

**Why extra-care housing for older people is now a postcode lottery**  
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# Social care



**Twin pillars of care**  
**Are adult and children's services in safe hands?**

# Keeping pace Finding new ways to deliver three well-regarded acts

Innovation is always needed, but legislation for the care of adults and children has withstood the test of time

David Brindle

Electors are all about change. Politicians habitually offer new approaches, even if they have been responsible for delivering the old ones. The current general election campaign is no exception, with the parties all coming up with ideas to address what are now widely acknowledged to be twin crises in adult and children's social care.

But it's worth pausing to ask how much change we really need. We are this year marking key anniversaries in the pieces of legislation that underpin both adult social care and children's services in England: the Care Act for adults, which is five years old, and the two children acts which are 30 and 15 years old. All three are judged to be in good running order, but as expert comments on these pages testify, their effectiveness has been fatally undermined by a decade of austerity.

In a new report, the independent Institute for Fiscal Studies (IFS) says that even though the government

has begun to reinvest, demand for support is so high that councils will need an extra £4bn a year on top of inflation-level annual council tax rises of about 2% just to maintain adult services at present levels.

Social care leaders attending this week's annual National Children and Adult Services Conference, in Bournemouth, will therefore be wary of talk of change. They will want to focus on meeting duties under the existing acts and on some of the bread-and-butter issues highlighted in this supplement: how to meet the housing needs of the ageing population; how best to support children and teenagers in care; and how to recruit and retain a workforce with the right skills.

With some projections suggesting the adult care workforce may

## Increased demand

£4bn

Extra needed a year on top of annual council tax rises of 2% to maintain adult services at present levels

1/3

Projection of how much the adult care workforce will need to grow by 2035

need to grow by a third by 2035 to keep pace with rising numbers of older and disabled people, use of technology to supplement pairs of hands will be essential. Yet social care has been slow to innovate: in a recent letter to the Guardian, Dr Ben Maruthappu, a leading tech entrepreneur and physician, said the sector was "around 20 years behind health when it comes to making use of freely available technology".

We look elsewhere in this supplement at some of the devices and systems that are being used or tested in care settings. Their potential is being recognised. Martin Green, chief executive of Care England, which represents most of the bigger care providers, says he recently visited a care home where an elderly resident who had suffered repeated urinary tract infections had been given a wearable monitor that alerted staff when his temperature began to spike, enabling them to administer early treatment. The man had lived his last eight months in the care home with no hospital admissions, compared with 14 admissions in the previous eight months. "We are going to see technology revolutionising social care," says Green.

Could it revolutionise children's services also? While the ethical debate raised in adult care revolves around relatively limited questions of consent, data protection and use of CCTV, the emerging use of machine learning to predict children's and families' needs for social work intervention is raising profound issues for professional practice. We examine the cases for and against.

In the end, the answer is likely to lie in a proportional mix of the old and the new. "Rather than focusing on algorithms, let's focus on good, relationship-based social work practice," says Maris Stratulis, national director of the British Association of Social Workers. Which brings us neatly back to the solid bedrock provided by those three acts.



◀ Tech has a part to play, but social care still relies on building good relationships  
PHOTOGRAPHY: STOCKSY

## Comment Julie Ogley



The current system is a distant stretch from the one imagined

When the Care Act was passed, my predecessor as president of the Association of Directors of Adult Social Services (Adass) hailed it as the most important legislation for the care and support of adults for 60 years. David Pearson was not wrong, but today we must acknowledge that the act has yet to live up to its potential. The act reframed local authorities' statutory duties - moving from providing outdated services for specific groups of people to promoting health and wellbeing. But as Pearson warned, the overall level of funding for social care needs to be sustainable to meet the act's aspirations. That has not, of course, been the case and today we should be asking ourselves: how far have the ambitions of the Care Act been realised?

Adass welcomed all the act's key pillars: its focus on information and advice to enable people to make informed choices; care and support based around individuals and focused upon wellbeing and control; advocacy for people in need to enable them to speak out; safeguards for individuals at risk of abuse or neglect; and the goal of creating vibrant care markets.

Despite these best intentions, it is evident that the act on its own was not enough to achieve fundamental change. An integral part of the legislation, the cap on individual care costs, was delayed by government, then kicked into the long grass and not implemented. And the act came into force when

year-on-year savings were being made: adult social care has delivered £7.7bn savings in the past decade against a backdrop of increasing need.

The additional short-term funding that's been made available to social care in recent years has merely served to paper over the cracks - to keep an ailing system upright. Austerity has profoundly affected care. There has been a drastic retraction in the range and capacity of services and the number of people supported by them. People with the most intense needs have been prioritised - meaning less resources available to prevent escalating needs in others.

Local authorities are working hard to offer support within the spirit of the act. Many are having success, but not at the scale that we'd ideally want to see. Major problems remain with the degree to which the act can be implemented, having a significant impact upon individuals receiving care and their families. This is despite the best efforts and dedication of people working in adult social care.

The reality of the current system remains a distant stretch from the one imagined by the legislation. How many more people with a range of support needs could have been supported to live safely and well at home if those £7.7bn savings had not been made? With a properly funded system, the act could be the already-in-place legislation and the answer that many seeking change have been asking for.

To fully support the transformation of lives that the act intended, we need long-term funding and reform to build care and support for the millions of us who need it. We need a system linked with other public services that supports individuals, families and communities. Only by giving social care a solid platform to work from can we truly support people in the way envisaged in 2014.

Julie Ogley is director of social care, health and housing at Central Bedfordshire council and president of the Association of Directors of Adult Social Services

*'With a properly funded system, the act could be the already-in-place legislation that many seeking change have been asking for'*



▲ The Care Act for adults is five years old this year; the two children's acts are 15 and 30 years old  
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## Comment Rachel Dickinson



We need to reclaim the founding principles of 1989's Children Act

Thirty years ago, the Children Act 1989 received royal assent and fundamentally changed children's standing in law. Central to the act was recognition that the child's best interest and welfare is the first and paramount consideration, thus rebalancing children's and parents' rights. We work to a children's act, not a parents' act.

Then, 15 years ago, the 2004 act went further, providing the legal underpinning for the Every Child Matters framework. This act gave clear accountability for children's outcomes in a local area in the form of the new role of director of children's services (DCS).

It seems right on these twin anniversaries that we reflect on the successes of the acts and the challenges facing children, families and services today.

Both acts laid the pathway to real progress at national and local levels. The care system is delivering better outcomes than ever and we are getting better at achieving permanent arrangements. We're good at child protection: England has one of the safest child protection systems in the world and we have a better understanding of vulnerability.

I look back on well over 30 years of public service with a great deal of pride at what we have achieved for children. I have been privileged to spend my professional life working alongside countless committed professionals who share a determination to improve children's lives. I see daily that frontline practice and strategic work builds around the child's voice, their views and wishes in a way that was barely evident 30 years ago. I am proud of how much more we know about what good looks like and how to deliver it.

However, I fear that if national policies remain unchanged, then more than 5 million children will soon be living in poverty. Poverty damages childhoods; it damages life chances; and it stores up costs for the NHS and adult social care. There is no excuse for the state's inadequate response to tackle child and family poverty.

The drafters of the acts could not have envisioned that children's services would be working with current levels of pressure. Or that a 50% reduction in local government funding would take us far from the principles of prevention enshrined in the 1989 act. When money is tight, non-statutory services are most at risk. There has been a 60% fall in spending on early-help services - services that provide a safety net for families before they reach crisis point.

The potent combination of austerity, rising demand, fewer resources and a government whose attention for almost four years has been largely focused elsewhere endangers the ambitious intentions of the acts. There is still much to do if we are to become a country that works for all children. In this context, the role of the DCS to ensure a relentless focus on the lived experiences of children has never been more important.

We don't need to rip up the acts and start again: local authorities take the child-centred principles of the acts into all they do and central government must follow suit. We urge government to work with us to reclaim the preventive principles of the 1989 act. Youth workers, children's centres and family support workers aren't just "nice to have" - they are the only thing stopping us becoming a wholly blue-light service.

Rachel Dickinson is executive director for people at Barnsley council and president of the Association of Directors of Children's Services

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# Housing for older people Provision across regions is a postcode lottery

David Brindle

Every resident of extra-care housing saves the health and care system an average of at least £2,441 a year because they need fewer interventions by doctors, nurses and ambulances and because they stay out of costlier care homes, a study suggests.

There is “a strong argument for providing more specialist housing for older people, particularly extra-care housing, on the basis of the significant cost benefits that it provides to the NHS and local authority adult social care”, according to the study by the Housing Learning and Improvement Network (HLIN), which researches and promotes housing for older people.

The network calculates that on present plans, there will be an overall shortage of 400,000 units of specialist housing for older people in England and Wales by 2035. In particular reference to demand for extra-care, it projects shortages of 61,000 in England and 7,500 in Wales by 2030. And its mapping of existing provision shows that shortages are much more acute in some regions than in others.

Compared with the average for England, the West Midlands has 52% more extra-care provision but the East Midlands 47% less. In Wales, Conwy has 11.4 extra-care units per every 1,000 people aged 65 or over, but Rhondda Cynon Taf just 1.3 and Powys 1.1. In Scotland, West Lothian has nine but Stirling’s provision is recorded as negligible.

Why such stark variations? The HLIN suggests that since councils started to commission extra-care in the early 2000s, some have embraced it much more enthusiastically than others. One issue has been reluctance to provide contracts funding providers’ core care costs, such as for overnight staffing, on an assumption that residents will be able to claim the government’s attendance allowance – money for people aged 65 or over who have care needs – to cover them.

Mears Group, which commissioned the study, is calling on government to set a national target to build 400,000 new extra-care properties over the next 10 years. At local level, it wants councils and the NHS to work together to plan provision as an integral part of health and care systems, freeing up general housing for younger homebuyers and renters.

Previous research drawn on by the HLIN has shown that people living in extra-care schemes visit the GP less often than others of their age, need fewer visits by community nurses, are admitted to hospital less frequently and have fewer falls. There are savings in ambulance call-outs and homecare costs, which otherwise would be met by councils.

Other claimed benefits are less easy to quantify. One HLIN study has suggested that residents of retirement villages with extra-care experience half the degree of loneliness that affects others in the wider community. Because lonely people seem to make more use of the NHS, the HLIN reckons this alone could save £36 per person each year.



▼ Alan Wheatley became one of the first people to move into Balmoral, an extra-care housing scheme

PHOTOGRAPH: MICHAEL LECKIE

## Extra-care housing ‘The flexibility makes all the difference’

Retirement communities attract quality staff, enable older people to remain independent, and offer savings for NHS and social care budgets

David Brindle

After Alan Wheatley was widowed last year, it looked as if he would have to go into a care home. Having had a stroke in 2013, he found himself unable to cope on his own and took to sleeping in his

lounge. On several occasions, he ended up in hospital after falling.

Just when residential care looked inevitable, Wheatley heard about a new extra-care housing scheme opening on his doorstep in Kingsthorpe, Northampton. He knew the location well – he played darts in the social club that used to occupy part of the site – and the idea of having his own flat with care and support on demand appealed to his desire for independence while offering the assurance of help if needed.

Wheatley, 69, became one of the first residents to move into Balmoral Place, a development of 80 flats, and has since made himself invaluable. Not only does he do a lot of internet shopping and form-filling for fellow residents, but he has become a busy

volunteer gardener tending the borders, tubs and hanging baskets around the scheme. He even has a seedling propagator in his flat.

“It all started when I asked if they’d mind if I did a bit of weeding,” says Wheatley, a former mechanic at the Aston Martin car plant in Newport Pagnell. “Then they asked if I wanted some equipment. I’ve got 150 primroses coming this week, which I’ve paid for myself for the moment, but we’re raising a fund to put towards the flowers.”

When he arrived, he had four visits a day by the on-site care team. Now he has none, though all flats have a 24-hour emergency call system. Would he have settled equally well in a care home? “No. It would have been detrimental to the way I live, to my quality of life,” he

says. “It’s the flexibility here that makes all the difference.”

Balmoral Place has been developed by housing and care provider Mears Group, which has had a difficult time trying to establish itself in the homecare market. It is now focusing more on extra-care, which it sees as tapping into huge demand from older people like Wheatley who want the combination of their own front door, company when they want it and the security of knowing care is on hand.

“Apart from the fact that housing-with-care is really working for us, it’s the right thing to do,” says Alan Long, Mears executive director. “One real contrast for us is recruitment: the biggest single issue for staff is working with the same service users, so it becomes more than a job. We had more applicants for posts at Balmoral than we had vacancies. That’s probably normal in most people’s worlds, but I can assure you it’s not been normal in mine.”

Long tried and, he admits, largely failed to persuade councils to change the way they commission homecare, wanting them to pay for people’s reablement and other positive outcomes rather than for “time and task”, where staff have a certain amount of time allocated to each task with little chance to build relationships. He is now tackling

the housing-with-care agenda with equal zeal, noting with dismay that the government’s social housing green paper last year contained “not a single mention” of building more retirement housing.

His frustration is shared by Associated Retirement Community Operators (Arco), which represents 27 providers of housing with support for older people. It says that only about 75,000 or 0.6% of people aged

65 or over in the UK live in what it terms “retirement communities” – which it distinguishes from basic retirement or sheltered housing that does not offer care or support – compared with 6.1% in the US, 5.4% in New Zealand and 4.9% in Australia. If UK numbers roughly tripled to 250,000 by 2030, which is Arco’s campaign target, cumulative savings of £5.6bn would by then be realised in the health and social care systems.

When the NHS long-term £20bn plan was unveiled in January this year, Arco executive director Michael

**‘Housing-with-care is the right thing to do ... We had more applicants for posts at Balmoral than we had vacancies’**

Alan Long  
Executive director, Mears

Voges said: “Improving the planning, funding and legislative treatment for the [retirement communities] sector would help unlock £40bn of investment over the next 12 years – twice the amount of funding being dedicated to this plan.”

Slowly, however, the health and wider social care sectors are waking up to the potential of extra-care housing. At Balmoral Place, four of the flats are reserved for the NHS’s Nene clinical commissioning group, which commissions healthcare for most of Northamptonshire and uses the accommodation as “step-down” beds for older patients discharged from hospital but not yet ready to return home. They stay an average six to eight weeks, with care provided by Mears’ team and visiting doctors and therapists.

Of the other flats, 70% are reserved for council referrals – split evenly between social care and housing – and the rest are available for private rent. The weekly cost is just under £300, including service charges and a £15 “peace of mind” charge for overnight care response. For those eligible, housing benefit covers all but the £15. Booked care sessions are charged extra on the usual means-tested basis.

Some residents have moved into the scheme with early-stage dementia and many others are expected to develop it. But Sian Davenport, Mears’ business development manager, insists that the scheme will be able to cope with their needs in most cases. “We want to provide a home for life. The vast majority of people should never have to move on.”

Balmoral Place is already finding its niche in the Kingsthorpe community. Its cafe is open five days a week, with hopes to go to seven, and its communal facilities are being used by local groups including a Rainbows Girlguiding unit, for ages five to seven, which has come in to help out with the floral displays. “We showed them how to put plants in and some of the basics,” says Wheatley, proudly. “They’ll be back come spring.”

### Retirement communities

**0.6%**

People aged 65 or over in the UK who live in retirement communities, according to Arco

**6.1%**

People aged 65 or over in the US who live in retirement communities, according to Arco

**£5.6bn**

Savings realised in the health and social care systems if UK numbers tripled to 250,000 by 2030

Comment  
Caroline Abrahams



*‘Building homes is no good if they fail to meet our needs as we age’*

Far too many older people in the UK live in cold, damp, run-down and inaccessible homes. This is undoubtedly having a huge adverse impact on their health and wellbeing – and on the NHS and social care systems too.

The evidence shows that approximately 2 million older households are living in what are deemed “non-decent” homes, with poor housing costing the NHS a staggering £1.4bn every year. This helps to explain why housing is a key priority for Age UK and why we are determined to see things improve.

There is an urgent need for more older people’s housing that actively promotes independence and wellbeing, rather than undermining them as so often happens at the moment. We need places to live that allow more of us to receive the care and support we need. This would reduce the pressure on both the NHS and social care and improve the quality of life of older people.

The bottom of the private rented sector is currently an important focus for us because we know that is where older people on low incomes often experience grossly inadequate accommodation. About 250,000 older renters are currently living in non-decent housing.

But there is hope – if enacted, the government’s commitment to ending “no-fault” eviction should help to tackle poor, damp and cold housing in the private rented sector by encouraging older tenants and those supporting them to take action without fear of being thrown out. It also means that more older and disabled people should be able to get adaptations, which are currently restricted due to the unpredictable length of assured short-hold tenancies. And finally it

*‘There is an urgent need for more older people’s housing that actively promotes independence’*

should help to tackle older homelessness. Arguably the bottom of the private rented sector isn’t an appropriate tenure for vulnerable older people. Significant investment is needed to increase the supply of truly affordable social housing, including supported housing. But it’s no good building new homes if they fail to meet our basic requirements as we age. A better approach is needed to ensure that new homes meet a high accessibility standard and reduce future adaptation costs. By ensuring that all new houses meet the Lifetime Home Standard, we could make independent living at home a reality for many more older people.

The vast majority of older people will continue to live in mainstream housing, but more retirement housing options are clearly required – particularly more housing with care which allows older people who need care to receive it in line with their changing needs, while living independently within a supportive community.

Although we are now seeing improvements in the quality and regulation of private retirement housing for those able to afford it, it is crucial that we do not forget the social rented sector. We need to reverse the decline in sheltered housing triggered by removal of wardens/scheme managers and cuts to housing support staff. Mainstream retirement housing can play an important preventative role by offering low-level support that helps older people to live in their own homes for longer.

The older population is big, growing and increasingly diverse and different housing options work for older people – at different stages in their lives. The key is to ensure that all forms of housing for older people offer decent, affordable and secure accommodation, in age-friendly neighbourhoods that foster good health and wellbeing.

Caroline Abrahams is charity director at Age UK



▲ By 2035, it’s estimated that there will be a shortfall of 400,000 units of specialist housing for older people in England and Wales PHOTOGRAPH: GETTY

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## Children's homes The right kind of placements in the right kind of places

Councils are opening children's homes again, but unlike the impersonal ones of yesteryear, the new 'family style' homes are better suited to meeting the needs of vulnerable children with complex needs

Linda Jackson

After decades of decline, the council-run children's home is being reinvented and growing numbers of local authorities are returning to provision of their own residential care for "looked-after" youngsters.

From Nottinghamshire to Bristol, small "family-style" council homes are being opened to cater for some of the most vulnerable children and teenagers. In some cases, they have just one or two bedrooms in an attempt to reflect a typical household and better meet young people's needs.

Revival of the council children's home comes amid concern over the quality of some private residential care, the high cost of private placements for youngsters with complex needs and often limited local availability. This has led to councils placing children far from their home patch when foster care has not been considered suitable.

The emerging trend follows a 40-year period of sustained children's home closures and expansion of fostering. Residential homes peaked in the 1970s when councils in England accommodated 40,000 children, representing some 40% of all care placements. Today, residential care of all kinds accounts for just 12% of all placements in England - and the great majority of those are in the private sector.

Fewer than one in five children's homes is run by a council and, according to the Ofsted inspectorate, more than a quarter of English councils have no provision of their own within their boundaries. However, demand for residential

placements has started to rise again and private providers have rushed to fill the gap. Latest figures show that the total number of children's homes in England increased to 2,209 in 2018 from 2,071 two years previously, although the number run by councils continued to drop to 423.

That is almost certainly now changing, judging from plans for new council provision springing up around the country.

One of the biggest transformations is in Hertfordshire, where plans were approved in October for seven four-bedroom homes and three solo or one-bed units as part of a new, multimillion-pound residential care strategy.

"In the last couple of years, we have had an increase in the number of children coming into care with complex needs who can't live safely [in the family] and are putting themselves at risk," says Marion Ingram, the council's operations director for specialist services. "Sometimes we have had to place them out of county, because there is nothing local. We have tried to keep them within 100 miles of home, but we are not always successful."

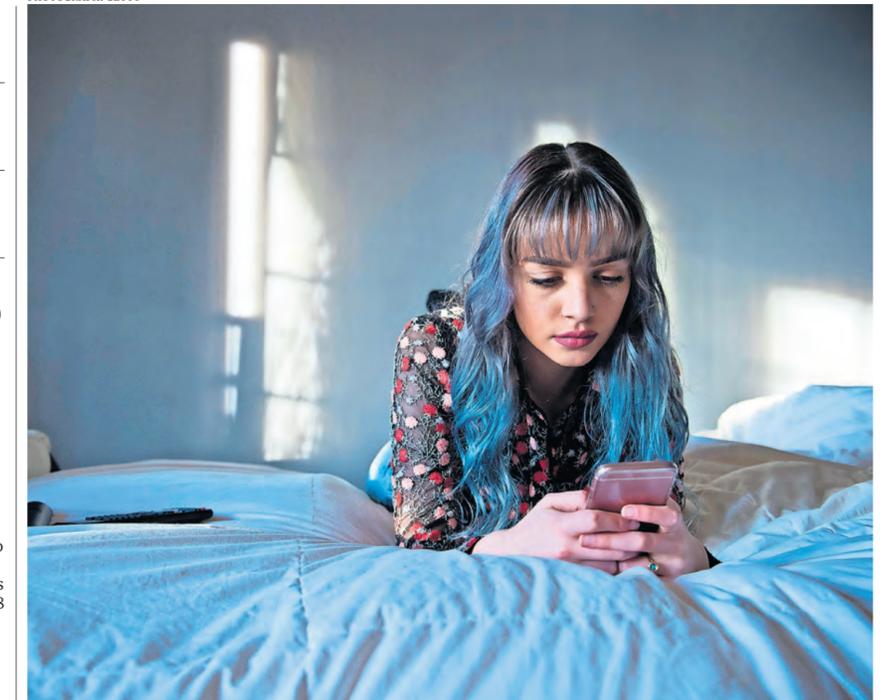
Many children coming into care are traumatised and need focused support, Ingram says. The solo units will be tailored for them and, because of their particular needs, will in some cases be managed by outside specialist providers.

In Bristol, the city council is replacing its five six-bed homes with 10 smaller two- to three-bedroom units as part of a £3.8m programme. "While we are proud of the current provision, we have to accept the model is outdated," says Helen Godwin, cabinet member for children's services. "We want to provide small, family-sized homes that fit in with the rest of the neighbourhood and are better suited to the children with complex needs. Sometimes it is difficult for them to live alongside other young people with similar needs."

In Shropshire, new units are planned for 2020. The council currently has 36 young people in residential care, with 15 more in residential schools. Yet of the 51 placements, some 34 are placed outside of the county and the average cost of an external

▼ In 2018, the number of children's homes in England rose to 2,209, but only 423 were council-run

PHOTOGRAPH: GETTY



residential placement is £3,676 a week - with the highest at £12,000.

Development plans are also afoot in Northamptonshire, Nottinghamshire and Cumbria.

The squeeze on children's services budgets across the country is helping focus minds on the case for new council-run homes. Jenny Coles, vice-president of the Association of Directors of Children's Services and director of children's services in Hertfordshire, thinks it is dawning on many councils that running down their own facilities has gone too far, against a backdrop of rising numbers of cases of child sexual exploitation and criminal child exploitation. In addition, government policies aimed at keeping young people out of psychiatric care and youth custody have left councils supporting teenagers with significant mental health problems.

"The rise in the number of children with complex needs has led to a rethink over the last 18 months," says Coles. "All local authorities have to make sure they look at outcomes for children. We are seeing a growing number looking to invest to transform residential homes. There is a recognition that more homes are needed and

**'No child should be placed in inappropriate accommodation because of a lack of options'**

Katherine Sacks-Jones  
Become

councils need to invest locally and work together to increase specialist provision."

It is a view shared by Become, the charity for children in care and care leavers, which wants an urgent review of the care system.

Katharine Sacks-Jones, the charity's chief executive, says residential care can provide a loving, stable environment, however, outsourcing of provision and pressures on the care system mean there are simply not enough homes in the right places.

"This has to change - no child should be moved away from their home area or placed in inappropriate accommodation because of a lack of options," says Sacks-Jones. "Government must urgently review the care system and ensure we have the right homes in the right places to meet the growing need."

### The smaller the unit, the better it is - it means a person can get more support

New council-run children's homes will have to improve their approach if they are to offer proper support to young people, according to one former resident.

Trey Ndele, who is now a fitness instructor and sports model, spent two years in foster care before going into residential care at age 15. While he talks positively about his time being fostered, he believes things could have been better at the council homes he experienced in Essex. He went into three different homes in the space of about 18 months, each one accommodating between six and eight boys aged 14-17.

"I spent my time either at school or at football practice, so I didn't really socialise with others," says Ndele, 23. "The main problem was the homes weren't very homely: you weren't allowed to bring friends



▲ Trey Ndele is now an ambassador for Become PHOTOGRAPH: TYE VISIONS

around and there was no PlayStation or games to play. At times, it was almost like a prison and, because of the size of the homes, we didn't get the personal support we needed."

All that changed when Ndele went into smaller, supported living accommodation at age 17 and shared a flat with one or two others for the next three years. He remains in contact with his flatmates. "That was really good," he says. "The smaller the unit, the better it is - it means a person can get more support."

Ndele is now an ambassador for Become, the charity for children in care and care leavers.

"I grew up in care and I think it's important to tell others in care about the support that is available," he says. "They don't have to end banged up in prison."

Linda Jackson



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**'We want to provide family-sized homes that fit in with the neighbourhood and are better suited to the children'**

Helen Godwin  
Children's Services, Bristol

# Technology

## Is data analysis safe to protect children at risk?

Machine learning is being used to help identify at-risk children, but the use of such tech raises ethical questions

Lynn Eaton

Technology has advanced enormously in the 30 years since the introduction of the first Children Act, which shaped the UK's system of child safeguarding. Today a computer-generated analysis - "machine learning" that produces predictive analytics - can help social workers assess the probability of a child coming on to the at-risk register. It can also help show how they might prevent that happening. But with technological advances come dilemmas unimaginable back in 1989. Is it right for social workers to use computers to help promote the welfare of children in need? If it is right, what data should they draw on to do that?

Maris Stratulis, national director of the British Association of Social Workers England, first voiced concerns last year. She remains worried. "Machine learning in social care still raises significant issues about how we want to engage with children and families," she says. "Reports on its use in other countries, such as New Zealand, have shown mixed results including potential unethical profiling of groups of people."

Stratulis is also concerned at the role of profit-making companies in the new techniques. "Rather than focusing on learning from machines and algorithms, let's focus on good, relationship-based social work practice," she says.

Machine learning is an application of artificial intelligence (AI). Computer systems enable councils to number-crunch vast amounts of data from a variety of sources, such as police records, housing benefit files, social services, education or - where it is made available - the NHS. In children's services, a council may ask for analysis of specific risk factors which social workers would otherwise not know, such as a family getting behind on the rent, which

can then be triangulated with other data such as school attendance. "We don't decide what databases to trawl - the client does," says Wajid Shafiq, chief executive officer at Xantura, a company he set up 11 years ago which has recently been working with Thurrock council and Barking and Dagenham council in east London. "And the public sector is very aware of the ethical issues."

Most councils trialling predictive analysis are using commercial organisations to set up and run the analyses. Only one, Essex, is known to be using its own purpose-built database collection. Thurrock is working with Xantura in using data analytics to help, in the words of a council spokesperson, "better identify those most in need of help and support, and to reduce the need for statutory interventions".

Such is the sensitivity of the issue, however, that all councils dipping their toes into the machine-learning water are at pains to stress the caution they are adopting. "It is important to emphasise that data analytics systems are only part of the process," says the Thurrock spokesperson. "Further verification and checks are carried out in line with statutory requirements prior to any intervention."

Shafiq says the Thurrock system should be live in the next few months. He, too, emphasises that the analyses don't tell the social workers what to do, but are merely another piece of the toolkit to aid decision-making.

Independent social worker Steve Liddicott has advised Xantura on various projects, including Thurrock. He explains that the analysis can help social workers see where a child not already on their radar might be at risk. They can then take steps - perhaps alerting the child's school or health visitor - to prevent matters escalating.

**People are spending money on these services even when they are short of cash ... but there are no silver bullets'**

Michael Sanders  
What Works centre

Where a child is already known to them, the social worker can use data analysis to consider the intervention most likely to be effective for that child, based on the child's previous behaviour. "There's a temptation to say: 'Doesn't the social worker know that anyway?'" says Liddicott. "They may do, but it's also helpful to step back and look objectively at what the picture is for this child."

One of Essex's projects, using in-house predictive analysis, has looked at school readiness. This has focused on Vange, a part of Basildon where one in four children has been judged by the Ofsted inspectorate to be not school-ready. The county council's Essex Centre for Data Analytics, launched this summer after a three-year trial, analysed data for Vange based on the council's social care reports, rates of youth offending and patterns of drug and alcohol misuse. It combined this with housing and benefits data from Basildon council and crime data from Essex police.

The results were presented to the local community and a community-led commissioning group was set up, aiming to give parents, volunteers and teachers a chance to improve outcomes for children in the area. The council also hopes it will help prevent an increased demand on services later on.

Hillingdon council, in west London, has pioneered award-winning work in the use of predictive analytics to prevent the exploitation of vulnerable children and young people. Its Axis project, launched in 2017 with support from the Office of Data Analytics and the police, analyses information from the police, social care, health, youth offending, schools, youth services, community groups and the public

to identify high-risk geographical areas. This has then enabled the council to redirect intensive youth work support services to these areas and divert young people from crime or violence.

However, other machine learning pilots have proved less successful. Hackney council in east London recently abandoned its initiative in childcare because of the difficulties matching information across databases. "We were working with systems that aren't naturally compatible with each other to collect information in different ways and in different timescales," explains a spokesperson.

What Works for Children's Social Care, part of the network of government-funded What Works centres, is examining the effectiveness of predictive analysis in the sector. Preliminary results from one of six councils being studied have shown that its predictions are "pretty accurate", according to the centre's executive director, Michael Sanders. But he is

yet to be convinced that they really offer value for money. "People are spending money buying in these services even when they are short of cash," he says. "They have been promised a silver bullet, but there are no silver bullets."

The key issue from a purely evaluative perspective is whether machine learning will perform better than traditional analysis. Sanders believes it may in some cases, though he stresses the jury remains out, which would then trigger the further question of practitioners' ability to understand the data without having a doctorate in statistics.

But the other issue for wider debate is whether politicians and the public are comfortable with the harvesting of personal data in this way - even if it does offer the prospect of saving a child's life. As Sanders says: "We do need to think about the extent to which statisticians and people who are doing this are operating with genuine society-level consent."

### The view from the Information Commissioner's Office

The Data Protection Act provides some legal safeguards on using personal data - one of which is that organisations must let people know how their details and profile are being used.

The Information Commissioner's Office (ICO), which regulates the act, says it recognises that machine learning can present "some of the biggest risks related to the use of personal data".

The ICO has set up Project ExplAin with the Alan Turing Institute, which specialises in data science, to open

public discussions on how such data should be shared and used across both public and commercial sectors. It plans to issue further guidance on the use of machine learning in the coming weeks.

In an interim report, earlier this year, the ICO concluded: "While there are undoubtedly benefits to this use of AI, there are also risks. Increasingly, governments and regulators are considering how to mitigate these risks. One such risk is the lack of transparency around how AI decisions are made."



▲ Tech companies have been working with councils to sift through data sets to identify families in need of support  
PHOTOGRAPH: GETTY IMAGES

▼By 2025, 1 million people in the UK will live with dementia; apps can help them engage with family members

ILLUSTRATION: ANNA RÓVÉCSÉS



## Assistance apps

### Managing old age in the digital age

New technology is increasingly being used to improve the lives of people in care homes

Paul Dinsdale

As councils struggle to meet soaring demand for adult social care, digital technology and artificial intelligence (AI) look set to play a growing role. Although the sector has been seen as slow to pick up on the potential, more and more providers are experimenting with ways to supplement hands-on care. Pete Dowds, chief executive of Elder, a group which runs care homes and assisted living schemes, says

technology-driven solutions must be the way forward. "There will be a million people living with dementia by 2025. It's clear that digital technology and the use of AI in care homes can play a much greater role."

In one such innovation, an app and platform called RemindMe is being trialled in a number of care homes as a way of engaging people with dementia. Co-creator Simon Hooper came up with the idea in response to issues in his own family.

"A few years ago, my mother developed the early signs of dementia and I soon realised that she needed some support to enhance and maintain her quality of life," Hooper says. "An IT colleague and myself devised the concept, which is very easy to use and only requires wifi, a tablet and a TV."

"The tablet format of the app gives users a range of options, including setting an alert for their medication.

The format also suggests music or activities that the person could engage in with their carer or family member, and offers suggestions for activities at different times of the day to encourage people to stay alert."

One of the homes trialling the app is Sherwood Grange care home in Kingston, south London, run by Care UK. Kimberley Atkin, the home's lifestyle lead, says the trial has been positive and has shown benefits for carers as well as for residents.

"We have used 'life story' picture books for some years, but the advantage of RemindMe is that new pictures can be added all the time. As the family have access to it remotely, their children in Australia, for example, can add new pictures every week, or a message, and this helps to stimulate the resident and sparks conversation."

"In addition, it helps staff to have a focus of attention for interacting with the resident and encourage their participation in activities."

Another app called PainChek is being used in pain assessments of people with dementia. Developed in Switzerland, the device allows care staff to assess whether the person is in pain and would benefit from pain-relief medication. Such symptoms are often missed or misdiagnosed, resulting in administration of inappropriate antipsychotic drugs. The app, on a smartphone, takes a 10-second video clip of the person's face and analyses it to check against

a criteria used in registering pain (the Abbey pain scale), augmented by replies from the care worker to question prompts on the app.

Jonathan Papworth, co-founder of Person Centred Software, which is marketing the app in the UK, says it has been used successfully in care homes in Australia where it has significantly reduced use of dementia medication.

"For people who are unable to communicate their level of pain, the result can be that they display 'bad behaviour' and get angry," says Papworth. "Behavioural drugs are commonly used in residential care to address challenging behaviour. But without the ability to understand if a person is in pain, the individual may be wrongly diagnosed."

Papworth says that as much as 30% of behaviour deemed "challenging" in people with dementia could be attributed to untreated pain.

**'The tablet format of the app gives users a range of options, including setting an alert for their medication'**

Simon Hooper  
RemindMe

Daniel Throssell, compliance manager for Graham Care, which runs seven care homes in south-east England and has been trialling the app in one, says that the home's nurses use the app when carrying out a pain assessment. "They like it as it helps them in their clinical decision-making. The other advantage is that it helps build up a picture of the person's behaviour, and their experience of pain."

Another care home group, WCS Care, has devised an innovation hub which assesses technology for social care as it emerges. It receives visits from other care providers, academics and politicians interested in its applications.

Christine Asbury, WCS chief executive, says the group has adopted an "acoustic listening" system at night for residents - with their and their families' consent - which alerts care workers to any unusual noise or activity.

"As we have a limited number of care assistants on duty at night, the system helps them to pick up any potential problems with residents getting up and moving around."

WCS, which has some 600 residents in 13 care homes, has also adopted a system of electronic care records to help reduce medication errors and identify behavioural issues. "Our ambition for our residents," Asbury adds, "is to be able to say: 'That is a day well-lived.'"

## Gweithio dros Gaerdydd

Ydych chi'n Weithiwr Cymdeithasol sy'n chwilio am yrfa a fydd yn eich gwobrwyo a'ch herio? Oes gennych chi'r sgiliau, yr ysgogiad a'r ymrwymiad i fod yn rhan o wasanaeth sydd â chynllun 3 blynedd uchelgeisiol i gyflawni rhagoriaeth drwy fuddsoddi yn y safonau arfer uchaf i wneud gwahaniaeth go iawn mewn Prifddinas amrywiol, ffyniannus? Mae Gwasanaethau Cymdeithasol Cyngor Caerdydd yn gyflogwr blaengar ac arloesol sy'n ystyried bod cefnogi ei gyflogeion yr un mor bwysig â chefnogi unigolion a theluoedd sydd angen gofal a chymorth. I ddysgu mwy am weithio gyda ni, e-bostiwch RecrwtiaFi@caerdydd.gov.uk

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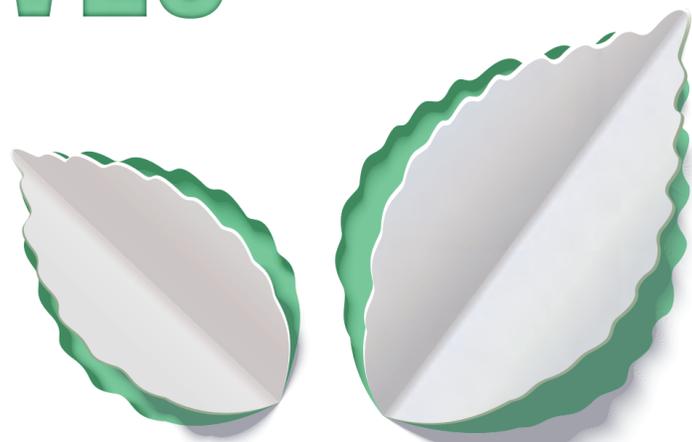


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## Recruitment A social solution to social care's search for staff

A new referral app aims to tackle the recruitment crisis in social care by rewarding existing workers who encourage friends and family to apply for vacant roles

Linda Jackson

From Penzance to Perth, a dire shortage of staff has deepened a crisis in adult social care already struggling to cope with a decade of cuts to budgets, rising demand for services and continued absence of sorely-needed reform.

Latest figures show that almost 1.5 million people work in the care sector in England alone. Yet many of the workforce feel undervalued, resulting in annual turnover exceeding 30% and 122,000 vacancies. The impact is seen in long waits for homecare packages, delayed hospital discharges and care home closures.

But there are glimmers of hope. In Cornwall, where a rapidly ageing population and seasonal job opportunities add to pressures on the sector, an innovative pilot aims to show the rest of the UK how care workers themselves can be the best recruiters - using technology already in their pockets.

Over the past three months, 25 providers in the county, big and small, have signed up to Care Friends - a mobile app which taps into workers' social networks. It has already shown potential to have a transformative effect, with providers receiving job applications within an hour of staff downloading the app on to their smartphones.

The app has been masterminded by Neil Eastwood, an adviser to the Department of Health and Social Care, who has spent the past 10 years investigating how to find, keep and develop care workers.

“Cornwall was chosen as test bed as care is the second largest business sector in the county, but the amount of churn is huge and stands at 36%,” says Eastwood, author of the book *Saving Social Care*.

“Care providers in the county get staff dropping out in the summer to

take cash-in-hand, tourism-related jobs. People retire to Cornwall with no family to look after them and young people move away from the county. A key challenge is recruiting new people to the sector.”

Based on evidence showing employee referral schemes are the best means of recruitment, workers download the app and share job vacancies with their contacts and social networks. Working on the same principle as a reward card, they earn points for referring a friend. Typically, one point equals £1, but employers can ask to vary this.

Unlike most other employee referral schemes, whereby staff are rewarded only once an individual is in post, the app incentivises them by offering rewards for different stages of the recruitment process. Points are paid in the following month's pay, or can be saved until Christmas.

The development of Care Friends, part-funded by EU regional development money and sector skills agency Skills for Care, has already generated widespread interest elsewhere in the UK and overseas. Its emergence coincides with the launch of the second phase of a Department of Health and Social Care recruitment campaign for the care sector in England, called *Every Day is Different*.

Initial trials of an early version of Care Friends at a care home in Surrey found that almost 30% of staff started to refer people - compared with about 8% in traditional (non-app) referral schemes. “If you extrapolate that more widely across the workforce, our 120,000 vacancies in social care would be gone in a few months,” says Eastwood. “So the potential to tap into the community connections of caring people in the workforce I think is potentially very exciting.”

Providers are pinning their hopes on the app. Richard Nixon-Eckersall is newly-appointed director of

*“The most successful recruiting method for carers is carers themselves. We hope the app will turbo-boost recruitment”*

Richard Nixon-Eckersall  
Cornwall Care

▼ Care workers Kerry Munro, left, knew her friend Sam Mitchell, right, would suit a career in social care

PHOTOGRAPHY: PAUL RICHARDS



workforce and organisational development for Cornwall Care, a charity with 1,400 staff working in 16 residential, nursing and dementia homes across the county. It also supports more than 1,000 people to live in their own homes.

“We have a turnover rate of 30% and attempts to recruit staff in the past have been hampered by [interview] no-shows,” Nixon-Eckersall says. “It is very apparent that some people come to interview because they need to be seen as actively seeking work. However, they have no intention of taking up a job. We know that the most successful recruiting mechanism for carers is carers themselves. We are very hopeful that the Care Friends app will turbo-boost recruitment.”

However, it is not just recruitment that the app can transform. According to Beverly Futtit, chief executive of Cornwall Adult Health and Social Care Learning Partnership, which promotes workforce development in the county, it has the power to change the image of being a care worker. “By using this app, people can show they are proud of their work by recommending other people. And the reward system can be used beyond recruitment: staff can be rewarded if they take a short-notice cover slot. The potential is enormous,” says Futtit.

Rob Rotchell, Cornwall council's cabinet member for adults, believes the app could also be used by the NHS to recruit staff. “We need to ensure that details about employment opportunities are available not just in social care, but in the NHS as well,” he says. “The app is one way forward to improve things.”

## Experience ‘I love the job. I’ll do it until I need a carer’

Kerry Munro used the Care Friends app to let friend Sam Mitchell know about a vacancy

Linda Jackson

When long-time care worker Kerry Munro heard her employers had a staff vacancy, she knew just the person for the post. Using the Care Friends app, she shared the opportunity with Sam Mitchell, the daughter of a friend she used to work with.

Within minutes, Mitchell, a mother of four, had applied to be a homecare worker with North Hill Home Care in St Austell, Cornwall. Within two weeks she had completed her initial handling training and was waiting for a start date.

“I hadn't considered a job as a carer before, but I am really looking forward to starting,” says 33-year-old Mitchell. “I have spent the last 12 years bringing up my family.”

She has a 12-year-old daughter, a nine-year-old son and twin boys who are aged 18 months. She plans to start working 16 hours a week, spread across two evenings and a weekend shift - with her partner helping out with childcare.

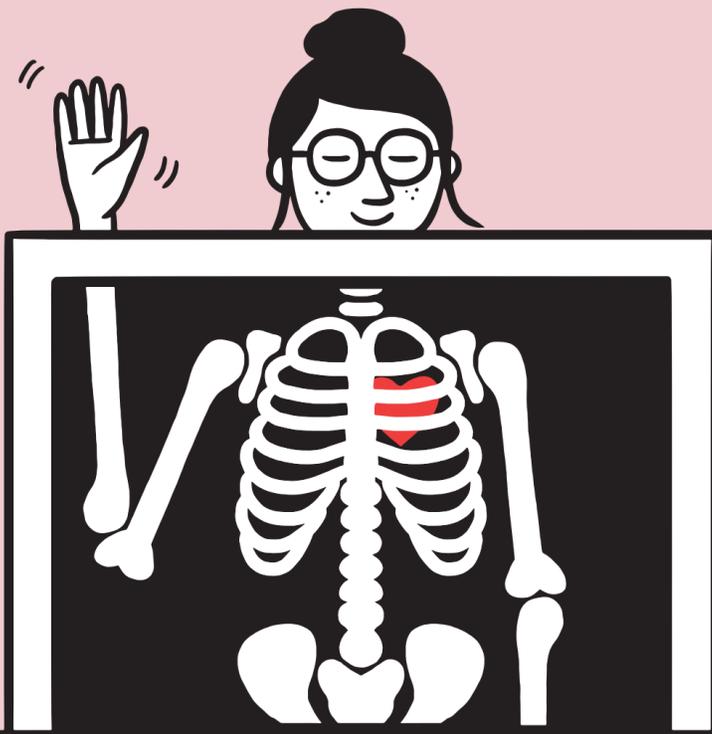
Munro, 59, who has juggled work with bringing up her children and helping out with her grandchildren, has spent the last 30 years on the care frontline.

“I love the job,” she says. “I think I will be doing this until I need a carer myself. You can go into a house and when you leave know that you have made a difference to a client and their partner. It's almost like you're part of the family.”

“But it is not just about making cups of tea and it can be very hard work. I recommended Sam as she knows what is involved as her mum is in the care profession. I know she will be good with clients and reliable.”



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Adrian Routledge shows the 'multi-faceted' nature of his work supporting Alex Woolfe



## Men working in care Why we need more jobs for the boys

Only 18% of social care workers are male - what's being done to attract more into the sector?

Debbie Andalo

**M**en are living longer and more of them are living alone. The past 10 years has seen a 55% increase in numbers of men aged 65 to 74 who live on their own and almost half of all men who do so are 65 or older. An ageing male population adds pressure to an already stretched social care sector. But it also has implications for the workforce.

Men make up only 18% of the social care workforce; providers and service leaders say it is crucial to attract more so that those being cared for have the choice to be looked after by a man. But to do that they need to change the public's perception that a career in care is only for women.

Adrian Routledge, 55, a support worker for learning disability and autism provider Dimensions in Cardiff, has been employed in the care sector for most of his working life. He admits: "I was only looking at the job as short-term - but 26 years later I'm still here."

Originally a builder, Routledge was forced to change when he injured his back. He has supported people with both physical and mental health needs and disabilities.

"It's a rewarding and satisfying job," he says. "On two occasions I have supported somebody to the point of them being able to live independently."

More men would become support workers if they understood the variety of the role, he thinks. "People think it's just about helping somebody to bathe or you just go out and do nice things with people. But it's a multi-faceted job." He may have to offer advice about relationships - including sexual advice - be a client's advocate in meetings with hospital doctors, or help with financial decisions. The rewards are tangible, he adds. "When you support somebody you really feel like you are achieving something in people's lives."

But care providers have an uphill battle to persuade more men to follow in Routledge's footsteps. Research by Anchor Hanover published in September revealed that 35% of the public still believe care is a "woman's career", while 85% of men say they would not consider career in care.

At Anchor Hanover, England's

*'Men think it won't give them the income they need ... It can be a well-paid job, we are trying to get that message across'*

Kim Corsinie  
Dimensions

largest provider of specialist housing and care for older people, 11% of support workers are male, rising to 13% of deputy managers and 20% of home and district managers and directors of care - figures which reflect the national picture.

Sam Leonard-Rawlings, head of organisational development at Anchor Hanover, says the group's marketing material routinely includes pictures of men - both as employees and male customers. Its promotional video during this year's apprenticeship week included two male employees - one a care worker, the other a caterer. "As a result of that video the number of men on our care apprenticeship programme increased to 14%," says Leonard-Rawlings.

Kim Corsinie, Dimensions head of resourcing and volunteering, believes men are put off a care career because they believe it is poorly paid and has limited career paths.

"Men think it won't give them the income they need to lead a comfortable life," Corsinie says. Support workers, however, can potentially earn around £24,000, while locality managers' salaries rise to £40,000 depending on the size of the area covered. "It can be a reasonably well-paid job with career potential - we are trying to get that message across."

The number of jobs in the sector needs to increase by at least 36%, or 580,000 to about 2.2m, by 2035 to meet demand, according to sector skills agency Skills for Care. It is optimistic that its national recruitment campaign will boost male numbers.

New models of care, making greater use of technology, may also attract a different kind of male employee to the sector. With tongue slightly in cheek, Andy Tilden, Skills for Care's interim chief executive, describes these as "geeks with emotional intelligence". He warns: "The reality is we can't just keep throwing people at the problem without changing the way that people work."

## Experience 'Every person working in care can offer something different'

In his early 20s, Sam Henderson turned his back on a career in catering to become a care support worker. Now a manager, he believes attitudes to men working in care have shifted

Debbie Andalo

"I started off as a chef in a care home and had previously worked in a hotel. That was my introduction to care and it really opened my eyes," says Sam Henderson. "Although I was working in the kitchen I really got to know the residents and I was really keen to get more involved and get rid of some of those misconceptions that care wasn't a career for young men."

Henderson gave up his job in the kitchen to go travelling; on his return he started his new career. "My first job was as a mental health support worker in a small residential home. I worked my way up in the organisation and experienced a range of roles before moving into management," he recalls.

He later developed an interest in the care of older people and progressed to become general manager of Augusta Court care home in Chichester.

Run by Anchor Hanover, it caters for 46 residents, some with dementia. It also supports people at the end of life, and works closely with the local hospice.

Henderson believes attitudes towards men working in care have shifted.

He says: "I think things are changing. But I think it's now becoming more acceptable for men to work in the sector and residents - both men and women - are more willing to accept care from a male member of staff. But I also think that every single person working in care can offer something different."

As general manager, he has a role in recruitment and believes being male opens men's eyes to a career in care: "It definitely does help."

So what would he say to any man considering a move to the sector?

"My home is for people living with dementia and supporting people at the end of their life," he explains. "You are helping them and their families at what is the most difficult time of their lives. But it's so rewarding when you can see what kind of difference you can make and you do that by being part of a team."



'There were misconceptions at the beginning of my career that care was a female job,' Sam Henderson

# Degree apprenticeships

## Why councils are embracing a new 'win-win' qualification

Degree apprenticeships in social work enable local authorities to fill vacancies and offer progress to trusted staff

Debbie Andalo

A new breed of apprentice is starting to appear in children's and adult services as the sectors open up a work-based route to professional qualification. The first degree-level apprenticeships in social work are now available after more than two years in the making.

The development creates a new option for existing care staff with ambitions to become social workers who have been unable to follow the traditional route. It is hoped that the move will also help address the social worker recruitment and retention crisis which dogs both children's and adult services. The vacancy rate in 2018 for children's and family social workers in England was 16%, slightly up on 2017, and staff turnover was approximately 16%. In adult services, turnover was almost 14% last year and vacancy rates ran at 8%, equal to about 1,400 empty posts.

Leicestershire county and Leicestershire city councils are among the first local authority employers to offer the new apprenticeship to existing staff. The 32 apprentices from the two councils - 16 from each - come from a variety of roles in adult and children's services, including community and mental health support workers, family intervention workers and intensive family support staff.

The apprentices spend one day a week at the University of Warwick and the remainder of the week in the workplace. When the university welcomed the first cohort through its doors in March, the director of its centre for lifelong learning, Ann Hollinshead, was keen to emphasise the status of the apprenticeship which leads to a social work degree with the right to practise and register. She said at the time: "This is a different way of learning; not a different qualification."

Heather Pick, assistant director of adults and communities at Leicestershire council, says it decided to offer the apprenticeship because it was disappointed with the quality of newly qualified social workers (NQSWS) coming through the traditional degree route. At the same time, some of the council's experienced care and support staff were hitting a career ceiling because they lacked the professional qualification.

"For some years we haven't been particularly enamoured with the quality of NQSWS coming out of university," says Pick. "I'm not saying they are not academically qualified, but it's the on-the-ground social work that they lack. It means we are having to put a lot of work into them in their post-qualifying

**'We are upskilling our staff and when they realise we are paying for their degree, they aren't going to go anywhere'**

Jane Hanrahan  
Norfolk council

year and it's probably two years before they are at the stage where they are confident in their practice. "Then we have unqualified staff without the social work qualification who come from different backgrounds, who have oodles of experiences, but who don't have the social worker degree. For some time we have been looking at career progression for these staff that would recognise their expertise and it's the social work degree that will do that. It also means we get NQSWS who are up and running."

The apprenticeship is a generic qualification, providing students with the option to work in either children's or adult services - something that Pick says offers the council some flexibility and makes both adults and children's services "more sustainable".

While the Association of Directors of Children's Services (ADCS) welcomes the apprenticeship as another route to professional qualification, it says it is hard to say whether it will help improve recruitment and retention. Rachael Wardell, director of children, schools and families for Merton council in south London and chair of the ADCS's workforce development committee, says: "It may help with recruitment in the broader sense, but the biggest problem we have is keeping social workers once they have qualified as the qualification is highly sought after."

The Institute for Apprenticeships and Technical Education is the government agency that approved the apprenticeship standards. These took two years to develop and were signed off last November following the work of a trailblazer group made up of 70 employers, universities and representative organisations, supported by sector skills agency Skills for Care. In the academic year 2018-19, the institute recorded 148 apprenticeship starts - figures that the institute's chief executive, Sir Gerry Berragan, describes as "encouraging".

Jane Hanrahan, a workforce development manager at Norfolk council, chaired the trailblazer group. Norfolk plans to offer 20 apprenticeships annually. "For the first time we have a career pathway right from entry level to social worker degree level, from where you can go on to leadership and management - that wasn't there before," says Hanrahan. "We are upskilling our staff and when they realise we are paying for their degree, they aren't going to go anywhere else to work. They stay with you - the degree apprenticeship is completely win-win whichever way you look."

▼ Mental health community support worker Peter Chitsenga is training to be a social worker

PHOTOGRAPH: MICHAEL LECKIE



## Experience

### 'When this apprenticeship option was made available, I knew I had to participate'

Peter Chitsenga thought his career had stalled until his employer offered him the chance to study on the job

Graduate and mental health community support worker Peter Chitsenga could not afford to fund himself to complete a master's degree to become a qualified social worker. With a wife and three children to help support, the cost was beyond the 54-year-old who settled in the UK after leaving his home country of Zimbabwe 16 years ago. It looked like his career in social care had met a dead-end. But Chitsenga's prospects

opened up again when his Leicestershire council employer offered him the chance to complete the new degree-level apprenticeship in social work that leads to a professional qualification. "I have a passion for education and I wanted to develop and progress my career," he says. "So when this apprenticeship option was made available I knew I had to participate in it."

Chitsenga spends one day a week at the University of Warwick and the remaining four in the workplace. "The great thing about it is that everything I learn I take back to my workplace," he says. "It's brilliant. Everything feels relevant - you understand why you are making

such decisions. The first thing we do when we go back to university the next week is to discuss how we used what we have learned."

The apprenticeship will equip Chitsenga to work in either adult or children's services - an opportunity he welcomes. "You never know where you are going to end up working and it gives me the option to move into children's services in the future," he says. "Whatever I do, though, I'm going to stay with Leicestershire - it gave me this opportunity and I want to pay them back and stay loyal." DA

**'The great thing is that everything I learn I take back to my workplace. It's brilliant. Everything feels relevant'**

Peter Chitsenga  
Leicestershire council

# Integration

## Searching for the best of both worlds

Health and social care providers are piloting a joint apprenticeship - can pay and conditions be aligned across sectors?

Debbie Andalo

A new integrated apprenticeship in health and social care is being developed that will equip staff with the skills to work in either sector. Trailblazer groups are seeking to create a workable model which could be in the workplace within two years.

Helen Wilcox, chair of the adult social care trailblazer group, says: "It's early days and it's not been nailed yet, but we are starting a scoping exercise to see if anybody can come up with a formula that can work."

"If we can't see [health and social care] integration happening, then perhaps at least we can integrate the workforce so that the experience of people receiving care and support is one where they don't need to feel the joins."

Pilot projects - mostly involving hospital trusts and care providers - have already tested different integrated apprenticeship models. One obstacle that emerged was the time needed to support an

apprentice in the care sector, where services are typically delivered by small- and medium-sized enterprises often lacking their own training departments. But the main obstacle proved to be differences between the sectors in pay and employment benefits. "That's the bottom line," says Wilcox.

A homecare provider in Gloucestershire, aVida Care, was behind a year-long pilot integrated health and social care level 2 apprenticeship that it ran with Gloucestershire Hospitals NHS foundation trust. Apprentices spent six months with aVida and another six on a medical care ward for older people.

Jacqui Adams, registered manager and director of aVida, believes a key challenge in designing an integrated apprenticeship will be governance. "There are core skills across health and social care apprentices but also key differences," she says. "For example

**'Some in social care feel they would invest all this time, but then lose the apprentice to health where they want to work'**

Emma White  
Care Development East

in domiciliary care at level 2, we allow our care workers to administer medication - but this is not permitted in hospitals, where only registered nurses can do it."

Care Development East, formerly The Suffolk Brokerage, is a not-for-profit organisation that secures funding for social care training across the county. It also provides information, advice and guidance in health and social care training. It helped set up an integrated health and social care apprenticeship pilot in hospital, community service and residential care settings.

"One issue was the nature of the commitment required from the care sector," says Emma White, workforce manager at Care Development East. "Some in social care feel they are the poor relation and that they would invest all this time into an integrated apprenticeship, but then lose the apprentice to health because that is where they want to work."

Earlier this year, the first three recruits graduated from the integrated health and care apprenticeship run by North Devon healthcare NHS trust and Devon county council. They completed a level 2 clinical healthcare support award - the qualification typically required to work in an acute hospital trust - and the care certificate, the minimum needed to work in care. They also completed other qualifications in clinical competencies. All three apprentices chose to work in the NHS.

The trust and county council are now evaluating the programme before deciding whether it should become a permanent fixture. Gail Richards, the trust's training manager and apprentice lead, says conflicting terms and conditions were an issue, but not insurmountable. "I think there are a few learning points for us, but I am sure we will continue to offer this option. It's been absolutely great for the students - it makes them a much more rounded carer."



## Experience

### 'The training has helped me feel so confident'

An integrated apprenticeship gave Maisy Parks the chance to try three different sectors before deciding to become a healthcare assistant

Maisy Parks completed her integrated health and social care apprenticeship in north Devon in March this year. She spent six months working on a surgical ward, six months working in a care home for adults with dementia and another six months working at a day centre for adults with learning disabilities.

Parks, 20, says the experience meant she could dip her toe into different sectors before deciding where she wanted to start her career. "I could have become a healthcare assistant in a hospital when I left college, but I thought if I didn't like it I would be stuck in a job."

"What appealed to me was that the integrated apprenticeship gave me the chance to work in different settings."

She is now employed as a healthcare assistant on a hospital surgical ward, but knows the apprenticeship has made her a "more rounded" employee. "I think it's definitely helped me in my current job. If we get a call saying a patient with a learning disability is coming on to the ward, I feel so confident in being able to look after them."

"Before, if I had been told that the patient had autism and couldn't communicate verbally I wouldn't have known what to do. But because of my day centre placement I know how to communicate non-verbally - it doesn't scare me."

The cross-sector training has also given Parks more career options and future-proofed her working life, she says. "I've definitely got more employment flexibility. I'm young now and wanted to work in the hospital because of the variety, but when I'm older I might go and work in a care home because I know what it's like and it impressed me so much." DA



▲ Creating an integrated workforce would improve the experience of those receiving care PHOTOGRAPH: STOCKS



▲ Apprentices usually spend a day studying at university PHOTOGRAPH: SHUTTERSTOCK

