or specifically landlord related. But there are issues for individuals that live within a service and if you've got too separate providers then there may be some things that fall between the cracks."

They went on to give an example of where this may have impact on the people they support;

"...so if somebody has a domiciliary care package provided by an external care agency, the external care agency will come in to do tasks such as assisting with the bath or prompt

medication. The housing provider will act as landlord, ensuring that the tenants' rights are met and responsibilities are been met. But yet there may be other needs, so if it's like emotional support, if the landlord is purely the landlord they may not pick it up, assuming that the care agency will be picking that up. And a care agency may well be assuming that if a landlord is on sight they might do it."

Alongside this ability to 'fall down the cracks' is their belief that having landlord and care provider as one ensures a better sense of community within the scheme. In fact, they view the care provided by the same team as one of the practises that brings a sense of togetherness to the project.

For Aster (East, West and Central Mendip), their learning disabilities (LD) supported living service separates landlord, care provider and housing support, although Aster hold all three responsibilities but each are kept distinct from each other. They're an adult care provider where the landlord is separate to the care provider with housing and care managed separately. When asked if they would change anything about this arrangement, they commented:

"if it would be a direct advantage to our services where we could have greater access to properties (via the social landlord arm of the organisation) to enable us to integrate our services users into the community."

Within Aster's Weymouth extra care service, Aster are again both landlord and care provider, though distinct and managed separately.

"Our housing coordinator Maxine deals with all the health and safety, the repairs of the building. We do have a lettings team as well who sign people up in those first stages of the tenancy. It then gets passed on to a panel, then they prioritise based on individual's needs. We do a pre-assessment and get recommendations across. And then once that's all in place they sign them up. I can then deal with the care and support side of it and manage the staff as well. I do anything not property related."

This hasn't always been the case with the model changing over the years to reflect the amount of time being spent on housing related issues.

"When I first came we had a service manager in place, as well as myself. There was no housing coordinator, so we were doing both jobs... They then got the housing coordinator in place as we were doing two jobs and here it's very difficult to do both – because a lot of the time is taken by housing and repair away from the extra care and the care packages so it's been really beneficial to have Maxine here. We didn't want to produce low quality care."

Halton Housing's Trust's extra care provision differed sharply from any of the others above. Here, the mix of tenants is different with a significant number of relatively independent tenants, as their scheme is open to those 55 and older, with a different mix of those needing care and those with housing needs.

"It is a 30% split of people that haven't got care needs, but had housing needs. It is a 40% split of those who have up to ten hours care and possibly housing needs and then 30% with more than ten hours care and possibly housing needs..."

Halton Housing are the landlord and provider of housing related support only. When a tenant needs social care support, it is provided by a range of domiciliary care providers or personal assistants (PA's). Tenants also 'buy into' a mobile warden service operated by the Local Authority

(LA) to support Halton's model.

"...so there are various sources of care providers and PA's. They are purchased by the individual tenant, or residents through the Local Authority framework."

Interestingly, this wasn't the way that the service was envisaged to work when it was first launched.

"It wasn't the way the Trust saw it going forwards. They thought it would have been care providers on site. However, things have changed, we have been kind of led by the Borough as to what their expectations were and because of the reduction in funding that is why we are at where we are today...Initially at development stage of the first scheme, that is four years old, it was meant to be provision of care 24-7. As the opening day drew nearer, they withdrew the 24 hour cover in what we would expect in extra care and put it down to the lifeline call because you have got the responsive care. Upon opening it was meant to be covered by carers from seven in the morning through until 11 at night. That was withdrawn after the first week of opening because they recognised there wasn't enough care hours there to fund that kind of service."

Taking a more mixed group of tenants, with a more able group amongst them had implications for their service model and funding.

"Because of the type of person and also because there wasn't enough care needs identified in the local community, it then went to domiciliary care. We promoted one particular care company, who actually won the tender to provide the care in here initially, but they withdrew the service because of the lack of hours. Obviously, then you had the more PA's coming in, we were then unable to say that customers should use one provider, it was down to their personal choice. We are now in the situation that we have got possibly four care providers and two or three PA's working in each building."

There was a consistent view across all sites that it was possible for people being supported by HWC&S services to 'fall down the cracks' that are possible when services are 'carved up' into separate functions. To avoid this MHA have taken an amalgamated approach, whilst Aster acknowledge the issues but feel that taking on housing under one management structure impacts positively on the focus that can then be given to the quality of care.

Halton are proud of their housing related support (HRS) offer but have the potential difficulties of not being involved at all in someone's day to day care and acknowledge that the model has worked because of the LA responsive mobile warden service that supports the HRS model. Across all sites, there was acknowledgement of the need to be critically aware of the impact that their chosen model had on the people they supported, with some sites having ability to influence change whilst others, due to funding arrangements, had little ability to influence change.

Strategic drivers and their influence on workforce planning

In this section, we explored who has influence on the way each service is provided and what influence these bodies had on the service and its workforce.

Within Aster's (East, West and Central Mendip) supported living service, they are beginning to see real change in the way their service is commissioned and who their employer is:

“Somerset County Council (commission our service) but we have a number of service users who have direct payments and those who have separate budgets.

This has given the customers a lot more choice and has had an impact of the service we provide. Those on direct payments have more flexibility when it comes to their care. Direct payment users have more say on who provides their care.”

In Avenues Supported Living service, this wasn't reported as the case with the LA being the exclusive commissioner. The LA contract monitoring officers are described as having a 'massive influence' on the way the service is provided, with the service working closely to the specified service level agreement. The relationship was described as 'two way' giving opportunity to feedback and add suggestion, although they highlighted the importance of getting to know the post holder as this has an influence on what is seen as priority.

“Each time there's a new contracting monitoring officer they've got a different perspective on what's important.”

Aster's Weymouth extra care service is wholly funded by Dorset County Council.

As Halton are a 'housing and HRS only' service, they are commissioned by the Housing Trust, and funded by the last remnants of supporting people fund (via the Local Authority).

“Technically, it is the Local Authority who commission us, we have a contract with the Local Authority at the moment to provide extra housing support, so rather than us actually bill the residents directly here, we get paid by the Local Authority to provide it and the Local Authority in turn charge the residents here for a housing support service.”

Tenants within Halton's scheme pay a fixed HRS fee. This has to be paid whether the tenant uses this support or not, though in their experience, tenants often use this more than they think they do.

“It can be simple things like repairs, getting activities together, for socialising, events, what's on in the local community, bus timetables; it can be quite varied.... also we have a lot of external bodies in. For example, we had somebody here last week that worked for the Local Authority offering training courses, anything ranging from cake decorating to computers/IT and we brought the person into the scheme, had a meeting with the customers, she sat and talked with the customers and identified a couple of people who were interested and what was available. So it's

about creating that knowledge about what is on and what people can actually access.”

In terms of regulation of their services, all but Halton Housing were registered and regulated by CQC for at least part of their service. Both Aster (EC) and MHA reflected on the varying degrees of understanding of CQC inspectors about the model of extra care. Some inspectors had wanted to ‘inspect’ aspects of the service that weren’t care related;

“We were supposed to have an inspection and then they cancelled and wanted to go away and discuss whether they should be looking at support side as well as care.... People here don’t want to make it a residential home – and having lots of fire safety/care plans on the wall would make it look like one. This is people’s homes. Imagine them as separate individual flats. All we like to do (on the support side) is make sure someone is on hand if they need it.” (Aster)

“I think they’ve found it hard have the CQC when inspecting housing with a care service, sometimes when they’ve come they’ve looked at the more homely stuff as opposed to the care side ... They want to look at the health and safety stuff for the building, catering, and issues like that that they don’t necessarily need to be doing.” (MHA.)

In terms of regulation for their HRS offer, Halton are inspected by their LA under the Supporting People programme. However this has been changing rapidly

“...it is diminishing. It is the only Local Authority round here that still has Supporting People. They don’t actually call it Supporting People anymore, We have just been notified that we will be moving to Intensive Housing Management. Extra care, we have still got an extra year and that is being reviewed, so on extra care we don’t know what it is going to look like. Whether it is going to be block funding, which we currently have in place, or whether we will move to Intensive Housing Support, I am not sure going forward.”

Those regulated by Care Quality Commission (CQC) were positive about the impact it had on their services.

“It is a good things as it means we are meeting set standards and our customers can expect a certain benchmark the delivery of safe care.

Any service that isn’t monitored won’t be as good.”

Avenues’s supported living services interviewees reflected on the experience of working in both their registered services and non-registered, also picking up on the way in which funding of services that are within the auspices of CQC effect the amount of ‘flex’ for the person experiencing them.

“In supported living you can adapt their support more and the care so although we still have guidelines to follow it’s not as rigid as in residential.

The hours and the way that its funded is different, hours are for the service not for the individual which makes a big difference.”

In discussion about the influence of the main commissioners across the sites, i.e. the Local Authorities, each reported good relationships where they could feedback and contribute equally through on going conversations and inspections. Aster’s SL service did however pick up on the

'blanket' approach to expectations of training being problematic.

“Sometimes the expectations of training within the County Council contract may stipulate that staff need to attend various training courses but they don't pay enough and the hourly rate is at the lowest. Sometimes the training also may not be appropriate for a member a staff and this is quite a blanket approach to care when actually when working in care there is no point in attending certain training if you don't need it.... There are a lot of if, buts and maybes really and ideally you would want it to be a more bespoke contract between provider and commissioner but within the time we are living in today that is very unlikely.”

Across all sites, constructive relationships with commissioners and regulators were reported, although the importance of an ongoing relationship was made frequently, with frustrations aired about changes of personnel meaning differences in practices and expectations from one person to the next. All saw working to standards as important, though the supported living services were the only ones to start to see change in terms of the way their services were commissioned (either via Direct Payments or supported living services where sufficient 'flex' had been allowed to use hours more flexibly to meet need).



Workforce planning

Having understood the model of delivery and the influence of commissioners and regulators, we went on to explore how each service approached the organisational needs for learning for all levels of staff.

All but one scheme (MHA) highlighted the difficulty with recruiting staff.

“That probably is our biggest challenge at the moment, actually getting people to apply for jobs. ...The expectations on workers are much higher than they used to be, the hourly rate is above the national minimum wage but is still low, the hours are unsociable hours. Recruitment is particularly difficult.”

All sites had a mix of internally provided training, e-learning and some specialist training brought in. MHA, Aster (SL) and Avenues have all developed specific training around topics that are key to the delivery of their service. MHA have developed dementia facilitators:

“We also have dementia facilitators who support staff in their development and knowledge and we’ve been doing that for quite some time. They do their basic training on dementia but then have other sessions with a facilitator about specific areas linked to people living with dementia so we can improve.”

Avenues have made mandatory for all staff working in certain services de-escalation and diffusion training and have been developing an in house sexual wellbeing course, responding to a growing need for this by staff.

All sites saw the importance of supporting staff to develop, not least because this enabled them to grow their own leaders. Avenues were particularly keen on promoting from within:

“I was at a senior management team away day in summer, one of the topics was succession planning, who’s going to be the service manager, assistant manager, we had a representative from the training group and he came and did a presentation what we’d be looking for how to develop that person. We’ve talked about it and I think what we do is then take that information in to one to ones with people asking where do they see themselves what would they like to do.”

Within Halton Housing, decisions are being made about the type and level of development that would best fit their HRS staff.

“We recognise that we have staff who are very experienced, but haven’t necessarily got a qualification to support that. We are quite interested in actually providing some qualifications around that. Again, rather than looking at a formal college qualification, we are looking at whether we can combine the Chartered Institute Housing Level 3 with an NVQ, so some of that can be done work based.”

The service is facing a review by the LA, with a possibility that the care be brought ‘in house’ to the extra care provision. This has led to conversations about the right level of skills and knowledge to potentially manage such a service, if it were to happen.

“So to me, it is a whole different ball game. To me, it is quite nervous time to be honest. Under CQC you have to have somebody registered, so if you got to have a registered nurse, would the registered nurse have the housing qualification, would they have that experience, where would the lines divide?”

And the implications of a possible change in delivery model:

“It is two very different roles. The other thing that I would be concerned about is that obviously care would take the first priority, so to me housing would then become secondary. I am aware that at the one of the extra care schemes in the Borough, where housing support has almost become non-existent and, as we mentioned before, it has almost become, unofficially, a care home.”

In summary, all sites had induction and ongoing learning and development programmes. The majority had a very clear pathway, dictated by the QCF framework and their specific service requirements whilst non care providers were considering their options and what met their needs.



Partnership, integration and changing expectations of commissioners and their influence on the workforce

All sites talked about excellent day to day relationships with primary care, social care teams, mental health teams etc.

“We are utilising our social work team, within that we could be talking to the speech and language therapist. We could be working alongside the community nurses and the mental health team. There’s lots of partnership working.”

I think the good partnerships are with the OTs and nurses. I think they work well because of communications. Having that rapport and building it up with them.”

Aster (SL) described the squeeze on resources as having a direct impact on relationships between partners.

“The negative is the expectation of everybody’s workload which is actually double of what they should be doing and so everybody seems to be passing the buck to everybody else and that probably is one of the biggest challenges that we face as a provider.....We try to be supportive as much as possible, but it shouldn’t be our responsibility to actually do it and that involve things like mental capacity assessments so we sometimes have to step back and say although we are a provider of a care service, that is not in our remit. This is challenging because we don’t want to cause any rift between the services.”

Frustrations were also voiced about the understanding and acknowledgement of housings’ role and the lack of opportunity to open up this discussion.

“Trying to get time in local hospitals to talk to them about what we do [extra care] and how we do it. It’s impossible, they haven’t got time, they are too busy to bother with housing.... Housing has always been that if it can be left out then it will be.”

Difficulties were also described where care providers external to the organisation are providing care to people who live in the services.

“the communication isn’t great... Nothing is ever flagged up to us.”

The distinction between care and housing related support is clear for Halton, though this does pose some dilemmas in terms of the response needed at that moment where a care provider is not present.

“One of the small things is we don’t generally push people around the building in wheelchairs or anything. It might seem a small thing, someone is in their apartment and you could push them down to the bistro; that would be great. We have probably a dozen potential wheelchair or scooter users where mobility can be a problem, if everyone one of them wanted in a day that bring me down take me back, that would eat into our time so much that you almost can’t start it because it is what it leads to.”

...We are very clear in that we don't necessarily do something with one customer because 'oh they just need it, let's do it', because then you do also get the knock-on effect – 'you have done it for Joe Bloggs, why can't you do it for me?' and ultimately if that person has got a need, that need can be addressed within the care plan and the support plan if it is want, it is a very different thing altogether."

However, a practical approach is taken to supporting tenants, based on a balancing of the needs of those they support with the distinct role of HBS.

"Our staff do actually carry the handset when they are on site. If there was a call from a customer needing an urgent response they have the handset and they would deal with that, but we stress and we have done this right from the start, it is an emergency response only. With that you can ask yourself we are housing we shouldn't be providing an emergency response. Reality is we do, we will see to that. Again, that is where it goes from the housing to the care side of it."

On a strategic level, partnerships with leaders within other organisations or with local boards or Partnership groups appeared to be much more difficult to achieve and infrequent. For example, MHA have five apartments that are paid for by the Clinical Commissioning Group. Currently these sit empty as plans to use them to assess people's ability to go home following a hospital stay or illness or to support them to get ready or to move on to another service did not work well, with the beds not being utilised. These have sat empty for two years.

"My personal view is because there are poor communication links between health and adult social care that it never really worked. We had some cases that it was great outcomes and lots of time where they sat empty. But we are still constantly hearing that there were so called bed blockers in hospitals and we didn't see the throughput from those."

We then explored the increasing drive towards integration at a national level and whether this had had an impact on their service? Two of the five sites discussed their concerns that as health and care roles are drawn closer together, what may be expected was outside of their current skills and remit.

"We employ staff as care and support workers, not healthcare workers. The training needs of someone delivering health is somewhat different. I'm a nurse by qualification and I feel it is very unfair to put that kind of pressure on our staff when they've not had the appropriate training nor are they paid enough to do that kind of service."

Halton have worked with the Local Authority to create a joint post to promote 'Health and Well Being' and can see this role expanding into routine checks such as blood pressure.

"The post is going to do 2 days with the Health Improvement Team, which is Local Authority based and 3 days with us. I will actually manage the post. The idea is for the 2 days they will be a member of the Local Authority team and then they will come back to us and replicate any events they are operating, or knowledge. That would mean, one of the things we have put in the job description is that we want them to have some sort of Health and Wellbeing Qualification. Going forwards we could have a member of staff who could provide those clinics more regularly, so again, to be honest if that is a member of our staff, there would be nothing to stop us if Angela said: 'I am a bit worried about Mrs XX, she isn't looking quite right', we could potentially call somebody in to, say, can you do a quick blood pressure check. It would be something more responsive rather than, say, being a weekly duty... Going forwards we are looking to having more of an integrated service."

Halton have also been part of a Borough wide dementia partnership, looking at broad strategic dementia services planning.

In summary, all five sites reported good relationships at service level with a wide variety of other professionals. However, there was less evidence strategic partnerships and a certain amount of unease at possible changes to roles that may come as a consequence.

The second interview then spanned more operational issues that underpinned all the above themes.



Recruitment and retention

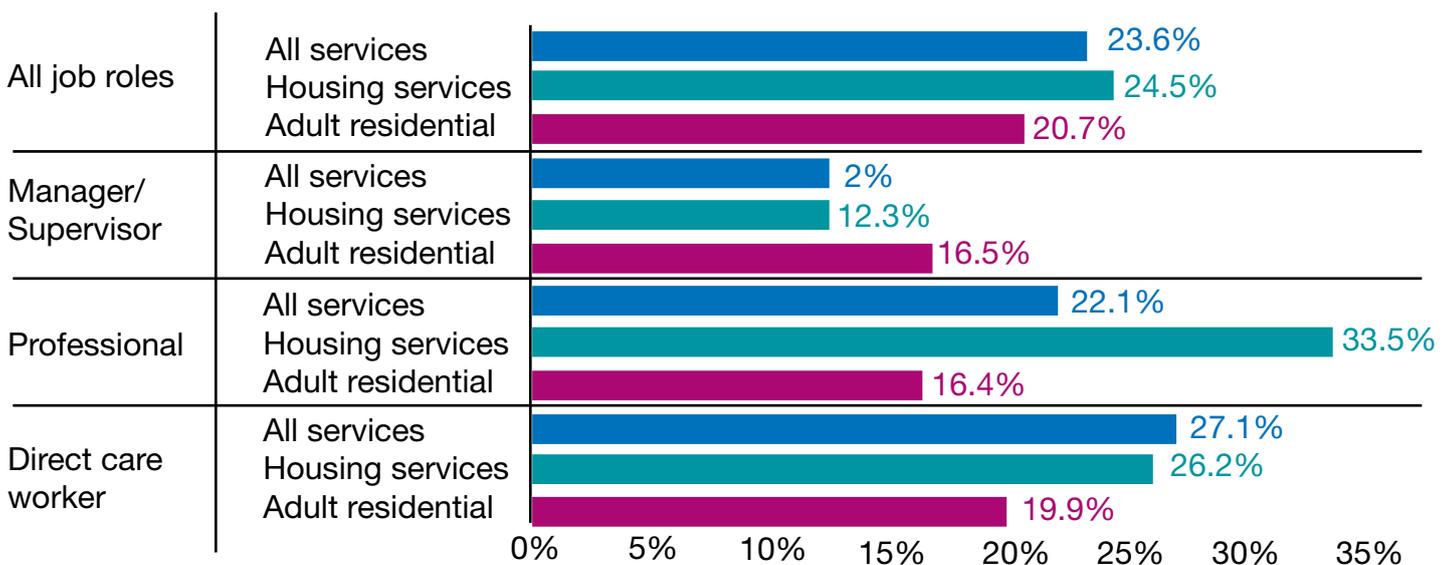
We understand from data gathered (NMDS-SC www.nmds-sc-online.org.uk) that the HWC&S sector appear to have issues with both recruitment and retention (though data would indicate across the housing with care and support sector, there is less of a problem with retention than recruitment)³.

A comparison between the insight from Skills for Care’s previous report ‘Information and intelligence about the housing with care and support workforce’ in 2015⁴ and an analysis of raw data from the NMDS-SC in April 2017 shows that turnover across all roles in housing services has increased from 20.7% in 2015 to 23.6% in 2017.

2015 data

Chart 1, workforce turnover rate by service type

Just over a fifth of directly employed workers in housing with care and support services were recorded to have left in the past 12 months (24.5%). Chart 3 shows turnover rates by job role and service type.



Although this turnover rate may seem relatively high at 24.5%, around 40% of those leavers move to a new role within the sector

³ <http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-integration/housing/Information-and-intelligence-about-housing-with-care-and-support-workforce.pdf>

⁴ <http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-integration/housing/Information-and-intelligence-about-housing-with-care-and-support-workforce.pdf>

Analysis March 2017

Chart 2, turnover rate by service and job group/role

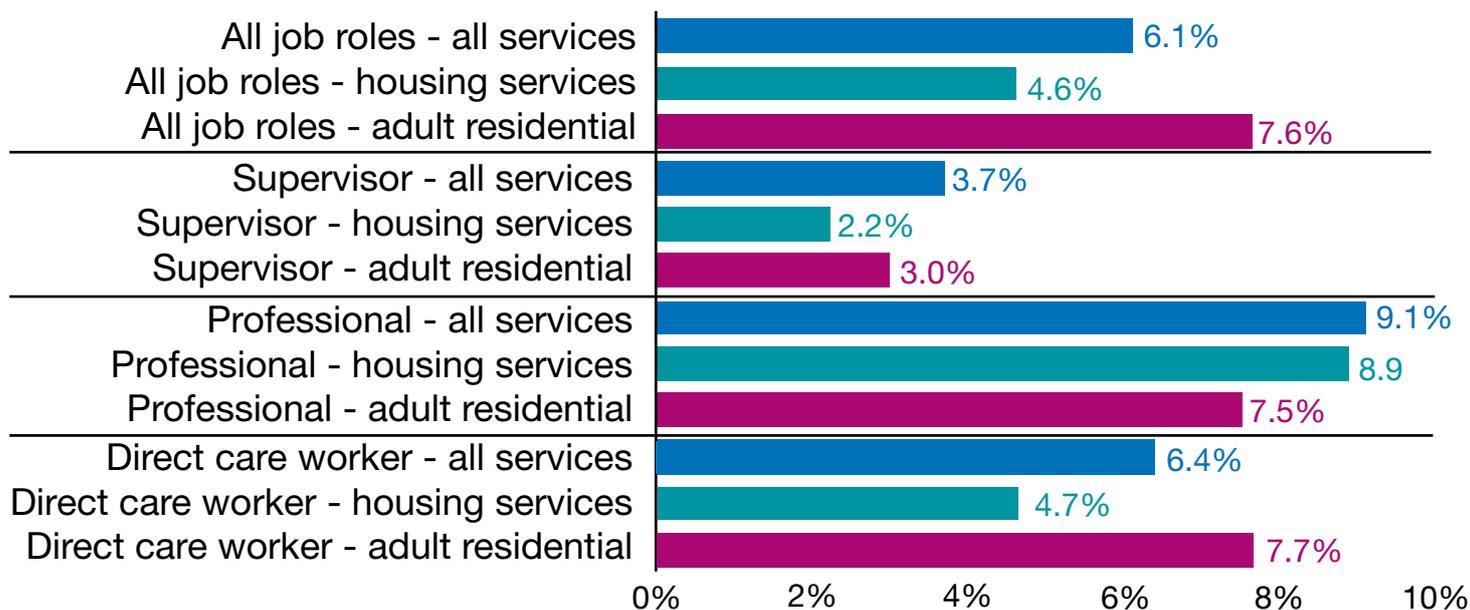
Source. Workforce estimates 2015/16, NMDS-SC March 2017

Raw NMDS-SC data 2017



2015 data

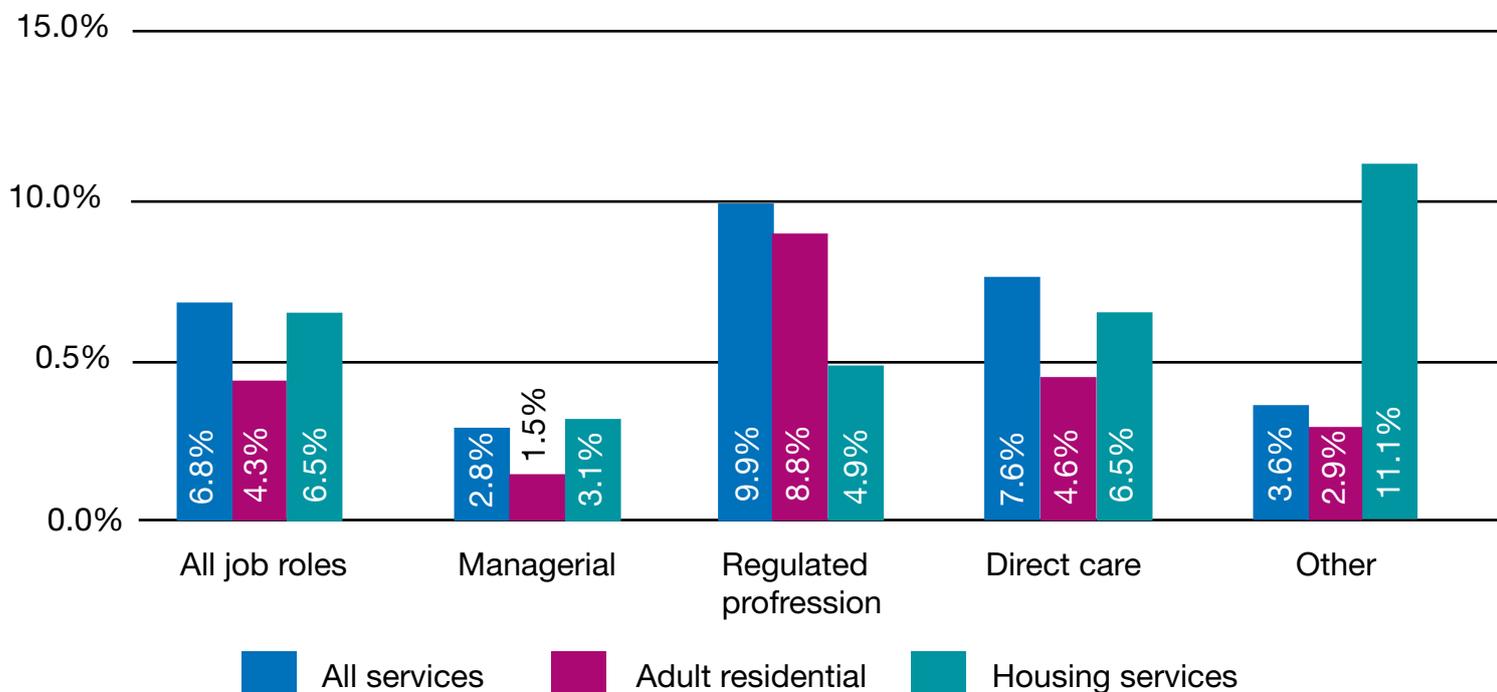
Chart 3, vacancy rate by service type and job role group



Analysis March 2017

Chart 4, vacancy rate by service and job group/role

Source. Workforce estimates 2015/16, NMDS-SC March 2017
Raw NMDS-SC data 2017



Vacancy rates across all job roles in housing services in 2015 was 4.6%, and in March 2017 this had decreased to 6.5% with a similar result for direct care vacancy rates in housing services in 2015 at 4.7% and in March 2017 at 6.5%.

We explored these figures with the five sites, to find out if these reflected their experiences. Both Aster sites found recruitment a problem, with low wages in comparison to the level of responsibility of carers roles seen as partly to blame. The cost of advertising proportionate to the degree of success was also seen as a difficulty for organisations, with Aster now branching out into Facebook and Twitter for advertising and viewing digital as the 'default' from now on.

MHA find recruitment for carers less difficult for the particular scheme interviewed as it has good transport links and is close to Leeds. However, in their other more rural schemes it is a real problem.

“Otley and Ilkley we get the same old names coming round again. A small pool of candidates from the local area who when they get fed up with one provider they move onto the rest. And they just gradually work their way back round again. Otley is really tricky for care workers. I think we have three permanent care workers at the moment.”

However across all MHA schemes finding good managers is difficult, something that is reflected in the national 3.1% vacancy rate in the chart above (compared with 2.8% across all services).

“My recent experience is that finding managers for extra care is like looking for needles in haystacks.

When I look for a manager I look for someone with experience of managing a care team, and if people haven't managed a care team before it's a big ask... You can teach housing stuff much easier than management and leadership.”

Aster (EC) reported more difficulty recruiting activities coordinators than care staff, though both had low numbers of applicants. Halton have far less problems recruiting to their HRS roles.

“We do have to be very specific about the role, its housing support not care because there is a misunderstanding of what we're looking for. We need to be specific and then we usually get a high standard of staff.”

Avenues have a rolling programme of recruitment days running throughout the year, which seems to supply them with enough staff. However, the problem then becomes one of retention. *“They won't really understand the intricacies of the work and type of work and after a period of time they start to realise they want to work at that service. Particular services, where lone working is frequent and where less sociable hours (i.e. sleep-ins and late finishes) are the most difficult to retain staff in. Aster (EC) also mentioned the impact of lone working on recruitment and retention.*

A lot of our roles are lone working.... it is a merge of roles as it's care and support worker so in the extra care services you provide a 24 hour on-call emergency service to all residents but then you will be delivering domiciliary care at selective times so there are periods where you may be lone working and I think sometimes that can be quite challenging to some people that look at the role.”

MHA mentioned that recruitment and retention is more successful in the interviewed scheme than in other Extra Care schemes, partly due to the team working at this scheme compared with periods of lone working at their other EC scheme, again reflecting that lone working is more difficult for some people.

“It’s an extremely busy scheme, quite a mix of dependencies, some high some low. It’s busy, it’s buzzy. A lot of care workers like working part of a team and when it’s really busy.

Also some, even they’ve been told at interview and know from the start they refuse to do lone working. Said no I’m not working in this building on my own at night.

That’s about people not wanting to do lone working, not about the feel of the building. I think its people not liking to be on their own, people who have been in care for a long time aren’t used to working alone and used to being with someone. They’re used to working in care homes and being in a team.”

Sites went on to describe various ways in which they strive to ensure they get the right person with the right values for the job. Aster (SL) use the ‘networks system’ along with other care providers in their area.

“This is a new system where candidates are able to register and apply for jobs online. They are assigned a candidate number and their details are passed onto home services agencies. We then have a panel that is made up of two team leaders, and will then shortlist dependant on their scoring and invite to interview. Candidates who are successful with then get a text or email from Networks for them to select their date and time for interview. This is still relatively new and again is pushing us to becoming more digital.”

All sites talked of exploring core values (either attitudes to care and support or the core values of their organisation) at interview and these being more important than qualifications or experience.

“At the first interview we use very real scenario based questions such as ‘what would you do’ at the very beginning of the interview.– ‘You’re supporting somebody whose grandma passed away a few weeks earlier and all of a sudden they start crying then throw their cup of tea on the floor – what would you do’. This gets to the real knitty gritty of fast acting.”

Candidates are then given a series of ‘competence’ based questions, drawn from Aster’s core values and some specific questions based around learning disability. Successful candidates are then invited to a social evening with customers and staff *“...because again people can get that misconception about learning disabilities and get their own visions of what they think it will be like, when in reality it’s not as frightening as they might think it’s going to be.... This helps us to pick up whether the role is right for them before we get to the induction stage and spend money on training.”*

Avenues has a rigorous values based interview process for those who attend their recruitment days and progress to interview, though interestingly one member of staff recruited this way felt overwhelmed by the experience at the time *“...three-four people came out to interview me with lots of questions I was asking myself is this an interview for a support worker with all the questions and found them complex.”* However, the values of the person was seen as of crucial importance and permission is given to recruiters to be flexible with candidates who score less well on questions asked where they see a good values and potential.

All sites except Halton discussed 'drop off points', where they experience staff leaving because the job is not what they thought it would be (shifts given prove unpopular, lone working, transport are all given as reasons) or they are not performing well enough following probation. Aster discussed this in terms of the expectations of skill and learning for care staff being relatively high for a lower paid job.

"They [new staff] do all their mandatory training, but for keeping staff I would like to condense it down as I feel they just get an information overload, they have a week of training and then they have to do their eLearning and they also have to learn the policies and procedures and then they have to learn the customer's information and then shadow shifts.

More often than not the (failure at) probationary isn't to do with the care that they are delivering but due to sickness and general performance so it can be their documentation skills, so their actual hands on care delivery is okay but the bigger picture, documenting things, drug errors; those kinds of things can impact."

Once again, the need for lone working in EC services was brought up as a potential 'tipping point' for new staff.

"If something happens when they lone work, I think is probably the most imminent point where they then make that decision 'Do I want to do this'. We see the most threats to drop-off after this but we have worked on this and made sure we've got the follow up and that tends to stop them from dropping off."

Progression and career development

Following recruitment, we wanted to examine career development and progression. Progression can mean a promotion to a more responsible role as well as progression to be able to do your job more skilfully (but perhaps staying in your current role and taking on extra roles/tasks).

Aster (SL) felt that staff could progress in their qualifications (achieving level 2 or 3 Diploma) but there is not a current way of recognising this via role progression, with no senior care workers roles in existence within the service, just a rather large 'jump up' to assistant team leader or team leader.

"I guess because care and support workers if they have a level 2 or 3 are paid slightly higher than somebody who doesn't have a qualification but that doesn't mean that they are a senior care worker or anything like that and that's something that I feel would be a real benefit or to have allocated key workers but there isn't that real kind of clear definition because apart from the pay from achieving their level 3, their title does not change."

Instead of this, opportunities have been created to offer progression.

"We have been able to give opportunities to our staff, so for instance our two assistant team leaders were care and support workers and we put the ad out to all of our staff for a secondment for three months just to give them a feel for the bigger picture of the company and then we were in position to be able to offer them both full time positions as assistant team leaders which was amazing."

Similarly schemes have been developed to aid the planning needed for future managers.

"I was nominated as part of the Development Network – the Development Network is about the heads of service almost creating contingency plans should they be off sick or retiring, it's about investing in the people that they've already got rather than recruiting new people. I was nominated so that if my line manager, whose head of service was to be off for any period of time, I could then step up into role and part of the Development Network is that we do webinars and we have sessions where we do 360 degree feedback forms for instance, so it's kind of that investment again."

Progression and future ambitions (what your ideal next role might be) are also discussed in supervisions at Aster EC and this is then fed into a training plan for the individual.

Avenues spoke of the support of a person's manager being key in alerting the person to possible new roles and their support in helping to prepare you for a future role, both of which were seen as present within Avenues. This is backed up by their approach to training.

"We've got 2 training calendars, one for support workers and other a management calendar, what even had the tendency to do, or I do anyway is to those who have completed the majority of support work training and actually what to develop I try and get them onto a manager training even though there not managers as a way to progress them forward into a role so that their ready."

I started as a support worker so I've been a support worker, senior support worker, assistant service manager, service manager and now area manager so you know has been progressive for me and opportunities have always been presented to me."



MHA pointed out one particular role that they see as having few natural progression routes.

“One role where I still hear there is a block on the administrator positions. They’ll say ‘but where am I going next?’ But can’t go to management when we’re looking for care managers. Because we only have one head office in Derby and it isn’t local, people see that as a limitation – I’ve recently in the last month lost an admin because there was nowhere for her to progress to so she went to the NHS.”

Halton EC talked of moves into different sections/departments of Halton Housing Trust being common and something that is encouraged.

We then explored the role that qualifications have within progression. There was general agreement that qualifications were useful and played an important role in underpinning experience.

“I do think that qualifications are important in the sense that they show the company or employer that you have the ability to understand your role and you’ve got the knowledge to back up the experience that you have. Qualifications are not the only thing, but they are an important tool.

I’m not dismissing education as education is very important but I think it needs to be balanced... I’ve seen people now that don’t technically have tick box qualifications but mastered a lot of practical skills so they have a lot of knowledge of how we as an organisation work and personally would favour someone with that sort of skills than someone with a lot of certificates.”

Halton echo this view:

“With a sector of older people you’ve got to have passion and all that side of things rather than just a piece of paper saying I can do the job. The trust does look at that side of things I think – qualifications are important and they will support you in getting through them.”

NVQ Diplomas at level 2 and 3 were seen as important by 4 of the sites, offering a gradual progression of learning.

“I do think the NVQs which are now QCFs (which are changing to RQFs) really do give you the ability to move on.”

All sites offered a wide range of ‘in house’, externally provided and e learning opportunities. MHA reflected on a wide range of mandatory and voluntary training but also wondered if some ‘basics’ were missing.

“Basic care skills, and that’s something we do talk about a lot but we’ve never developed in that when staff are new they come in and we train them in safe handling, medication – all those essential things but there is nothing saying this person has been told specifically how to get this person out of bed and wash them... Some of it is as basic as that, and it can really be down to people’s standards at home. I once worked with a girl where her standards were different to our standards and it was in a care home and we had to part company..... She would let wet sheets dry and make the bed back up rather than washing. Our basic standards is the sheets would be removed, washed, new one put on etc. This is how we’ve taught, but she was saying we don’t do that at home. She was from overseas and this seemed to be the standard. I couldn’t move her standards in her head. What is that we actually train in those basics? We do observations, working alongside people, shadowing shifts. But in 12 months’ time, you’ll be doing an observation but how can you do that if they haven’t been taught in the first place.”

The importance of direct observation by managers was mentioned by two sites as key to maintaining standards and a way of evaluating the impact of training given.

Funding for learning and development

We now discussed the funding of learning and development. This included the cost of formal qualifications as well as the cost of sending staff on internal training courses.

For both Aster services , all of their mandatory training is 'in house' apart from First Aid. They view the 'skilling up' of their staff to deliver courses such as safeguarding part of their approach to developing their staff. Avenues similarly deliver the majority of their training 'in house' but also the expansion of this approach as a part of reducing the cost.

"...because we are currently paying external people and would like to do it in house so set people projects and area managers been set by the regional director will each all deliver training of some description."

MHA utilise people's specific interests, funnelling these into enhanced roles and learning to drive a 'champions' approach within the scheme.

"We train people to become dementia care mappers and involved them in other dementia training we do. We do pick out specifics and it's often in line with their interests. So at their appraisals we actually talk about, 'what are your interests?'"

We then explored whether there are there ways in which they have found ways to reduce the learning spending whilst keeping quality high? All five sites were using an increasing amount of e-learning to address this challenge (for Aster, this is developed in house). Avenues talked of their blend of face to face and e-learning, often using e-learning for refresher courses following a face to face. Also mentioned was a 'train the trainer' approach enabling more in house delivery.

Also mentioned was tapping into local partnerships to access training.

"It's also about tapping into our free resources as well, so linking in with the district nurses, linking in with other professionals who can come in and provide the free training for us like the wellbeing team, the better health team doing an hour session on breast care for instance. I think if you've got good partnership working you can kind of help each other."

Mental capacity and safeguarding we like to use local authority training for that. Different local authorities have different ways of doing things and it helps with those local links when there a queries about cases."

Specific issues facing staff who support people with particular care needs who use their services

In terms of identification of emerging training needs, most felt that managers held a key responsibility for gathering this information and taking it 'upwards' in the organisation. This can happen through team meetings or appraisals or observation.

Halton talked of the need to pre-empt the skills needed to support those who may use their service in the future and how this involved working with their commissioner.

"We need to make sure staff are in a good place going forward and how we address those changes. We're very proactive and work quite closely with borough council, obviously a lot of our funding comes from them. We do a lot of consultancy work to identify changing need of customers going forward."

Thinking about whom they look to for advice and guidance on particular topics a large number of sources were stated including:

- Skills for Care (inc Registered Managers network)
- Care Focus
- Learning Disability England Housing and Support Alliance Group
- Aster's own Academy
- Consultants brought in to advise on specific areas of work
- White papers from Government.

We then asked about particular gaps and topic areas that they find are emerging in the work that you think that they may need more training in?

Aster (SL) emphasised the need for staff to be skilled in documentation.

"I feel it's about drumming the importance of record keeping, you have to be able to evidence it. It's about staff being clear about what they've written. We need to know about incidents and they need to be reporting these things and also being clear about those boundaries."

Aster (EC) identified diabetes as an emerging area of need.

"We have a diabetes awareness toolbox talk that we are doing at the moment.., so that's being used as a way to sort of give staff more knowledge of the condition and about how the condition is managed and treated. We have identified the gap, but ultimately going forward we need to look at a more qualification based or a more distance learning course in relation to diabetes."

Sexuality and sexual well-being are seen by Avenues as a part of their service users lives that is not well supported or understood. Staff need more confidence and knowledge in this area and the hope is that in turn, they will then share this with the people they support and their families. For Halton, substance dependence (particularly alcohol) has become a real issue for some of the people they support.

“The customers that are coming in are a lot more challenging than they were five/six years ago, got a lot more problems. Quite a lot of it is from drug and alcohol misuse. We’ve some quite challenging customers who’ve caused a lot of problems.... And this also contributes to mental health as well because a lot of it is to do with mental health. Gone are the sweet old ladies who want to play bingo!”

Mental health was mentioned by three of the 5 sites as an area of emerging need for more staff training.

For MHA, they want to access training on how to access someone’s mobility needs. Without this, they cannot move the person safely and therefore in some cases can’t deliver care. Paying for this is currently one of the only options.

“We train people to be moving and handling trainers so those moving and handling processes are done correctly but we don’t have qualified assessors of individuals and their mobility needs. That we are struggling to get.”

In terms of specific gaps, four out of the five schemes mentioned more skills and knowledge needed around mental health. Also mentioned were substance dependency (particularly alcohol), anti-social behaviour, challenging behaviour and tackling loneliness.



The future, challenges and opportunities

Sites were asked to describe what they saw the future of their service looking like? All sites reflected the difference between what they may wish to happen and what was actually happening, largely due to the effects that LA budgets were having.

For Aster's SL scheme, this has meant almost coming 'full circle'...

"The drive a few years ago was for people to have to their own home, however social services cannot afford that so the idea now is people moving into shared environments where they share a house with another person so that they can split the care and share the cost of their care delivery."

Both Aster EC and MHA talked about LA's now only funding those at a high level of need and the impact this is having on previously more mixed need schemes.

"[The Future will be]...Definitely be more care centred I think due to care needs growing. Things have changed dramatically in the last ten years. They're prioritising people's levels of needs."

I think that there seems to be a big push that everyone who moves in has a medium to high care package and were not getting through at a low care package. We need more low care packages."

This change in mix of tenant need also has an impact on the type of environment and sense of community that EC schemes are able to offer. Having the majority of people with a high level of need was also seen to make the work less attractive to some.

"It would have an impact not only on staff but the residence as well. For the ones that are more able and come join in everything for the community mix. A higher dependency ratio has an impact on recruiting staff, because they are going from having someone who is really challenging to care for but then after that they" have someone who's easier, the more higher dependency residents it would be more constant and it would become too much."

Whilst Aster SL and Avenues already manage varying support hours for each person (either through DP's or individually set support hours) MHA are still block funded, and wondered what impact this will have when this changes. The model of EC was seen as potentially vulnerable because of the funding cuts.

"There's a lot of arguments of how expensive it (extra care) is and they rumble on. It's about defining what the needs are and what should be met but at the moment were looking at adult social care but in critical and emergency services. I think if we stay at then extra care will struggle whereas if we referred to looking at individual needs and long term likelihood for care then we stand a good chance. There is a lot of positivity about extra care and it's outcomes for people."

Equally Halton's model of EC delivery is one that is not seen as necessarily one that delivers the best outcomes or one that should be taken forward.

“I think from an extra care scheme perspective we are a long way off from being where we would like to be. So again, thinking about working in partnership, hopefully going forwards, things will improve but I think we have a huge gap here because we haven’t got care providers on site. ..there is a concern there.I don’t think the care providers and the Local Authority are serving extra care as I believe it should be... I would like to see care providers on site; I would like to see our customers have that response and know that response is there should they need it.”

Taking into account how the services were changing, we discussed what increased or different skills staff might need?

Aster SL talked of the diverse and unique needs of some of their clients and their response to development and training being responsive to those needs. However, this can be resource intensive *“...because we’ve got to meet the demands of the customer and need to train staff up and that customer may then move somewhere else. That staff member may then never use that training again and you have to think was it worthwhile.”*

Avenues SL believes that more of it’s staff will need de-escalation and defusement training as more of their service users are coming from in house MH services or have complex challenging behaviours.

Aster SL see a need to invest in staff development in delegation and supervision and management as they continue to grow as an organisation.

Themes and conclusions

Though it's difficult to compare the diverse schemes interviewed for this report, several themes did occur across most or all of the sites and are worthy of note.

- Disaggregation of services and functions can lead to people 'falling down the gaps'; all of the services, whatever their configuration, were aware of the impact that splitting various parts of the support can have on those with support needs. Those not offering care knew that this meant that at times, they were less aware of some of the issues being faced by their tenants which could impact on the HRS that they gave. Equally, those supporting in people's homes, felt the frustration of not being able to 'stray' from their care function to help with tenancy based support. All acknowledged that without one provider of all of the care, HRS and landlord functions, elements of need could 'fall down the gaps', with each partner assuming the other had information or responsibility for an element of someone's support.
- Integration may be happening strategically at a local level but none felt fully engaged with this at a scheme level; 4 of the 5 schemes reported no involvement on local Boards or partnership discussions with others about integration and their role. Some knew that further integration was a national policy but were concerned about what it meant for roles and whether it was realistic for their staff and their service.
- Recruitment and retention is a substantial challenge; all schemes apart from Halton reported difficulties in recruiting staff and retaining them, each site making their own efforts to use new methods of recruitment and specific types of 'values based' recruitment to alleviate this.
- Lone working was a factor in poorer retention; three of the five schemes mentioned the impact of lone working. By necessity, this is part of the role for many but it was reported as a reason why people leave (often after their first few weeks) and a difficult challenge for employers to find ways of making this easier for staff, particularly new staff.
- Common gaps in learning were identified; these included mental health (but beyond the 'basic' awareness and into specific diagnoses and conditions), substance dependency, anti-social behaviour, challenging behaviour (across all client needs) and preventing loneliness.
- The extra care model is under threat from increasingly high need levels; all the EC schemes agreed that the people that were now either moving in, or had been with them some time, had increasingly high levels of need. This is resulting in the 'housing' part of extra care becoming less visible than the care element. The vision of extra care as being housing with care 'as you need it' (starting at a relatively low level and perhaps increasing) is being challenged by the admission of those with care needs that are bordering on nursing care levels. This means there is less of a 'mix' of abilities, and this has impact for those living there and the staff that support them.

It's clear that Housing with Care and Support services are changing and in particular the model of extra care is changing profoundly, due to funding cuts and increasing levels of frailty. As these models change, this will have a significant impact on the HWC&S workforce, both in terms of what they do, how they do it and how they perceive their role.

In these case studies, employers expressed their frustration at the strain their services are under. Avenues Supported Living services reported not getting enough time to support properly as funding from commissioners has shrunk. Aster Supported Living reported that the introduction of Personal Budgets whilst welcome, had posed some difficulties in providing everyone with the individualized support they had paid for. On reflection, some of the elements of these services highlighted in this report felt like they were created in a different moment in time, when funding was more plentiful, more flexible and older people living with less long term conditions. The model of extra care for example, where 'younger' older people mixed with those needing more care has shifted without the label of 'extra care' being re examined in any way. For roles within these services, when recruiting how do you explain this degree of change and how do you retain staff when the sand is shifting? How do you create management and supervision arrangements that value and reward as the role changes?

The implications of lone working need also to be further examined. Supported Living and extra care both reported some staff not finding this easy, and it being a reason why some people leave the role, preferring team working. It will be important to investigate whether it leads to higher levels of stress, less supervision and higher levels of risk.

Skills for Care will work with partners in the housing sector to explore these issues and collectively strive to support those working across HWC&S to continue to provide excellent services to those in need as their services modify and change.

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Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP

T: 0113 245 1716
E: info@skillsforcare.org.uk

skillsforcare.org.uk