Research into professionalism among housing staff: supporting report

Prepared by IFF Research, on behalf of DLUHC

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Contents

1. Introduction

1.1. Introduction

This technical report accompanies the Professionalism among Housing Staff 2022 research report. The introduction of the main report provides information on the background to the research. This report provides detail on how the research took place, and the methodology used.

The research included three key elements, all of which are covered in this technical report:

- a quantitative online survey with social landlords, including Local Authorities and Private Registered Providers (April to May 2022)
- case studies with eight social landlords, including qualitative interviews with management, staff and residents (May to June 2022)
- a literature review of practices in other sectors (April to June 2022)

The research was advised by a working group, comprising representative from resident representatives, Grenfell United, landlord representatives, sector bodies and DLUHC.

1.2. How to read the report

Quantitative findings, given in the report in figures, are sourced from the survey of social landlords. They are subject to statistical error, as outlined in Chapter 2 of this supporting report. Findings shown in the report (unless otherwise stated) are weighted to produce estimates for the population of social landlords. Landlords were given the opportunity to add free-form comments at the end of the survey on the topics covered; in a small number of cases these are quoted in the report.

Qualitative findings, based on depth interviews carried out for case studies, reflect the views and experiences of participants, rather than the views of the researchers or DLUHC. They provide detail and explanation of potential mechanisms and motivations for social landlord and resident behaviour, which a quantitative survey cannot provide alone. However, they do not provide information regarding the prevalence of those views or opinions.

Direct quotes from case study participants (from either case studies or the survey) are used throughout this report to illustrate the views shared by residents, tenant-facing staff, and management staff. Where necessary, identifiable information has been removed from the quotes to protect participant anonymity.

1.3. Additional tables

In order to meet accessibility requirements, all data shown only in charts in the main report is repeated here in table form.

Figure 5.1 Percentage of providers who manage smaller and larger quantities of housing, and the percentage of social housing managed by them

Type	% of housing managed	% of providers
Smaller (<15,000 units)	43	94
Larger (15,000+ units)	57	6

Sources: SDR (2021), LADR (2021), Housing Regulator (2022), National Federation of ALMOs (2022). Data combined and processed by IFF Research (2022).

Figure 5.3 Percentage of staff in the organisation who are tenant-facing staff in each service, by size (in total, 60% for smaller landlords, and 73% for larger landlords)

Type	Smaller (<15,000 units) (Base: 40)	Larger (15,000+ units) (Base: 33)
Estate Services	22%	33%
Support / Care Services	14%	16%
Neighbourhood Services	10%	11%
Customer Services	6%	5%
Sales / Lettings Services	4%	6%
Rent Collection Services	4%	3%

Source: 2022 Social Housing Professionalisation Review Survey.

Figure 6.1 Percentage of providers delivering training of each type to tenant-facing staff in the last 18 months

Training Type	% of providers
Safeguarding (including identifying domestic abuse)	100%
Equality and diversity	98%
Mental health awareness	97%
Technical skills relevant to the role	92%
Another housing-related professional qualification or accreditation	88%
Treating residents with courtesy and respect	81%
Apprenticeship in Housing	74%
Community engagement	39%
Partnership / stakeholder engagement	33%

Source: 2022 Social Housing Professionalisation Review survey. Base size: 73

Figure 6.2 Proportion of tenant-facing staff provided with different types of training in the last 18 months

Training Type	% of staff
Equality and diversity	66%
Safeguarding (including identifying domestic abuse)	62%
Mental health awareness	42%
Treating residents with courtesy and respect	34%
Another housing-related professional qualification or accreditation	15%
Community engagement	6%
Partnership / stakeholder engagement	5%
Apprenticeship in Housing	1%

Source: 2022 Social Housing Professionalisation Review survey. Base size: 57

Figure 6.3 Management confidence in approach to ensuring staff have the skills required to provide a professional service, for sub-contractor staff and direct staff

	For direct staff (Base: 73)	For sub-contractors (Base: 50)
Very confident	10%	2%
Fairly confident	70%	63%
Not very confident	9%	3%
Not at all confident	5%	0%
Don't know	6%	32%

Source: 2022 Social Housing Professionalisation Review survey.

Figure 6.4 Training budget for tenant-facing staff (per employee per annum), overall and in skills related to working with residents

	Learning and development overall	Training in skills related to working with residents
Less than £50	0%	24%
£50 to £99	8%	11%
£100 to £149	8%	8%
£150 to £199	1%	3%
£200 to £249	11%	4%
£250 to £299	13%	8%
£300 to £399	19%	11%
£400 to £499	8%	4%
£500 to £749	15%	7%
£750 to £999	5%	0%
£1,000 or more	6%	0%

Source: 2022 Social Housing Professionalisation Review survey. Base: 73

Figure 7.1 Barriers and most significant barriers to providing more training to tenant-facing staff mentioned by provider management

	% of providers who stated this was a barrier	% of providers who stated this was the most significant barrier
A lack of time for staff to receive training	64%	37%
The high cost of purchasing training	47%	22%
Limited role of professional qualifications or accreditations in the sector	24%	2%
Low staff willingness to train or study	23%	1%
High staff turnover	23%	6%
Poor availability of suitably designed qualifications or courses	20%	6%
A lack of available training providers in suitable locations	18%	3%
A lack of time to design or update training	15%	3%
Poor quality of training providers	12%	-
A lack of time to organise training	11%	-
Poor quality of available qualifications or courses	11%	1%
COVID-19 pandemic	4%	4%
Other	2%	-
Don't know	9%	12%
No barriers	3%	3%

Source: 2022 Social Housing Professionalisation Review survey. Base: 60

Figure 8.1 Suggestions from provider management for improvements to the current training and skills programme

Training Type	% of staff
Standardised / accredited programmes	19%
Currently looking into training and skills needs	15%
More robust training management	14%
Joined up approach	13%
More regular training	12%
Courses more relevant to job roles	8%
Structured programme	7%
Focus on tenant experience	7%
Sufficient time allowed for training	6%
Specific, in-depth training	4%
More funding available for training	3%
Other	8%
Don't know	11%
Nothing	9%

Source: 2022 Social Housing Professionalisation Review survey. Base: 60

Figure 8.2 Ease for provider management of ensuring tenant-facing sub-contractor staff have the required skills to deliver a professional service

Difficulty	Providers
Very easy	0%
Fairly easy	25%
Neither easy or difficult	23%
Fairly difficult	22%
Very difficult	5%
Don't know	25%

Source: 2022 Social Housing Professionalisation Review survey. Base: 60.

Figure 9.1 Change in spending on training in the next 12 months, for all staff and for staff in tenant-facing roles

	All staff (Base: 66)	Staff in tenant-facing roles (Base: 42)
Higher	26%	36%
The same	56%	52%
Lower	15%	10%
Don't know	3%	2%

Source: 2022 Social Housing Professionalisation Review survey.

2. Survey of social landlords

2.1. Sampling

The target audience for the survey were social landlords in England, in order to obtain information about their workforce and how they carry out training and professional development. The survey scope was limited to England because housing is a devolved responsibility in Scotland, Wales and Northern Ireland, and therefore subject to a different policy environment.

At the time the survey sampling frame was compiled in March 2022, information on social landlords and the size of their stock under management was compiled from four sources:

- The Regulator of Social Housing's [Statistical Data Return](#) (SDR) 2020 to 2021, published in October 2021, for 31st March 2021.

- The Regulator of Social Housing's [Local Authority Data Return](#) (LADR) 2021 to 2021, published in October 2021, for 31st March 2021.

- The Regulator of Social Housing's [regular monthly updates on registrations and deregistrations](#) of housing providers, up to March 2022.

- Information from the [National Federation of ALMOs](#) website on their members, to avoid contacting Local Authorities regarding this housing which they own (and is therefore included in the LADR) but for which they have delegated management to an ALMO.

This exercise found that there were 1,429 social landlords in England at a group level. Between them, they managed 4.2 million units of social housing. Nearly all of these units, however, (4.1 million, or 98%) were managed by 373 larger landlords with 1,000 or more units under management each. These 373 organisations were the sample frame for the

survey; the questions were believed to be too detailed for small landlords with small numbers of staff who may only rarely need to recruit or train new employees.

Most of these 373 landlords were Private Registered Providers (such as Housing Associations). In some areas of England, Local Authorities retain significant stock, either managed directly, or via an Arms' Length Management Organisation (ALMO).

Within those organisations, the survey was targeted at people with responsibility for staff skills, learning and development or HR at organisations directly delivering landlord services (e.g., Housing Associations, housing co-operatives, ALMOs and Local Authorities).

2.2. Survey design

The survey questionnaire was designed in partnership between IFF Research and DLUHC. A full copy of the questionnaire can be found at Annex G1.

The survey asked about:

- The profile of the workforce, in service areas where staff would deal directly with residents
- Sub-contracting arrangements for these service areas
- Methods of ensuring professional standards in each service area, and among staff of sub-contractors
- Prevalence of qualifications / certificates
- Minimum requirements for new recruits at entry level
- Training types provided in the last 18 months
- Self-assessed confidence in skills of staff dealing directly with residents
- Sources of training
- Barriers to training
- Spending on training, at a per employee level, and direction of change

2.3. Fieldwork

The survey was conducted online, due to the need to gather data from landlords which may have taken time to locate, and required multiple people to be consulted.

The survey was distributed to as many social landlords as possible by distributing an email containing a survey link. The emails were distributed manually, to reduce the impact of spam filters. A reminder email was sent several weeks into the survey period. Participation was entirely voluntary, and therefore not all social landlords took part.

The invite and remainder emails were bolstered by a case-by-case telephone and email chasing exercise, across April and May 2022, carried out by trained B2B interview recruiters at IFF Research. The aims of this exercise were to locate the best person to carry out the

survey at each of the 373 landlords, and to gain a commitment from that person to complete the survey.

By the end of the fieldwork period, the survey link been sent to at least one email contact at 348 of the 373 organisations. At 25 social landlords, no email address could be found to send the survey to (7%). In all but one of these cases, telephone calls were made to attempt to establish email contact. In one case no switchboard telephone number could be found either, with all direct contact limited to residents only.

2.4. Response rate

In total, 107 landlords logged into the survey by clicking on the survey link. Among these, 73 (of the 373 eligible social landlords at group level) continued to complete the survey. This represents a response rate relative to the population of 20%.

The profile of the response, compared to the population of social landlords, is shown in Table 2.1 and Table 2.2.

Table 2.1 The number and profile of social landlords by organisation type, group level

Type	Number of responses	Percent of responses	Number of providers in population	Percent of landlords in population
Private Registered Provider	51	70%	210	56%
Local Authority	14	19%	25	37%
ALMO	8	11%	138	7%
Total	**73**	**100%**	**373**	**100%**

Sources: Survey Data, SDR (2021), LADR (2021), Housing Regulator (2022), National Federation of ALMOs (2022). Data combined and processed by IFF Research (2022).

Table 2.2 The number and profile of social landlords by number of units under management, group level

Number of units under management	Number of responses	Percent of responses	Number of providers in population	Percent of landlords in population
1,000 to 2,499	4	5%	53	14%
2,500 to 4,999	11	15%	83	22%
5,000 to 9,999	10	14%	106	28%
10,000 to 14,999	15	21%	52	14%
15,000 or 24,999	11	15%	37	10%
25,000 or more	22	30%	42	11%
Total	**73**	**100%**	**373**	**100%**

Sources: Survey Data, SDR (2021), LADR (2021), Housing Regulator (2022), National Federation of ALMOs (2022). Data combined and processed by IFF Research (2022).

2.5. Weighting

In this report, the survey data is used to provide estimates regarding the views of all social landlords. In order to make statements about social housing providers, it must be assumed that those not responding to the survey are similar to those who did respond. To ensure the data was representative of all social landlords, the resulting data was weighted by size category to make the figures produced more representative of social housing providers.

Weighting is a process where some survey responses are given a greater 'weight' than others (i.e., counted as if they were more or less than one response) to correct for variation in the response rate between different groups in the population. In this case, a rim weight was applied based on organisation type and number of units under management.

The basis for the weight was a profile of organisations at subsidiary level (totalling 432 organisations with more than 1,000 units of housing under management), in order to provide data comparable to that produced from Housing Regulator SDR and LADR data.

The impact of weighting on the profile of the data is shown in Table 2.3 and Table 2.4.

Table 2.3 Unweighted and weighted survey data: by landlord type

Number of units under management	Number of responses	Percent of responses	Weighted estimate (%)
Private Registered Provider	51	70%	62%
Local Authority	14	19%	32%
ALMO	8	11%	6%
Total	**73**	**100%**	**100%**

Sources: 2022 Social Housing Professionalisation review survey.

Table 2.4 Unweighted and weighted survey data: by number of units under management

Number of units under management	Number of responses	Percent of responses	Weighted estimate (%)
1,000 to 2,499	4	5%	15%
2,500 to 4,999	11	15%	21%
5,000 to 9,999	10	14%	28%
10,000 to 14,999	15	21%	15%
15,000 or 24,999	11	15%	10%
25,000 or more	22	30%	11%
Total	**73**	**100%**	**100%**

Sources: 2022 Social Housing Professionalisation review survey.

2.6. Error margins and limitations

Because not all landlords responded to the survey, and due to the weighting process outlined above, the survey (like all similar surveys) is subject to a degree of statistical error. It is estimated that, due to the small base size, figures derived from the survey have an error margin of ±10.5%. Results from the survey closer to 0% and 100% have smaller error margins than this. The profile of the error margin on figures produced from the survey data as a whole is shown in Table 2.4.

For example, the survey shows that 80% of social landlords use a planned programme of training, beyond the technical skills required for the job. According to the error margin table below, with rounding, the survey would show with 95% certainty that the true figure (among all social landlords with more than 1,000 units under management) would be between 72% and 88%

Table 2.5 Error margin for survey-based data, 95% confidence interval

On a survey result of…	Estimated error margin
5%	±4.5%
10%	±6.2%
15%	±7.4%
20%	±8.2%
30%	±9.4%
40%	±10.1%
50%	±10.3%
60%	±10.1%
70%	±9.4%
80%	±8.2%
85%	±7.4%
90%	±6.2%
95%	±4.5%

Sources: 2022 Social Housing Professionalisation Review survey.

There was also some potential for response bias. Providers were reassured that taking part in the survey and case study was on an anonymous basis and the findings would not be reported in a way that could identify personally identify them. Despite this, and given the sensitive nature of the research topics, it is possible that some providers that were less committed to professionalism or had less robust practices in their workforce may have chosen not to take part. This cannot be taken into account statistically, but is taken into account in the interpretation of the findings in the report.

2.7. Statistical testing

Any difference between type of social landlord which is mentioned in the report text can be assumed to be statistically significant. This indicates that there is at least 95% certainty that this difference it occurs in the wider population of social landlords rather than only among survey participants.

3. Case studies

3.1. Sampling

Landlords who had completed the online survey were invited to register their interest in the case studies through an initial invitation email, shown in Chapter 6.

3.2. Methodology

Building on the information gathered through the online survey, eight case studies of social landlords were carried out between June and July 2022. These were designed to provide an in-depth view of an individual organisation's approach to professionalisation, including its impact on residents.

Case studies were designed to include interviews with landlord management, interviews with staff with direct contact with residents, and a focus group with residents. They were carried out with social landlords who had completed the survey, allowing survey responses to inform the interview questions.

3.3. Quotas and recruitment

Recruitment of the case studies was guided by quotas to ensure a broad spread of providers were represented in the case studies, as outlined below:

Size and type (targets set together to ensure a spread of both):

- At least two Local Authorities – at least one rural district, at least one urban unitary authority
- At least one ALMO
- Two to three small or medium sized PRPs (Small with less than 5,000 units under management, Medium with 5,000 to 14,999 units)
- Two to three large PRPs (with 15,000 or more units under management)

Regional:

- At least two North (North West, North East, Yorkshire and the Humber)
- At least two Midlands (East Midlands or West Midlands)
- At least one South outside London (East of England, South East or South West)
- At least one London (Greater London)
- Some were national in scale and did not have a region

Performance:

- At least one very confident in their ability to ensure their staff have the skills they need to deliver a professional service (D4 = 1 'very confident')

- At least one less confident (D4 = 3 'not very confident, or 4 'not at all confident')

Methods of training:

- At least two with mostly internal training (E1 = 1 'All training was delivered by your own staff' or 2 'Most training was delivered by your own staff')
- At least two with mostly external training (E1 = 4 'Most training was delivered by external trainers/consultants' or 5 'All training was delivered by external trainers/consultants')

Organisation:

- At least two who subcontract services which are not Estate Services (at B5 in the survey)

Key limitations on training:

- At least two who felt cost was a limitation on training (E3 = 1 'The high cost of purchasing training')
- At least two who felt time was a limitation on training (E3 = 2 'A lack of time for staff to receive training')

The profile of the providers who expressed interest was compared against the quota list to see whether they fitted the profile. A team of trained recruiters at IFF Research made telephone calls to follow up on the invite emails, targeting particular landlord types, according to the quota schedule above. Lead respondents then liaised with colleagues internally to set up the dates and times for the follow-up interviews.

3.4. Interviewing

Where possible, case studies were carried out face-to-face at the landlord's offices, although some landlords found it more practical to take part via video conferencing using Microsoft Teams or Zoom.

Within each case study, there were three types of interview carried out. All of the topic guides used for these can be found at Annexes G2-G4.

Interviews with management staff

Up to three individuals could take part, including the lead respondent who completed the online survey. Each interview lasted around 60 minutes. Some participants chose to take part in a joint interview, taking up to 90 minutes.

The questions asked focused on the landlord's detailed approach to staff training, qualifications and professionalisation, and on the challenges they encountered in these areas. Decisions relating to staff training and qualifications, and the impact on recruitment

and retention, were also covered. Finally, the case studies also focused on opinion on the best ways to improve residents' experience going forward.

Individuals needed to have a strategic or overarching role to take part in these interviews. These took place in all case studies.

Interviews with resident-facing staff

Within each provider, up to four interviews were carried out with staff working directly with residents. Each individual interview lasted around 30 minutes. Some participants chose to take part in joint interviews, lasting up to 60 minutes. No interviews were shared between management staff and resident-facing staff, to ensure openness in responses.

A spread of staff across different service areas was sought. Resident-facing staff interviews took place in all case studies.

Residents' focus groups

To ensure that residents' views and experiences were heard, tenant focus groups were conducted as part of the case studies. Incentives of £20 per tenant were paid to encourage participation. Up to six residents were sought, up to three of these through the landlord. Up to three further tenants were sought through sample from the Social Housing White Paper Baseline Survey, a related project carried out by IFF Research involving a quantitative survey of social housing tenants.

Focus groups took part in all but one case study. One provider did not permit their residents to take part in a focus group; for this provider, only management and frontline staff interviews took place.

4. Review of practice in the Social Work sector

4.1. Introduction

As part of this research to establish the current framework of qualifications and professional training and development by employers in the housing sector, we have undertaken literature reviews of other professions to understand best practice and lessons that can be applied to the social housing sector.

This chapter looks at what developments have taken place within the field of social work to develop the professionalism and skill sets of their workforce.

4.2. The sector

The social work sector is long-established but is a sector which receives much publicity and where one crisis often seems to follow hard on the heels of the other.

Social work is not dissimilar to the housing sector, being locally led and complex. It requires working with high levels of risk and uncertainty using the best approaches and interventions that balance to ensure protection. Social workers help people through times of crisis in their lives, working alongside and supporting people through change in the context of the lives they want to lead, with their families and within their communities. The profession is built on detailed understanding of individuals and their families, communities, and cultures.

4.3. Drivers of quality and professionalism

There are a range of aspects that contribute to quality and professionalism in the field of social work. From an education and skills perspective, degree- level qualifications are required to enter the profession. There is then a well-structured early-years supervision scheme and a requirement for continuous lifetime self-development.

Over and above this, however, there are frameworks that work in cohesion to create a professional identify and which provide visibility to service users about what to expect from the service.

Overseeing all this is a strong cohort of government bodies and key partners who work together to develop high and consistent standards in the field of social work.

4.4. Key partners in the field of social work

Office of the Chief Social Worker

Supports and challenges the profession to ensure children and adults get the best from social workers, provides independent expert advice to ministers, provides leadership to the profession to drive forward improvement, challenges weak practice and provides leadership to the network of principal social workers. (Replaced the previous Social Work Reform Board in 2013).

British Association of Social Workers (BASW)

Independent professional association for social work and social workers across the UK.

Health Education England (HEE)

Helps to improve the quality of life and health and care services by ensuring the workforce of today and tomorrow has the right skills, values and behaviours, in the right numbers, at the right time and in the right place.

National Institute for Health and Care Excellence (NICE)

Provides national guidance and advice to improve health and social care.

Skills for Care

Works with employers, government, and partners to ensure adult social care has the right people, skills, and support required to deliver the high-quality care and support.

Social Care Institute of Excellence (SCIE)

Improves the lives of people of all ages by co-producing, sharing and supporting the use of the best available knowledge and evidence about what works in practice.

Social Work England (SWE)

Specialist body taking a new approach to regulating social workers in their vital roles.

Think Local Act Personal (TLAP)

National partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support.

4.5. Initiatives used to drive consistency and high standards

The following provides a timeline of some of the initiatives that have been deployed over recent years to improve the quality and consistency of professionalism, by year of introduction. More detail on the structure in place today is provided in the following sections:

- 2011: **Principal Social Worker role** introduced and made a statutory requirement
- 2011: **Think Local Act Personal partnership** established to contribute to service design.
- 2012: **Assessed and Supported Year of Employment** introduced to create a single entry programme for all social workers.
- 2012: **Professional Capabilities Framework** introduced, to be refreshed at intervals, formally hosted by the British Association of Social Workers (BASW).
- 2015: **Knowledge and Skills Statements** introduced. These statements describe what a social worker should know, be able to do in different settings, in specific roles, and at different levels of seniority.
- 2019: **Capability statements and toolkits** for working with autistic adults and people with learning difficulties introduced, to better document capabilities required for these specific roles.
- 2020: **Professionally Regulated Standards (PRS),** updated after consultation.
- 2020: **Ethical framework for social care** introduced, as a result of COVID-19.

- 2021: **New resources to support social workers introduced** e.g., resources for supervisors, a digital skills pack, and pilots to ensure non-racist / non-discriminatory practice.

4.6. Organisational changes

Protected Title

'Social Worker' is now a protected title, so routes to qualifying as a social work professional are regulated by the UK care regulators.

Social workers must have a degree in social work (BA), or master's degree in social work. Experience is an important part of the social work qualifications. A work placement forms half of social work courses with academic learning focusing on legislation, ethics, and theory.

All social workers must be registered with one of four UK councils. The four regulators are: Social Work England in England, Social Care Wales (SCW), Northern Ireland Social Care Council (NISCC) and Scottish Social Services Council (SSSC). These regulators protect the public by ensuring practicing social workers are fully qualified.

To maintain high standards, social workers must re-register every two years, completing post-registration training and learning to qualify.

As well as registering with a regulator, social work is protected by a strict professional code of practice. The main themes for the professional standards in England are shown below.

Statutory leadership role

The role of the 'Principal Social Worker' was introduced 2011.There is now a statutory requirement for local authorities to have a designated Principal Social Worker (PSW), namely a senior manager with lead responsibility for practice in the local authority who is still actively involved in frontline practice and can report the views and experiences of frontline to all levels of management.

As example of the role, in response to the CSW's Annual Report 2020-21, PSWs are asked to:

- Develop an action plan to respond to priorities in the report.
- Develop a plan to engage with adult social work across their area, not just within their local authority.
- Hold a national event for PSWs to share the outcome of the plans and celebrate good practice.

PSWs can access "The Principal Social Worker Network" – this offers support and good practice sharing in a more informal way e.g., Professional Peer Support or Action Learning sets.

Co-operation across organisations

The Think Local Act Personal (TLAP) organisation was established in 2011 and is a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support. The partnership was borne from a conviction that, in addition to local authorities, people who use services, carers and social care providers also have a critical role to play in changing social care for the better. The partnership spans central and local government, social care providers, the NHS, and the voluntary and community sector as well as people with lived experience, through the National Co-production Advisory Group (NCAG).

Think Local Act Personal Organisation has worked closely with the CSW to ensure that people with different perspectives and priorities, including those with lived experiences, have a voice and can influence guidance and support. According to the Chief Social Workers' annual report 2020-21 (Adults), examples in 2020 to 21 included:

- Being able to shine a light on good practice within councils
- Helping the sector to understand the impact of COVID-19 on people accessing care and support
- Gathering and sharing examples of how communities and established social care providers have adapted their practices and continued to deliver care and support innovatively.

4.7. Development of overarching frameworks

Frameworks, statements and standards have been developed that underpin the professional identify and skills development of social workers.

Professional Regulatory Standards (PRS)

- Threshold (minimum) standards considered necessary for safe and effective practice.
- If standards are not met, can lead to removal of social worker from official register.

Professional Capabilities Framework (PCF)

- Overarching framework, from pre-qualifying to strategic levels, across all practice areas.
- Builds on the PRS to provide guidance and a common understanding of what it means to be a social worker at all stages of a career.
- Promotes and guides ongoing learning, CPD and career development in any role.
- Developed over several years (since 2010) and now formally hosted by BASW (British Association of Social Workers).

- Guides the development of capabilities and confidence in managing risk, ambiguity and complexity.

Knowledge and Skills Statements (KSS)

- Describes what a social worker should know and be able to do in different settings, practices roles and at different levels of seniority.
- Conveys the current priorities and perspectives of the CSW and respective government departments.
- Maps onto the 'practice' domains of the PCF to guide everyday practice, supervision and professional leadership.

Guidance is provided on how these frameworks, statements and standards ladder-up and work in cohesion together.

4.8. Support for newly qualified social workers

Social workers are responsible for their own professional development once they graduate, but there are extra requirements and support for newly qualified social workers. The exact nature of this scheme depends on the country that the newly qualified social worker is practicing in.

In England, the scheme is called "The Assessed and Supported Year of Employment" (ASYE). It is open to all newly qualified social workers employed in the public, private and voluntary sectors. The 12-month programme consolidates degree learning, develops capability and strengthens professional confidence in an employment environment.

The Department for Education provides funding of £2,000 to employers of child and family social workers for each newly qualified social worker they support through ASYE. The funding is distributed by Skills for Care who also provide tools and events to help employers manage the ASYE programme.

The ASYE was introduced in September 2012 and was built from two separate frameworks that had been introduced for children's services in 2008 and adult's services in 2009. It was just one element of the total reform of social work recommended by the Social Work Task Force (SWTF 2009), carried forward to implementation by the Social Work Reform Board (SWRB 2012).

The ASYE created a single programme for all social workers irrespective of the setting in which they were employed. The framework underpinning the ASYE has been revised since its introduction, most recently in response to the Knowledge and Skills Statement for social workers in adult services (KSS), which was published in March 2015.

4.9. Additional frameworks and resources

As well as the overarching frameworks to underpin the social work profession, there is also the development of frameworks and resources to react to new and specific situations. These include the ethical framework for social care, and also the development of toolkits for specific practice areas.

Ethical framework for social care

This framework was created in response to the COVID-19 pandemic to support adult social care. The framework aims to provide support to ongoing response planning and decision-making to ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for this sector. It was established as it was recognised that increasing pressures and expected demand from the pandemic might make it become necessary to make challenging decisions on how to redirect resources. The framework aims to serve as a guide for these types of decisions and reinforce that consideration of any potential harm that might be suffered, and the needs of all individuals, are always central to decision-making.

Now that we are emerging from this pandemic, the CSW Office reviewing how this framework was used during the pandemic and whether lessons can be drawn for beyond COVID-19.

The framework covers eight areas: being respectful, being reasonable, making sure no-one is harmed, including people, making sure there are no mistakes, being flexible, being fair, working together.

The framework has been produced as both an internal guide for the professional, and an external guide to help service users understand what they can expect.

Capability statement toolkits

BASW and SCIE have developed toolkits in a number of specific areas (e.g., working with autistic adults) which link to the KSS. Content includes, for example:

- Practical learning and application tools for social workers, e.g., top tips from people and videos with lived experiences, induction resources, reflection checklists.
- Resources for people with lived experience, to enable them to act as 'critical friends' to social workers. Includes information about the role of social work and feedback resources.
- Self-evaluation tool for organisations to enable them to check their policies, procedures and practice to ensure they support the development of social workers' capabilities and take a human-rights and person-centred approach.
- Post-graduate curriculum outlines for higher education institutions, including how to develop a modular, blended-learning approach.

4.10. Ongoing development of structures and support

Value is put on training within the sector, with continual adaptations to react to changing needs of the sector and changing ways of working, particularly utilising digital technology.

For example, recent headlines from the Chief Social Workers' annual report 2020-2021 highlighted that:

- The focus on the development and skill set of newly qualified social workers has been maintained, despite other pressures and priorities during the COVID-19 pandemic.
- The first-year programme (ASYE) has been adapted so that it is flexible and responsive to new ways of working (in a digital world), and that it is anti-racist and fully inclusive.
- Supervisors need support, not just new qualified social workers, and Skills for Care have responded by through a package of support for this group.
- Skills for Care witnessed through their ASYE quality assurance visits that supervisors tend to focus on the needs of others, and often gave their own support and development lower priority. In response to this, they are now offering additional support to this group, and continuing to work with CSW Office to help employers implement the post qualifying standards for supervisors.
- Using digital technology has never been more important for social work, and the SCIE and BASW have created new resources to support the development of social workers digital capabilities and skills to know how and when to use digital technology safely to improve practice.
- Workplace Race Equality Standards for social care (WRES) are being piloted to put anti-racist and anti-discriminatory practice at the heart of the profession and visible in training.

5. Review of practice in the Care sector

5.1. Introduction

As part of this research to establish the current framework of qualifications and professional training and development by employers in the housing sector, we have undertaken literature reviews of other professions to understand best practice and lessons that can be applied to the social housing sector.

This chapter looks at what developments have taken place within the field of Care work to develop the professionalism and skill sets of their workforce.

5.2. The sector

The Care work sector is large, fragmented and diverse in nature. It is estimated that around 1.5 million people work in the sector, this being greater than the size of the NHS workforce. These individuals work for some 19,000 different organisations, and across a variety of different settings including residential care, home care and community care. Care workers provide support to people for all aspects of daily life, including preparing and eating meals, socialising, physical activities, medical support, and personal care.

As with the social work sector, bad publicity stories about the abuse and neglect of patients have surfaced from time-to-time.

The sector is affected by staff shortages. These are caused by the poor image and low pay associated with the sector. For example, Skills for Care estimated that the median hourly pay for care workers in England in 2021/21 was £9.01 per hour, 21p less per hour than sales and retail assistants. These skill shortages have been exacerbated by the UK's departure from the EU, which has limited the available pool of care workers, and the impact of COVID-19, and the requirement to be vaccinated, on the attractiveness of the sector.

Just as population growth impacts the housing sector, population growth and an increasingly elderly population profile is having a significant impact on the health and care sectors. The sectors are increasingly working together on solutions, with the intention that care supports people in the right way to minimise their need to go into hospital.

5.3. Drivers of quality and professionalism (summary)

Though there are various training packages and qualifications tailored to the care sector, individuals do not necessarily need any qualifications to become a care worker. Instead, to work in the sector it is seen as more important that the person has the right values and behaviours, for example the ability to build strong trusting relationships and to show care and compassion. That said, there is a growing recognition that care work is a skilled role that is increasingly becoming more complex, and a growing desire to ensure that the perceptions of the profession move away from it being seen as less important than the healthcare sector.

As with the social work sector, several organisations play a key role in terms of overseeing and helping to push forward quality within the sector. Two main parties are:

Skills for Care

Works with employers, government, and partners to ensure adult social care has the right people, skills, and support required to deliver the high-quality care and support.

Care Quality Commission (CQC)

> The independent regulator of health and social care in England. CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish findings and performance ratings to help people choose care. The CQC set out what good and outstanding care looks like.

5.4. Initiatives designed to improve the social care workforce

Several key initiatives have taken place to help to drive better recruitment, retention and quality within the social care sector. Each is listed below, and then expanded upon in the following sections:

- **The Care Act 2014:** Designed to be a simpler modern law for 21st century care that focuses on the individual care needs and ensures that care is more personalised to the individual.
- **The Care Certificate:** Although not mandatory, designed to ensure that those working in the sector meet minimum standards that define the knowledge, skills and behaviours expected of job roles.
- **National Association of Care and Support Workers established:** Membership organisation to promote care working as a profession and recognise social care workers as professionals.
- **Workforce Development Fund:** Opened to adult social care employers in England to support the development of their staff at all levels. The fund is distributed by Skills for Care on behalf of the DHSC.
- **Creation of a collective vision of the workforce strategy for a growing sector:** Leaders in the sector (e.g., Association of Directors of Adult Social Care, Care Provider Alliance, Local Government Association) have come together to offer a collective vision for the workforce.

The Care Act 2014

The Care Act 2014 replaced various existing pieces of legislation and laws, and was designed to be a simpler, modern law for 21st century care. It focused on the individual needs of people and promoted fairer and more personalised care. For example, it moved the focus of local authorities from providing services for specific groups, to supporting individuals to achieve the outcomes that matter to them. The Act has six principles which underpin the work of those who work with adults.

- Empowerment: Individual views, wishes, feelings and beliefs should always be considered.
- Protection: Professionals should always work to protect individuals from abuse and neglect.
- Prevention: Focus should be on the person's wellbeing and on reducing the need for care and support both in the short and long term.

- Proportionality: Appropriateness and proportionality are concepts that must apply to all assessments.
- Partnership: Any decisions should be made with the person's involvement, and their wellbeing should be balanced with that of any involved family / friends.
- Accountability: Professionals should ensure that any actions taken to support a person receiving care affect their rights and freedom as little as possible.

The Care Certificate

The Care Certificate was introduced in April 2015. Although not mandatory, it is expected that all those working as healthcare assistants and adult social care workers undertake this learning as part of their induction programme.

The Care Certificate was created as a result of the Cavendish Review which was published in July 2013. This Review was in response to the Francis Inquiry into the failings of care at the Mid-Staffordshire NHS Trust. The Cavendish Review found that the training and development of healthcare assistants and adult social care workers was not of a sufficient standard and often inconsistent. Cavendish proposed that a new 'Certificate of Fundamental Care' be created to improve this and that led to the creation of the 'Care Certificate'.

The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. The standards define the minimum that someone should know, irrespective of their individual work role. Meeting these minimum standards is not the same as being competent in the workplace, but they provide the foundation for safe and effective practice. The standards were developed jointly by Skills for Care, Health Education England and Skills for Health and cover 15 areas:

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person-centred way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia etc
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information
- Infection prevention and control

Resources are available to support the Care Certificate including:

- A Care Certificate network, which is a national forum available to all health and social care colleagues to provide the opportunity for colleagues to engage with others across the sector, receive national updates on the Care Certificate and share good practice.
- Workbook resources to support the training process.

These standards take account of the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England, which has the moral and ethical standards expected of all health and social care workers.

The code of conduct includes the following principles:

- Be accountable
- Promote and uphold privacy, dignity, rights, health and wellbeing
- Work in collaboration
- Communication in an open, and effective way
- Respect a person's right to confidentiality
- Strive to improve the quality of care and support
- Uphold and promote equality, diversity and inclusion

Establishment of National Association of Care and Support Workers (NCAS)

Founded in 2016, this is a "care worker led professional body". It is a membership organisation (with around 7,000 members) to promote care working as a profession and recognise social care workers as professionals. Activities include:

- **Building alliances with senior policy makers and professionals** in Care England and the Care Quality Commission, to build a broad coalition for investment in care staff training, development and improved perceptions for the profession.
- **Campaigning for the interests of care workers.** As an example, questioning the commissioning arrangements for care which lead to poor conditions of employment ("we cannot expect care workers to deliver care with respect and dignity if they are not treated that way themselves"). NCAS has also called on the government to make the registration of adult social care workers in England compulsory with the view that this would help regulate the workforce, support values-based recruitment and support the workforce to provide the best possible care. Registration is compulsory in Northern Ireland, Scotland and Wales; an evaluation report in 2019 reported that the compulsory registration that had been introduced in Northern Ireland in 2016 had greatly improved the quality of care and that care workers were feeling more confident and accountable in their new roles.

- **Offering a range of benefits to members** such as legal advice, e-learning (some free, some heavily discounted), health & wellbeing hub, counselling support, benefits for self-employed and career support.
- **A set of values (shown below) and a code of ethics** with four overarching principles which members are asked to adhere to: working with skills & competence, a commitment to personal growth & development, working with integrity and respect for the law, and a commitment to respect and dignity.

> **Be Person Centred:** The values that sit within person-centred care are: individuality, rights, privacy, choice, independence, dignity, respect, and partnership. Treat the people you support as individuals with respect, compassion and dignity. Recognise their uniqueness, and make them, and their supporting network of family and friends, partners in all aspects of their care.
>
> **Show Compassion & Respect:** Compassion is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness and is central to how people perceive their care. Always act with compassion and be respectful of each other and the people you care for. Take every opportunity to be mindful of cultural and ethnic diversity and support the individual to make independent, safe choices within their capacity.
>
> **Treat People Fairly:** Always treat people equably, without favouritism or discrimination and value the importance of all human relationships, not just with the people we support, but also our colleagues. Work to strengthen these relationships in order to enhance the well-being of individuals and communities wherever we can.
>
> **Act with Integrity:** Integrity is the practice of being honest and showing a consistent and uncompromising adherence to strong moral and ethical principles and values. Members should behave in a manner that supports and advances our professional reputation and will not bring the care working profession, their employer or Nacas into disrepute.
>
> **Work with Confidence:** Always practice within your areas of competence, but also strive to continuously develop your professional knowledge, experience and skills, and use those attributes to contribute to the knowledge of the profession as a whole by supporting the development of colleagues and by sharing that knowledge and experience with others.

Workforce Development Fund

The Workforce Development Fund (WDF) is funding from the Department of Health and Social Care (DHSC) disseminated by Skills for Care.

It supports the provision of high-quality care and the continuing professional development (CPD) of staff across the adult social care sector by providing a contribution towards the costs of vocational learning. The fund allows organisations to claim back money towards the costs of workers completing a broad range of adult social care qualifications, learning programmes and digital learning modules. A maximum of £2,000 can be claimed per learner per funding year.

A recent independent evaluation of the funding found that almost without exception, employers who contributed to the evaluation said that the quality of care they provided improved as a direct consequence of the WDF.

For 2022-23, the WDF will continue to provide additional support to registered managers and frontline managers as these staff are viewed as key cogs in terms of providing quality care and supporting the workforce. Enhanced funding will also continue to be available for the completion of leadership and management qualifications, learning programmes, and digital learning modules.

Creation of a collective vision for a future workforce strategy

A shared vision for a joined-up workforce strategy was published in 2021. The strategy was based on agreement from all key players in the social care field:

- Association of Directors of Adult Social Services (ADASS),
- Care Provider Alliance (CPA),
- Care and Support Alliance (CSA),
- Local Government Association (LGA),
- Skills for Care,
- Social Care Institute for Excellence (SCIE),
- Think Local Act Personal (TLAP).

The vision was created out of the belief that there are growing opportunities to join up workforce planning across health and social care economies, maximising opportunities for joint working, integrated training, and resource sharing. Provided below are extracts of the vision:

> **Staff are recognised, valued and rewarded**
>
> Need to do more to promote a positive image of social care as a rewarding, challenging and fulfilling job, and increase public understanding of social care.

Need to agree a sustainable approach to pay and rewards in social care that brings parity with other public sectors. There is a recognised need to be able to link pay to progression, not only in management roles but also in specialised roles as the need for these is likely to increase with demographic changes.

Need to ensure sure that people working in social care are supported to 'keep well', not least because it has an impact on high quality care and support. It is felt that this should be built into regulatory frameworks where appropriate, for example with CQC registered providers, and that there should be clear expectations around staff wellbeing and bodies held to account when they fall short.

Invest in training, qualifications, and support

Need to develop a national recognised learning and skills framework, that recognises achievements and enables workers to move within the sector without having to repeat training unnecessarily. This should ensure the workforce is well-trained to creatively meet the needs and aspirations of people who are living with increasingly complex conditions.

Need to ensure the workforce has access to career long learning and development opportunities, including recognised qualifications, which support career pathways as well as enabling people to live good lives. Also recognise and support continuous professional development at all levels.

Need to explore setting minimum qualifications as appropriate for roles in the care sector. This should not be at the expense of the focus on values and ensuring that people who need care and support, particularly individual employers, can direct and commission the training of the people they hire to support them.

Clear career pathways and development opportunities

Clear career paths should be mapped out through a range of levels of responsibility, oversight and/or complexity – some of which may need specialist knowledge and expertise. Development of pathways must include consideration of non-traditional roles beyond long-established service models, and not focus solely on hierarchical structures. The pathways must be both clear and flexible enough to reflect the nature of the sector (numerous provider types and varied approaches) as well as the different skillsets and career aspirations of the workforce – not everyone will want to take on additional management responsibilities, and some may wish to develop their careers through specialisms.

Building and enhancing social justice, equality, diversity and inclusion in the workforce

Need to understand the barriers to care amongst some community groups, and ensure the workforce is well equipped to be inclusive and understanding. Also need to address barriers to work and progression for workers who identify as Black, Asian and minority ethnic.

Effective workforce planning

Need a consistent approach to workforce planning which is joined up by a national strategy. Workforce planning needs to take place at all levels, and aligned to emerging place-based partnerships, ensuring that resources, skills and expertise are shared across the local health and care system. National planning must be sufficiently flexible to local needs and must consider integration and the interconnectedness of the health and social care workforce.

Expansion of the workforce in roles which enable prevention and support the growth of innovative models of support

Need a greater focus on preventative activity using all assets in places and communities and investing in innovation. The current risk-based approach to social care means that innovation isn't always encouraged in the way it should be. Various providers are currently piloting alternative ways of working such as the Burzoog models. Need to grow digital skills to make the most of technology developments including monitoring, data analytics and assistive technologies.

6. Invitation emails

6.1. Case study invitation email

Dear <NAME>,

Thank you for responding to our recent survey for the Social Housing Professionalisation Review that we carried out on behalf of the Department for Levelling Up, Housing & Communities (DLUHC). It was really useful to be able to include <ORGANISATION> in the data, which we're now using to compile our interim report.

I'm writing to you about the second stage of the research, which you kindly said that you would be willing to participate in. This involves in-depth case studies with individual providers of social housing, where we interview management, customer-facing staff and a group of

tenants. This case study stage is more opinion-based rather than seeking to gather data, and will aim to build a picture of your organisation's approach to skills development, recruitment, retention and training of staff in customer-facing roles.

We're getting in touch now to ask whether you'd be available to take part in this in the next few weeks. We would like the interviews for the case study to take place over one or two days if possible. As well as talking to you and other management colleagues, we would want to talk to other people at your organisation. Ideally, researchers from IFF Research would visit your team at your offices. If this isn't practical, some or all interviews could take place online over a slightly longer period. We'd need to discuss that with you prior to the case study by phone and/or email so that we could organise a schedule.

We can't guarantee that every organisation available to take part will be selected – we're planning to carry out only eight case studies, and we will need to cover a range of types of organisations.

The findings of the case studies, alongside the survey data, will be used to build an evidence base for the education and training landscape within social housing and provide a baseline from which to measure future development in this area.

I look forward to hearing from you soon.

6.2. Social landlord survey invitation email

Dear <CONTACT>,

We are writing to invite <ORGANISATION NAME> to take part in an important piece of research for the Department for Levelling Up, Housing & Communities (DLUHC).

In November 2020, the government published "The Charter for Social Housing Residents: Social Housing White Paper" committing DLUHC to hold a review of professional training and development for social housing staff. The DLUHC have commissioned IFF Research, an independent research agency, to carry out research to better understand the training and development of social housing staff in customer facing roles.

To this end, we are conducting an online survey of all housing providers who manage subsidised housing. Questions in the survey focus on the current professional development and training offered by employers, and how you develop the skills of your workforce. The survey is relevant even if you are a small provider of housing, or if you sub-contract housing management to other organisations.

We would very much value your input, and we would like to invite you (or another person at <ORGANISATION NAME> who has responsibility for training and development of staff) to take part in this survey by accessing the link below and typing in the following ID: <ID>

[Open, typable link to survey here]

The deadline for completing the survey is: Tuesday 26th April 2022.

If you are not the best person within <ORGANISATION NAME> to complete this first section, please forward this email to the appropriate person instead and copy us in at <EMAIL>, or email us to let us know, just so that we don't attempt to contact you further.

Please do not attempt to invite multiple people at your organisation, or people at other organisations, to take part by forwarding this email – the link is only for the use of <ORGANISATION NAME> and only allows one survey to be completed. If providing a single response is not practical for <ORGANISATION NAME>, please do let us know.

For more information

If you would like any additional information or have any queries about the research, please feel free to contact us at <EMAIL>, or call us on <PHONE>, and ask for <NAMES>.

If you would like to verify that this is a genuine DLUHC research project, you can contact <NAME> at DLUHC at <EMAIL>.

Confidentiality

IFF Research are an independent research company regulated by the Code of Conduct of the Market Research Society (www.mrs.org.uk) and ISO27001 accredited for data security. Under Data Protection law, you have the right to request a copy of your personal data, change your data, or withdraw from the research at any time. If you'd like to know more about our GDPR and data handling policy, you can visit www.iffresearch.com/GDPR.

We look forward to hearing from you.

Kind regards,

7. Case study topic guides

Please see Annexes G2-G4.

8. Survey questionnaire

Please see Annex G1.