



# QUALIFYING CARE

**AN EXPLORATION OF SOCIAL CARE REGISTRATION  
QUALIFICATIONS IN SCOTLAND**

**March 2019**



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## Foreword

This report is the culmination of a number of significant studies on the critical issues facing the social care workforce in Scotland.

It is a polite but inescapably incisive analysis of the current qualification experience of both the workforce and employers. It describes in a robust and honest manner both the challenges facing workers in the pathway from registration to service delivery but also outlines some of the potential solutions to these challenges.

The greatest asset of any sector are the women and men who comprise its workforce. Social care is dependent upon the unique talents and skills of the women and men who care and support others. We have long recognised the critical importance of the registration of that workforce, of professionalising their conduct and of ensuring that individuals are suitably qualified to do the critical work they undertake.

This report is not about replaying those arguments. What it is about is a clear statement on the need to address the growing inadequacies within the existing qualification systems. Put simply there is much we need to change and we need to do so sensitively so that what is working continues to work.

We have now reached a time which is critical for the future of the frontline delivery of care in Scotland. We are at risk of haemorrhaging and losing the vital life-skills and essential abilities of an older workforce unable and unwilling to access and undertake our current qualification pathways. We need to quickly think again.

This report is an urgent plea for the need to develop a person-centred qualification system that is moulded and flexed around the needs of the learner rather than the system be that the further education and training system or care registration system.

It is somewhat ironic in an age when we rightly affirm the fundamental importance of treating those who use services with dignity that we are consistently failing to show the same dignity and respect to our workforce through demanding they progress through an inflexible systems of qualification and registration which we have created.

This report accentuates the concerns which must now be addressed. We need urgently to create a dialogue which seeks to change the status quo not merely to further reflect on it. We need to replace a qualification system which for too many is unaffordable, inflexible and unappreciative of the prior skills and experience of an older workforce.

Let worker, provider, regulator and educator work together to re-shape and personalise learning and qualifications.

Dr Donald Macaskill  
CEO, Scottish Care





# Introduction

Through Scottish Care's regular contact with providers and front line workers via various workforce events, forums and research projects, we have been made aware that there are emerging challenges facing care home and care at home providers in relation to the registration process. More specifically, challenges in ensuring that social care staff are qualified to the appropriate registrable level, which is primarily through the successful completion of a Scottish Vocational Qualification (SVQ). Issues that have been communicated have included access to the award, funding opportunities and the process and content of the award itself.

Whilst not a statistical research body, Scottish Care has produced a number of reports and briefings in the last 30 months which have illustrated a range of facts and figures relating to the independent social care sector and its workforce. These have largely been produced in recognition of the lack of detailed data available on this crucial part of the health and social care sector, other than that published by the SSSC on an annual basis.

The purpose of the survey on which this report is based was to explore the registrable social care qualification framework in more detail thereby facilitating focused improvement, reform and solution-based discussions with providers and stakeholders.

The need to maintain a qualified, competent, and professionally registered social care workforce cannot be underestimated. This report is intended to generate discussion and debate as to how best to 'qualify care' now, and into the future.

## Background to SVQ qualifications within registration

The Scottish Social Services Council (SSSC), the regulatory body for social care staff in Scotland, oversees the registration, workforce development, codes of practice and fitness to practice for all those who work in the care sector.

Registration of the social services workforce began in 2001 through the SSSC and has been described on their website as follows:

*“The SSSC Register was set up under the Regulation of Care (Scotland) Act 2001 to regulate social service workers and to promote their education and training.*

*“Registration is a major part of the drive for higher standards in social services and is bringing the social service workforce in line with other professional colleagues. Nursing, medicine and teaching are all regulated professions and workers have to register with their own regulatory bodies to be able to work in their field. Social service workers have to do the same.*

*“Registration of social service workers has an important role in improving safeguards for people using services and increasing public confidence in the social service workforce.”<sup>1</sup>*

The registration process has been phased and commenced for the care home sector in 2006, initially for managers before extending to supervisors and including all staff by September 2015. The same process began for the care at home and housing support sectors in 2011 and since October 2017, has included all staff working in a caring role in these services. The deadline for all workers in housing support and care at home services to be registered is 2020, but all new workers in any parts of the social care sector have to gain registration within six months of taking up a post. From the point of registration, individuals are given a set period of time within which they must achieve the qualification level required for their role. This deadline is usually determined to be within the first five years of registration but can be shortened by the SSSC in particular circumstances.

In terms of the detail of registration, it requires individuals to complete online documentation (including supplying employment, criminal, education and health information), secure endorsement of their application, pay annual registration fees (ranging from £25 for support workers to £80 for managers since 1 September 2017) and commit to obtaining the required level of qualification within an agreed period of time if these are not already held. In general terms, these qualification requirements are SCQF Level 6 or equivalent for support workers up to a SCQF Level 9 practice qualification plus a Level 10 management qualification for managers of services. As the vast majority of registrants are employed holding no relevant registrable qualification, the route to achieving these is primarily via the work-based Scottish Vocational Qualification (SVQ) in Health and Social Care at the appropriate level, as opposed to classroom learning in a college or university setting.

Registrants are also required to complete specified levels of post registration training and learning (PRTL) over a five year registration period, which ranges from 10 days or 60 hours for support workers, to 25 days or 150 hours for managers.

## Findings from previous Scottish Care reports

The majority of Scottish Care’s reports over the past two years have referenced registration and SVQs, with frontline staff and provider experiences and views informing the findings and recommendations held within them. As can be seen from the collection of some of these comments and findings noted below, this was particularly the case with our *The 4Rs* report (March 2018)<sup>2</sup> – which focussed on recruitment, retention, representation and regulation – and *Experience of the Experienced* (June 2018)<sup>3</sup> focussing on the workforce aged over 45 years. This recurring theme of registration and qualifications has led directly to this focussed research report.

<sup>1</sup> <http://www.sssc.uk.com/registration/what-does-registration-mean/about-registration> (Accessed 07/03/18)

<sup>2</sup> Scottish Care (2018) *The 4Rs: The Open Doors of Recruitment & Retention in Social Care*: <http://www.scottishcare.org/wp-content/uploads/2018/03/The-4Rs-Report.pdf>

<sup>3</sup> Scottish Care (2018) *The Experience of the Experienced: Exploring employment journeys of the social care workforce*: <http://www.scottishcare.org/wp-content/uploads/2018/06/SC-The-Experience-of-the-Experienced.pdf>

## Bringing Home Care: A vision for reforming home care in Scotland - May 2017

The *Bringing Home Care* report<sup>4</sup>, published in May 2017, focussed entirely on care at home services. It covered all aspects of the provision available, highlighting successes and challenges within the current system, and set out a vision for development in coming years.

In terms of registration and qualifications, most responding care at home organisations identified their key workforce training, learning and development priorities for that coming year (2017-18) as being registration of their workforce through the SSSC and the achievement of more SVQ2 and SVQ3 awards for home care staff.

The report noted that this reflects the ambition to better recognise the care at home workforce as professional and skilled and to provide positive career pathways within the sector. However, 44% of respondents believed there were insufficient resources within their current contracts with Local Authorities to meet training, learning and development needs.

In *Bringing Home Care* we concluded that **there was a need for greater access to equitable training opportunities and support for the achievement of qualifications which enable the workforce to register with the SSSC.**

Now, almost two years on, this current report goes some way to exploring if this was actualised.

## Fragile Foundations: Exploring the mental health of the social care workforce and the people they support - November 2017

Our *Fragile Foundations* report<sup>5</sup> carried many concerning messages around the fragility of the health and wellbeing of the social care workforce, concluding that *'the independent sector is key to the delivery of health and social care in Scotland. What this research has shown is that its structure is being weakened and eroded by the system, and organisations as well as the workforce are being pulled apart in their endeavour to deliver high quality care and support to older people. They are increasingly losing their capacity and resilience to cope with these imposed pressures, and are being stripped of and denied their ability to do what they want to do – deliver compassionate care.'*

*'The social care workforce interviewed in this and other studies Scottish Care has undertaken in the last year [2016-17] is a workforce upon which increasing demands are continually placed. To date and with some exceptions it has been a workforce, which despite the challenges, has not yet buckled under the strain. This report suggests that that continued responsiveness and ability to be resilient to increasing demands is coming to an end and has ceased in some areas.'*

*Registration and qualifications were captured within its 9 Building Blocks, or recommendations, with Building Block 8 stating: 'it is important that we work collaboratively to ensure that existing registration, regulatory and qualification mechanisms are sufficiently flexible to and sensitive of the needs for on-going mental health support for the social care workforce.'*

## The 4Rs: the open doors of recruitment and retention in social care - March 2018

The *4Rs* report<sup>6</sup> explored registration and qualifications in some depth and covered many of the positive aspects of each as identified by providers. However, the costs associated with SVQ alongside high numbers of employees required to achieve it left many providers identifying this as a serious concern for the future of the sector.

While costs and access to SVQ were clearly identified as major challenges, the majority of respondents (74%) stated that they believe that the qualification leads to better outcomes for those receiving care and support.

4 Scottish Care (2017) *Bringing Home Care: A Vision for Reforming Home Care in Scotland*: <http://www.scottishcare.org/wp-content/uploads/2017/05/SC-Bringing-Home-Care-FINAL-LoRes.pdf>

5 Scottish Care (2017) *Fragile Foundations: Exploring the mental health of the social care workforce and the people they support*: <http://www.scottishcare.org/wp-content/uploads/2017/11/Mental-Health-Report-November-2017-.pdf>

6 Scottish Care (2018) *The 4Rs: The Open Doors of Recruitment & Retention in Social Care*: <http://www.scottishcare.org/wp-content/uploads/2018/03/The-4Rs-Report.pdf>



The vast majority of respondents could identify clear benefits to both employees and supported individuals through the attainment of SVQ qualifications. This, in turn, is beneficial to employers in having a skilled workforce and maintaining quality care provision. It is therefore extremely positive to evidence that for many, the sometimes challenging practicalities – financial or otherwise – of supporting employees through registration and qualification are reaping tangible benefits and subsequently making the process worthwhile and valuable.

Whilst almost all could identify at least some positives from the SVQ attainment process, more than a third (31%) of respondents did reflect on less positive attributes of the SVQ qualification process and outcomes, including those who generally did see it as beneficial overall to care delivery.

Some of these responses commented on the detriments of a ‘one size fits all’ approach to upskilling care staff.

Others also commented that the competencies recognised through current qualification requirement levels cannot be meaningfully mapped across to the realities of the complex needs of individuals now being supported in care services.

The notion of inherent attributes outweighing skills attained through vocational education was the most predominant theme identified in the less positive responses.

With regards to management qualifications, it was noted that the required attainment level for managers from 2020 will increase from SCQF Level 8 to Level 9 with 83% of respondents highlighting that this would not support recruitment and 68% of the qualitative feedback received pointing to negative consequences associated with this qualification increase.

*The 4Rs report suggested that it would be beneficial for the SSSC to work with Scottish Care, partner organisations, employers and managers themselves to explore alternative yet meaningful ways in which the competencies of service leaders can be secured and developed without compromising other elements of care provision and wellbeing, whether that is the sustainability of services or the mental health of managers.*

It also noted that the age demographic of the workforce must be recognised and that the notion of completing vocational qualifications later in life may not be appealing and could in fact be contributing to an increase in numbers leaving the sector or not entering it at all.

*The 4Rs report concluded that:*

*‘The current SVQ structure can risk restricting some people’s views of what is achievable in care particularly if they are not academically inclined, struggle to afford qualifications or the nature of their workplace makes learning opportunities more difficult. This is particularly highlighted in terms of those considering management roles in the care sector but who will face the completion of more strenuous testing of their aptitude in the future. It is therefore absolutely crucial that we are able to strike the correct balance between appropriate training and learning that reflects the complexity of care roles, yet does not unnecessarily limit an individual’s professional ambition because of restrictive learning practices.*

*We need to be able to shut that door through which dedicated and skilled individuals are flooding out from. We need to guide back through that door those who have already left. We need to open other doors of opportunity and promise within health and social care.*

*And if we do nothing, allowing providers to continue to struggle to achieve a professional competent workforce when no one wants to enter or stay in the sector? We will simply cease to have a social care sector: a simple sentence with complex consequences beyond comprehension for the people who rely on community supports. This reality is beginning to bite **now**.’*

## **Experience of the Experienced: Exploring employment journeys of the social care workforce - June 2018**

With many statistics held as to the age demographic of the social care workforce showing that more than half are aged over 45 years, and with Scottish Care’s own *The 4Rs* report indicating a 20% increase in applications from this same age group, *Experience of the Experienced*<sup>7</sup> sought to recognise this demographic beyond the statistics and to celebrate their contribution. Focusing on many elements

of the employment journey, for those working long-term in the sector to those newly joined, both registration and qualifications featured heavily.

Whilst participants were at different stages of the registration process, encouragingly none found the requirement of SSSC registration to be a negative factor in terms of their career in care. In fact, all spoke positively about registration as a means of protecting people in receipt of care and support and for distinguishing between those who are passionate about care and those who see it as 'just a job'.

Support was identified as being critical for those still required to register and undertake the associated qualifications. It was found that confidence in the availability of both internal and external support through these processes could go a long way to relieving anxieties and may even go as far as to prevent more experienced workers leaving as the prospect of undertaking SVQ qualifications nears. Whilst this group were positive about registration, some did know of or could conceive of colleagues who had opted out of care as a direct result of registration requirements. It was concluded that this is not a model we want to encourage given the skills and knowledge these experienced individuals hold.

With regard to qualifications, it highlighted both the benefits and the challenges of the current SVQ assessment process for the older, more experienced worker.

Firstly, it reinforced the importance of a robust support system around the person undertaking an SVQ qualification for successful completion and making the process a positive learning experience. For some individuals and organisations, that could mean considerable input out-with work time which has significant resource and capacity implications. However the implications of not providing this support can be even costlier, evidenced by examples of colleagues leaving organisations. The report called for serious consideration to be given as to how individuals who are unfamiliar with academic assessments, who have personal caring responsibilities, who have low levels of literacy or who lack confidence in undertaking an SVQ for some other reason are adequately reflected in the planning of these qualifications and properly supported to achieve them.

It also highlighted how influential, positively and negatively, an individual's Assessor can be in their qualification experience and suggested that the qualification process and associated support needs to reflect the approach we expect a candidate to apply to their care delivery.

Questions about how and when an SVQ should be undertaken were raised. Many participants spoke positively of SVQ as it allowed them to evidence the skills they already have and to reflect on these. However, it was asked if it lends itself to supporting someone relatively new into the sector who is still learning these skills on the job given the timeframes in which new workers have to register with the SSSC and begin taking active steps towards gaining their qualification. There were also suggestions as to ways in which the qualification could be improved from the perspective of those who have gone through it, such as reviewing how information needs to be presented or how it ties to the practical realities of people's roles so that the SVQ can be of even more value.

Throughout the report workers who identify as 'old' or 'older' refused to write themselves off in terms of their capacity for continued learning, training and career progression and instead actively sought chances to develop themselves. This reinforced the importance of ensuring such opportunities are suitably tailored and inviting for people of all experiences, ages and academic abilities.

*Experience of the Experienced* concluded that perhaps we need to question whether or not current social care regulatory requirements are flexible, adaptable and aspirational enough for an older, more experienced workforce. It confirmed the need for a professional registration process and a qualified, professional workforce while highlighting the need for a regulatory framework, including a qualification system, that encourages people of all ages and experiences to choose social care as a career, which appreciates and responds to differences and allows individuals to thrive. In particular, the recognition of prior learning and qualifications from previous sectors and lived experience was noted as a significant gap in the current system where regulation can appear to be a barrier to a career in care as opposed to an enabler.

It highlighted the disparity in SVQ funding opportunities for those aged over 25 years and stated that to positively promote social care as a career for experienced citizens of Scotland it is imperative that the Scottish Government, SSSC, SQA, Skills Development Scotland, the Care Inspectorate and other stakeholders are cognisant of the needs of an older workforce. For this to happen, the report called for reflection – and action – on current learning resources, registration requirements, qualification content

7 Scottish Care (2018) *The Experience of the Experienced: Exploring employment journeys of the social care workforce*: <http://www.scottishcare.org/wp-content/uploads/2018/06/SC-The-Experience-of-the-Experienced.pdf>



and equal access to funding opportunities and qualification redesign.

## Care homes: Then, now, and the uncertain future - November 2018

Our most recent major report, *Care homes: Then, now and the uncertain future*<sup>8</sup>, found that some of the most substantial concerns for the future of care home provision as regards to the workforce relate to the impact of increasing workload and expectations associated with workforce regulation and registration. It again stated Scottish Care's support for a proportionate system of regulation which grants public assurance. It stated, however, that more work urgently needs to be undertaken to ensure that we can create a more flexible system around initial registration so that this does not put off new recruits. Similarly to *Experience of the Experienced*, it suggested post registration training and learning (PRTL) must also be more cognisant and appreciative of previous experience, formal academic and workplace qualifications and skills.

Along with earlier reports, the study highlighted real concerns around our present qualification system which appears to many to be unaffordable, inflexible and unappreciative of the prior skills and experience of an older workforce. It concluded by calling for collaboration between Scottish Care, the workforce regulator and the further education sector in Scotland to address some of these immediate and real concerns, stating that person-led and person-centred care must go hand in hand with personalised learning, qualification expectations and relationships.

## Independent Sector context

According to the most recent data published by SSSC for 2017<sup>9</sup>, the independent sector is the largest employer in adult social care making up just under half of the overall workforce in adult care homes, care at home and housing support services. In terms of care and nursing homes, the independent sector comprises 88% of the workforce and almost over three quarters of the workforce in care at home/housing support:

***Overall independent sector workforce in care homes and care at home/housing support: 99,720 (81% of people in these sectors and 49% of total people in social services)***

***Overall independent sector workforce in care/nursing homes: 45,930 (88% of total care home staff)***

***Overall independent sector workforce in care at home/housing support services: 53,790 (76% of total home care staff)***

While registration and associated qualifications affect both care home and care at home/housing support services, there is a difference in the immediacy with which this impacts on care homes in particular.

As mentioned earlier in this report, the register opened first for the residential workforce (2006 as opposed to 2011 for care at home/housing support) with all existing staff requiring to be registered in November 2015 (compared to 2020 for care at home/housing support). All new staff entering into adult social care, however, must register within the first 6 months of employment, affecting both service types equally.

As an individual worker on joining the register is generally given five years to complete their registration by meeting qualification requirements, this means that we are now entering the final year in which many people working in care homes must achieve registrable qualifications – which is primarily via an SVQ. Workers who have not achieved their condition of registration – i.e. qualification – within the designated period and within current legislation could be discharged from the register and therefore unable to provide care and support, unless there are mitigating circumstances.

Workers failing to achieve their qualifications within the designated timescales could conceivably impact on hundreds of care services and therefore also on thousands of staff and people who access care and

<sup>8</sup> Scottish Care (2018) *Care homes: then, now and the uncertain future*: <http://www.scottishcare.org/wp-content/uploads/2018/11/Care-homes-then-now-and-the-uncertain-future.pdf>

<sup>9</sup> SSSC (2018) *Scottish Social Service Sector: Report on 2017 Workforce Data*: <https://data.sssc.uk.com/images/WDR/WDR2017.pdf>

support.

Scottish Care hopes that this report can contribute to better understanding of the qualification experience and stimulate discussion that leads to system change that better meets the needs and resources of workers and providers while ultimately maintaining the safety of each citizen in receipt of care.

## Methodology

This report is based on survey data collected from 65 organisations operating in the independent social care sector, all of whom are members of Scottish Care.

While anecdotal information from members has been incredibly useful, in order for us to gauge a more accurate picture of the current registration qualification reality and to support discussions around improvement with the SSSC, Care Inspectorate and Scottish Government going forward, there was a need to capture views, experiences and opinions in a more structured and focused manner.

The resulting survey was issued to those providers who participate in the Joint Scottish Care and SSSC Regulatory Forum – a group of Scottish Care members comprised of providers with an interest in social care regulation and qualifications who meet on a quarterly basis. In order to ensure we captured the opinion and experiences of providers unable to physically attend these meetings, services operating in rural or isolated settings were also invited to participate.

The survey asked respondents to provide quantitative information on their workforce – at service rather than organisational level - alongside qualitative information on experiences, thoughts, ideas and solutions relating to registration, qualifications (including post registration requirements), and their impact on recruitment and retention. All questions asked were in respect of those staff required to register with the SSSC.

Of the 65 respondents, there was a range of experience across service types and geography including those who operate multiple services across Scotland

It is relatively unusual in Scottish Care's undertaking of survey research to obtain a comprehensive response from all Local Authority areas across Scotland and to achieve a balanced mix of home care and care home respondents. However, this research provided both of these. This is perhaps a reflection of the pertinence of qualifications analysis for social care services and has enabled us to break the data down more effectively to enable further examination, whilst retaining a sense that this topic requires more detailed work to be progressed.

The data represents the feedback of providers and managers across nursing homes, residential care homes, care at home and housing support services. However for the purposes of this report, findings will be presented using the categories of 'care home' (covering both residential and nursing varieties) and 'home care' (to refer to care at home and housing support providers). Data was captured using these two categories so a further breakdown in this regard would not be possible but we would of course support more detailed analysis in subsequent work to better understand any particularities impacting on specific service types. However given the similarities in terms of roles (apart from employed nurses in nursing homes), we believe this two-part distinction is absolutely sufficient in this report to understand the qualifications experiences within the independent care sector.

We believe this report provides a detailed and important depiction of experiences which are crucial for all partners with a stake in the delivery of sustainable, high quality health and social care to understand better. However, we are clear that this report is not a complete picture of the realities but is instead a first step into exploring how registration and qualification requirements can impact on the delivery of care and particularly on the workforce. It should be supplemented by further work to capture the experiences, thoughts, ideas and solutions of providers and the front line workforce and to undertake more in-depth research and analysis of the findings it presents and further questions it poses. Scottish Care will endeavour to progress this throughout 2019, but it is critically important for there to be wider buy-in and partnership working in order to meaningfully build on areas of positivity and resolve the worsening workforce recruitment and retention crises in the sector.

**65 respondents**



**58% from care homes**

**42% from home care**

**All Scottish Local  
Authority areas  
represented through  
responses**

**including a balanced mix of services in urban  
and rural areas**



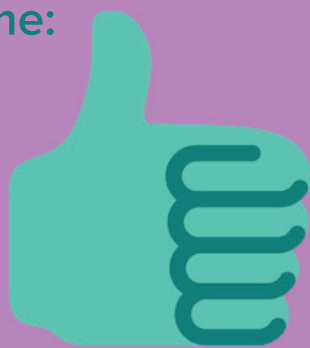
**represented through responding  
services, which equates to 15.6%  
of all staff working in this sector**

# The qualification journey

Staff progression towards achieving registrable qualifications:

Job role & sector	Qualification completed	Qualification underway	Yet to begin qualification
Front line workers - care homes	33%	13%	54%
Front line workers - home care	33%	10%	57%
Supervisors - care homes	43%	22%	35%
Supervisors - home care	57%	24%	19%
Managers - care homes	73%	18%	9%
Managers - home care	72%	23%	5%

Respondent confidence that staff understand the implications of not achieving their registrable qualification within the allocated time:



**48% of care homes very confident**

**35% of home care very confident**

**40% of care homes fairly confident**

**18% of home care fairly confident**

**8% of care homes not very confident**

**41% of home care not very confident**

**4% of care homes not at all confident**

**6% of home care not at all confident**



Scottish Care's membership extends across care home and home care services, all of whom will have staff at differing stages in their registration and therefore in their qualification journey, mainly due to the register commencing at different times. Given the SSSC's stability index of 76.8% for care homes for adults and 78.5% for home care services<sup>10</sup>, this adds extra complexity to individual staff members' journeys depending on how long they have worked in the sector. It can be a relatively common misconception amongst workers that the registration and qualification 'clock' restarts with a new employer, but this is not the case and can make it more difficult for employers to track someone's progress in terms of obtaining required qualifications within the SSSC specified timescales.

The data shows us that just over one third of front line workers across both service types have already achieved the qualification required for them to undertake their registered role, which for most will be an SVQ at Level 2.

A further 10% of front line home care workers and 13% within care home services are currently working towards achieving their qualifications, though we don't know what stage of this process they are at. These individuals could have almost completed their qualifications, have just started making inroads into registration requirements or be anywhere in between. We would expect these figures to represent a mixed picture in this regard but there is no requirement within MySSSC (the online system for the social care workforce to apply for and maintain their registration) for staff to update on their qualification progress so the only data available is that obtained from staff through their employers' enquiries.

57% of home care workers and 54% of care home support workers are yet to begin their registration qualifications, which are significant proportions and have implications for workforce planning, individual and organisational costs and practical arrangements of care provision considering staff will likely need a degree of dedicated time away from direct care to undertake the necessary units and associated reflective accounts. These must all be factored in when considering potential risks and pressures on the sector in terms of workforce in the coming years. If the staff represented in these figures don't achieve the required qualifications within their allocated timeframes, they are unlikely to be able to continue in their role, which has massive implications for the care workforce and sector overall. At a time when services are already severely challenged by workforce shortages, organisations cannot afford to lose an additional and significant proportion of staff as a direct or indirect consequence of registration requirements.

In terms of supervisors, we are seeing a much higher attainment rate within home care services (57%) than in the care home sector (43%) which is interesting given that the care home workforce has been required to register from an earlier date. In fact, more than a third of supervisors in the surveyed care homes have yet to embark on what entails achieving both a practice and supervisory qualification. This may be reflective of the information obtained by Scottish Care from providers in our late 2018 care home workforce survey<sup>11</sup>, which indicated a growing trend of internal promotion for supervisory posts and a belief amongst employers that a lack of suitable qualifications is one of the most significant reasons why services are experiencing vacancies in this area. With more supervisors having recently undertaken these roles, they would have more recently registered this change with the SSSC and therefore be much earlier in their allotted qualification timeframe. It would be useful to further test this hypothesis and to determine if any other factors are impacting on supervisor qualification journeys.

For managerial posts, there appears to be much more equity across the two sectors, with around three quarters of managers already meeting requirements and 18-23% working towards these currently. Again we would infer that this is reflective of the numbers newer into these roles in both care home and home care organisations. 2018 workforce data from Scottish Care members highlighted a growing concern around the ability to source, recruit and retain suitable managers and therefore this will inevitably impact on registration and qualification processes.

Without a lot more quantitative and qualitative information, we are unable to ascertain why so many staff across both service types and all roles are at such varied stages in their qualification journey, especially why so many have yet to begin, but we would expect that the turnover in the sector and therefore the proportion of newer starts may account for this to some extent. It may also be due to the organisational and personal practicalities of when to start a qualification process in a landscape where many other employees and colleagues also require to do this. This relies on better understanding of what is available to whom and what internal and external capacity there is to meet requirements, some of which will be explored later in this report. However there may also be other factors or a proportion of people

<sup>10</sup> SSSC (2018) Scottish Social Service Sector: Report on 2017 Workforce Data: <https://data.sssc.uk.com/images/WDR/WDR2017.pdf>

<sup>11</sup> Scottish Care (2018) Care Home Workforce Data 2018: <http://www.scottishcare.org/wp-content/uploads/2018/12/Care-Home-Workforce-Data-Report-2018.pdf>



who don't know, understand or want to go down the necessary qualification route. As deadlines begin to be reached over the next few months and years, we need to carefully consider what any continued under-progression of qualifications means for recruitment and retention in the care sector and services' ability to maintain consistent and high-quality care provision with a stable workforce. We must also be assured that there is sufficiently detailed, and regularly updated, information that enables relevant bodies to foresee any registration and qualification challenges and to support workers and providers with these where appropriate.

Some of this qualitative data emerges when examining service confidence in worker registration and qualification. Respondents were asked to rate their level of confidence that the workforce they represent understand the implications if they do not achieve the required qualification status for their role within the timeframe assigned to them as part of the registration conditions. To be clear, the implications – unless in extenuating circumstances – are that an individual would be unable to continue in their role as a failure to achieve qualification would in effect serve to be a 'breach' of their registration requirement. Given registration and associated obligations are the responsibility of the individual worker and not the employer, this requires a level of ownership and proactivity on behalf of care staff.

88% of care homes have a level of confidence – either fairly or very confident - that staff are aware of these implications. For home care services however, this confidence drops to 53%.

This is interesting given the seemingly converse data above relating to where people are currently in their qualification journey, where a higher proportion of care home staff are yet to begin or complete qualifications. Whilst more care home staff have yet to begin their qualifications, their employers are relatively confident that they are aware of the requirements around this. For home care, 41% of respondents are not feeling sufficiently assured in this area and 6% are not at all confident that staff understand their personal obligations.

Respondents across both service types detailed ways in which they seek to ensure staff have sufficient knowledge of their registration and qualification obligations:

*"We have informed all staff about their registration and requirements. We send out reminder letters. We are also in the process of supporting staff with their SVQ's and have issued letters." - home care*

*"I have explained to my staff that they are required to do this qualification and if they do not then they cannot work in care." - home care*

*"Responsibility and accountability outlined during recruitment, induction, probation and supervision. There is also an implicit clause in contracts." - care home*

This highlights that despite individual responsibility in this regard, providers do have to expend a not insignificant amount of energy and resource in informing and monitoring staff around these processes from early recruitment stage right through until full registration is achieved. A lack of confidence therefore does not seem to be linked to any widespread lack of communication or information on the part of employers.

Some respondents highlighted an apparent issue with the chain of responsibility in terms of registration and qualification, with those in leadership roles clear about the requirements but demonstrating more concern in relation to front line workers who make up the majority of the workforce:

*"I am very confident that our management employees understand the implications, however less so for frontline workers. I struggle to get frontline workers to engage with their registration at all or to even pay their annual fees. Having said that there is an awareness with some of the need to qualify and these people are very keen to take advantage of the funding we provide to achieve this." - care home*

Care home respondents in particular made links between provider confidence and the role of qualification funding. Here, we start to unpick some of the reasons why individuals may delay or opt out of registration requirements, given that the SVQ process requires a substantial financial outlay. Some of the challenges around this will be explored in more detail later in this report:

*"Although they are given full explanations at induction they don't want to be responsible to fund this and await employer funding becoming available. They tend to forget or leave before*



*it is due." – care home*

*"They are aware, but it is impossible to get funding even now for people under 25 and especially for those over 25. The last quote was £1600 for SVQ2. I think people will wait for the date until they can't work without the qualification and will then leave, leaving us short of staff." - care home*

However the most common theme was a perceived lack of understanding of the serious implications on the part of care staff of failing to comply with registration requirements. This was especially the case for home care respondents and seems to be the main reason for providers' significant apprehension around staff understanding:

*"You can explain at training but I still think people have ostrich mentality they have ages till they need to do it." - home care*

*"Some staff think it is us that requires them to be registered and therefore don't believe there will be any or little implications if they don't register." - home care*

*"Despite being advised of the new SSSC regulations etc staff don't seem to retain the information nor 'believe' that its applicable to them. Just getting staff to register with the SSSC is a real problem, let alone obtaining an SVQ." - home care*

However this was also raised as an issue in the care home sector:

*"We are confident as a business of the implications, however I still feel there is an air of complacency around this with a definite lack of ownership for the qualifications." - care home*

This frequently conveyed notion of 'ostrich mentality' is interesting, as it seems to point to issues of awareness around timescales and accountability.

Factors such as the funding challenge, especially when individuals themselves need to pay for their SVQ or equivalent, also provide an example of practical reasons why individuals are not actively progressing their qualifications. Respondents also noted having experienced staff delaying these processes until they are clearer about their desired career path. We therefore need to consider how we achieve 'buy in' to the qualifications system amongst the care workforce, rather than it being seen as merely a requirement to address at some point. We need to enable individuals to have the space to positively opt in to a career in care and for the registration process to be seen to be supportive of that.

Any continuing information gap, especially for home care workers, is also important to acknowledge for those bodies tasked with equipping and supporting services and their workforce with such knowledge. Given this appears to be less of a concern for care homes, we may need to question why this is the case. Is it that the 'on-site' nature of care home employment mean services feel more able to prompt and check in with staff on a more regular basis? If so, we need to identify means of supporting home care services to update and support their workforce in this area given their often autonomous working conditions and possible less capacity for face to face supervision. Yet this assumes an employer-focused responsibility when in reality, it is the role of individuals themselves to understand and progress their registration obligations. Another possibility, of course, is that care home staff have been 'exposed' to the register for longer and could therefore be expected to have a better and fuller understanding of their responsibilities within it.

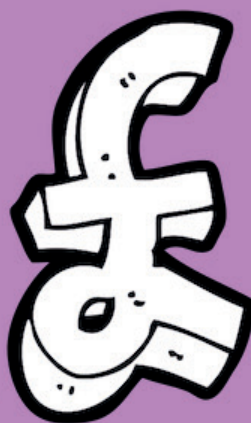
We must therefore consider how this information can be better communicated to staff in a way that reaches them in their workplace, and how we can be assured that those still to commence and achieve their own qualifications will succeed in time. This all points to an urgent need to undertake more work with this group and their employers to understand the many complexities behind the qualification journey.

# Routes to qualification

## Financing SVQs:

**Care Homes**

- Individual fully covers costs - 8%
- Service fully covers cost - 60%
- Individual partly covers costs - 24%
- Service partially cover costs - 36%
- 12% use payback scheme
- 52% use Individual Training Accounts (ITA)
- 44% use SAAS funding
- 8% access other grants/funding awards



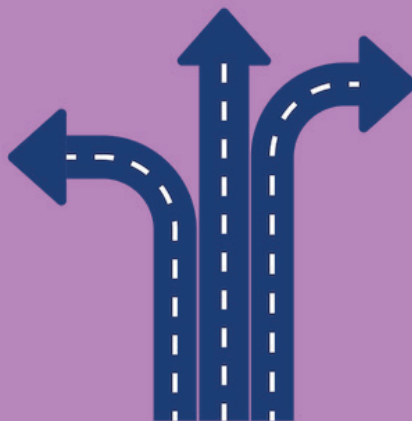
**Home Care**

- Individual fully covers costs - 24%
- Service fully covers cost - 24%
- Individual partly covers costs - 12%
- Service partially cover costs - 24%
- 24% use payback scheme
- 41% use Individual Training Accounts (ITA)
- 53% use SAAS funding
- 24% access other grants/funding awards

**29% of home care and 24% of care homes have an in-house SVQ assessment centre**

## How SVQs are provided:

**68% of care homes use a private training provider (35% of home care)**



**41% of home care respondents use colleges (36% of care homes)**

# 44%

**of care homes have engaged in Modern Apprenticeships as an alternative qualification route**

**and 24% of home care services**

Whilst individuals and services are at different stages of the social care qualification journey, there are also a variety of routes they can take to get there. It was therefore considered useful to understand what is currently being utilised within the sector, both in terms of accessing and funding qualification options. In this regard, SVQs will be focused on as the primary vehicle to attainment as well as an exploration of the uptake of Modern Apprenticeships as an alternative route.

From the data, it is clear that there is a very mixed economy in terms of SVQ funding and it is likely that this is the case both across and within services, with providers often making use of a range of mechanisms and options even for one individual.

For care home services, the most common method is for the employer to fully meet the cost of a qualification for a member of staff (60%) with only 8% of responding services operating models which see employees fully meeting the costs of this. However, a number of care homes do share this responsibility by partly covering the costs (36%) and using partial employee contributions (24%) and just under a quarter utilise payback schemes, where they initially cover costs and then implement staged payback agreements with staff. We need to consider the sustainability of employer funding against a backdrop of uncertain care home funding models and ongoing - and increasing - employer expectations, for instance in relation to Scottish Living Wage increases.

For home care providers, there is a more even spread across all financing methods with no real dominance of any particular one. However, we do see much more personal funding obligations for staff with 24% of home care staff fully covering their qualification overheads and the same percentage meeting these costs internally compared to 60% of care homes. Without exploring this further, we cannot fully explain this difference but it may be that there is a correlation between this approach and the current commissioning models in use in home care provision which continue to demonstrate a driving down of costs and lead to training and learning budgets being minimised or stripped out altogether. It would appear that the impact of this is perhaps being felt by the home care workforce in relation to qualification costs.

Qualitative data collected and an examination of previous data also demonstrate a degree of movement in this area. At the time of Scottish Care's *The 4Rs* report<sup>12</sup>, more than half of all participants (56%) advised that the costs of SVQ were met by the employer, with 15% indicating that employees paid their own SVQ costs. In this survey, 46.5% of organisations (across all parts of the sector) fully meet costs and 14% of costs are fully covered by workers. This suggests a trend towards more mixed models with employees and employers sharing the expense, accessing funding streams and initiatives or operating payback schemes.

However, some care home respondents did intimate that they are moving towards fully meeting employee costs whilst some home care organisations are exploring more employee payment and payback schemes. There are also indications that more services are exploring the establishment of internal training centres for SVQs.

Just over half of care homes are making use of Independent Learning Accounts (ILAs/ITAs) whilst in home care, Student Awards Agency (SAAS) funding is more popular. Around a quarter of home care services additionally utilise other funding streams. It is encouraging that there are grants and awards available to the social care workforce however many of these are subject to particular conditions and only available to certain cohorts and age groups meaning that they are unlikely to benefit the majority of older registrants.

*"SVQs that receive government funding are also used where the employee is of a particular age group, i.e. between 16 -24." - care home*

There is also a mixed approach in how and where SVQ qualifications are provided to social care staff. The most popular method for care home staff qualifications is through the use of a private provider (68%). For home care, the most common provision is through Higher Education Institutions (HEIs) and more specifically, colleges (41%). It is worth noting though that where staff pay for or contribute to payment of their qualifications, with this being more common in home care employment, there is an even more varied approach as candidates decide which method they use as opposed to employers utilising a corporate process which is easier to manage.

<sup>12</sup> Scottish Care (2018) *The 4Rs: The Open Doors of Recruitment & Retention in Social Care*: <http://www.scottishcare.org/wp-content/uploads/2018/03/The-4Rs-Report.pdf>

There is no right or wrong answer in terms of the use of particular provision methods and locations but it would be helpful to regularly review whether the options available remain fit for purpose for the social care sector and the needs of the individuals who access them. For instance, it would be useful to have clear information about the differences between each method in terms of how they are delivered and for this to be communicated clearly to providers and staff. Otherwise we risk providing choice in theory but not in practice because it becomes a choice based upon limited information or experience, for individuals and also for care services who may not have a learning and development function within their organisation, particularly if they are a small service. If information is not readily available regarding options and their quality, the process of obtaining qualifications risks becoming a 'conveyor belt' approach rather than maximising this opportunity to shape learning in line with sectoral needs and realities and to make this a positive experience for individual learners.

Routes to SVQs and other related qualifications should also be cognisant of the complexion and complexities of this workforce, including much of the information captured in Scottish Care's Experience of the Experienced report regarding age, gender, life experience and other caring responsibilities. For instance, part time work in the social care sector is often a lifestyle choice or demand based on other commitments: there is usually a reason someone does not choose full time hours given that the workforce challenges facing the sector mean these hours are almost always available should an individual want them. This is often because the individual worker has family caring responsibilities and commitments. If undertaking an SVQ through the means of a college course, for example, required that individual to utilise some of their own time to do this, this may not be practically possible and may in fact lead to them not commencing or not completing their qualification. This demonstrates why informed choice must be a priority in terms of SVQ routes.

While the data points to a current under-utilisation of Modern Apprenticeships (MAs) across both parts of the sector, it is encouraging that almost half (44%) of care home and one quarter (24%) of care at home respondents have indicated that they engage with the MA programme as a means to achieving registrable qualifications for those working in caring roles. The current lower levels of uptake may point to a marketing and communication gap in terms of employers understanding how they can make use of this route. It would also be helpful to determine what roles this route is being used for and whether there is routine uptake for front line social care delivery roles or more concentration in administrative and support roles.

While it is hoped that we will see an increase in this engagement through the work that Scottish Care is leading alongside providers and Skills Development Scotland to produce MA Guidelines for the sector, it is of note that some responses suggest engagement with the MA programme was found to be more expensive than traditional SVQ provision.

*"We do do this, however this is a more expensive route to take for the funding of the programme, depending on the age of the employee. With also paying the Apprenticeship Levy, we need to consider costs very carefully." – care home*

This requires further exploration to gauge the cause and effect of this concern to better inform providers considering it as an option.

Scottish Care has also pointed out in previous work that the term 'apprenticeship' can potentially be limiting, particularly within a workforce that is predominantly older, life-experienced and female. We need to consider how this route can be better promoted, understood and utilised as part of a suite of positive routes to achieving social care qualifications. To succeed in this, it has to be cognisant of the needs of social care employers and workers and particularly those working in adult and older people's services.

Within all routes to qualification and however these are funded, there are cost and time implications for both individual registrants and for providers that need to be understood and acknowledged when planning for the future care workforce. For employers in particular, there are risks across all elements of their investment in staff qualification given the fact that individuals can opt to leave a service or choose not to complete their requirements. Indications are that providers are having to consider whether this is a financial risk that they can continue to bear as more staff require to undertake their qualifications. On the other hand, there is a question of whether it is riskier for services not to financially support staff in this way given the recruitment and retention challenges facing the sector.

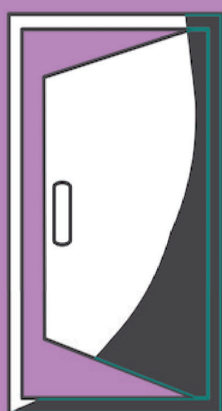


# Impact & implications



**20% of care homes and 18% of home care services have had to suspend employees due to not achieving qualifications in time**

**12% of home care services and 24% of care homes have, in some instances, avoided suspension action through reaching an understanding with regulatory bodies which has enabled an individual to continue working**



**29% of home care services and 24% of care homes have experienced staff leaving employment and citing SVQ as a reason**

**75% of care homes believe that registration and qualifications have a positive impact on recruitment and retention**

**57% of home care services believe they have a negative or very negative impact**



We were interested in capturing provider experience of instances where registrable staff had not attained their required qualifications within the timeframe allocated to them and what outcomes had resulted from these.

It is of concern that around a fifth of providers have had to suspend staff as a direct result of them not achieving qualifications. From the respondents alone, this amounts to over 3,000 worker suspensions and if these figures are reflective of the wider sector, would stretch to approximately 20,000 individuals unable to work in their care roles for at least a period of time if not indefinitely. Whilst the decision to suspend a worker is the remit of their employer, it is an almost unavoidable consequence of failing to achieve their registration qualification within the given allocated timescales. Even where these issues can be resolved with relative urgency, the interim reality is that care must still be delivered and provided in a safe way. This often means more reliance on the goodwill of other members of staff to plug workforce gaps, therefore placing more pressure on these workers, and/or higher use of agency staff some of the adverse effects of which – including on costs, care continuity and staff morale – were explored in many of Scottish Care's previous workforce reports.

A number of respondents also highlighted that some staff had opted to leave before a formal suspension process was implemented, emphasising that a proportion of workers are leaving the sector entirely at the stage of qualification cut-off dates, including those who are deemed by employers to have the desired skills, values and attributes for care roles.

*"They normally don't return to work." - home care*

*"A handful of times. The people have been constantly reminded and recorded conversations have been had. They have ended up leaving the business or retiring." - care home*

*"I did not suspend. Staff member left a job she enjoys as did not want to complete SVQ." - care home*

It will be important to continue to monitor suspension and retention rates linked to registration qualifications as more people progress through the process and as those at the 'underway' and 'yet to begin' stages reach their deadlines.

It is encouraging to note that 24% of care homes and 12% of home care services have experienced instances where a suspension has been avoided through positive engagement with regulatory and inspection colleagues. This has meant arrangements being put in place allowing workers to remain gainfully employed within services – whether in direct caring roles or otherwise – and usually including an agreed time extension for qualification completion, depending on the registrant's circumstances and progress.

However, the suggestion of inconsistencies of advice from regulators draws attention to the current system and the need for clearer channels of communication and responsibility.

It is our belief that no one within the current system – provider, worker, SSSC or Care Inspectorate – wish to have a blanket rule to suspend when a worker can continue to safely care for people and work towards their qualification, and this is very positive. However, without any clear and consistent guidance on how to proceed when an individual has not achieved their qualification in time, it creates an environment where the person nominally responsible for this – the worker – has very little to do with the process as their manager and colleagues from the SSSC and Care Inspectorate determine whether or not they can continue to work.

A system where the worker has the responsibility of registration and the manager the ultimate accountability of it, added to the already substantial duty of ensuring services are able to remain safely operational in the delivery of care, raises ongoing concerns. What's more, respondents frequently used terms such as 'stress' and 'anxiety' to describe the experiences of all colleagues involved in suspension decisions, demonstrating that the qualification process and implications of it can, if poorly managed, contribute to the poor mental health of some care staff, as outlined through the Fragile Foundations report. We need to ensure that adverse emotional strain and an incompatibility with personal circumstances are not being regularly experienced by workers by a registration system designed to be a positive affirmation of their abilities to deliver care.

What's more, nearly a third of home care and a quarter of care home service respondents have experienced care staff leaving their employment and explicitly citing the SVQ requirement and/or process as a reason for doing so.



*"Staff didn't want to and couldn't afford to undertake SVQs." – home care*

*"Some do not wish to do further education." - care home*

*"One person felt that at her age it was too much." - care home*

As evidenced by these quotes, those respondents who had had staff leave described issues of SVQ funding, reluctance to undertake a degree of vocational study and age-related issues as the most common factors behind individuals' decisions. In fact, the issue of age at both ends of the spectrum was raised as both a current and even more of a future challenge in terms of retention, especially in relation to the older and experienced workforce:

*"I do have 7 staff who have advised that when their 5 years is up from the point of registration, they will have to leave as they are at retirement age and do not want to be starting qualifications." – home care*

*"I know of older employees that are leaving because of it. Also I know of younger workers who are just not prepared to complete the SVQ." - care home*

It is certainly a concern expressed by respondents and echoed by Scottish Care of the possibility of a larger scale exodus of older, experienced workers from the sector in the coming years. Based on the intelligence about retirement decisions linked to qualifications shared through this survey, this could be an imminent reality and one that requires urgent and further exploration and planning for, both within services but also in the wider sector and with regulatory bodies. Not only would the loss of these workers be detrimental to staffing levels and continuity of care but it would mean the loss of a wealth of experience, skills and attributes which are crucial to high quality care and to the development and mentoring of other staff.

*"When it initially came out we lost a lot of good workers. It also puts people off who just want a part-time job on the side or are near retirement. The work force has suffered in my opinion and the ones who have achieved their SVQ2 then 3 are not any better at caring." - care home*

We must also bear in mind the question of qualification compatibility with different working patterns within the social care sector, as this quote challenges us to do. With a number of workers opting for part-time work – for a variety of reasons – this can mean that additional time and financial commitments regarding qualifications can be difficult to uphold. What's more, the nature of shift work in the sector – particularly at a time of workforce shortages which can result in existing staff covering additional shifts – can again make the prospect of a qualification seem less achievable.

These retention challenges indicate an apparent tension – or perhaps disconnect - between registration requirements and current worker realities. Alongside the need to navigate perceived or actual challenges around age, personal preference and work/life balance we must also bear in mind that social care staff are not a group that opt in to higher education by way of joining the sector, in the way that other groups such as social workers or nurses do. All of Scottish Care's front line research has highlighted people joining the sector for reasons relating to personal values and relationship based care rather than the attraction of a specific learning route or education framework.

We therefore need to consider how qualification routes can be made more flexible in order to encourage buy in amongst the existing workforce as well as newer recruits. This involves being able to communicate the purpose and benefits of professional qualifications and exploring alternative ways of evidencing knowledge and skills rather than the relatively narrow existing routes of SVQs or Modern Apprenticeships. If we don't manage to address this at pace, it appears that more workers can be expected to leave as a consequence. We need to be proactively measuring and preventing this where possible.

In terms of the more general impact of registration qualifications on recruitment, there is a very mixed picture across both sectors.

For home care services, 44% of respondents were positive about the relationship between registration requirements and their ability to attract and keep staff, with some seeing these as a demonstration of development opportunities within the sector.

*"Potential employees can see that there is a career progression and potential to further qualifications if wished." – home care*

Others gave a more mixed response about the combination of benefits and challenges, with a strong focus on the fact that the current qualification routes will suit some individuals but not others:

*"A mixture of both. Some staff enjoy the training, learning and studying for a qualification, others can be put off by the requirements." – home care*

*"Positive - but the stipulation of SVQ is too narrow a criteria and there are not enough widely known alternatives. Training portfolios of individuals could be given consideration towards registration qualification possibly." - home care*

However over half of home care respondents determined the impact to be detrimental, with 13% believing registration and qualification is having a very negative effect on the workforce. Responses often indicated that this also had wider implications for services in terms of financial and workforce sustainability:

*"I feel it is more from a retention impact rather than recruitment. We are definitely losing older care workers due to the qualifications required to be completed by them. Also we have come across employees that have joined us because we fully pay for their qualification. They then leave 12 months later to work for a higher rate of pay, of which we are extremely competitive, but cannot compete with the council or NHS. It's a constant merry go round. Once the employees are inducted for their SVQ, it is really tough to get them to complete. The assessors work is extremely difficult, because in the majority of cases, the employees do not want to complete the SVQ, it is out of necessity that they must do it, so the motivation is lacking." – home care*

Encouragingly, 75% of care homes had a more positive perspective on this staffing and registration relationship, with many reflecting that they had not seen a direct correlation between these two elements.

Others presented a balanced response where they could see the benefits of these processes but felt that the practicalities of achieving registration and associated qualifications as presenting a current and future challenge.

*"They mostly do not see the need and it does not help them to look after their clients any better." - care home*

*"The sector is tough enough as it is, recruitment is very difficult, governance is tough, it is low paid despite our paying the SLW. Mandatory SVQ is going to create real difficulties in the sector." - care home*

*"It's another cost and hurdle for people before they even start. I do agree about registration as we need this to keep people safe." - care home*

However, the remaining 25% did deem the impact of registration qualifications on recruitment and retention as negative or very negative. Again, retention seems to be posing the larger difficulty in this regard and is causing real concern amongst providers as they look ahead:

*"The current registration and qualification requirements are having a negative impact on recruitment and retention, mostly on retention. The people we are recruiting to care at the moment mostly come from a background where education was not a priority and they are very nervous about study. I have staff that have been stuck for ages or given up on trying to achieve their SVQ which means they may have to give up care. They need more support than can be given by the colleges that provide the courses. Investment needs to be put into supporting those people that are nervous about study and their academic levels being judged. I've seen this in more than one workplace and a similar thing happened when SVQs were introduced into childcare; many long term staff who were older and less confident left the profession because they didn't want to or felt they couldn't study. I am very concerned about one older member of staff that is a stalwart in the service who didn't complete her SVQ, I'd love to find support for her to complete it." – care home*

This real mix of findings is important to reflect on, not least because it reinforces Scottish Care's continuing belief that professional registration is a positive development for the sector and therefore processes do need to be in place to provide assurances regarding the skills, knowledge and experience of that registered workforce. We are also clear that qualifications, including the current SVQ process, have real benefits to some individuals and to the sector where they work well. However, the findings of this report are highlighting that the process of achieving these qualifications is proving to be a real and extensive challenge and that for such a diverse workforce, there are limited alternative routes to registration available. It is in this regard that we need to be considering if the current bar is set too high for individuals working in social care or what alternatives could be offered to ensure that qualifications are fit for purpose and suited to the needs of our current workforce within what is a changed and changing care landscape, without losing the value of them.



# Support & ongoing learning

Support required to comply with current registration and qualification requirements:

organisation<sub>house</sub> staff<sub>SSSC</sub> support<sub>employees</sub> none<sub>required</sub>  
funding<sub>cost</sub> good<sub>training</sub> SVQ<sub>within</sub> place<sub>available</sub>  
qualifications

Support required to comply with Post Registration Training and Learning (PRTL) requirements:

SSSC<sub>information</sub> PRTL<sub>help</sub> training<sub>support</sub> staff<sub>funding</sub>  
None<sub>time</sub> need

When providers were asked what support is needed to comply with regulatory and qualification requirements, responses highlighted differing themes.

Encouragingly, many answers across both care home and home care suggest confidence in the current process and provision available to achieve necessary registration requirements with recognition of their own organisational capabilities to do so:

*"I am not sure what else can be done to help. I now know how to check whether someone is registered or not. We are doing a lot of recruitment at the moment therefore the registration process is taking up a lot of my time but I cannot see a way around that. The focus will move to qualifications once we have all our care at home and housing support registration employees who joined before October 2017 through their registrations". - home care*

*"We have a good system in place which allows us to monitor and progress our employees through their SVQ's." - care home*

*"We have trackers in place which provides us with information relating to SSSC registration and compliance however we need a training plan for ensuring that staff start the necessary qualifications within a reasonable timescale." - care home*

In contrast to this, however, better support in the funding of qualifications and recognition of associated costs was the overwhelming theme across both service types:

*"The funding bodies do not (or infrequently) offer financial support for employees over 25 to complete a level 2 qualification. In fact places for 21-25 [year olds] are very limited. The most funding is available to 16-20 [year olds] who are requiring to complete a level 3 qualification however it is highly unlikely that employees this age will be working in a supervisory capacity especially within a care at home environment. We feel the spread of funding is unfair and unsupportive of the demographic who work in the care sector." – home care*

*"Would be good if there were more Modern Apprentice places for staff over 19 & 25 because we have older members of staff and cost plays a big part." - care home*

It is perhaps not surprising that the issue of age-restricted funding of qualifications is again raised here, as well as having been covered extensively within previous Scottish Care reports, most notably, those published in 2018. However, the fact that this recurring sector-wide challenge has again resurfaced within this research would suggest that it remains extremely relevant and has not yet been addressed in a satisfactory way.

One respondent, who had been answering positively with regards to their ability to support workers in achieving qualifications, highlighted that the earlier than previous years' depletion of Individual Training Account (ITA) funds due to uptake in 2018-19 has meant that they are now unable to progress with SVQ until the fund reopens for 2019-20. Another provider, in making a point around the funding of the Scottish Living Wage, helps illustrate that regulatory qualification requirements and associated expenses are not occurring in a vacuum for providers and more cognisance should be given to this when costs are being imposed on organisations through different well-intentioned legislations.

*"Funding for the required qualifications would be beneficial. Currently SVQ costs make up 48% of our Learning & Development Budget, which is huge and prevents other learning from taking place." - care home*

*"More funding definitely. If we did not fund many of our staff ourselves they would simply not undergo SVQ training. This is at great cost to a small organisation. More alternatives to SVQ." - care home*

The costs of SVQ are significant with one employer stating that they have recently been charged £1,600 at SVQ Level 2. It would be helpful if a benchmarking exercise could be carried out nationally to

ascertain the variance in costs charged by SVQ providers, the quality of the provision as experienced by those participating and their employers, and how many SVQ places are actually available and achievable within the next 12 months. As we approach the time deadline for a significant proportion of care home registrants, having access to this type of information would be incredibly helpful to all stakeholders in calculating if we have enough local provision, if we can afford it, and if it is achievable.

We also see a fairly mixed response to PRTL, with some organisations suggesting that they are on top of this through existing training and support opportunities that are already in place.

*"Staff attend a huge amount of mandatory and service specific training to continue with their development." - care home*

For more respondents, ongoing responsibilities around PRTL are an ongoing concern. For home care, these challenges largely relate to sufficient time and funding for staff to undertake their PRTL requirements. Issues of back-filling direct care time, having to use time out-with work and therefore unpaid time to progress training and learning, and costs to organisations of providing extensive opportunities in line with a staff team's PRTL obligations were all frequently raised issues in responses.

*We are aware of our responsibilities to facilitate training for our employees however perhaps a more realistic funding programme would be of benefit to all organisations - CAH*

*Paid time off and payment for training and learning opportunities - CAH*

For care homes, PRTL challenges largely seem to be premised on a need for more information, advice and guidance around ongoing training and learning requirements and how to evidence and record these. Care home management appear to be struggling to instil in staff a sense of staff ownership and accountability around PRTL.

*"More awareness - tell staff but they have not yet taken responsibility for their own learning and recording of the learning." - care home*

*"Most employees do not do this or take this seriously. So any help would be appreciated from the SSSC." - care home*

Respondents also had various suggestions to make as to potential help and support around meeting PRTL requirements such as an accessible library of books or different means of recording steps taken towards meeting PRTL requirements:

*"A better understanding within the teams of what PRTL is and how much they need to do. Easily accessible short courses that staff can do and maybe a little time for the staff to access these in work time once every two months or so. Reading books help as well therefore access to a library of educational material would be good. A card where they can write in what they have done during the year regarding PRTL would be good for staff to have (I know it should be on line but sometimes little bits of physical evidence just feels better!)" - home care*

*"I think that we need a more structured approach to logging and achieving the required number of hours of training for each registered employee. Again this is something that employees should be taking responsibility for themselves but will find it hard to complete without support." - care home*

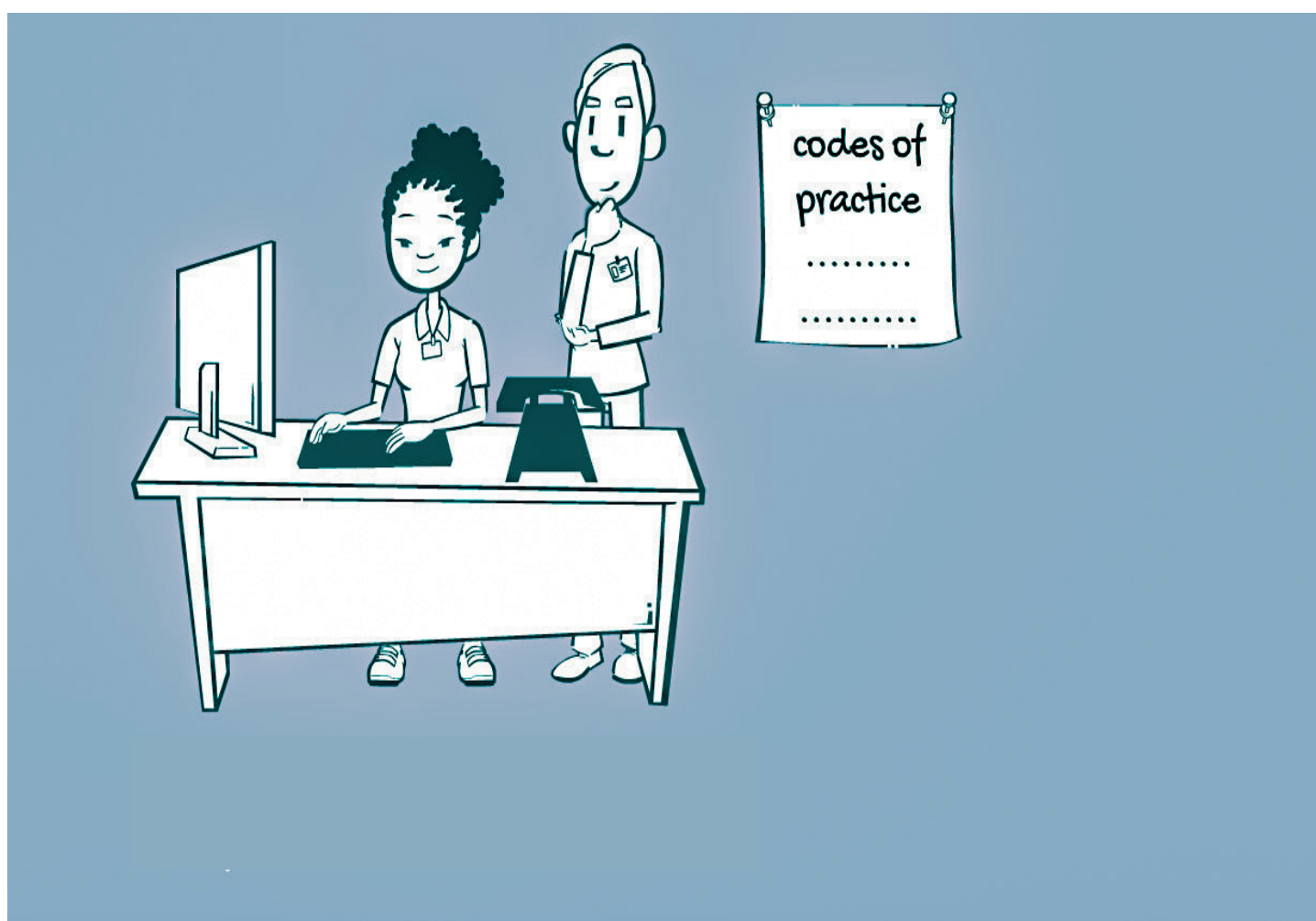
Interestingly, many of the responses across both sectors give the sense of the provider organisation feeling responsible for the provision and logging of individual PRTL, rather than feeling confident that individual registrants are aware of their responsibilities around this. As we have explored earlier in this



report, this mirrors the responses around responsibilities to the register and an unclear relationship of responsibility versus accountability, leading to many managers and employers feeling compelled to take on the task of evidencing individual workers' PRTL in order to maintain staffing levels.

Many of the comments received related to better communication from the regulator to the workforce about their own responsibilities, which would undoubtedly help.

What is clear from responses overall, is that PRTL is still regularly being experienced as a further legislative obligation – with negative financial and workload implications for workers and organisations – rather than its intended outcome of positively supporting ongoing learning and development within the social care sector.



# Conclusions

Recent Scottish Care reports have articulated organisational and sectoral support for the registration of the social care workforce and this has been reiterated clearly and unambiguously throughout Qualifying Care. Registration is welcomed and supported throughout the sector as a means to best maintain the safety of our most vulnerable citizens living in care homes and their own homes across Scotland and also as a way to formally recognise – and raise the profile of - the skilled, professional social care workforce.

The conditions and associated regulatory ask and the expectations of workforce registration, however, continue to provide increasing challenge to many workers and organisations against the backdrop of growing recruitment and retention difficulties, diminishing budgets, a tired, fragile and vulnerable workforce and the continual expectation to deliver more for less.

## Regulatory qualifications: enhancing a positive career pathway in social care

As Scottish Care has described in previous reports, a career in social care is a journey. Qualifications, as an ongoing professional learning requirement, are an integral part of this journey and although this report indicates that a number of care home and home care staff have already completed this particular element, there are many that are yet to formally begin or complete this part of the regulatory pathway.

The reasons for this are complex and multi-faceted, but there is a clear need to unpick the reasons in order to develop local and national intelligence, using more detailed and structured data to facilitate decision making.

Scottish Care would welcome working with the SSSC to build greater connectivity with independent sector providers to better map qualification journeys, challenges and needs on a local and national level. This process would potentially enable more targeted support for employers and individual registrants from the SSSC, the Care Inspectorate and the Scottish Government.

It may also instigate further collaborative discussions about targeted funding opportunities and help to rebalance commissioning processes to better support and sustain the learning and development of the social care workforce. As we progress through the integration journey of health and social care, there will be a need for closer and strategic alignment of workplace qualifications to facilitate, and encourage, more cross-sector working. Whilst this may not be the immediate concern of providers, it is an important future development and Scottish Care would welcome the opportunity to positively contribute employers' ideas and perspectives as to how this might look.

Scottish Care believes it is imperative that any reform or developments pertaining to qualifications reflect the reality of care delivery within care home and home care organisations, mindful of the significant level of palliative and end of life care and dementia support now being undertaken.

Any development or reform programme must also be mindful of the reality of the home care and care home workforce, which is largely female, older and working part time. While the needs of individuals in receipt of care are unequivocally of ultimate importance, the same compassion shown to them must be afforded to care employers and employees. Ultimately, providers and their workforce are the glue that hold the health and social care delivery system in place. They require a flexible and adaptable qualification process which enhances both the professionalism and attractiveness of a social care qualification whilst being cognisant of the workforce profile and their personal needs.

We know that the 'one size fits all' approach to care delivery does not meet the complex and personalised needs of people supported in care homes or at home. Our research is strongly indicating that this approach is also incompatible in meeting the qualification needs of such a large and diverse adult social care workforce and is one of the contributing factors to people choosing not to undertake or complete an SVQ. Collaborative discussion would be welcomed around the ongoing compatibility of the current registration qualification system to the learning now required by the care home and care at home workforce.

This flexibility and capturing of learning should continue into the Post Registration Training and Learning framework: the next stage of the journey following the successful completion of a registrable qualification.

The qualification process, including the extension into PRTL, should be a fulfilling, enjoyable and

enriching experience, and for many people this will be the case. However for many others, it can be quite arduous, daunting and practically difficult to complete.

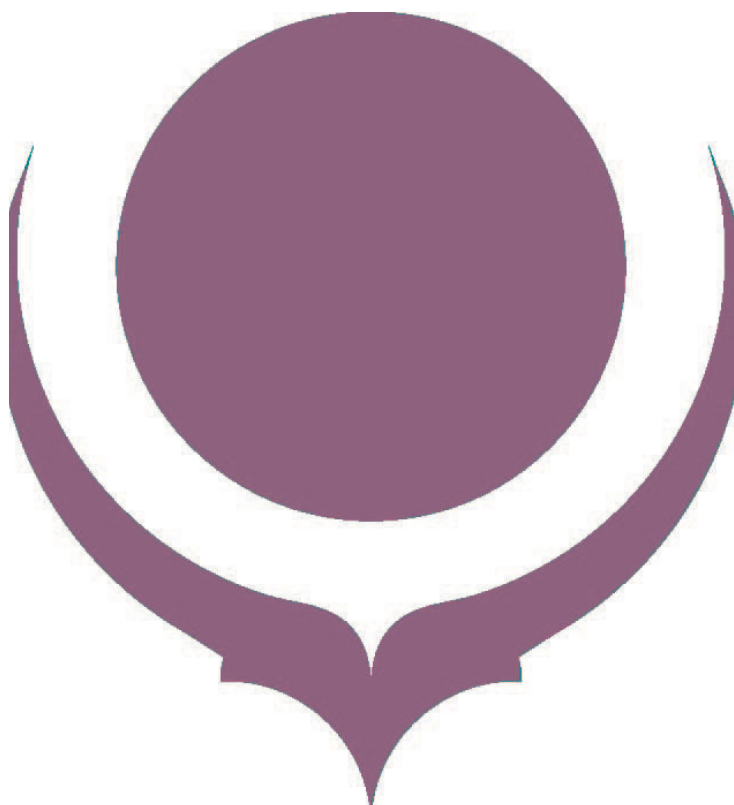
The journey to initial qualification and successful PRTL should be one in which individuals thrive and are enabled to develop in their roles whilst providing high quality care to the people they support and care for. There therefore has to be more consideration given to the infrastructure of the qualification journey in its entirety to ensure there is a balance between looking back and reflecting on prior experiences and learning, whilst looking forward to learning new skills which fit with the changing landscape of care provision. Formal recognition of previously achieved qualifications and learning should fit seamlessly into this journey. A closer scrutiny of prior learning and integration into the formal assessment process has the potential to avoid unnecessary duplication of effort for employees and employers. This could prove effective in maintaining safety while at the same time empowering those experienced and skilled workers and validating their previously attained qualifications and achievements in a less disruptive way.

The intention of this report has been to capture the voices of individuals and organisations working in care home and home care organisations and through that, to instigate progressive, solution-based conversations about how we can ensure that the regulatory and qualification framework is an enabler of a career in care for all, not an inhibitor.

The workforce is our most precious resource and consists of individuals who are transforming and enhancing the lives of citizens every day. Registration is an absolutely key element of supporting quality, safety and professionalism within this work, but associated qualifications have to be a vehicle for acknowledging, validating and celebrating these skills. The journey of registrants is also entirely dependent on the sustainability of the organisations they work for, and we need to ensure that qualifications are not impacting on their sustainability through having a negative impact on recruitment and retention.

Improvement and reform processes need to happen quickly, and the priority needs to be creating a supportive, flexible adaptable environment for employers and registrants to enable them to develop as individuals, professionals and as a committed, high quality care sector.

This shared journey includes shared responsibility and shared ownership in getting registration requirements and associated qualifications right in order that more individuals can positively start and continue the journey of learning and development in social care.



## READER NOTES

## THANK YOU

Scottish Care relies on member participation to inform our research and work through sharing information about their practice, experiences and ideas. We would like to thank everyone who contributed to this report by engaging with the survey, especially members of the Joint Scottish Care/SSSC Regulatory Forum. It is essential that Scottish Care is able to authentically represent our members through being fully informed of their realities. We intend to continue to utilise this information to positively influence policy, practice, partnerships and affect those realities.

This report was written by Becca Gatherum, Policy & Research Manager with invaluable support and contribution from Paul O'Reilly, Workforce Consultant and Katharine Ross, National Workforce Lead.



**If you would like to discuss this report  
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