Northern Ireland Assembly

Committee for Health, Social Services and Public Safety

OFFICIAL REPORT (Hansard)

Review of workforce planning in the context of Transforming Your Care:
Northern Ireland Social Care Council and Northern Ireland Association of Social Workers

13 May 2015

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Ms Maeve McLaughlin (Chairperson)
Mrs Pam Cameron
Mrs Jo-Anne Dobson
Mr Kieran McCarthy
Ms Rosaleen McCorley
Mr Michael McGimpsey

Witnesses:

Ms Carolyn Ewart	Northern Ireland Association of Social Workers
Ms Marcella Leonard	Northern Ireland Association of Social Workers
Mr Colum Conway	Northern Ireland Social Care Council
Ms Patricia Higgins	Northern Ireland Social Care Council

The Chairperson (Ms Maeve McLaughlin): I welcome the representatives from the Social Care Council and the Association of Social Workers, who are here to brief us on workforce planning in the context of Transforming Your Care (TYC). We have Marcella Leonard from the Association of Social Workers; Carolyn Ewart, country manager, Association of Social Workers; Colum Conway, chief executive of the Social Care Council; and Patricia Higgins, director of regulation and standards, Social Care Council. I invite you to make your presentation, and then we will open it up to questions from members.

Ms Carolyn Ewart (Northern Ireland Association of Social Workers): Thank you for the invitation today. We are delighted to be here to present to you this afternoon. I will make a start, and then I will hand over to Colum, who will present information from the Social Care Council. I will get the glasses on so that I can see.

As you said, I represent the Northern Ireland Association of Social Workers (NIASW). It is part of the British Association of Social Workers, the largest professional body for social workers across the UK. The association has over 17,000 members employed in front-line management, academic and research positions across all care settings. In Northern Ireland, there are now over 5,500 social workers registered in the jurisdiction with the Northern Ireland Social Care Council. Obviously, my colleagues here will speak to that this afternoon. We are the lead statutory profession in respect of protection of children and vulnerable adults, and we offer a significant contribution to the protection of the public.

Social work is a universal service offered to everyone in our community from the cradle to the grave. Often, the public perception of social work is limited to our work with children at risk. Whilst that is certainly significant, it is by no means the reality. Social workers work with and for all communities across Northern Ireland. They work with older people, those with physical or learning disabilities, mental health problems, addictions, those who are homeless, and adults and children affected by childhood trauma, to name but a few.

NIASW is very supportive of the principles set out in Transforming Your Care, and, as a profession, we have strongly advocated for many years for person-centred services, co-directed care, self-determination, the promotion of independence and protection of the vulnerable. As such, we are well placed to lead and deliver on TYC. The values of that policy link strongly and align with our professional standards and values. Our training is rooted in and comfortable with the concepts of community development and very strongly a social model of care. We, therefore, welcome the opportunity to highlight some examples of best practice in social work provision across Northern Ireland and to illustrate the challenges that exist and present our solutions to them.

In the first instance, I will talk briefly through the specific questions set out by the Committee. The first one is in relation to resettlement. The move to community care away from institutional care in the late 1980s was championed by the social work profession. It was then and has continued to be ever since. Whilst that has been practised across all the psychiatric hospitals in Northern Ireland for some time, it has taken a real departmental emphasis on resettlement to fully realise the vision.

We are able to present to you this afternoon feedback from the social worker involved in resettling 52 patients from Holywell Hospital. That is included in the pack from me at annex 1. It is obvious from the update on that work that significant work has taken place in a TYC ethos. As a direct result of that, 43 people who have spent decades living in a psychiatric hospital have a vastly improved quality of life, living in a supported facility in a community, and three long-stay wards have been closed. Obviously, work has taken place across all the other trusts and hospitals.

In relation to workforce planning and the other specific questions asked by the Committee about the work of the regional workforce development group, unfortunately, NIASW is not represented on that group at this stage, so we cannot provide any feedback on that. We would welcome the opportunity to be an active member of that group. Likewise, we are not aware of the work of the health and social care trusts on workforce modelling, but, as the main professional body for social work, we would welcome that.

Social work is a largely female workforce, and I know that the Northern Ireland Social Care Council (NISCC) is going to give you some facts and figures on that, but we know that, as a largely female workforce, opportunities for part-time working are very good at the basic social work grade of band 6. There will be significantly fewer opportunities for part-time and flexible working once we progress to management level positions.

We have seen the move to extended opening and have seen the development of the regional emergency out-of-hours team, which operates across all of Northern Ireland. However, the majority of services still tend to be delivered from Monday to Friday from 9.00 am to 5.00 pm. There have been exceptions to that. There is development of family group conferencing across some trusts, and that has seen a move to more flexible hours. Under the social work strategy, several pilots have been identified to explore extended opening hours, and they will see services running from 8.00 am to 8.00 pm. At this stage, it remains unclear what impact that will have on capacity, as I understand that those services are going to be provided within existing staff resource.

Whilst NIASW welcomes and supports the policy direction of TYC, we wish to highlight what we see as the real challenges to realising the policy aim. For us, those are excessive bureaucracy and funding of public services. It is those two points that I will spend my time talking about this afternoon.

We have been able to spend considerable time over the past two years consulting with and surveying social workers across all of Northern Ireland, and we have produced three key papers detailing the results. Our first two papers focused on children's services, and 'Social Work Not Paperwork' highlighted the challenges. Our follow-up paper to the then Minister Poots, entitled 'Reducing Bureaucracy in Social Work' provided the solutions as the profession saw them. We have also comprehensively surveyed our adult service as social workers and produced 'A Blueprint for Change: For Adult Services Social Work in Northern Ireland' paper.

All three reports highlighted that social workers are a deeply committed and loyal workforce, who regularly work up to 50 hours unpaid overtime each month. However, they also report that social work and the social work role has become so over-bureaucratised that they regularly spend more than 70% of their working week in administrative tasks. That directly impacts and prevents them from engaging with children, parents, families and people in need.

In our blueprint paper, we use a case study that is illustrated in your packs, which is a very typical referral to a social work team. A 78-year-old woman is referred for assessment, and we are able to demonstrate that, of the 17 hours and 45 minutes that it takes to assess her needs and begin a service, only four hours and 30 minutes are spent with that individual and her family. It is NIASW's view that that is simply unacceptable. Social workers tell us that they are spending more time on filing, report writing and inputting data in a computer than doing the job that they are trained for.

The Committee asked us the specific question, "Do you think you have enough social workers to deliver on Transforming Your Care?". It is our view that, at this stage, until the model of care has been identified, followed by a proper level of workforce planning, we are not in a position to comment on the required number of social workers. However, we know from members that, at present, social workers are carrying excessive caseloads and, in many cases, are struggling to cope with increased demand.

We suggest that the key questions we should be asking are, "Are our social workers doing the right jobs?" and, "Are we making the best use of this highly skilled and trained workforce?". We at NIASW are firmly of the view that social workers can implement the vision of TYC. They already work with complexity, risk and in extremely challenging situations. They want to work more with communities, carers and individuals and to continually improve the patient experience. However, at this stage, they do not have capacity. We suggest that the key to finding additional capacity is to review what social workers actually spend their time doing and provide them with the technological and administrative support that they need to do their jobs more efficiently, free from the burden of bureaucracy.

In our paper, 'Social Work Not Paperwork' we utilised a case study from the South Eastern Health and Social Care Trust, where the service improvement coordinator, working along with the gateway team and children's services, highlighted a significant problem with a high level of unallocated referrals. She identified with the social work staff that they were spending too much time putting information into a computer system and on administrative tasks, and that they were, therefore, unable to address the backlog of unallocated referrals. By redefining the referral process and the assessment forms used, by enabling the admin staff to take responsibility for data input and designing a new template and an electronic file, the results were outstanding. Within a very short time, there was 100% reduction in unallocated cases and significant time savings for social work staff — a total of six hours and 36 minutes for every case that they had. We use that example, because we think it illustrates the benefits of having the right person and equipment to do the right job. It now takes a social worker in that trust an average of 11 minutes to input the data they need, as opposed to 75 minutes, which was the situation previously. We are delighted to report that, having updated with that trust since we did our report, it has rolled out that e-filing initiative across all of their gateway services in children's services. In addition, it is committed to delivering the initiative across all of the family intervention teams, and it hopes to be able to roll that out further. We highlight that as an example of really innovative practice, where a system can be changed. We would like to see it being rolled out across all of Northern Ireland.

We have always been clear as a professional association to say that social work practice must be underpinned by sound reporting. Learning from all inquiries highlights the importance of timely and good quality recording, and we do not want to see that being removed. However, we do want to see a reduction in the levels of excessive paperwork and duplication. To that end, in our papers, we make a number of recommendations. One recommendation that I draw to your attention is a recommendation around the current looked-after children system. We recommend that it is amended and that the existing understanding the needs of children in Northern Ireland (UNOCINI) documentation is used for those children with a disability requiring short-term placements.

If you allow me a couple of minutes, I will illustrate the changes that that could make. At present, the looked-after child system requires that any child who needs a respite placement enters the full looked-after children (LAC) process and, therefore, becomes subject to all the documentation that that necessitates. It also starts off a process that requires meetings to be held at two weeks, three months and six-weekly. Those meetings are costly in terms of time and human resource. The entire process will take place, even if the respite placement is for 24 hours. As set out in the current legislation, all children with a disability will automatically meet the criteria set out in the Children Order. Many parents are opposed to that status. They do not see their child as having to be formally looked after

by the trust, nor do they want to share corporate/parent responsibility. Most social workers would also support a change to the legal framework. Current practice is cumbersome, inefficient and overly bureaucratic. We suggest that a child's needs could be met safely, without comprising on social work processes, within the existing UNOCINI framework. Within that framework, an assessment already takes place for all children known to children's services. Documentation, which captures the same information that will be captured on the forms for looked-after children, is already completed. There is already a care plan, which is reviewed at three- and six-monthly intervals. We therefore suggest that that system can safely meet the needs of those children.

That would have the immediate effect of reducing the amount of time social workers spend on paperwork and would alleviate the pressure of duplication. It would free-up your front-line social workers to spend more time working with children and families, which is what we want them to do and what they want to do. We therefore ask that the Committee encourages the Minister to bring forward regulation changes as part of the wider looked-after children strategic statement that the Department is preparing.

My final point is in relation to the funding of public services. To truly deliver on the bold vision set out in TYC, brave decisions must be taken. Delivering on the vision of TYC is not a cheap option, and if it is simply viewed as a way to save money, it is NIASW's view that it is doomed to failure.

We continue to experience unprecedented financial difficulty, and we are aware that there is much more financial hardship coming our way. That has had a very real impact on service delivery. We have seen a flight to funding the core statutory functions, as laid out in the scheme for delegation of statutory functions reported on annually by the Health and Social Care Board. As a result, many voluntary, community and third-sector providers are losing their core grant funding and are struggling to survive. They are having to reduce their capacity and, in some cases, close. Those are the very services that you need to be delivering under TYC.

We appreciate the very real hardship that the health and social care trusts face in trying to deliver within the very stringent budget constraints of the economic climate, particularly in light of the fact that there continues to be increased demand for services. That demand is evidenced in the Health and Social Care Board's delegated statutory functions report for the year ending March 2014. Referral rates to all areas are increasing, needs are increasing, the complexity of need is increasing and the population continues to age.

The Health and Social Care Board reports that mental health services continue to face significant challenges within the economic situation in providing and fulfilling their statutory functions. A similarly challenging environment is reported across services for older people and people with a physical or sensory disability. Pressures on the ground in relation to vacancy controls have been identified by all trusts, and the provision of domiciliary care services has been identified as problematic in some rural areas.

Those concerns raised by the commissioning body are echoed by our members, who highlight that very strict vacancy controls remain in place across Northern Ireland, with many vacant posts simply remaining unfilled for considerable periods. Maternity leave and long-term sick leave are routinely not covered, and that places a particular burden on a profession that, as we have identified, is a largely female population. I am sure the Committee is fully mindful that it is against that backdrop that we are seeking to deliver on TYC. We reiterate our previous requests and comments that social care funding should be protected in future Budget rounds.

In conclusion, I will summarise my three main points. We are thankful for the opportunity to attend today. First, we want to remind you that the ethos and principles behind TYC are welcome and are supported by the social work profession. In this workforce, you have a valuable resource that is well placed to champion the TYC model. Secondly, to fully realise the vision of TYC, systemic change is required to free-up professional staff from the binds of bureaucracy. Today, we have presented you with some solutions, and we have many more in our papers. Lastly, we urge members of this Committee to consider the impact of ongoing cuts on vital public services. To fully realise the vision, TYC must be adequately funded, or the reality will be overburdened carers, who are struggling to cope with limited support, and the most vulnerable in our society being placed at even greater risk.

Mr Colum Conway (Northern Ireland Social Care Council): Good afternoon, everyone. Thank you for this opportunity and invitation to speak to you today in relation to workforce planning in the context of TYC. I am sure that you are fully aware of this, but it might be worth saying that I have noted that the Committee has received evidence from professional colleges and associations in healthcare over

the past few weeks. I am delighted to be here today with our colleagues from the Northern Ireland Association of Social Workers. The Northern Ireland Social Care Council is not a college or an association, and we are not a representative body of social workers or social-care workers; we are the regulatory body for social workers and social-care workers practising in Northern Ireland. We were established as a non-departmental public body by the Assembly in 2001 to improve safeguards for service users and strengthen the professionalism of the workforce through workforce development, registration and regulation. We are also the Northern Ireland partner for Skills for Care and Development, which is the sector skills council that works with employers and people who provide social work, social care, and children and early years services across the UK. There are similar councils in Scotland and Wales that carry out similar functions. We have provided the Committee with a briefing paper, which I hope that you received OK. We just want to take a few minutes to summarise one or two key areas.

Social workers and social-care workers make up the largest part of the workforce in the health and social care system in Northern Ireland. Of all the different parts and aspects of the workforce in health and social care across this region, the social-care workforce — social workers and social-care workers — is the largest workforce. As Carolyn said, there are 5,700 social workers, 720 registered social-work students and 28,500 social-care workers across the region. Those people work in every community across the region. They make a significant contribution to health and social care. As you will be aware, they work with some of the most vulnerable people in our communities, many of whom have complex needs and complex social needs.

In our paper, we have outlined some data in relation to social workers from our register. To summarise, the profile of the social-work profession, as Carolyn mentioned, is one of a mature, mostly female, locally trained workforce. In Northern Ireland, 70% of social workers work in the Health and Social Care trusts. Census information from the Department indicates that, of that 70%, over half work in family and childcare. The remainder of social workers in Northern Ireland work in areas such as justice, with probation and youth justice; the education and library boards in welfare; and the voluntary sector. In terms of the broader social-care workforce, social-care workers are a very diverse workforce. They are spread across a range of settings; they work in nursing homes, supported living, domiciliary care and day care right across the community. They are dispersed across all programmes of care. There is a wide range of job roles and titles, but they are underpinned by a fundamental requirement to provide direct care and support for vulnerable people in the community. The workforce is employed by over 500 different employers across the region, ranging from our Health and Social Care trusts; large private nursing homes to small nursing homes; day care; community based groups; and voluntary groups. There is a broad range of employers in the sector.

We have indicated in our paper some information in relation to the workforce. It is worth noting that, in terms of qualifications overall — it is slightly different from professional colleagues — the workforce profile looks like social-care managers will be qualified to level 5 Qualifications and Credit Framework (QCF), and the rest of the workforce will be qualified at a mixture of level 2 and level 3. Just over 50% of the workforce are qualified to a minimum of level 2.

In terms of TYC, social work and social care make a central contribution to our integrated health and social care system in Northern Ireland. They play an important part in underpinning quality, safety and standards in service delivery so that service users and families experience positive outcomes. Transforming Your Care made a compelling argument for change and transformation in health and social care. Nothing has changed to undermine the unassailable case for change put forward by TYC. We believe in the principles underpinning Transforming Your Care: making the home the hub of care; placing service users at the centre of their care; providing more services locally; and encouraging local engagement and enterprise. These principles also form the basis of service delivery in social care. Support for co-design, co-production and personalisation, a focus on prevention and integration of care, the promotion of independence and safeguarding the most vulnerable are also fundamental to social care practice, and there are many good examples from across Northern Ireland. So, NISCC supports the sort of transformational change in health and social care in Northern Ireland envisaged by TYC.

An important element in such a change process is clarity about the models of service delivery to support the principles of TYC and the development of a workforce plan that will drive the required change in culture and behaviour. At the council, our main concerns are to protect the public through workforce regulation and to raise quality standards and practice. Given the diverse nature of the social care workforce in particular, it is important that a broad strategic view of workforce planning is taken so that staff and employers across the sector have a consistent approach to supporting quality and standards in practice, regardless of the location, be it a hospital ward, a nursing home or

someone's home. To this end, we welcome the approach that has been taken by the regional workforce planning group to looking at domiciliary care in a strategic way.

The social care workforce will have a significant role to play in the implementation of TYC, because it is about people working differently, changing culture and bringing greater integration to services so that they respond to the needs of service users. The social care workforce is a great asset to the health and social care system, and it has shown that it is open to change, both new ways of working and new approaches in training and education.

The Chairperson (Ms Maeve McLaughlin): Thank you both for that. Just to clarify, the Social Care Council as a regulatory body is represented on the regional workforce planning group.

Mr Conway: We are.

The Chairperson (Ms Maeve McLaughlin): That is the first we have heard of for a period. But the Association of Social Workers is not.

Ms Ewart: That is right; we are not.

The Chairperson (Ms Maeve McLaughlin): I want to bear in mind that a lot of issues have been raised for the Committee to reflect on, including looked-after children and too much bureaucracy; but I want to try and keep this as focused as possible on workforce planning. The association's paper — Carolyn, you mentioned this as well — said that, until the new model of care was identified, it was not possible to comment on the number of social workers required under TYC. Would it be your view, then, that the model of care for social work has not been developed?

Ms Ewart: We are certainly, at this stage, not involved in planning for that. We know the numbers of social workers and that, certainly, they are overstretched. Social workers are reporting that they have too much work to do. We simply do not have the information at this stage to say whether we have enough social workers. What we can use is the information that we know, which is that they are overwhelmed and working long hours in really difficult, complicated jobs. So, we do not know how many social workers are needed at this stage, because we are not involved in the process of planning the model and the way forward.

The Chairperson (Ms Maeve McLaughlin): In the association's view, who has responsibility for developing that model?

Ms Ewart: As I understand it, that work sits at this stage in the Department of Health.

Ms Marcella Leonard (Northern Ireland Association of Social Workers): That is right.

The Chairperson (Ms Maeve McLaughlin): Is there anyone currently thinking about how social workers — I think you made the point — could be utilised differently to support the development of a more primary or community-based approach? Colum, I see you nodding your head to that. I know you made the point about whether social workers are doing the right job at the minute, but are there other ways in which social workers and social care more generally can support that shift left?

Ms Ewart: I did not have time to refer to that in the presentation because I was talking so much, but it is referred to in the paper. There is a lot of work happening, led by the Health and Social Care Board and the social work strategy. It has afforded an opportunity to shine the spotlight on social work. We are the first part of the UK that has a strategy for social work, a 10-year plan. It has taken some time for that to get up and running, but we now have an implementation group and a steering group. Staff are employed within the social work strategy to deliver on some of these changes. One of the priorities of the strategy is to reduce bureaucracy. There is a variety of work streams, and there has been involvement from the whole social work community. Our paper was adopted by that group. There is work happening on how those changes can be made, and the challenge is how they are made at the very senior strategic level, setting a permission to make changes and signalling that it is OK to begin to look at and explore new ways of working. That certainly is beginning to happen within the strategy.

We have recently been able to appoint someone to post — as I understand it, it is a short-term contract — whose focus for the next year will be specifically on reducing bureaucracy and the real changes that we can make to front-line practice to change how things are for people.

The Chairperson (Ms Maeve McLaughlin): I am alarmed when I hear that the Association of Social Workers is not involved in developing a model of care. I hear what you say about the strategy.

Ms Ewart: We are very involved in that.

The Chairperson (Ms Maeve McLaughlin): You are involved in the strategy but not in developing the model of care, and, given the centrality of social care to the delivery of our health service and the debate about centralising social care, it concerns me that you are not at the table.

Ms Ewart: We would certainly like to be. We think that it would be very appropriate for the professional association to be represented there.

The Chairperson (Ms Maeve McLaughlin): OK. Let me follow on from that, Carolyn. You mentioned the strategy, which looked specifically at the Scottish model, 'Social Services in Scotland: A Shared Vision and Strategy 2015-2020'. What caught my attention was that it was definitely developed in partnership — I think that the Scottish system is moving increasingly in that direction — with a range of organisations such as trade unions. There is a big emphasis in the Scottish strategy on social justice, reducing inequality and so on. Does the association think that we should develop a similar approach?

Ms Ewart: We are keen to work in partnership with many organisations. It is one of the fundamentals that we want to work with all the people involved in delivering social care and social work. I know from my peer in Scotland — I have a colleague who does my job there — that Scotland has a strong partnership model and that the association there, along with lots of other groups, is very closely involved in partnership working. I have to say that there are real examples of partnership working here. We try to work in partnership where we can, but there is probably room for some improvement.

Ms Leonard: I would like to come in on that one. The statutory and voluntary sectors work together incredibly well. What is significant for social work practitioners are the funding cuts. Many voluntary and community bodies carry out a huge amount of informal social care, which we need to support the formal social care system's provision of social work. Carers at home provide a huge amount of unpaid and voluntary care for the range of population in Northern Ireland. Many of those agencies are beginning to lose the funding that they need to be able to support us. It is about supporting both systems of social care: the formal system of social work and social care that we can provide; and the informal system. Our paper refers to the fact that the funds of quite a few organisations in the voluntary and community sector that work for social justice and provide a range of services to Northern Ireland are being cut. We need to stress that: voluntary and community. That is a significant factor in how we can provide integrated, 24-hour care: the significant funding gap means that people can no longer provide it. Community services are no longer able to support our formal systems. I think that, more and more, social care practitioners are losing public goodwill. Previously, they were able to provide an extra 30 minutes for somebody living at home, but now they have only 15 minutes. They are losing goodwill because they no longer have that extra bit of funding to pay people an extra bit of money to stay on.

We need to recognise that being able to support people to provide formal and informal social care within Transforming Your Care is about funding. It is not about outcomes; it is about the linear process of being able to support people in the community while recognising that there are formal and informal, and voluntary and community, systems, and we need to bring that package together. Practitioners in all fields of social work, including physical disability, learning disability, mental health and childcare, are noticing the change. Early years funding has been cut, for example, and we used those services all the time in supporting families before we had to remove children. That is having a really significant impact.

The Chairperson (Ms Maeve McLaughlin): OK. Thank you for that. A number of members want to come in.

Mr McCarthy: Thanks for the presentation. At the outset, I express my gratitude and thanks to the care staff who come in and out of my house, sometimes four times a day. They are part of the family

and do a tremendous job looking after our daughter. Without them, our daughter would have to look for institutional provision, so keep up that good work. I express gratitude on my behalf and that of my wife.

I have a couple of questions. Colum, your paper states:

> *"There are 260 undergraduate places training places for social work students each year, which provides a sufficient supply for the workforce."*

However, Carolyn, your organisation has stated that there are not enough social workers to cover the demand and caseloads and to cover maternity and long-term sick absence. What is the position?

Ms Ewart: Do you want to go first with that one, or will I ?

The Chairperson (Ms Maeve McLaughlin): Do we need a referee? *[Laughter.]*

Ms Leonard: Chair, am I possibly in the middle? *[Laughter.]* I will start and then give Colum an opportunity to speak. The issue is not that social workers are not qualifying but that vacancies and positions are not being filled in the trusts. I work internationally, so I say this genuinely: social workers in Northern Ireland qualify at a very high standard. The issue is that posts are not being filled because they are often temporary contracts: for example, people on maternity leave or off on long-term sick leave are not being replaced. That has a huge knock-on effect on those already carrying their own caseloads.

Social work students are qualifying, but we are absolutely not getting them into social work posts. We find that they are taking other posts that do not require their qualification. Our regulatory body must maintain our professional standards. If I were to qualify as a social worker and not work in a qualified social work position, I would quickly , as you can imagine, lose my knowledge, theory, skills base and academic understanding. That is having a significant impact on social workers meeting regulatory body requirements. People are being trained, but there is an issue with trusts and voluntary agencies not being able to replace people on long-term sick leave, maternity leave or vacancies arising from natural wastage.

The other point is that people are being given only temporary contracts. If someone already has a 12-month temporary contract elsewhere, it is a huge risk to move. So, positions go unfilled, and qualified staff are working in non-social care positions, which is a serious loss and detrimental to the people of Northern Ireland.

Mr Conway: From a workforce planning point of view, it is difficult to take a one-year or two-year look at the workforce. You need to take a fairly long-term view because of the length of training. We think that the numbers coming through should be sufficient from what we can see from a workforce planning perspective, but Marcella is right: it is about looking at the profession and how we train social workers. Are qualified social workers doing the right jobs? Are they in the right positions? Are they doing work that really uses their skills? We believe that sufficient social workers are coming through, if they were being best used. There are not the sorts of gaps, we believe, in social work that you have probably heard about in some of the other professions, such as the gap in the number being trained against the number required. There is not the same issue. There are slightly different issues.

The Chairperson (Ms Maeve McLaughlin): So we are saying that it is not that people are not qualifying. People are being trained and are qualifying. It is about not filling vacancies. Have we a figure for vacancies?

Ms Ewart: We do not have that figure. The only information that we have is probably about those who enter the social care register. As for how many people are leaving our shores, for example, we know, anecdotally, that recruitment agencies in Australia are doing fairly well through advertising and taking staff away. Maybe we could try to pursue that gap in information.

The Chairperson (Ms Maeve McLaughlin): Can we access that? It is critical to staff caseloads and workloads.

Mr McGimpsey: The Department will have that information.

The Chairperson (Ms Maeve McLaughlin): Does the Department hold it?

Ms Leonard: Yes.

That for us is, I suppose, the significant thing. It is not necessarily just about replacing people on maternity or long-term sick leave. The issue is that they are not replacing or building up the workforce. When somebody goes, they tend not to be replaced. There is another issue for us as a profession. As you can imagine, in most of these areas — I am sure that, round this table, lots of people have personal experience — it is not just the social worker; there tends to me a multidisciplinary team looking after people: a medical person, a nurse, an occupational therapist and so on. We also find that, if a social work post becomes vacant, for whatever reason, it is not being filled by a social worker. That is a significant gap in the multidisciplinary team. That is another issue that we are looking at. Perhaps they are looking for somebody else to fill it, but our view is that social work must be included in order to maintain that multidisciplinary team. It is a wider issue than cover for people on long-term sick leave. The posts are not being filled because the trusts do not have the money to fill them. That has a knock-on effect on caseloads, which means a backlog of people waiting to be seen. There is a complete system backlog. I agree with Colum about the number being trained, but we are not getting them into the right jobs.

Mr McCarthy: Both of you stated that you were not aware of the workforce modelling on social work being carried out by the health and social care trusts. What is your understanding of the trusts' role in that?

Mr Conway: The trusts have a very important role. As our paper states, 70% of social workers in Northern Ireland work in the health and social care trusts. In the trusts' workforce planning for social work, the services for which they require social workers and the teams that they need them to be part of, it is very important that they are able to identify what they need and how we can respond to that from a workforce planning point of view. If that is changing or developing significantly, it is important that we have an indication of the direction of travel.

Ms McCorley: Go raibh maith agat, a Chathaoirligh. Thanks very much for your very interesting presentation today. You mentioned a pilot scheme to look at the provision of services from 8.00 am to 8.00 pm. Is it your goal to have a seven-day service or to maintain some kind of core with emergency out-of-hours services?

Ms Ewart: One of the key aims in the social work strategy is to develop a much more flexible, responsive service. Our services are provided, largely, from Monday to Friday, 9.00 am to 5.00 pm, but there is a real desire to change and move away from that. I know from all that we have heard from service users that 9.00 am to 5.00 pm from Monday to Friday does not suit people very well. If they are working, it is difficult for them to access services. A lot of work has been done to scope out the development of the out-of-hours service. There was a determination to continue with that. One area of work of the social work strategy was that the working group produced a paper to try to develop that. It identified sites across Northern Ireland that will begin doing that. My understanding is that it will continue to be developed. There is a real desire to look at a seven-day service rather than one limited to Monday to Friday.

Ms McCorley: Given the stresses in the system that you talk about, how could that be delivered within the existing resources?

Ms Ewart: I think, in honesty, that it cannot. That very firmly needs to be part of any workforce planning. We are describing issues that we already have: a very busy workforce, strict vacancy controls and people working above and beyond their required case limits. You cannot simply continue to put on more work. I know that surveys and other work have been done on the workforce, and I think that there is a real willingness to try to extend that and look at how it might work. Realistically, there is a lot of work to be done on figuring out how that would look, what it will mean for how the service is provided across seven days and how many staff are needed to do that safely. There are issues with the supervision and management of all those services.

Mr Conway: There is certainly a willingness in the social work profession to move to much more flexible service provision. Social workers are fully aware that families live their lives across a 24-hour period, and lots of what has to be dealt with is "out of hours". That creates a different sort of workload in itself. The development of the pilots will very much help us to identify how we can use resources

better. This goes back to the issue of whether social workers' skills are being best used. If a lot of their time is spent on bureaucracy, could that be taken care of elsewhere to free up their time? It may not be as straightforward as just having more people; it may be about how things are done differently and whether being able to respond better in an out-of-hours situation may negate the need for a lot of further work later. A couple of good pilots will give us a good opportunity to look at that. Certainly, there is a willingness to do that.

Ms Leonard: For social work to work out of hours, we need the wider system to work out of hours as well. We have years of experience working out of hours, and it is all right when you are doing your bit, but the others whom you need to help a person do not work out of hours. There is that willingness, but, to provide a comprehensive package for individuals, there needs to be the sense that other services are also working out of hours. Workforce planning needs to look at all the key areas. In childcare, for example, because of family difficulties, a lot of referrals come in out of hours and over weekends. If we are to put real energy into early intervention and support families at weekends and at night, when there are a lot of stresses, we need the other services and systems in place, whether that be, for example, respite care, wherever that may be. There is willingness from social workers, but, for us to do our bit, we need the other bits to be there as well. I definitely believe that, if we are to try to look at the health of the nation, make more interventions and move on as a social work profession within the public-health approach, we need that 24-hour approach, which means other systems being in place to enable us to do it. We can make interventions out of hours. At the moment, we tend to deal with crises and nearly put them on hold until Monday morning. As practitioners, we would like to use our skills out of hours, whether that be 8.00 pm, 9.00 pm or 10.00 pm. Let me make an intervention as opposed to having to put things on hold. For me to be able to do that, I need the other resources to be available. That is the package that we are looking at.

Ms McCorley: I am looking at another stress in the system. Do you think that the regional workforce planning group takes sufficient account of the fact that most social workers and social care staff are female? Many females need maternity leave or, because of family responsibilities, part-time work. How does the system, which is already under stress, cater for that and workers' rights?

Ms Leonard: As females, we strongly advocate the need for that. We are trying to do this job, and it is a profession. The group needs to take that on board. Workforce planning has to allow for that, which means having more people available to do the job in order to allow for those equality opportunities. It is also unfair to social workers who have more to do. Our paper highlights the number of out of hours and extra hours that social workers work but for which they are not paid. It also means that they are not going home to their family. We do not want families to be affected by the work that they are trying to do. I think that there is a real sense of social workers struggling in their role and doing extra unpaid hours to try to cope with, perhaps, their family's stresses and strains. That is part of the overall pressure. The group needs to recognise that we have a largely female workforce, so we need to allow extra support, but we must not lose sight of promoting and increasing the number of males coming into the profession. There are certain areas in the profession in which we need our male colleagues. That is a really strong point as well. There is a need for publicity to promote that, which is something that we can do as well.

Mr Conway: It is worth noting that the vast majority of the social care workforce is 24/7 and is largely female, so those kinds of issues and stresses are already dealt with regularly. The question is how we extend that to make it less of an out-of-hours and more of a seven-day experience.

Ms Ewart: Some of our members said that a more flexible working pattern, rather than being constrained to working from 9.00 am to 5.00 pm from Monday to Friday, would suit them very well, given their own caring responsibilities, whether for children or older family members.

Mrs Dobson: I also thank you for your presentation. Carolyn, you made the general point that social workers are taking up far too much of their time on administrative tasks. It is quite alarming to hear that more than 70% of their working week is spent on admin. As you clearly outlined, that has a knock-on effect on their casework capacity. How will we address that and the provision of admin staff to provide the back-up? I am not sure whether it was you, Colum, or Carolyn who said that there was someone on a one-year contract to reduce bureaucracy. How effective will that be? What practical steps can be taken? I would like to hear a wee bit more about the e-filing initiative. You outlined how that freed up time. Will it be rolled out across the board?

Mr Conway: I will pick up on the bureaucracy and the person in post looking at that. Two things are happening. We talked earlier about service models and what they might look like on the ground.

Alongside that, we have, as a profession, a social work strategy, which is being headed up by the office of social services in the Department. It is a partnership, and everyone is around the table, including service users and all stakeholders with an interest in social work. The strategy is taking forward a number of key areas, one of which is bureaucracy. If you asked any social worker anywhere which one issue they would like to be dealt with first, the reply, I think, would be, "Can you relieve us of the paper mountain to let us get out and improve contact?"

Mrs Dobson: They have been saying that for a very long time.

Mr Conway: Yes, we have been saying that for a long time. The strategy is looking at this specifically. The person who has been tasked to review it and put forward concrete proposals is only just in post and has been given a year. The people around the table are in partnership: the executive directors of social work at the trust, the Department and the Health and Social Care Board. We are very hopeful that, through the strategy, real actions will be identified, agreed with social workers and then implemented through their work. That is the task for the strategy.

Mrs Dobson: Given that the person is just in position and has been given a year's contract, how quickly will this be addressed? Will we have to wait until the end of the year's contract? How soon can you make practical changes?

Mr Conway: The plan is to work very quickly because, as you rightly said, we have been talking about this for years, and, when the strategy goes out to social workers, they will ask exactly the same question: when will this change? The crucial thing about the strategy is that everybody is around the table, including the executive directors of social work in the trusts and the other main employers of social workers. The strategy hopes to move quickly to establish a series of recommendations and then task those recommendations to be taken forward by services in the trusts and wherever else they happen. A lot of the bureaucracy consists of safeguards put in place by the profession itself to ensure that work is done properly, recorded properly and properly accounted for, so this is the profession really challenging itself to move forward. That is the challenge for the strategy. They have given it a year so that they have to report and move quickly. Then the challenge will be back to the employers to say how we change this.

Mrs Dobson: With regard to having the appropriate admin staff in place for workforce planning, how will that be achieved succinctly? It was good to hear of the e-filing initiative: I would like to hear a wee bit more about how that will be rolled out.

Ms Ewart: That is one of the issues, and it is one of the difficulties and frustrations. Northern Ireland is a very small place, but we have five trusts, and trying to share information across all of them can be difficult. It is one of the things that we are trying to do through the social work strategy and the group that Colum talked about. However, what the South Eastern Health and Social Care Trust does may not necessarily be what the Northern, the Western, the Southern or the Belfast Trust does. It is about finding a way of sharing that learning and for one trust to be able to say, "Look, we have done this; it has worked. We have got real results. It has made a real impact on social workers and on service users' experience. Give it a try". That is missing and, in some ways, there is room for that to be developed.

In our paper we set out 16 specific recommendations on how things could change. While some of those are happening, and the social work strategy has taken a lot of those on, there are other solutions in the paper that could be adopted more quickly. NIASW certainly advocates that, and we do so through the social work strategy groups. There is a plethora of referral forms in services.

Mrs Dobson: And one form would do.

Ms Ewart: One form could do it, but a social worker spends their time manually filling out all the information on one form. When they want to refer a child or an adult for a support, day, or other service, they have to do another form with another bit of paper. Then that has to be put on to a computer system. There has to be more integration around the technology that social workers have access to, which, I can tell you, is very basic in some places. We are talking about a mobile phone. We recommended a social work essential kit, with technology to free people up and help them so that they do not have to drive 10 or 15 miles to make a visit and scribble in a jotter in their car, come back to the office, manually write in a file and then input that data on a computer.

Mrs Dobson: I have seen it so many times with constituents. They are busy writing on their mobile phone.

Ms Ewart: If they had something, they could do it there and then, and it would link in. The e-files that the South Eastern Trust has looked at do that. Those files are shared electronically across the multidisciplinary team, so there are examples. It is getting the message across.

The Chairperson (Ms Maeve McLaughlin): Can I take your question back a bit, Jo-Anne? I understand the development strategy and the person appointed. Those are all sound advances, but my question is really to you, Colum: what is the regional workforce planning group doing about admin? That is what I want to know.

Mr Conway: I could not tell you that, to be honest. Our involvement with the regional workforce planning group at this point has focused on the review of the domiciliary care workforce that it is looking to carry out. Specifically about administration and whether they are looking at administration as a particular theme —

The Chairperson (Ms Maeve McLaughlin): The issue that is coming up here is that we are qualifying social workers, but there is an issue about not replacing vacancies. That is impacting on workloads, yet we have a regional workforce planning group — which the Social Care Council is a member of — that is not discussing it.

Mr Conway: What we would welcome on the workforce planning group is the move to looking more at programmes of care, in the group or abroad, instead of looking specifically at the needs of particular professions. That approach means that key issues like administration and other key elements that have to support the workforce to do its work get lost, because you focus on one specific profession. We are looking forward to seeing how the framework works with domiciliary care. Here is domiciliary care across the piece, regardless of who provides it, regardless of where it is provided and regardless of the other areas that were of interest previously. What does that look like across the piece? How do we address the issues around social work, nursing, occupational therapy, domiciliary care workers and different employers across the piece within that framework? This is the first of those, and it has only just started. I would be hopeful that that approach might help to address some of those issues, but I cannot say that it will until we see it.

The Chairperson (Ms Maeve McLaughlin): I will go back to Jo-Anne, but the Transforming Your Care agenda is three and a half years down the road, and you cannot shift left if you cannot organise or understand what the workforce requirements are and the types of staff that are required. Three and a half years down the road, we are now saying, "Here is a clear demand from one sector", but we are not looking at that; we are looking at the domiciliary care programme. A holistic approach is required.

Ms Ewart: One of our recommendations in 2013 was that there should be an audit of administration staff across the sector because we knew that it had been badly affected by the review of public administration and that the number of posts had been severely reduced. We knew not just from what our members were telling us but from social workers that they were increasingly doing the tasks that had been done by skilled administrators. You are absolutely right: that fundamentally needs to be part of workforce planning.

Ms Leonard: Can I come in there, if you do not mind? To answer part of what Jo-Anne asked, part of the complexity for us in the repetitive completion of stuff is that it is difficult enough if you have a client or service user and you are trying to transfer them to a service in a trust. The difficulty is that we are a small place, yet we have five trusts. What if I move to another trust and have to start all over again with form-filling? There needs to be some sort of assisting that centralisation of information because people move all the time, and it is about making sure that information goes with them.

I am very conscious of our colleagues who work not just in trusts but in other voluntary organisations, for example, in criminal justice organisations. There is such replication of information on individuals in Northern Ireland in different trusts and different organisations in those trusts. What we need to look at, when we are talking about administration and reducing bureaucracy, is that it is also about people moving throughout Northern Ireland. Individuals move from Northern Ireland to England or the Republic; therefore we need to look not just at that person in that trust but at that person in Northern Ireland and in different agencies in Northern Ireland because we are holding replicating information on them.

We should be using much more e-filing. There should be much more accessibility as to how we do that, particularly for staff working in rural parts of trusts so that they are not driving ridiculous miles to get back to an office when they could be doing a couple more visits to a couple more houses. They should be able to do it in their cars and get the information sent straight back. So, we should be a lot more innovative to reduce staff time.

Mrs Dobson: The Chair made a very good point about appropriate administrative staff in the regional workforce planning group. Given that, I think that it was Carolyn who said that you cannot look at the backlog of cases because of the administration, yet there is no forward plan or strategy to deal with that. One side is laughing at the other. It just does not make sense.

I think that Colum outlined the 500 different social care employers in Northern Ireland. The paper states that employers report that there are recruitment and retention challenges in the social care workforce. However, you cannot quantify those challenges, as employers' reports are inconsistent and cannot be aggregated to the sector. So, given that the social care workforce is integral in the shift left, why is the Social Care Council not taking responsibility for collecting all that necessary data?

Mr Conway: There are 500 different employers across the piece, and each has their own information. Therefore, on a number of occasions, we contact employers to gather up information as best we can. We always have to be careful with that information because not everybody responds and we cannot gather up all the information that we need. We continue to gather up as much data as we can and to have the data, particularly in relation to the workforce, so that we can better put forward data into the planning process. We are in a phased approach to registering the social care workforce. We currently have on our register about 18,000 social care workers.

Mrs Dobson: Out of the 28,500.

Mr Conway: Yes, those who work in nursing homes and those working in residential care in adult services. We have the data about that workforce and can talk about it.

In the next phase, we are moving to register the workforce in day care, domiciliary care and supported living, and we are working with the Department on a timeline for that. We believe that, when we have completed that process, we will be in a better position to take a broad view of the workforce in Northern Ireland and to analyse the data and contribute to workforce planning.

Mrs Dobson: You agree that it is crucial to have that data.

Mr Conway: It is really important. At present, we have a part of the registration, which is extremely helpful, but it makes it very difficult for us to make more definitive statements.

Mrs Dobson: Why has it taken so long to correlate?

Mr Conway: It has been a phased process. The registration of the social care workforce began a couple of years ago, and we are working on it as a phased process. We are very hopeful that, over the next short period, we can complete it and that we will have much better information.

Mrs Cameron: Thank you for the presentations; they were very interesting. Colum, this question is probably more for you. You said in your presentation that the social care workforce is huge and that it is spread across nursing homes, residential homes, day care and domiciliary care. Many of the services are provided by the private sector, particularly in nursing homes and domiciliary care. Who is responsible for ensuring that there is, and will be, an adequate number of well-trained staff to work in the private sector, given that the health service is so dependent on those services? As you are a member of the regional workforce planning group, can you also tell me whether this is something that the Social Care Council is doing?

Mr Conway: Yes. The supply of the workforce is a very important issue in social care, and it is important that there is a planning process. This review of, and approach to, domiciliary care is very welcome and is a very important development. Domiciliary care is spread across 188 agencies in Northern Ireland, some large, some very small. Each will have its own approach to workforce planning and recruitment and retention, but we believe that it is very important that we have a regional view of that workforce, both in terms of its quality and the standards that it is required to have in service delivery and the work that it does, and also that there is an adequate supply.

The big numbers across Northern Ireland and the possible turnover in that workforce means that we probably need to recruit a significant number of people just to stand still to continue to provide the services that we provide. Some 250,000 hours of domiciliary care are provided across the region for about 25,000 people every week, and that remains a challenge to service delivery. The framework that the regional workforce group is looking at will give us an opportunity to understand the workforce better.

Ms Patricia Higgins (Northern Ireland Social Care Council): The important contribution that we, as a council, will make to the regional workforce planning group, particularly in relation to domiciliary care work, is that we can bridge the gap. We can ensure that the information on workforce needs in the other sectors is brought to the table so that, in workforce planning, a more comprehensive overview is taken of what is required in delivering care over the whole sector.

Mr McGimpsey: Thank you for your presentation; I found it very interesting and revealing. I have to say that it was also alarming, to a degree, in common with the presentations that we have had from nurses, midwives, doctors and others on the staff side.

I start by saying that, as far as admin is concerned, I understand the difficulties of getting the bureaucratic mind away from paper trails. However, I always understood that there was another issue: the vulnerability of social workers. If there is a stretch and something goes wrong — say, God forbid, a child comes to harm — society, the media and the political classes look to scapegoat. All too often, a social worker, unfairly and unjustifiably, becomes that scapegoat. So, some of this paperwork is about demonstrating that the workforce has taken all the necessary and reasonable steps laid down. I appreciate that social workers should not be doing admin and that there is a need for admin support, but we need to have paper trails, not least to protect the workforce.

Ms Leonard: Yes, and from a professional point of view, I fully agree with you. It is about vulnerability and protecting service users. We are looking for systems that balance protecting all people — the professional and the person receiving care — because we need both in place. As you know, a new form seems to follow every report that is completed rather than looking at adding another question to the end of an existing form. It is about streamlining and not necessarily getting rid of. The profession and the regulatory body need to be clear that we absolutely believe in maintaining our good standards. However, as a professional organisation, we also need to be held to account for our social workers and what we do.

It is about taking a fresh look at our system, because referrals are constantly increasing. We have an ageing population and referrals to childcare are on the increase; everything is increasing. We need to get accountability and maintain our professional standards, protect the public and the service and make sure that they get the right service — the one that they deserve — while making sure that it is not overburdened. It is about streamlining, having a fresh look at some things and not always producing another report as a result of an inquiry or something else that needs to be filled in. Let us go back and look, as opposed to producing new things. It is a fresh challenge, but it is something that we need to do.

Mr McGimpsey: It is, of course, an important piece work because of where you are with family support and intervention, child protection, vulnerable adults and so on, and with the system under stress and stretched. In that situation, the system becomes very brittle and the workforce often needs to be protected as well as the patient. You paint a picture of struggling to meet demand, but have you any sense of what the unmet need is?

Ms Leonard: Unfortunately, we in social work must recognise that our job is about working with individuals who often, although not necessarily always, have been harmed a lot before they come to our attention. That is very sad. There is another area of social work — learning disability, physical disability or hospital social work — where we can do interventions an awful lot sooner. We hope that there is, potentially, less a sense of an unmet, unknown need in those areas, particularly with an older population, where age is a trigger.

I am more than happy for my colleagues to come in here, but I think that the unmet need is around the vulnerable adult and child protection areas. That is because, sadly, people are still reluctant to ask for help early. We are under so much pressure to respond, but we do not have the resources to do so. We have a lot of caseloads waiting, and there are issues about how we get out to them. The problem is that social workers tend to meet cases where need is obvious. We would love to backtrack to think, "If we had only been involved in that family three years ago. If we had only been involved in that

family even 10 days ago. If we had only been able to do that sooner, we might have made a difference." That is the early years intervention stuff that people are struggling with.

I think that the unmet need is more about encouraging people to come forward and ask for help; however, we find that we do not have the resources to provide help, even if they do come forward. Early intervention comes down to deciding whether we go out to that call or to one where a child is clearly being abused or where there are issues involving a vulnerable adult. Social workers make such very difficult choices daily. I think that the unmet need is possibly coming through in those areas. You might want to come in on this, Colum, but a lot of social care individuals and staff are probably also holding a lot of need that, if we had a better system and better resources, would probably be referred to social work. A lot of other voluntary and community agencies are holding a lot of significant risk and need because of the pressures on the statutory sector.

Mr McGimpsey: What sort of support are you getting? This is not just health and social care. A lot of it comes as a result of, for example, domestic violence, drugs and alcohol and mental ill health, and you very often end up picking up the pieces.

Ms Leonard: You do. Look at mental health, for example, and the increase in the pressure on beds in mental health. There is that reluctance. I would ask and hope that we do not get into a system where we treat social care problems on the basis of how many are entering the hospital and how many are coming out. When you go in for a hip replacement, it will be shorter because it is very easily fixed and not as much care is needed afterwards. Mental health and addictions are long-term issues that require long-term interventions. It is not just that person who requires it; their family needs support as well. It is about having time to provide the carers of those individuals with as much support as possible. They are voluntary carers in the community who will keep that person out of psychiatric hospital, hopefully for longer than they would have been otherwise. If we had the resources and the time to make interventions, we could do it. Do I recognise that there is need not being met? Absolutely; that is the reality because of the pressure on the systems.

Mr Conway: It would be difficult for us to quantify it. However, if you look, for example, at the 'Delegated Statutory Functions' report, you can see that, across all programmes in the Department, there is a rising number of referrals. There is a clear indication that there is increasing activity and an increasing need to respond. One area in particular where a lot of very good and very strong work has been done, and in which there is very good policy direction in Northern Ireland, is adult safeguarding. That has raised significant issues about being able to respond in the right way and has put pressure on services, but it is still a very strong approach to safeguarding adults across the region.

Mr McGimpsey: The majority of your social care workers are in nursing home and residential care home settings. We would argue — there is some validity in the argument — that the tariff per patient paid by the Department to the operator is insufficient, and it is a struggle. The question comes up anecdotally about whether they provide the workforce that is required for patient safety. If there are not enough nurses and the operator cannot maintain the right number of nurses, it is your folks, the social care workers, who end up taking on extra responsibilities that they are not really there to do. One operator told me about paying £600 for an agency nurse for 16 hours. I do not know whether that is true, but it certainly feeds into the shortage of nurses. We are not training enough nurses, and we allow those whom we train to be sucked off to hospitals in the south-east of England. I would have thought that that has a big impact on the large number of your folks in nursing or residential homes. What is your sense as regards patient safety and the vulnerability that might be creeping in as a result?

Mr Conway: What is important to us, as a council and the workforce regulator, is the quality and standards that the workforce provides in their services and that they can work to the proper standards of conduct and practice. It is important that they work in an environment in which they can do that. We push very hard and work closely with our colleagues in the Regulation and Quality Improvement Authority (RQIA) to ensure that the environment that they work in is right for them so that they can do their work in the right manner.

This is an area where there is a very specific and particular interface between health and social care and an overlap of patient need. We are very clear about how we support social care staff to ensure that they are actually doing the work that they are required and supposed to do, that they do it to the right quality, and that they can push their employers to make sure that they have in place the right environment to provide that care. The environment is certainly a challenge, and we can see vulnerabilities. Equally, I have to say that, in our register and conduct process, we do not see a huge

number of people coming before us because they are unable to provide the care to the standards to which they should provide it. There are some, but the numbers are not huge. There are a lot of very strong and good things happening. The workforce planning process and development process will mean that we will have to continue to push hard in that area.

Mr McGimpsey: For Transforming Your Care and shift left, nursing and residential homes will play an increasing role in step-down care, intermediate care and so on. Even if we are not doing it through the health service, it has to be provided.

Mr Conway: Correct. It is important that staff in those facilities, the vast majority of whom are registered social care workers, have the training, education and support skills and competencies to ensure that they can respond to that need. That is part of our task.

Ms Higgins: The value of regulation is that, for the first time, we are putting in place for that workforce standards and a code of practice. We will need to help that workforce to understand what working to a code of practice and practising safely means.

Mr McGimpsey: And what support they are entitled to look for.

Ms Higgins: Exactly, what support they are entitled to look for and the training and development needs that are appropriate for them.

The Chairperson (Ms Maeve McLaughlin): Ok, folks. Thank you for that. This has been extremely useful for the Committee. Apologies for returning to workforce planning, but there are wider challenges in the system. I appreciate your time. I want to thank the association formally for allowing me to spend a day as a social worker. It certainly was a baptism of fire.

Ms Leonard: We were delighted to have you.

The Chairperson (Ms Maeve McLaughlin): Thank you for that opportunity. We will reflect on the evidence that we have heard today. Thank you.