There for carers: the workforce development needs of Carer Support Workers

December 2013

“we share information about the social care sector”
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Appendix 1 and 2 are available to download from www.skillsforcare.org.uk/carers

Skills for Care wishes to express its thanks to all those who took time to contribute to the research and development of this report. Special thanks goes to Carers Trust for its support and guidance.
Introduction

“I don’t think the role is recognised for the complexity for the work we do... professionals may think we are just double checking that they are doing their work OK but actually we can work together and get the best outcome for the carers.” (Carer Support Worker)

“We work with families where they have been through very traumatic circumstances and by working with them, the Carer Support Worker really does take a lot on board and manages a quite complex situation… their role in these need to be recognised.” (Manager of a team of Carer Support Workers)

It is widely accepted that without carers the country’s health and social care systems would collapse. The support of the UK’s approximately 6.5 million carers saves the economy 119 billion per annum and enables countless people with disabilities, long term conditions, addictions, or problems arising from older age to continue to have a decent standard of life and support. This does not come without its impact on carers’ health, wellbeing and life choices. High proportions of carers report poor physical and mental health, isolation and financial difficulties. Yet, when we examine the support that is available to carers themselves, we sometimes have to look quite hard.

Most of us are familiar with the model of a person with social care needs having a social worker, to work alongside them, offering advice, guidance and access to support. Within this model, carers’ needs can become secondary or an ‘add on’ to what the person with care needs may need or wish for, and yet support for their work is vital to the continuation of the person with care needs wellbeing.

Recognising the vital need to provide support for carers, many local authorities and charities have set up or commissioned services for carers including Carer Support Workers (CSWs). This role is varied, responding to both local need and changing service models. Though the role is varied, a common purpose of every CSWs role is to focus on the needs of the carer.

“The CSW role is important because most professionals focus on the cared for and carers are taken for granted.” (CSW)

“My role is unique because the focus is on the carers, not the cared for.” (CSW)

The role of the CSW is not widely recognised or understood. Many domiciliary support services that offer direct care for the person with care needs via an identified need for support for the carer may also employ staff, known as ‘Carer Support Workers’ but are delivering a different type of support from the CSWs examined in this report. Therefore, there is room for confusion both in terms of perceptions of the role and for the needs of the workforce.

This research therefore covers the role of Carer Support Workers whose primary function is to support, assist or advocate for adult carers, but does not include roles where personal

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2 Prepared to Care? (2013) Carers UK reported 61% of carers suffered depression because of their caring roles, 61% have found it difficult to maintain friendships and 60% have had a reduction in their income as a result of caring.
3 Many of these services are offered by providers such as Crossroads Care schemes, part of Carers Trust Network.
care or domiciliary care is being provided directly by the worker in question to a person with care needs.

At a time of unprecedented challenges and changes to social care, it is important to both understand and acknowledge the work of CSWs in order that their contribution to better outcomes for carers is respected. Their development needs also need to be met to ensure that they continue to grow in skills and knowledge and therefore offer quality services to carers.

**Policy context**

Over the last decade, successive Governments have taken steps to enshrine the rights of carers in law and to enhance policy and practice to better meet the needs of carers. Developments have taken place across the UK, but this report focuses on those in England. Perhaps most notably, the Carers Strategy (2010)\(^4\) set out an ambition to put carers at the heart of the social care and health system. It emphasised the need to look at all areas of a carers’ life, including health, work and leisure and this is something that has been strengthened, via legislation on carers rights to assessment\(^5\), equality of opportunity\(^6\) and employment rights\(^7\). Much guidance has also been produced for the health sector regarding the importance of recognising and supporting carers.\(^8\) The Care Bill now passing through Parliament (Autumn 2013)\(^9\), as well as, in a historic development, the acknowledgement of rights of young carers for assessment and support under the Children and Families Bill\(^10\) sees many of these themes continued and again strengthened.

This significant reform of social care legislation proposes that, the majority of carers will have a right to an assessment, based on the appearance of need, to decide if they need support, rather than just those who provide a regular and substantial amount of care. The assessment should concentrate on their needs and outcomes and on both their willingness and ability to provide and to continue to provide care. It should also consider whether the carer works, or wants to work, and/or spend time in education, training or leisure time.

However at the same time, public services are under extreme financial pressure, with difficult decisions being taken about what can be afforded. Many of those interviewed for this survey expressed concern about the future of their services and the impact that this may have on carers. Therefore, it is of vital importance to be able to clearly articulate the worth and impact of CSW and their work.

**Overview of research undertaken**

In order to gain a better understanding of the role/s undertaken by CSWs, Skills for Care undertook a survey to examine the role of CSWs, and their learning and development needs. The aim was to build a picture of what CSWs do on a day-to-day basis, the skills, knowledge and qualifications that they have or think they need to have and to explore their thoughts on their career path.

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\(^{4}\) Carers Strategy. HM Government 2008 (refreshed 2010)
\(^{5}\) Originally brought in via Carers and Disabled Children Act (2000) this is now being strengthened and extended in the Care Bill currently working its way through Parliament
\(^{6}\) Carers (Equal Opportunities) Act (2005)
\(^{7}\) Employment Act 2000
\(^{8}\) Examples include RCGP Commissioning for Carers (2013), RCGP Supporting Carers Action Guide (2011)
\(^{9}\) Care Bill (HL) (2013-14), HM Government.
\(^{10}\) Children and Families Bill (HC) 2013
An electronic survey was sent to 109 CSWs and those employing or managing them on 19 July 2013\textsuperscript{11}. The survey closed on 23 August 2013 at which point 100 responses had been received: 61 from CSWs and 39 from managers/employers.

To supplement the electronic survey and to enable us to explore some of the emerging themes in more detail, 18 telephone interviews were conducted during the first two weeks of September: 10 were with CSWs and 8 were with managers/employers.

**Definitions**

The role of CSW is a flexible one and is moulded to reflect local needs and the wishes of those commissioning it. It is acknowledged that there is no, one generic title or descriptor that describes the work of all CSWs. It is also acknowledged that some CSWs provide direct care. As such, their needs are met by Skills for Care’s existing guidance for those working in a domiciliary care role\textsuperscript{12}. Therefore, in this survey, we use CSW to mean:

“People whose primary function is to support, assist or advocate for adult carers, either directly or through group work, but excluding those providing direct/personal care and support in people’s own homes.”

This is a description that was comfortable for most respondents.

**Survey results**

**About the survey respondents**

Three quarters of the survey respondents were female and two thirds were aged 45-64. The age profile of the managers/employers was slightly older than that of CSWs. Three quarters of the survey respondents were working in South East (43% working in the South West and 28% in the South East). A fifth were working in the North (16% in the North West) and the remainder were working in the Midlands.

The survey respondents worked primarily in charities (43%) and voluntary organisations (38%). 17% worked in local authorities and the remaining 2% in the health service. Half were based in their employer’s offices and two-fifths in a carers centre. The remainder worked in their own home (5%), GP surgeries (2%), hospitals (2%) and call centres (2%). Approximately seven out of ten respondents worked for generic services that offer support to all carers.

The majority had been employed in their current role for more than a year.

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**Key points:**

- Most CSWs are female and older than 45 years of age.
- Charities and voluntary organisations make up the majority of those employing CSWs.
- Approximately 70% of CSWs deal with all carers and do not specialise in carers with one primary issue (e.g. Mental Health).
- CSWs appear to be a stable workforce, most having been in their job for over a year.

\textsuperscript{11} The sample was identified via Skills for Care’s Area Officers, the Carers Strategy Project Manager and Carers Trust Network.

\textsuperscript{12} See [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk) for details.
What CSWs do

We explored the role of CSW through the survey and during the telephone interviews. In the survey we gave CSWs a list of activities and asked them what they spent the majority of their time doing. We allowed them to tick all of the options they felt were applicable to them. As the chart below shows, the role is heavily dominated by giving emotional and practical help and advice.

Other things mentioned by the CSWs during the telephone interviews included:

- monthly support groups
- 1-2-1 meetings
- goal setting
- arranging respite
- fundraising
- measuring impact/outcomes.

Several CSWs noted that their role was not dissimilar to that of a social worker.

One manager/employer during the telephone interview noted that CSWs are often undervalued by other professionals who underestimate their expertise and the range of tasks they are involved in. As the chart and bullet point list above demonstrate, the role is quite a complex and skilled one.
Key points:
- Giving emotional support, both in person and on the phone are major elements of the CSW role.
- Enabling carers to support themselves (by helping them to organise support) also ranks highly amongst the tasks undertaken by CSW.
- Three-fifths of CSWs are undertaking Carers Assessments.
- Two-fifths are giving benefits advice.
- The range of tasks is wide and demands a high skill level across many areas.

What CSWs think about their role
Below is a selection of quotes from CSWs taken from the telephone interviews in response to being asked what they enjoy/find frustrating about their role:

“I enjoy interacting with people and providing a ‘listening ear’ which most carers lack.”

“I like the flexibility and the chance to meet different people, but I get frustrated by the lack of options available for carers.”

“I like working here because it's a very supportive and flexible place to work and we have a good mix of complementary skills within the team.”

“I find it frustrating that other professionals don't always accord me the same status, perhaps because of the lack of clear definition of the role or the lack of a directly relevant qualification.”

“I enjoy the variety of the work and like working with people. I feel privileged to be in a position of trust & to be able to make a difference to carers’ lives. However, it can be frustrating when bureaucracy creeps in and reduces our flexibility.”

A recurrent comment from CSWs and managers/employers was that CSWs are one of the few (often the only) roles that focus solely on the needs of the carer, rather than the person with care needs. This was felt to be important, particularly as caring is such a demanding role and one which often isn’t made through choice.

Key points:
- CSWs appreciate the flexibility and variety of the work.
- CSWs feel frustration at the lack of status accorded to their role (this was also a point felt by managers).
- The CSW is often the only person focusing solely on the carer and their needs - this is seen as vital.

Becoming a CSW
There are many reasons why people choose to become a CSW. For just over half of the survey respondents the main reason was to use formal (33%) or informal (18%) skills, knowledge or experience. For others it was to develop their career (13%) or to be more ‘hands on’ (10%). Almost one in ten respondents said that they had wanted to try something completely different.
Half of the survey respondents had experience of being an unpaid carer before they became a CSW and a fifth had paid caring experience. However, just under a third had no direct experience of being a carer prior to becoming a CSW.

We explored views on the importance of CSWs bringing caring experience to the role during the telephone interviews. Views amongst CSWs were polarised. Some felt that they couldn’t do their job without the insight that their personal experience has given them, whilst others felt that a professional background with transferable skills was more important because it enabled a less emotional connection which could cloud people’s judgement. Managers/employers (and some CSWs) were more inclined to value personal characteristics and life experiences over specific caring experiences:

“Previous experience helps you to understand the challenge that caring brings and the impact it has on everyone’s lives.” (CSW)

“It’s helpful that they have either been carers themselves or had contact with caring… Until you have been there, it’s very hard to put yourself in that person’s shoes.” (Manager/Employer)

“I don’t think you need to have been a carer in order to be a CSW. You can bring skills from different backgrounds (i.e. nursing, counselling, advice, etc).” (CSW)

“The most important skills are empathy, communication skills, understanding, listening (not judging), organisation and time management.” (CSW)

“Listening skills are very high on the agenda.” (Manager/employer)

“Common sense and empathy are more important than qualifications.” (CSW)

“I don’t think you should write people off just because they don’t have directly relevant experience, as long as they have some core ‘people’ skills. Life experience is pretty important as you sometimes have to deal with people caring for someone who is terminally ill and you wouldn’t want to make a carers experience worse by being treated badly by a CSW.” (CSW)

“I would rather have the right sort of person than someone coming with lots of qualifications. You can mould people if they have the right empathy and the right background.” (Manager/employer)

“I know it’s simple but when you think about it they have to be genuine, open, friendly, personable, nice people… you can train the other things as long as they have those attributes. They have to be open to be trained to manage boundaries, understanding changing issues but they need to have those interpersonal skills in place before they start.” (Manager/employer)

The CSWs who responded to the survey had a variety of previous work experience. A large number had worked in social care roles, such as advice or support, or in management, but others had come from other sectors, including nursing and teaching:
<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Advice worker</td>
<td>15</td>
</tr>
<tr>
<td>Support worker</td>
<td>8</td>
</tr>
<tr>
<td>Manager (social care)</td>
<td>7</td>
</tr>
<tr>
<td>Paid care worker</td>
<td>7</td>
</tr>
<tr>
<td>Nurse</td>
<td>6</td>
</tr>
<tr>
<td>Admin</td>
<td>4</td>
</tr>
<tr>
<td>Teacher/trainer</td>
<td>4</td>
</tr>
<tr>
<td>Manager (private sector)</td>
<td>3</td>
</tr>
<tr>
<td>Civil servant</td>
<td>2</td>
</tr>
<tr>
<td>Full time carer</td>
<td>2</td>
</tr>
<tr>
<td>Social worker</td>
<td>2</td>
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<tr>
<td>Retail</td>
<td>1</td>
</tr>
</tbody>
</table>

“The social care workforce is becoming more of a skills mix. Here we have a combination of people with and without qualifications. It’s about recognising skills that people can bring to the role without it necessarily being a particular qualification in social care or social work… they can bring life skills to the role.” (Manager/Employer)

“I have 8 in my team… and they come from different backgrounds (beauticians, bereavement services, post office, HR, nurse, teacher, and secretary) but they come with a distinct set of interpersonal skills that you can then work on.” (Manager/Employer)

“Our group has one trained social worker, people who have worked as trainers in the Police, people who worked in community support officers in the council, people who worked for the DWP… so people have a wealth of experience in other areas and then transfer it over.” (Manager/Employer)

**Key points:**
- Half of CSWs had experience of caring themselves, though they did not necessarily agree that this was needed for them to do the job. By contrast, managers did think that such experience was important to do the job well.
- The employment background of CSWs is wide. This was seen as a positive by managers who welcomed the skills mix that this brought.
Transferable skills
The previous work experience of the respondents meant that most were able to bring a range of transferable skills to their work as a CSW.

For just under half of the survey respondents the CSW role was a promotion from their previous role. However, a quarter are currently working at the same level as their previous role and a quarter are working at a lower level. During the telephone interviews CSWs and managers/employers talked about people being attracted to the CSW role because of the flexibility that it gave them compared to other professions which may explain why people have taken what could be viewed as a ‘backwards’ career move. For others it was an attractive career change because they were nearing retirement (or had passed the official retirement age) but still wanted to work or because it fitted around their own caring (and other) commitments.

Key points:
- Many transferable skills were identified, some of which are not being used by CSWs in their current role (for example: 51% had skills in delivering training, yet this did not feature in the list of tasks being undertaken by CSWs earlier in the survey). This may be because approximately half of the respondents are working at an equal or lower role to that which they had previously.
- Managers talked of the diversity of backgrounds and the way in which the role seemed to attract a wide variety of people, for a variety of reasons.
Perceptions of skills and knowledge - Undertaking Carers Assessments

In order to measure the CSWs perceived level of confidence in their abilities, we chose a task that required a number of skills: Carers Assessments. We first asked them to rate the importance of various elements within it and then to rate their own skills, experience and knowledge of the area.

Almost three fifths (57%) of survey respondents said that they carry out Carers Assessments in their current role. We asked these people to rate a) the importance of skills/experience/understanding in a number of areas and b) their own skills/experience/understanding in relation to these criteria (see charts below).

‘Understanding the impact of caring’ and ‘Being a good communicator’ were universally agreed to be the most important criteria and all respondents rated themselves as either ‘very good’ or ‘fairly good’ against these criteria. This was followed by ‘Knowledge of local provision’ and the ‘Ability to understand and identify a suitable outcome for the carer’.

![Skills/Experience/Understanding needed to undertake CAs](chart.png)
We asked respondents whether there were any other skills, experience or understanding that they felt were necessary in order to undertake carers' assessments. Empathy, general life experience and previous caring experience were all mentioned several times by CSWs. Other comments included:

- knowledge of specific illnesses/conditions
- knowledge of relevant legislation
- understanding of multi-agency working
- ability to ‘think outside the box’
- being solutions focussed.

**Key points:**

- For the top two features seen as being essential (‘Being able to understand the caring role’ and ‘Good communicator’), CSWs rated their skills highly.
- Only just over half of CSWs rated their knowledge of local support systems as ‘very good’, despite this being rated the third most important skills for CSWs to have.
- Similarly, only 57% of CSWs rated themselves as ‘very good’ at talking sensitively to carers about whether they wish to cease caring.
- 40% of CSWs rated their basic counselling skills as ‘fairly good’, ‘neutral’ or ‘poor’ yet 74% saw this as a vital skill.

**Qualifications**

**Existing qualifications**

Given their career paths prior to becoming CSWs, it was not surprising to find that more than two-thirds of the respondents were qualified at Level 4 or above when they started their current role. A quarter had Level 1-3 qualifications and 7% had no relevant qualifications.
Despite this, only one in eight employers set minimum qualification standards for new CSWs (perhaps reflecting earlier evidence of the importance given to personal/life skills) and three-quarters were satisfied that this approach is meeting their needs. Of those who felt a minimum threshold could be useful, two-thirds would set this at level 3.

**Current undertaking of formal qualifications**
One in five CSWs are currently undertaking a formal qualification in order to improve their skills for the role. Few felt that they would need to embark on a course in the coming year, yet over half thought they might do so to improve their career prospects. Feedback from the interviews suggests that reasons for undertaking further training fall into two categories:
- those who have a background outside health and social care and who therefore choose to undertake relatively basic (Level 1-2) courses to ensure they have the grounding in the broader context
- those who have worked in health and social care before and who are looking to improve their career progression opportunities.

**In-house training**
Despite a relatively small number of CSWs undertaking formal qualifications, there does appear to be a strong ethos for in-house training which was highlighted in both the surveys and the telephone interviews. 87% of CSWs said they had undertaken some in-house training in the past year and their managers/employers were overwhelmingly satisfied that it was meeting the needs of their organisation. Many CSWs are able to access training provided by local authorities and other not-for-profit organisations which cost effective and relevant to their role.

**Key points:**
- CSWs are relatively highly qualified with two thirds having a level 4 qualification.
- Very low numbers of employers set minimum qualification levels for their CSWs.
- Very few CSWs needed to undertake a qualification but over half felt they might do so.
- CSWs rely heavily on in house, non-accredited training.

**The skills and qualifications needed to manage CSWs**
We used the telephone interviews to tease out what skills CSWs felt their managers’ need. As with the earlier question exploring whether CSWs need experience or qualifications, views were polarised in relation to managers. Some felt that managers needed qualifications because their role is wider than that of a CSW and has different demands, but others felt that to be successful you need to have ‘come through the ranks’ in order to fully understand the people you are managing. Those who felt it important that CSWs have a qualification were also more likely to be in favour of managers having a (higher) qualification.

“Working your way through the ranks is beneficial because you understand what you are expecting of others.” (CSW)

“You need to have been a CSW or a carer yourself to manage them. A degree in Social Policy would also help with the strategic stuff.” (CSW)
“I think an NVQ qualification would be helpful for managers as well as CSWs.” (CSW)

“I want someone who can deal with problems if they arise. Too many managers are ineffectual.” (CSW)

“Managers need is an understanding of the stress/emotional pressures associated with the CSW role & how to deal with that…The higher up the organisation you go the less understanding managers seem to have of why CSWs need the level of support they do.” (CSW)

The future
We concluded the CSW survey by asking what the respondents thought they would be doing in five years’ time. As the chart below shows, a quarter expect to be in the same role, a quarter expect to be retired (or in the process of retiring) and just over a quarter think they will be in a management role.

Key points:
In five years’ time, half of CSWs see themselves as having moved on from the role:
- Almost three in ten see themselves moving into a management role.
- A quarter expect to have retired, reflecting the age profile of respondents.
- A quarter expect to stay in the role, reflecting the relatively high levels of job satisfaction reported by the CSWs.
Emerging themes
A number of key themes have emerged from the analysis of the survey findings and the qualitative interviews:

- **Demographic profile**
  CSWs are of an older age group and half believe that they will have left the role within the next five years. This poses questions about the future of the role as it needs to attract new candidates to it. As other areas of the study have shown, there is not an established career pathway for the role and by its nature, it is diverse. The diversity of the role is seen as strength and enables many people from diverse work backgrounds to become engaged in the work. However, this does mean there is not a clear definition, profile or career path to attract those who don’t know of the role into it. This may be something that needs to be considered as the demographic of this workforce changes.

- **Charities and voluntary sector employers**
  The majority of CSWs work for charities or voluntary sector employers. During the interviews, many reported this as something that was viewed positively by carers themselves: it made their work easier with them as carers could be suspicious of ‘Social Services’ and their independence from them was seen as helpful to engagement. Whilst this is positive, it also arguably makes the service CSWs provide less visible and therefore more threatened by possible cuts. This alongside the diverse role and function allows the potential for those commissioning these roles to be unclear of purpose and therefore value for money.

  Traditionally, charities and voluntary sector organisations have had far less capacity to invest in large HR or learning and development teams and several talked of the struggle to pay for and source opportunities for their CSWs to develop. Yet at a time when resources are squeezed, organisations that tender for services such as carer support need to demonstrate high levels of outcome, undertaken by skilled staff to potential commissioners. This poses some difficulties for some organisations in terms of their ability to professionalise the role.

- **Generic nature of CSW work**
  The majority of CSWs work with all carers who support any person with a social care or health need. This means they could be working with a 90 year old carer of a partner with dementia as well as a father of a disabled child. This is reflected in the broad range of tasks that they identified as part of their role. A generic knowledge and skills base is needed, with many identifying the need to ‘pull in’ information and expertise from others. The knowledge of local services was seen as key to this process; however CSWs felt less confident in this area of their work, perhaps reflecting the range of those they work with and the ever changing local landscape of support. The generic nature of this support offers positives and negatives; it presents difficulties in explaining the role, its tasks and functions succinctly but also attracts a wide pool of people to the role and thus the sector.

- **The role of listening and enabling**
  Both seen as a high priority area of skill and one that CSWs use extensively in their role, the skills of being able to listen and empower is the core of the CSW role. As
reflected elsewhere, the CSW is often the only person there ‘just for the carer’ and so if this were not being undertaken by CSW’s we may question if it would be undertaken at all. This ability to listen and support is crucial in terms of the prevention of carer breakdown, as well as enabling the carer to come up with solutions that effectively keep them from needing further formal interventions.

With ever increasing numbers of people undertaking caring roles, the preventative nature of this sort of support will become ever more important. Indeed this approach supports the aims of the Care Bill\(^\text{13}\) which has an ambition to ensure local authorities provide comprehensive information and improve their identification of carers, in order to prevent their care needs from becoming more serious. Also significant is the ambition, expressed through the Bill, to make sure carers are asked whether they are able and willing to continue caring.

Therefore, a significant gap in the skill set identified by CSWs is felt to be basic counselling skills, with only 60% reporting themselves as ‘very good’ in this area. This is perhaps then supported by the reported lack of confidence expressed in asking whether a carer wishes to continue caring. As previously discussed, this is a worrying gap if carers are unlikely to be asked by anyone else.

- **Lack of status**
  Many CSWs and their managers complained of the lack of status given to the role, despite the unique and often complex nature of the work being undertaken. There was disagreement about the role that qualifications might play in raising status, with some feeling that the broad background of those in the role would make it difficult to suggest a qualification or a level of qualification that might suit, whilst others felt this would be a useful contribution. Managers seemed to rate personal experience of caring more highly than those actually doing the job and thus were recruiting based on personal attitude and approach rather than qualifications. Though this is a positive in terms of allowing a wide pool of people to take such a role, it does not help in terms of promoting the status and uniqueness of the actual role itself.

- **Under-used skills**
  It was striking from the survey that many CSWs had taken the role as a step down from their previous role or were doing something completely unconnected before taking this role. It therefore was unsurprising to find that they had many skills, perhaps honed in other roles, which were no longer being used. Therefore, any employer of CSWs needs to ponder the ways in which they can recognise and acknowledge existing skills and well as recognise and utilise underused ones.

- **Links to current workforce development initiatives and qualifications**
  It is clear from the research that many employers are relying heavily on in house training to improve or maintain the skills of their CSWs. Whilst the need for CSWs to achieve formal qualifications may be low, the ambition to undertake learning via qualifications was high, with many seeing this as improving their career chances. The majority of those interviewed expressed interest in either undertaking or exploring qualifications that met the needs of CSWs but many were unclear about what might

\(^{13}\) Care Bill (HL) (2013-14), HM Government.
‘fit’ the role, talking of the need to have qualifications of direct relevance to the tasks undertaken and knowledge needed.
In respect of this, there are currently a number of qualifications that would appear to support CSWs in their roles and their aspirations, as they have been described in this research. These include:

**Level 3 Diploma in Health and Social Care**
Adult social care qualifications are written to allow flexibility so that learners can choose units which are particularly relevant to their role. There is a great choice of topic areas which supports the taking of ‘bespoke’ qualifications. The level HSC 3 diploma has a number of mandatory units\(^\text{14}\). These are core topics that are thought to be at the heart of all work in adult social care. The rest of the qualification is made of free choice units which allow learners to choose units that suit their role. A profile for a CSW taking this qualification has been developed. This demonstrates possible units a CSW might choose that are appropriate to their role, including many highlighted by this report\(^\text{15}\).

**Level 5 Diploma in Leadership in Health and Social Care**
The level 5 diploma has a similar structure to the level 3 offering a number of choice areas in addition to the mandatory units. The Adults’ Management Pathway may be suitable for the 28% of CSWs who talked of wanting to manage a team of CSWs. This includes units on communication systems, partnership working, equality, diversity and inclusion, leading person centred practice, and developing supervision practice.

**Continuing professional development qualifications**
In addition to the larger diploma size qualifications referred to above there is also a wide range of smaller qualifications in certain topic areas. Some examples of these are dementia, learning disabilities, end of life care, stroke awareness and management, and mental capacity.\(^\text{16}\) These units may also be of use to the two thirds of CSWs that had a higher level qualification but wish to continue their learning on certain topics. These may offer an alternative to in house, non-accredited learning.

**Recommendations**
The recommendations of this report are as follows:

1. **Those organisations employing or commissioning CSW roles need to develop or promote a clear definition and profile of the role and the skills it requires.**
   It is clear that there are differing interpretations of the CSW role and a wide number of areas of activity that each CSW is undertaking. Therefore, it is important for commissioners, employers and carers, as well as potential CSWs of the future, to have a clear idea of what the role entails and the skills set of the person undertaking it. If this were well understood locally, this will also add to a wider national profile for the role. Through this research, CSWs have clearly described the skills and understanding that they need to do their job and this template can be used locally to map out a clear picture of what CSWs both offer and need\(^\text{17}\). Employers and

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\(^{14}\) These include communication, health and safety, person centred support, handling information and personal development.
\(^{15}\) For details please see [http://www.skillsforcare.org.uk/qualifications_and_training/adultsocialcarequalifications/supporting_materials.aspx](http://www.skillsforcare.org.uk/qualifications_and_training/adultsocialcarequalifications/supporting_materials.aspx) Some examples of units are ‘Assess the needs of carers and families’, ‘Contribute to raising awareness of health issues’, ‘Support the development of community partnerships’ and ‘Implements therapeutic group activities’. These are just suggestions and there are many others.
\(^{16}\) Details of all these qualifications can be found on the Skills for Care website under ‘adult social care qualifications’
\(^{17}\) See appendix 1 for full skills, knowledge and understanding matrix.
commissioners should use this template to map and then explain their CSWs function and their learning needs in order that this is clearly understood by all.

2. **CSWs being primarily located in the voluntary sector is positive. Making sure that commissioners resource workforce development for CSWs located in the voluntary sector is an important part of recognising their role and formalising the quality of the workforce.**

   There were many descriptions of positives relationships and mutual respect between those in the voluntary sector and those who had commissioned their services. From the carers perspective, the ‘separation’ of the service from the local authority was a positive one. However, budgets are being squeezed and therefore the ability to show quality, through tender processes is ever more necessary. The quality of the workforce, the range and diversity of its skills and how these are developed are a key part of the demonstration that the voluntary sector needs to make when applying to provide services.

3. **The generic nature of most CSWs role needs to be supported by quality supervision and continual learning.**

   With such a diverse role, covering so many types of carer situations, there is much possibility to feel overwhelmed by the amount one person may need to know.

   Employers should take note of the core skills and knowledge described as common to all CSWs in this report and focus their learning provision on strengthening these key areas, using the output described in Recommendation 1. Supervision has a large role to play is helping CSWs both ask for help when they need it as well as sign posting to others with more specialist knowledge.

4. **Skills for Care should strengthen and make clear its offer to CSWs and their employers.**

   The increased uptake of units from the qualifications framework by CSWs would both support their role and its status and encourage progression. Skills for Care should promote current qualifications further, especially with regard to how CSWs might actually undertake these qualifications and what options of units might be suitable, e.g. by promoting more widely the current profile available to CSWs. Skills for Care could also develop case studies of CSWs who have already completed various qualifications and share these widely.

   Through the wider uptake of qualifications, Skills for Care can work with employers to understand the gaps in unit choice, some of which have started to emerge as part of this research. Further promotion of qualifications can also ensure access to funding for many employers via their use of the Workforce Development Fund. Current development of a level 4 qualification may go some way to meeting the needs identified by some CSWs. During this development it would be important to consider the needs identified to ensure that specific area choices could be included for the optional choice of units that would be particularly relevant to CSWs. For those who did not express a wish to develop themselves via formal qualifications, Skills for Care needs to ensure that its resources support the workforce through the

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19 For further details see [http://www.skillsforcare.org.uk/funding/workforce_development_fund/WDF_April_2013.aspx](http://www.skillsforcare.org.uk/funding/workforce_development_fund/WDF_April_2013.aspx)

20 This new qualification is expected to be completed by the end of 2014.
existing guidance, tools and learning resources available. Resources on Assisted Living Technologies, working with people with dementia and community skills are all areas that CSWs or their managers saw as needed for the role. Skills for Care has resources for use in all these fields. In this way, the needs of those who require continuing professional development aside from qualifications can be met.

5. **Employers should pay close attention to improving the skills of CSWs in basic counselling skills and the skills and confidence of asking carers whether they wish to continue caring.**

These two areas of skill are vital to improving outcomes for carers and will become expected of CSWs (as those who are there ‘just for the carer’) more as the Social Care system changes in the coming years. It is therefore vital that those commissioning CSWs, their employers and those in the role have confidence and skill in these areas. These skills could be enhanced by taking relevant units within the qualifications discussed.

6. **Employers should work to recognise and use the under-utilised skills and knowledge of their CSWs to better promote the service and the CSW role.**

Managers talked highly of their CSWs and CSWs talked of being motivated and happy in their work. It was positive to see those taking the role coming from a wide variety of backgrounds, but this also means that many had skills that were lying dormant. With the need to raise the profile of the role, these skills could be used in new ways to promote the service or spread its reach into other partnerships. In brief, employers are asked to consider what skills their staff have, as well as those that they might be actively using.

**Appendices**

Appendix 1 - Skills and knowledge matrix survey results.
Appendix 2 - Skills and knowledge matrix template.
Appendix 1 and 2 are available to download from www.skillsforcare.org.uk/carers