



# Understanding the children's social care workforce

An executive summary of research published in September 2010.

This research report was completed for CWDC in March 2010, and builds on the 2009 report findings from the "Creating world class children's social care workforce" consultations.

We were asked by central government<sup>1</sup> to help them to better understand the core roles and skills required in children's social care, to set out how these could be supported and also to identify whether there is a role for graduates in the wider children's social care workforce.

We commissioned Salford University and Action for Children to undertake the research.

The results of this research support the decision to include a mandatory social care pathway within the new level 3 Diploma for the children and young people's workforce. It also shows evidence which supports the development of social care sector specific criteria for foundation degrees. We are keen to encourage foundation degree providers and their partners in social care to take up the opportunity to gain sector endorsement.

The research findings have helped to inform the next stage of planning towards Social Care Professional Development. This will build on the CWDC Qualifications Strategy, ensuring that we can support skill development and create the right kind of standards and guiding principles for those who are working with children and families. This will enable us to take forward the Department for Education's key social care priorities, working to empower the workforce and achieve better, fairer results for children, families and communities.

Finally, I would like to take this opportunity to thank everyone who contributed to the research, either through the questionnaire, the interviews or attending the workshops. Your continued dialogue with CWDC is integral to the next stage of our work in developing the social care workforce.

Thank you,  
Ann Harrison



National Manager Social care  
July 2010

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<sup>1</sup> The Department for Education was formed on the 12 May 2010. This report reflects the policy in effect at the time the research was undertaken.

## 1 INTRODUCTION

**1.1** In 2008 the Department for Children, Schools and Families (DCSF)<sup>2</sup> provided evidence of the need to continue and redouble efforts to enhance the quality of preparation of the children's workforce, noting considerable improvement in some areas, particularly with regard to skills, leadership, safeguards, and integrated working. However, it was clear that this progress was variable, and challenges remained:

- *High quality training and progression routes must be available to the right people;*
- *Low status and lack of clarity of purpose must be addressed for some parts of the workforce;*
- *Management and leadership is not always strong;*
- *The needs of the most disadvantaged children and young people must be met effectively.*

**1.2** Much of this related directly to the children's social care workforce, and more information was needed to guide action to address these challenges. The 2020 children and young people's workforce strategy<sup>3</sup> also emphasised the need to attract and retain top graduates. DCSF asked the Children's Workforce Development Council (CWDC) to work with partners to map the different roles needed in the children's social care workforce and how staff can best be supported to develop professional levels of practice. The potential for additional generic or specialist graduate roles was to be explored. CWDC commissioned a partnership between Action for Children and the University of Salford to undertake this work. The study began in September 2009 and the final report was submitted to CWDC in March 2010.

## 2 STUDY DESIGN

**2.1** The study was pursued in three phases over seven months. **Phase one** of the work was designed to develop a clear picture of the key roles within social care through analysis of the data reported upon in the State of the Children and Young People's Workforce report for 2008. This was to include social care workforce data, where available, on size; settings; vacancy and turnover rates; qualifications; recruitment pattern; disability; and demographics including ethnicity, age, gender and location. Three staff groupings were constructed in terms of where they interact with the child to provide the required loose structure for this diverse group of practitioners.<sup>4</sup>

**2.2 Phase two** involved 18 structured telephone interviews to elicit the views of senior officers representing key stakeholder organisations on the ideal (but practical) modelling of the workforce for the future. The interviews addressed the key tasks and knowledge required in a social care role supporting children (including disabled children) in a range of settings; roles considered to be key currently and for the future; and relationships between social care workers and other sectors.

**2.3** The interviews first sought reflections upon the three staff groupings devised by the research team, about the constituency of the groups, specific skills, training needs, and interaction with other parts of the workforce. The second part of the interview focused on the six

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<sup>2</sup> DCSF (2008) *2020 children and young people's workforce strategy: the evidence base*. London: DCSF.

<sup>3</sup> DCSF (2008) *2020 children and young people's workforce strategy*. London: DCSF

<sup>4</sup> Staff groups: Children living away from home; Schools and day care; Community and in the child's home

functions of the Children's Workforce Network functional map<sup>5</sup> and four specific issues: the specific knowledge and skills that staff need to fulfil each function; the training, preparation or qualifications required for this; accessibility of support; and issues specific to vulnerable children such as those with mental illness or disability. The interviews were digitally recorded and professionally transcribed. Data analysis followed a modified framework analysis process<sup>6</sup>.

**2.4 Phase three** built on the mapping from phase one and the identification of role constitution and preparation in phase two to establish the current and future desired contribution to social care by graduates. An **online survey** was designed and tested to gather the widest possible response on issues relating to a possible graduate role focusing on location, grade, role, qualification, and engagement with vulnerable children and young people. Views were captured from 95 stakeholders employed at all levels in organisations across the sector. Descriptive statistics and basic thematic analysis were applied relevant elements of the data.

**2.5** The same issues were pursued with 115 stakeholders in four **regional group events** targeted at representatives from local authorities, health, education, third sector, private sector, service users and service user representation groups. The events were structured loosely around the Open Space<sup>7</sup> method with a series of three tasks being undertaken over a full day. The completed outcomes as agreed and recorded by delegates, including notes made by facilitators, were transcribed and collated for each event and then by task across all four events. The corresponding responses from the survey and the events were then collated and analysed together using modified framework analysis to provide findings in the areas specified in the brief.

**2.6 Synthesis** A model was developed from the outcomes of the three phases to represent the outcomes of the study relating to structuring and preparation of the children's social care workforce and interaction with educational provision to support the potential introduction of graduate roles.

## MESSAGES FROM THE STUDY

The study was pursued in three phases over seven months from September 2009 to March 2010.

### 3 PHASE ONE: DESK RESEARCH

**3.1 Phase one** Little is known about the make-up and key characteristics of the children's social care workforce, especially outside statutory service roles and Local Authority services. Data from voluntary and independent sectors is minimal. The missing data is simply not sought or collected on the whole, and neither is there a mechanism for the data to be processed were it to be available. Additional to the 95,000 clearly identified staff working in social care, there are as many as 96,000 more who *may* be involved in work with children. Children's social care takes place in a variety of settings in both the statutory sector and the private and voluntary sector. Grouping these into three setting groups of residential child care, schools and day care provision, and work settings in the community and the child's home has some value, particularly since this approach focuses upon the child's needs.

<sup>5</sup> [http://www.cwdcouncil.org.uk/assets/0000/4467/Functional\\_map.pdf](http://www.cwdcouncil.org.uk/assets/0000/4467/Functional_map.pdf) [accessed 15 July 2010]

<sup>6</sup> Ritchie J, Spencer L (1994) *Qualitative data analysis for applied policy research*. in Bryman and Burgess (Eds) *Analysing qualitative data* London: Routledge pp173-194.

<sup>7</sup> <http://www.openspaceworld.org/> [accessed 15 July 2010]

**3.2** Recruitment and retention across the sector are influenced by pay issues and the nature of the work. However, those in the private and voluntary sector who leave tend to take up employment within the children's sector. It is not clear to what degree this is a continuation of the traditional career pathway from social work assistant into qualified social work. A viable alternative career pathway within social care may impact on the pattern of recruitment and retention.

**3.3** More residential childcare workers are achieving NVQ level 3, and most children's home managers hold relevant qualifications. Graduates tend to be clustered in one field, far more not currently pursuing this qualification route. No information was available on the qualifications and training of foster carers or short break carers for disabled children.

**3.4** The workforce is predominantly female and full-time. The number of workers from minority ethnic backgrounds is higher in the voluntary and private sector, but it remains a small percentage across the whole workforce. The staff age profile from all sectors indicates that career pathway planning needs to consider carefully the provision for mature students.

**3.5 Phase two: Staff Groupings** The overall notion of grouping staff loosely according to where children came into contact with them, focusing on meaning for the child rather than for the services, gained general support, so long as the groupings remain permeable and do not form rigid barriers which will leave another set of workers divorced from any identity or source of support. Many additional roles were noted by participants.

**3.6** The cluster *children living away from home* was meaningful to the respondents. Workers who have the most direct contact with the child, notably foster carers, were highlighted together with their perceived low status and potential marginalisation. Changes in law and the difficult financial climate has enhanced the role of advocates. The increasing complexity of the client group was reiterated by the respondents, including children with multiple physical disabilities or complex social issues such as refugees or asylum seekers.

**3.7** The roles of significance in the *schools and day care* cluster including counsellors, those in informal support roles, and family centre workers. It was made clear that children, young people and their families need help to navigate through the multitude of workers with whom they come into contact. Perceived divisions between education and social care emerged, and schools were seen to be operating in a culture of isolation and insularity which clearly would not facilitate interagency working.

**3.8** The *community and in the child's home* cluster was seen as being a diverse group with potentially a diverse set of skills within each role. The increased level of responsibility borne by these workers was highlighted, particularly in terms of safeguarding. Changing social circumstances such as the changing nature of the family unit, and a variety of social care agendas such as personalisation, "Think Family" and social pedagogy were thought to have a potential impact on this workforce in the future.

## **4 PHASE TWO: KNOWLEDGE AND SKILLS IN THE SIX FUNCTIONS OF THE CWN FUNCTIONAL MAP**

### **4.1 *Developing and implementing responsive, outcomes based service plans***

The ability to work in a service that is “outcomes-based”, complex communications with families and organisations, fundamental aspects of childhood (most notably child development) were highlighted for this function.

#### ***4.2 Promote equality, participation and the rights of children and young people***

This function was considered to be highly important for those working with disabled children and young people. There was consensus that this was a fundamental area that required input for it to be embedded in rather than bolted on to professional training.

#### ***4.3 Communicate and maintain effective relationships with groups and individuals***

This included essential skills for professional interactions: listening skills, building relationships, networking, understanding individuals, communication and relationships, professional language, emotional intelligence, warmth and empathy. Effective communication was considered to be vitally important for those working with disabled children and young people with complex communication needs. Staff currently have little training for their ability to communicate about what really matters to children, especially around their emotional wellbeing.

#### ***4.4 Safeguarding children and young people***

The basics included recognition of the signs, symptoms and impact of physical, sexual abuse and neglect; how and when to respond; and protocol and procedure which included safe professional practice. Respondents also raised issues of values that incorporated understanding safeguarding from the child's perspective, anti-bullying approaches, a positive attitude to disabled children, and understanding that thresholds for intervening when a disabled child is in need are too high.

#### ***4.5 Working in partnership with other agencies to ensure outcomes-focused integrated working***

The responses included improving outcomes, communication, understanding your own and other workers roles and responsibilities, transparency, team work, and understanding of team around the child approach. These skills were considered to be especially important for those working with disabled children and young people, given the typically high number of agencies and professionals in contact with a disabled child.

#### ***4.6 Promote wellbeing of children and young people to help them achieve their potential.***

This included an awareness of child development, forming relationship skills, the safeguarding agenda, understand psychological impact of experiences, understanding the effects of bereavement, change and loss. Health, education, safer caring, attachment, the basics of child development, managing behaviour, and contact, and understanding the potential of disabled children were seen as being additional challenges.

#### ***4.7 Training, Preparation, Qualifications in the Functions***

Accessibility of training for each of the six functions was thought to be patchy and inconsistent across the board. It was acknowledged that for many of the functions, effective learning required approaches such as reflective practice or supervision that were not always given adequate time. One of the main issues was the lack of time for any group of staff to access the materials.

#### ***4.8 Vulnerable or Disabled Children***

Most issues for vulnerable children mirrored the needs of all children who come into contact with social care agencies. However, there is a need for workers to be able to recognise higher levels of need and understand the crucial nature of speed in these circumstances. If practice issues relating to disabled children and young people were included in training programmes as

standard, this would build confidence across the workforce in working with and for disabled children.

## **5 PHASE THREE**

### ***Location of graduates and volunteers in the workforce***

**5.1** The overall consensus was that there are a great many graduates in the workforce, but their location or numbers are simply not known. This information has not been sought, though it may exist at a local level. The notion of volunteers as being part of the workforce caused considerable difficulty for respondents, though they were thought to be involved with most parts of the workforce. Most graduates were thought to have joined the workforce already holding a degree rather than to have gained the qualification during service. However, this may be a changing profile.

### ***Current graduate roles and associated degree***

**5.2** These proved to be exceptionally varied, with all levels of responsibility including graduates with a wide variety of degree awards. Indeed, when asked what type or subject of degree would be most relevant to the children's social care workforce the response was equally varied.

### ***Roles and tasks undertaken by graduates***

**5.3** Those who perceived a difference in role for some graduates tended to identify tasks requiring the higher-level skills and knowledge which were supported in response to the question about FHEQ attributes of a graduate. However, these mostly related to roles and tasks away from direct contact with service users.

### ***Reasons for graduates leaving the workforce***

**5.4** Far more negative reasons were identified than positive motivations. Stress, lack of status, lack of career prospects, bullying and poor working conditions, and dissatisfaction with salary, management, and antisocial hours were frequently cited. A minority were thought to have moved for additional experience or due to promotion. Most remained somewhere in the children's workforce but might be lost to social care.

### ***Attributes needed by workers modelling expert practice in specialist or generic roles***

**5.5** Child development, attachment theory, legal issues, safeguarding children, and communication were the areas of required knowledge reported to be most important. The most important skills related to partnership/team-working, analytical skills, self-management and support for others. Desirable personal attributes included patience, empathy, effective communication, being personable, having integrity, being child-focused, having problem-solving ability, leadership and personal strength. The elements of the core competences and the functional map were sometimes highlighted.

### ***Where graduates are needed (now and in the future) and how they may best be deployed***

**5.6** The benefits for children of introducing a graduate role were left implicit but were seen to be the result of enhanced intellectual ability on the part of the graduate, increased professionalism and status, and greater knowledge. Improved status and professional standing and better inter-professional working were the main advantages for the workforce.

**5.7** The perceived disadvantages related strongly to three factors. It was said that graduates would not stay in the workforce but would move on through promotion. The strongest response was a clear expression of the mutual incompatibility of personal improvement through gaining a

degree with effective practice. A final objection was that graduate roles would de-motivate and disadvantage non-graduates. A specific concern was expressed that (perceived) low status and low-priority services such as disability would suffer from graduates not being attracted to such work.

5.8 The obstacles to introduction of a strategic graduate role included inadequate infrastructure; failure to resource the initiative; and an underlying need for cultural change first. However, details of the required organisational response and structural developments were also identified, together with a range of facilitators. If these can be achieved, then significant benefits were foreseen for children (especially better outcomes) and for the workforce (notably enhanced status and a stronger workforce generally). The majority were in favour of the introduction of a planned graduate role.

## 6 A MODEL FOR STRUCTURING AND PROFESSIONALISATION OF THE CHILDREN'S SOCIAL CARE WORKFORCE

### Structuring the Workforce Staff groups

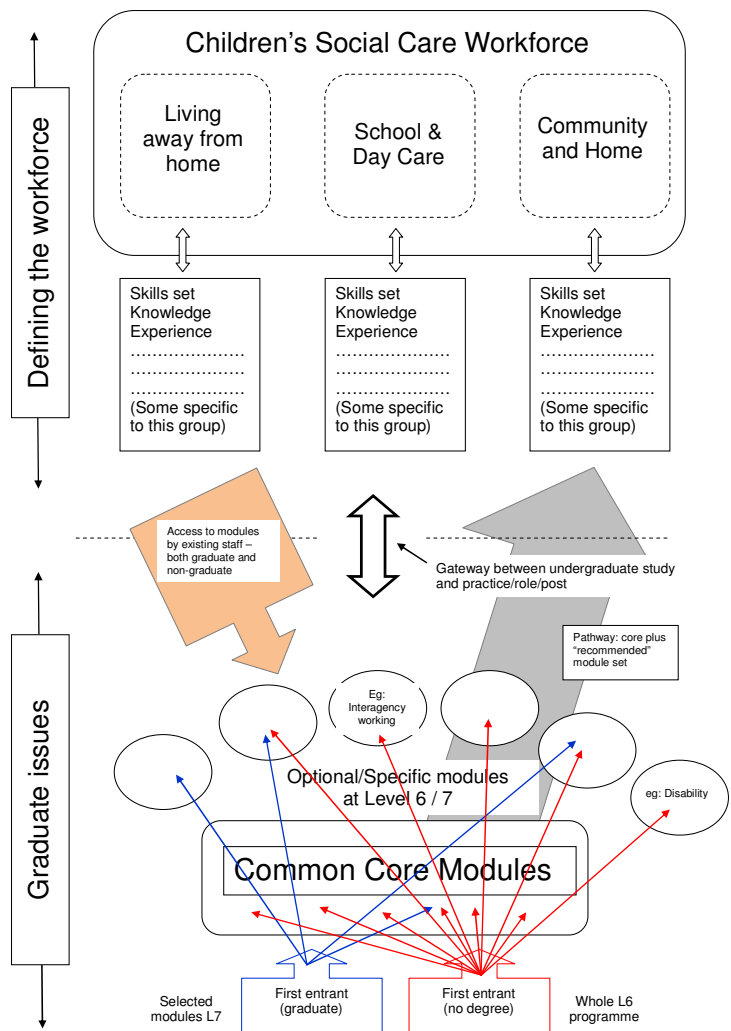
6.1 The interviews, the survey and the events together indicated a number of areas of common and specific knowledge and skill requirements across the three staff groups. These groupings are loose, with suggested likely constituents, but open to negotiated membership. Some staff work across more than one group and must not be constrained to single "membership". Such a structure must also avoid alienating workers who do not fall neatly into one of the groupings. Furthermore, the workforce is continually developing and changing, and any structure must be amenable to responsive development and change in its turn.

### Related knowledge, skills and experience

6.2 Each of these groups has an identity engendered by the specific demands of working with children in particular social and geographical circumstances. The children's social care workforce as a whole has much in common within itself

and with the rest of the children's workforce, but each group also has knowledge and skills which are specific to working with a particular service user group and/or location.

6.3 Knowledge of child development, legal issues, safeguarding, and communication with children and young people were the most strongly and frequently expressed common elements. Skills which were common to all included partnership/team working, analytical skills, self-management, and support for others. A large number of common personal attributes were





identified, particularly patience and empathy, integrity, being personable, problem-solving ability, leadership, and personal strength. These would be expected in all practitioners across the children's social care workforce. Knowledge and skills specific to each staff group were also identified in the project.

### **Harmonising Graduate Preparation**

**6.4** The model is based on a traditional degree structure of core modules (60 credits at level 6) and optional modules (60 credits at level 6). The undergraduate pathway is for those seeking a graduate role either from within the workforce or as a new recruit. However, the degree structure is such that those within the workforce wishing to enhance their profile in a specific area (without undertaking the whole programme) can access individual stand-alone modules, gaining recognised credit and undertaking quality-assured continuing professional development. This is a means by which managers might assemble the required breadth of expertise in teams in response to new challenges or fields of work.

**6.5** Existing graduates, both within the workforce and joining it, would be able to select core or optional modules (in negotiation with their manager) to fill gaps in their profile for the specified field of work and role. Rather than amass additional level 6 credits, an existing graduate could expect to access the modules at level 7 (masters) with a view to progressing to postgraduate certificate, postgraduate diploma, or masters degree. It is common for universities to provide modules with assessments at both level 6 and level 7.

### **Pathways**

**6.6** It is suggested that each staff group would have essential elements and optional elements which best match the needs of that part of the workforce. However, it is also envisaged that managers will wish to establish a balance of skills and expertise in teams, so some variation is also expected.

### **Interaction with other parts of the workforce**

**6.7** A clear identity and purpose, linked to supporting education and career pathways within children's social care should facilitate interaction with other groups. The enhanced identity and status which should follow educational progression and professionalisation will help to reverse the pervasive feelings of low status and lack of recognition by other professionals.

**These proposals will be subject to review by the Department for Education.**

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**For more information about the project contact the Children's Workforce Development Council: <http://www.cwdcouncil.org.uk/contact>**

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

We advise and work in partnership with lots of different organisations and people who want the lives of all children and young people to be healthy, happy and fulfilling.

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