King's Fund

Future Imperfect?

Report of the King's Fund Care and Support Inquiry

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King's Fund concerns

More than two million adults in Britain, two-thirds of them frail older people, need care and support in their daily lives. The services that meet those needs employ an estimated one million care and support workers, many of them working part-time. They provide the bulk of day-to-day help for people with long-term illnesses or disabilities.

The quality of care and support provided for this section of the population is the subject of increasing concern among policy-makers and the general public. The Government responded to this with a range of initiatives, including the Care Standards Act (2000), which for the first time sets out a national system for regulating social care.

However, there can be no room for complacency. Last year, the King's Fund established an Inquiry into the quality of services for people needing care and support. The Inquiry was commissioned to examine whether the Government's reforms of care service regulation will produce meaningful results and to explore which additional strategies for improvement might be required.

A looming crisis?

The Inquiry found that while the future could bring major improvements in care services, there is a risk that those services could be in crisis within years. The twin pressures of an ageing population and of increasing workforce shortages could create serious difficulties for care services. The Inquiry has concluded that immediate action is needed to avoid a catastrophe. A coherent and integrated strategy that includes government, the NHS, local authorities, training and regulatory bodies, and private providers, is essential to improve the quality of care services and avert a crisis.

The Inquiry examined the quality of physical, practical and emotional support to adults who need help because of frailty in old age, mental health problems, physical disabilities, chronic illness, learning disabilities, and other needs associated with drug and alcohol misuse and homelessness. Through a process of evidence gathering that invited written submissions, alongside discussions with key 'witnesses' and a series of consultative meetings with service users and with carers, a picture emerged in which examples of good and innovative practice are to be found, and yet the experience of many people is of poor services.

In the course of the Inquiry we were repeatedly struck by the commitment of service purchasers and providers to improving the quality of care. There are many examples of innovative and imaginative schemes that harness the goodwill and enthusiasm within local communities to create dynamic and caring services. Alongside this good news there is also a different experience, characterised by purchasing decisions that fail to encourage flexibility; cost management techniques that drive down not only costs but also quality of care; and regulatory systems that overlap and contradict each other. Training approaches still fail to meet the needs of people providing care and support, and – perhaps most fundamental of all – the difficulties in recruiting and retaining employees who bring the right commitment and enthusiasm, are of enduring, and apparently intensifying, significance.

Health and social care services are frequently the focus of negative comment and criticism. Much of this is unhelpful and contributes to a further decline in morale. The purpose of the Inquiry was *not* to attack the million or so staff (and countless volunteers) who are committed to providing high-quality support, but to consider the underlying causes of poor quality and to offer constructive ways forward.

Findings and conclusions

Analysis of the submissions to the Inquiry, and of the content of discussions with key individuals and groups, identified a number of themes that were of recurring significance. A striking consensus emerged across the Inquiry, and the key themes transcended differences that might have been expected between user groups. The following issues were identified repeatedly:

- the tension between containing costs and promoting quality
- patchy development of skills and values among staff
- problems with staff recruitment and retention
- inconsistent regulation and training of care workers
- management deficits.

In identifying failings and shortcomings in service quality, we recognise that there *have* been considerable improvements, and we are not falling into the trap of false nostalgia for a past golden age. Nonetheless, we conclude that continued improvements will not occur on the scale required without urgent attention to a challenging agenda.

The Inquiry has come to the following conclusions:

1 Investment

The tensions between achieving an acceptable service quality and containing overall costs provide a central theme throughout the Inquiry. Raising the quality of services demands a new vision, but it also requires significant new investment.

It is an inescapable conclusion that the care sector, currently worth an estimated £13.2 billion, is under-resourced, and that unless this is addressed, aspirations for significantly raising quality will remain beyond reach.

2 Choice and control

Many service users fail to experience any significant choice or control over the services they receive. Real choice and control require a shift in power relationships, and services that are geared to supporting individuals achieve their goals. There *are* good services that do just this. Too often, though, users lack choice over how and when services are delivered, and have to fit in with service routines rather than having their individual needs met. They are denied both power and control over their own lives.

3 Cultural responsiveness

Services that are culturally responsive to the diverse needs of people in black and minority ethnic communities are poorly developed, despite some notable examples of success. The Inquiry found evidence of black and minority ethnic groups being significantly disadvantaged as both users – and providers – of care services.

Inadequate mainstream support is evident in a poor range and choice of service, and in culturally inappropriate provision. Local black and minority ethnic groups have often been successful in developing innovative and highly valued services, but there remain challenges in ensuring that mainstream services meet the needs of people from all backgrounds.

4 User involvement and empowerment

'User involvement' and 'empowerment' are words in common use, but the reality in practice often falls short and there is poor understanding of what they should involve, both individually and collectively. Innovative approaches to real user involvement in areas such as training and service monitoring have enormous potential to move beyond rhetoric and tokenism.

5 Cost and quality tensions

An estimated one million care staff provide a highly valued and essential service for millions of people, and the individual commitment and dedication of many cannot be faulted. Nonetheless, there is potential for major deterioration in standards of care. Expenditure constraints have forced local authorities systematically to drive down costs, and despite the aspirations of Best Value there is often a preoccupation with price to the detriment of quality. Among other things, this leaves workers with very little time to spend with each individual user, even though they are being asked to provide more complex services than ever before.

6 Commissioning for quality

Most commissioning and contracting of care and support services (both 'in house' and external) is unsophisticated, poorly related to outcomes and has little regard for levers that might raise service quality.

Larger providers have generally been better placed to withstand the pressures of the social care market. We would not argue that small is necessarily best, but questions *do* need to be asked about whether the market is managed in ways that have sufficient regard to its complexities.

Relationships between purchasers and providers are too often adversarial. Many have restrictive contracts that allow little flexibility or response to changing needs.

7 Changing patterns of service commissioning

Changes in the relationship between health and local authorities, with a move towards closer integration, could do much to overcome old divisions. Nonetheless, there are risks in rushing ahead with the untested model of Care Trusts.

8 Reviewing NVQ

Care NVQs are the focus of considerable discontent. In view of the strong emphasis being placed on the attainment of NVQ within national standards, a major review and overhaul of assessment and verification of NVQ is an urgent priority. A Care NVQ *must* be something that can be viewed as a sound and reliable indicator of competence.

9 Developing skills and competence

The care and support sectors suffer from a history and tradition of employing unskilled labour. Radical change is needed to transform the image into one that better reflects the reality of work, and which builds on the wealth of experience of staff, and develops their skills and knowledge appropriately, underpinned at all stages by attention to core underlying values (including principles of individuality, identity, rights, choice, privacy, independence, dignity, respect and partnership, equal opportunities and confidentiality).

10 Supporting the costs of training

The costs to independent providers of investing in training are a significant disincentive to ensuring employees have more than the basic minimum of induction. Training and development are too often the first victims of funding constraints. As qualification and training requirements are increasingly mandatory, questions remain about how the take-up of training can best be supported across both the public and independent sectors. A range of more creative approaches to supporting the costs of training is required.

11 Recruitment and retention

The recruitment and retention of staff in care and support services is a major and growing challenge that demands imaginative and innovative solutions if crisis is to be avoided.

Labour Force Survey figures for 1998 indicate that the average hourly pay rate for care assistants was £4.57, but in many private care homes the rate was below £4.00. Latest figures from UNISON indicate the average pay of in-house home care staff to be £5.24 per hour, and there may be some convergence in pay rates between the public and private sectors. The care sector as a whole is finding it increasingly difficult to find and keep able and committed staff. This will get worse as the labour market tightens, unless significant changes are made to care work.

Improved pay and conditions must be at the heart of the approach, and other ways of raising the status of care workers will be key. A radical change is needed in the value that is attached to care work, which continues to be denigrated as unskilled work that anyone can do.

12 Sharing and disseminating strategies

The Department of Health should take the lead in promoting strategies to improve recruitment and retention, and successful approaches in both the health and care sectors should be widely shared.

We are convinced that there are innovative approaches that could be developed more widely. Of particular interest are approaches that are seeking to attract a richer mix of staff than has been traditional. Strategies are required to attract both men and women, and both the young and the more mature (including those who are early retired). There are also valuable experiences in developing and supporting particular communities of interest (whether of faith, culture or locality).

13 Encompassing volunteers

There has always been – and will continue to be – an important role to be played by volunteers, and they can make a genuine difference to service users' experiences. An estimated 16 million people subsidise care services by providing the equivalent of 1.7 million full-time employees.

The role of volunteers alongside paid staff is a vital one that has to be supported and encouraged, but

without treating this reserve army as a ready solution to the problems of labour supply and a cheap substitute for a skilled and trained workforce.

14 Intelligent regulation

New regulatory structures and mechanisms, through the General Social Care Council, introduce an opportunity to transform the shape of social care. However, there are complexities to be overcome and approaches need to be 'intelligent' and avoid the pitfalls of over-bureaucratisation. The focus on having a qualification as the sole path to registration is misplaced and will ensure considerable delay before the aspirations of the Care Standards Act can be fully realised.

15 Management development

Management infrastructure and capacity in social care, in particular, have been key casualties of financial restraint. Local authority demands for reductions in bureaucracy have forced providers to cut back on vital management tasks too. Investment in the care sector will not be enough to raise standards unless there is a parallel emphasis on how resources are used and what is generated.

Recommendations

From these findings, the Inquiry has come to 15 key recommendations for immediate action from the Government, service purchasers and providers, training organisations and regulatory bodies. The Inquiry believes that a failure to tackle this demanding agenda would be short-sighted, and for the millions of current and future service users and their carers, it could indeed be catastrophic. The future will always be imperfect, but we believe that the solutions we are offering have the potential to transform the quality of care and support services.

RECOMMENDATION 1

We urge the Government to recognise the significant under-investment in care and support services, and to commit itself to making good the substantial shortfalls year-on-year. We believe that the order of investment that is required is likely to be *at least the same* as that being injected into the NHS (a growth of around half in cash terms, and one-third in real terms, in just five years). Without such investment, services will be struggling to stand still and will be unable to address the major improvements that are needed in quality and in meeting the additional requirements of new national standards.

RECOMMENDATION 2

The continued development of Direct Payments must be actively promoted, and this demands a more proactive approach by the Department of Health, by local authorities and Care Trusts, in encouraging *and* supporting take-up (including giving service users the training and skills they need to become their own service commissioners and care managers). For service users who are unwilling or unable to make use of Direct Payments, other ways – such as through care planning – must be found of ensuring that real choices and control are built into the use of care and support services.

RECOMMENDATION 3

Commissioners of care and support services must encourage the development of a wide range of services to meet the diverse needs of different communities. At the same time, addressing these needs is not something that can be left to specialist services, and a key test of mainstream standards must be the extent to which they can respond appropriately to the needs of service users from all cultural and racial backgrounds. We recommend that the Department of Health pay adequate attention to raising equalities issues within the emerging National Minimum Standards Agenda. Disseminating successful examples of innovative services would also be a valuable early responsibility to be undertaken by the Social Care Institute for Excellence.

RECOMMENDATION 4

We strongly endorse the genuine involvement and empowerment of service users. Users have a vital role to play in areas such as service monitoring and

review, and in training staff to better understand users' needs and the principles that should inform care and support. We urge both the Commission for Health Improvement, and the Social Care Institute for Excellence, to address what it is that characterises successful examples of such practices, and to encourage their widespread adoption.

RECOMMENDATION 5

We are concerned that the tool of 'Best Value' risks being discredited by the disproportionate emphasis that in practice is being laid on driving down costs, at the price of quality. We urge the DETR, the Audit Commission and the National Care Standards Commission to review guidance on Best Value to ensure there is adequate recognition that improving service quality is not always synonymous with driving down contract prices.

RECOMMENDATION 6

There is an urgent need to develop commissioning capacity and skills. We propose the Department of Health should issue new guidance to local authorities, Primary Care Trusts and Care Trusts, on best practice in commissioning that focuses on how best to promote the development of high-quality, creative and responsive services. This needs to be matched by strategies to develop and support commissioning capacity and skills, and there is a clear agenda for the training requirements for commissioning managers.

RECOMMENDATION 7

The development of Care Trusts must be approached with caution, rather than driven through as an ideological objective. There are many aspects of the commissioning role in these Trusts that need to be developed, and the Department of Health must take responsibility for appropriate governance arrangements and ensuring that there is an appropriate balance of understanding and knowledge about the needs of service users, through parity of health and social care interests.

RECOMMENDATION 8

We recommend three complementary actions to address shortcomings with NVQs:

- The Qualifications and Curriculum Authority, and awarding bodies offering Care NVQs, should undertake an immediate review to determine the consistency of assessment, and take any necessary action arising.
- A review of the National Occupational Standards that provide the content of Care NVQs is underway by TOPSS and Healthwork UK, and due to be completed by 2003. We recommend that, as part of the review, work should be undertaken to strengthen assessment requirements and improve consistency.
- Work should be undertaken by TOPSS and Healthwork UK to improve the quality of work-based assessment through better support to line managers undertaking assessment.

RECOMMENDATION 9

We recommend that TOPSS and Healthwork UK urgently progress work to ensure that all training builds on the skills of staff and focuses on the development of competence to appropriate qualifications. Equal weight must be given to developing underlying values and attitudes as to the acquisition of practical and technical skills. The identification of learning routes to qualifications should be a priority.

RECOMMENDATION 10

Local authorities *must* work with providers to raise the skills and standards of all care staff. Supporting the costs of training staff to higher standards necessitates that providers are able to reflect the realistic costs of training within their contract prices, and/or that local authorities ensure access to the resources of the Training Support Programme. We also recommend that TOPSS, Healthwork UK and the new Learning and Skills Council should consider financial incentives for employers and employees to train and achieve higher level skills. This might be achieved in two ways:

- Individual Learning Accounts enhanced through additional contributions from employers and/or regulators.
- Training loans, which can be transferable, targeted especially at independent sector providers.

We recommend the piloting of these models as a matter of urgency.

RECOMMENDATION 11

We urge the Department of Health to be imaginative and flexible in developing strategies to raise the status and image of the care and support sector, and to recognise that these must go far beyond reforming social work training. At the heart of this must be realistic and appropriate remuneration for highly demanding work, improved conditions of employment and career prospects. Other approaches to enhancing the status of care workers should be piloted, including exploring the effects of different titles (such as 'personal care assistants', or 'community care workers') which better reflect the skilled and valued work that care workers undertake. Other experimentation with changing the pattern of incentives might focus on extending 'key worker' status to care and support workers in localities where there are particular problems with recruitment and retention.

RECOMMENDATION 12

We recommend that the remit of the National Workforce Development Board in the Department of Health should be a wide one that goes beyond health care. This would provide a particular opportunity to address the interdependencies between the health and social care employment sectors. The Development Board should take responsibility for identifying and disseminating examples of successful recruitment and retention strategies in health and care that might be more widely adopted.

RECOMMENDATION 13

Measures to encourage volunteering in health and social care need to recognise the complementary role that volunteers play, and not treat them as substitute labour. The Government's enthusiasm for volunteers, and its emphasis on the responsibilities of everyone in a civic society, must be matched by the development of a charter for volunteers that addresses their rights, as well as those of the people they support. The need for adequate quality safeguards to check the suitability of volunteers is vital and the operation of the new Criminal Records Bureau will need to be carefully monitored to ensure that it is meeting disclosure requirements.

RECOMMENDATION 14

We recommend that the General Social Care Council should adopt a revised timetable for the registration of care workers that does not rely on qualification alone. An interim register should also be developed that includes all unqualified social care workers employed by local authorities and in the independent sector, and which establishes target dates for their full registration on the basis of qualification. We also urge that in bringing forward proposals for the regulation of health support workers, the Department of Health is mindful of the opportunity for – and importance of – developing a coherent approach between the remit of the General Social Care Council and whatever additional regulatory body is given responsibility in the health field.

RECOMMENDATION 15

The need to invest in the development of management and leadership skills across the public and independent sectors of care and support is undeniable. We recommend the urgent development of appropriate management training as a priority. The Department of Health should take the lead in supporting management development at all organisational levels. Requirements to obtain management qualifications and skills must be matched by opportunities to do so, and there may be scope for building on the foundation of Individual Learning Accounts to encourage take-up by employees and employers alike.

The King's Fund Care and Support Committee of Inquiry

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