Blue Stone Consortium

Developing the Voluntary, Community and Social Enterprise Sector Workforce in Health, Care and Wellbeing

Report of the survey of Blue Stone Consortium members

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About Blue Stone Consortium

We facilitate joint working between the public sector, our third sector members and a range of funders to improve the health, care and wellbeing of people in Newcastle and Gateshead.

We do this by
- Holding or 'hosting' contracts for commissioners and funders that then enable our members to deliver services together. This not only helps our members to work according to their strengths and size, but also provides an approach to partnership working that provides commissioners and funders access to a range of providers in an equitable way.
- Brokering relationships and opportunities between our members and with funders.
- Providing a clear route to commissioning, acting as a single point of contact for our members and for commissioners to reach a diverse range of providers.
- Developing supply chains within our membership to deliver high quality services together.

Acknowledgements

This report would not have been possible without the involvement of our members and we appreciate the twenty organisations that responded to our workforce development survey, the results of which form the basis of this report as well as those members that took part in our event on Developing a Community and Neighbourhood health and care model in Newcastle and Gateshead in April 2017.

Introduction

This report sets out the results of the survey conducted by Blue Stone Consortium (BSC) to support the Local Workforce Action Group's [1]strategic thinking; by providing information on the workforce development issues faced by voluntary, community and social enterprise (VCSE) organisations in the development and delivery of health, wellbeing and care services and how we might support the integration of health and social care.

In July and August 2017, we designed and conducted a survey of our members, all of which contribute to the health care and wellbeing of local communities, to identify their workforce development issues. Twenty of the forty-three (47%) responded to the survey.

Context

The voluntary sector makes a significant economic impact contributing £12.2bn to the UK economy; this is similar to the GDP of Cyprus. Registered charities employ a workforce of 853,000, while civil society as a whole (other not-for-profits such as social enterprises, housing associations and mutuals) employ 2.3 million paid staff, equivalent to 7% of the UK workforce.[2]

Across the North (North West, Yorkshire and Humber and the North East) voluntary organisations employ more people than the area's financial and insurance sector. The voluntary sector's value in the North East (measured by salaries) is £750 million. The workforce is relatively stable with 37,500 full time equivalent employees, though a 10% rise between 2010 and 2016 to 45% of staff in part-time work shows a shift in working patterns.

Volunteering also makes a significant economic and social contribution. Nationally, the economic contribution of formal volunteering is estimated at £22.6bn. In the North East 150,000 volunteers deliver 10.8m hours of work at a value of £78m to £131m. 62% of the region's voluntary organisations report that many of their volunteers are currently, or have been, service users. .[3]

Key findings

Respondents
- reflected great diversity in terms of size, beneficiary target group and areas of work. In terms of size by income, three were small, eight were medium, six were large and three were major.
- supported a wide variety of people to improve their health and wellbeing, with people with mental health conditions and older people being the top two groups (15% each) and people with learning disabilities and people on low incomes being the next highest target group (10% each). Other target groups were each supported by one respondent organisation.

Social and community care services, mental health services, education/training, and other health services made up 60% of respondents main areas of work; the other 40% being advice/information services; advocacy; arts, culture and media; community development; crime and community safety; day care services; and family services.

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[1] https://www.hee.nhs.uk/hee-your-area/north-east/about-us/local-workforce-action-boards

[2] Civil Society *UK Civil Society Almanac 2017*

[3] Chapman, Tony and Hunter, Jack (2017) *Third Sector trends in the North of England, Project Report*. IPPR North, Manchester.

In terms of roles to which respondents recruited, of the 104 roles identified the largest proportion (39%) were technical/professional roles, including advocates; nurses; counsellors; psychological and other types of therapists; information & advice workers; social workers; teachers; and youth workers & mentors. This was followed by just under a quarter (23%) of roles working directly with clients as support staff, link workers, and recovery workers. Another 18% were managerial and supervisory staff and the remainder (19%) were finance, administration, marketing and human resource staff.

Fifty-five per cent of respondents stated that they required staff with specific qualifications. These ranged in level from NVQ level 2 to post graduate qualifications.

Workforce development challenges
When asked to identify the challenges in their current workforce in terms of recruitment, retention and their skills to undertake their current work, 67% of respondents identified pay as their top challenge, followed by recruitment, and then the cost, accessibility, quality and appropriateness of training for staff.

Respondents identified a cycle of challenges
- **Poorer pay and terms & conditions** within their organisations and sectors (compared to other organisations and sectors) can in some instances lead to difficulties in attracting staff with the necessary qualifications (especially technical and clinical) and experience and skills; especially where the same roles were being recruited by public sector employers.
- **Staff retention** issues can be compounded in VCSE organisations as contracts are often short term as compared to our statutory colleagues. Smaller VCSE employers can also struggle to match the career progression opportunities of larger organisations due to their size.
- **Releasing staff for training** due to the lack of backfill available.
- Staff having all of the **skills** needed to deliver on more than one project. For small and medium sized organisations, some projects are too small in size to enable staff to be dedicated to a single project or role; therefore one employee may be delivering more than one project, each requiring different skills.
- The **cost and accessibility of training**, especially for certain roles, being prohibitive, especially when the available training required travel and overnight accommodation. This also had an impact on the number of staff that could be trained.
- The **poor quality of some training** meant that staff did not develop their skills to the levels needed.
- **Training (especially accredited) for certain roles being in short supply**, because it was being delivered by only one or a few providers. In some cases this was due to the lack of funding available for such training.

Opportunities for BSC members to support the health, care and wellbeing agenda
Our members felt they could contribute in supporting the Newcastle and Gateshead 'People, communities and care' approach in the following ways

1. **Delivering their existing services** to more people, client groups not previously served, and/or people in different locations than the ones currently served by that organisation
2. **Developing new services** in partnership to meet needs and/or better co-ordinate service delivery
3. **Providing expertise and support**
4. **Playing a strategic role** to collaborate with others to re-design services in line with the new approaches

Workforce development needs/issues organisations need to address to realise these opportunities
Survey respondents identified their workforce development issues that would need to be addressed for them to realise the opportunities as:

1. **Capacity within the organisation** to understand the strategic outcomes required to align their services accordingly, to develop partnerships with primary care; and to generate income to deliver on this new approach
2. **Improving recruitment and retention** facilitated by contracts being larger and longer to enable providers to offer staff more stability and with competitive salary rates; providers ensuring they can up-skill or attract staff with the required skill set.
3. Staff having all of **the skills needed to deliver on more than one project**, by reviewing skill mix, offering peer support, and accessing local high quality training.
4. **Improving the cost and accessibility of training** by joining with other local providers to provide training on joint topics, accessing free accredited training; and sourcing specialist training more locally.
5. **Working in partnership with** statutory bodies and other VCSE providers to help develop how 'new' non-professionally aligned roles can support and enhance current health and care professions.

We conclude that our members are keen to work with statutory partners and with each other to explore the challenges and opportunities of developing the VCSE workforce to design and deliver the People, Communities and care model in Newcastle and Gateshead.

A more detailed breakdown of our findings can be found overleaf

Our findings - the details

About the survey respondents

Figure 1 shows the main target groups served by the 20 respondents; just under half of which support older people, people with mental health problems and people with learning disabilities.
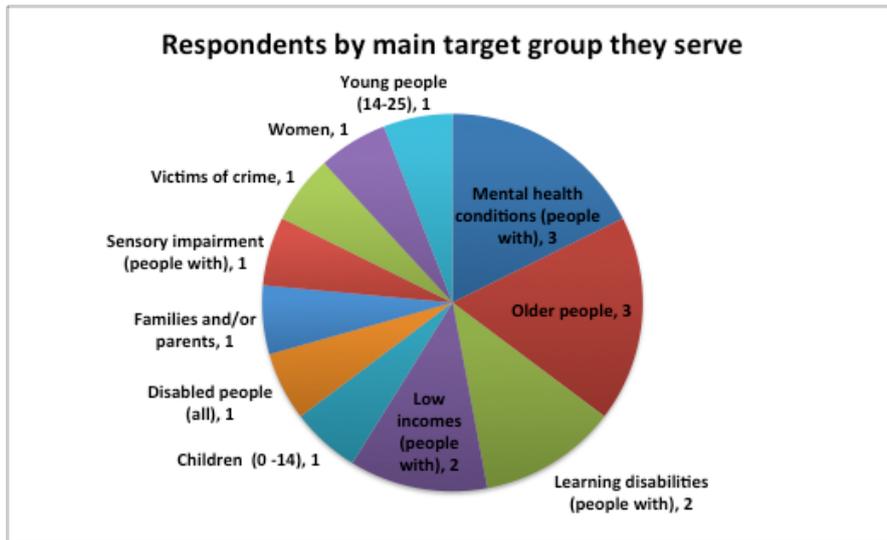

Figure 1 Main target groups served by respondents

Type of services they deliver

As you can see from Figure 2, a quarter provide some type of social and community care services, a further 16% specialise in services to people with mental health problems and an equal number provide education/training and health services.
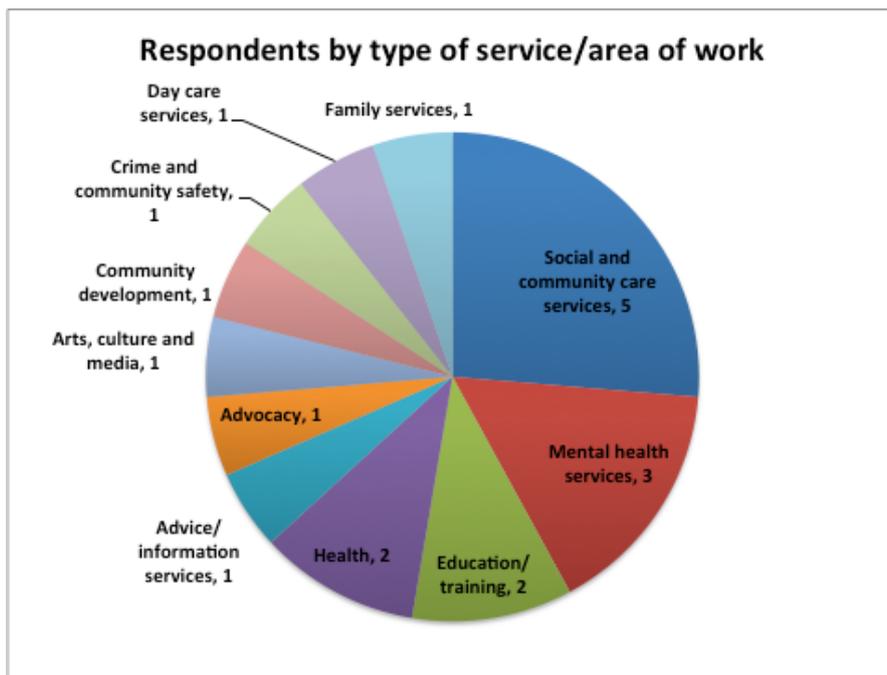

Figure 2 Types of services delivered by respondents

Size of workforce in Newcastle and Gateshead

The diversity of the size of the workforce of respondents reflected the membership of BSC; small, medium, large and major VCSE organisations. Figure 3 shows the size of the paid, volunteer (non-trustee) and trustee
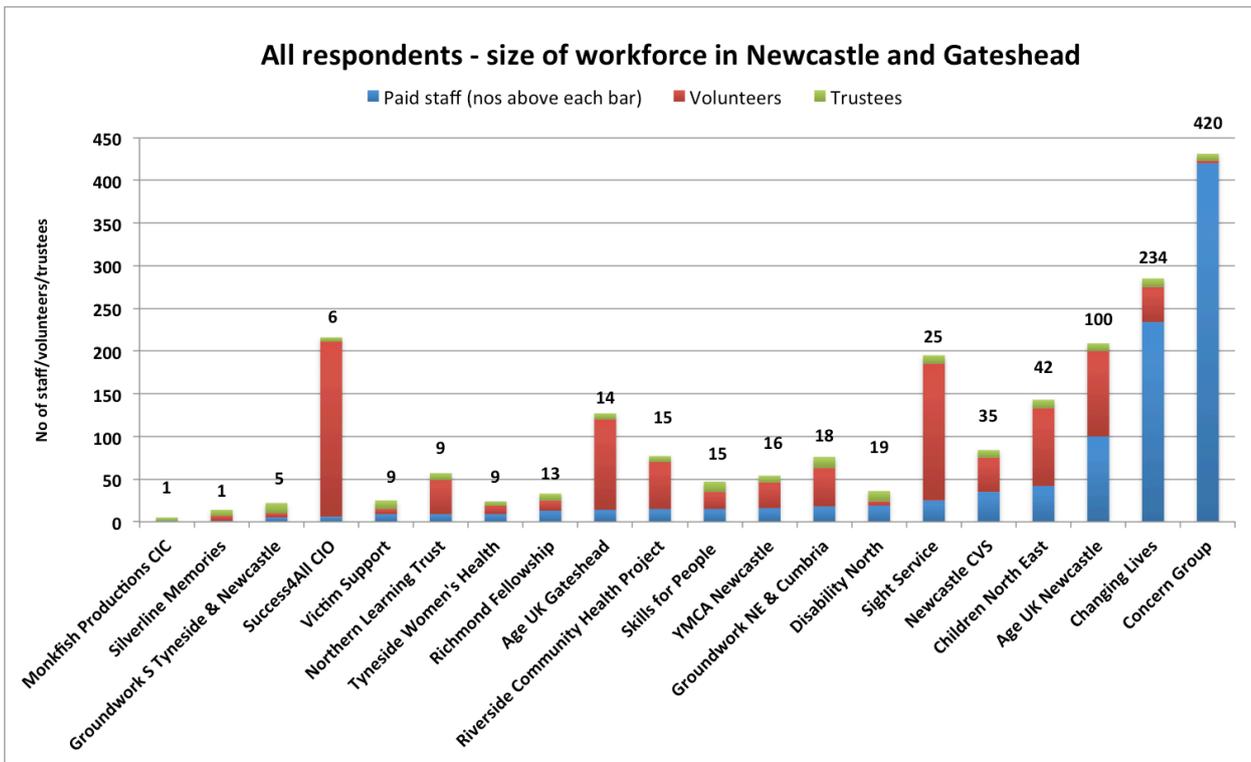

All respondents - size of workforce in Newcastle and Gateshead

Figure 3 Size of workforce in Newcastle and Gateshead

workforce of each of the survey respondents, with the number of paid staff above each column of the chart).

Respondents ranged from having one paid employee to 420, with a great diversity of the number of volunteers, showing the dependency of volunteers on many of the respondents. Those respondents that operated beyond Newcastle and Gateshead provided figures for their Newcastle and Gateshead operations only, however it was not always possible for them to disaggregate these figures easily as some staff covered a number of areas of their operation.

Range of roles

In total the 20 respondents recruit to 104 staff roles. Table 1 sets out the roles and their proportion of the total number. As you can see, the largest proportion was technical/professional roles. In addition to the roles listed in the table, it includes specialist roles such as Social workers for blind (rehabilitation officers), direct payment support officer, and freelance artists. A number of these roles will be dedicated to delivering specific contracts.

The next largest proportion (23%) were roles working directly with clients; such as support staff, link workers, and recovery workers. There has been an increase in these types of roles both within statutory services as well as in the VCSE.

The remaining roles include managerial and supervisory staff, those providing back office support and a small number of fundraising, marketing and human resource roles.

Table 1 Roles to which respondents recruit

Technical/professional– these included advocates, counsellors & psychotherapists, information & advice workers, social workers, teachers, therapists, youth workers & mentors	39%
Support worker/link worker/Recovery worker/project worker	23%
Managers/supervisors/volunteer management and co-ordination	18%
Accountancy, finance, administration, and human resources	15%
Fundraising/marketing and public relations (PR)	4%

Professional health or social care qualifications

Fifty-five per cent of respondents stated that they required staff with specific qualifications. Table 2 below sets out the wide variety of qualifications our members look for when recruiting staff, paid and unpaid. In general, requirement for a qualification was related less to the size of the respondent but more to the nature of the work they delivered and to which target groups.

Table 2 Qualifications respondents seek in workforce

Social care
• Degree in Social Work or equivalent • Social work and health & social care qualification • NVQ Level 3 in Health & Social Care, or to work towards relevant Apprenticeship • NVQ Level 2 in Health & Social Care, or to work towards relevant Apprenticeship. • Care Certificate Specialist • Degree rehabilitation and mobility visual impairment • Independent Supporters for Education, Health and Care plans • Independent Domestic Violence Advisor certificate
Mental health, Counselling & psychological therapies
• Postgraduate diploma in Cognitive Behavioural therapy • Postgraduate certificate in low intensity psychological interventions • Level 5 degree / diploma in Counselling or equivalent • Mental Health nursing qualification • Infant psychotherapy • Psychology degree • British Association of Counselling & Psychotherapy qualifications in Counselling, Cognitive Behaviour Therapy, therapies appropriate for Improving Access to Psychological Therapies (IAPT), etc.
Child care
• Child care qualifications • Parenting qualifications
Community and Youth Work
• Youth and community • Youth Work qualification

Advocacy and safeguarding
• City & Guilds level 2 and 3 Independent Advocacy qualifications
• Safeguarding Adults and Children or work towards
Human Resources, Finance and Administration
• Chartered Institute of Personnel and Development qualifications
• Accountancy qualifications

Workforce development challenges

When asked to identify the challenges in their current workforce in terms of recruitment, retention and their skills to undertake their current work, 67% of respondents identified pay as their top challenge, followed by recruitment, and then the cost, accessibility and quality and appropriateness of training for staff.

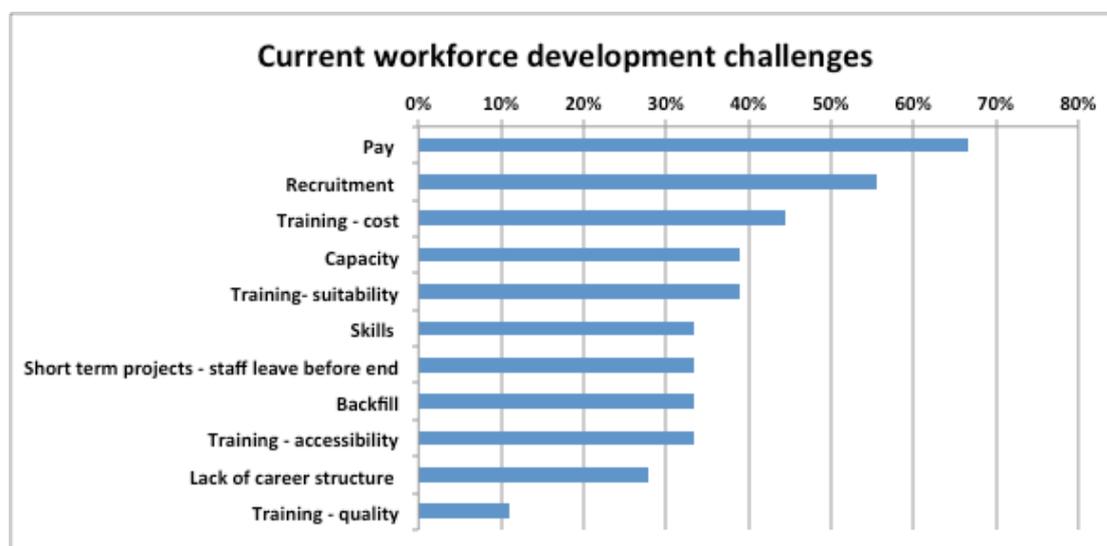Figure 4 shows the frequency of mentions of each challenge.

Figure 4 Workforce development challenges identified by respondents

In terms of **pay**, respondents identified the following challenges
- Lack of funding resulting in the difficulty in offering anything other than sessional work for staff, because the level and stability of funding was insufficient to offer even a temporary contract.
- Providing services in a low paid sector, such as childcare.
- Challenges faced with pay terms and conditions when the main competitor in terms of recruitment is one that has better terms & conditions, such as the NHS. This has an impact on retention of staff in both nursing, Psychological Wellbeing Practitioner (PWP) and Cognitive behavioural therapy (CBT) roles.
- The impact of austerity (e.g. Local Authority contracts) in terms of on pay progression has an impact both on recruitment and on staff retention.

In terms of **recruitment**, respondents identified the following challenges

- The difficulty in recruiting staff with the skills, experience and resilience to work in an environment where the needs of the clients are becoming more and more complex.
- The small number of posts available in certain types of work fields (such as advocacy) resulting in a shortage of people having the necessary qualifications and skills.
- Lower pay and poorer terms and conditions, alongside a lack of career progression opportunities in the VCSE leading to challenges in recruiting to posts also being offered by larger employers with better pay and terms & conditions.
- Shortages of people with the right qualifications, skills and experience. Respondents experienced the same difficulties in recruiting to certain roles; some of which are being felt nationally (such as recruiting nurses, particularly Mental Health Nurses and those wishing to work in older people services) and some shortages that are having a greater impact locally, such as recruiting for advocates. Where there are very few training courses in the country to qualify staff for certain roles the location of the delivery of that course determines whether people locally are likely to have that qualification.
  The lower pay and poorer terms and conditions in the VCSE compounds the challenges to recruit.

In terms of **training,** the challenges respondents face are considerable and many are structural; from the high cost of accessing specialist training, to lack of backfill to release staff to take up even free or low cost training and development. There are some initiatives that could help, such as sharing the organising of training and enabling providers to access each other's training. Respondents identified the following challenges

- Releasing staff for training
  - *"Staffing structure is lean so any absence must be covered and making arrangements for suitably skilled workers to provide this can be challenging. This makes it difficult to release staff for training."*
  - *"We invest greatly in training budget and develop several sessions bespoke to us as there isn't a large range of providers with understanding of the sector."*
  - *"Where we need to access training through local authority it is not always easy to get the large numbers of staff we need on to courses so e-learning is good."*
- Cost and availability
  - *"We have an excellent training department, however as we are a national organisation there are often costs associated with people travelling to training that can reduce the amount of training they can access."*
  - *"External high quality mental health training often takes place in London or elsewhere in the country and again costs limit opportunities. Locally there is limited appropriate training available and often this is expensive and again can prohibit or limit the numbers of people who can engage in it."*
- Accessible/appropriate training
  - *"A lack of suitable and accessible training for our staff with learning disabilities who are employees."*

- Lack of accredited training courses or training of quality in certain fields/for specific roles, with the impact this has on recruiting, retaining and progressing staff.

Opportunities in supporting the health, care and wellbeing agenda

There was a good response when we asked our members to identify the opportunities, over the next three years, to which their organisation could contribute in supporting the health, care and wellbeing agenda, specifically in Newcastle and Gateshead the 'People, communities and care' approach.

Eighteen of the 20 respondents identified the following opportunities to which they could contribute

- Delivering their existing services to more people, client groups not previously served, and/or people in different locations than the ones currently served by that organisation.
- Developing new services in partnership to meet needs and/or better co-ordinate service delivery.
- Providing expertise and support.
- Playing a strategic role to collaborate with others to re-design services in line with the new approaches.

Workforce development needs/issues organisations need to address to realise these opportunities

The 18 respondents identified their workforce development issues that would need to be addressed for them to realise the opportunities they had identified. These issues included:

1. Capacity within the organisation to
   a. Understand the strategic outcomes required so that organisations can develop their services to fit.
   b. Develop partnerships with primary care.
   c. Increase marketing expertise and fundraising capacity to generate income to deliver on this new approach.

2. Recruitment and retention
   a. Ability to have larger/ longer contracts with competitive salary rates to attract the required talent to deliver to a high standard.
   b. Ensure the organisation can either up-skill or attract staff with the required skill set and within budget constraints.

3. Staff having all of the skills needed to deliver on more than one project.
   a. Review the skills mix and roles within services to ensure the organisation can meet the changing needs of client groups.
   b. Peer support out of area.
   c. Developing or accessing high quality training on a more local level to have a staff team that is highly skilled across a range of issues.

4. The **cost and accessibility of training**
   - To join in with other local providers to provide training on some joint topics, especially for volunteers e.g. listening & communication skills.
   - Work based guidance and accredited training free at point of access.
   - More accessible training needed on
     - Coping with and managing change training
     - Management training
     - HR training and support
     - Welfare benefits
     - Equality and diversity

5. **Training (especially accredited) for certain roles being in short supply**
   a. More health specific training and would like to develop health related training sessions for personal assistants and staff.
   b. Access to more specialist training for specific posts and training such as Personality Disorders and Drug and Alcohol.

6. **Partnership working to deliver the new approach**
   a. More statutory support is needed to develop new roles and review and enhance current health and care professions.
   b. Consider challenges presented when working collaboratively with other organisations in terms of cultures, management systems and processes, terms and conditions - How can these challenges be overcome or minimised.

Conclusion

Our members
- are keen to work with statutory partners and with each other to explore the challenges and opportunities of developing the VCSE workforce to design and deliver the People Communities and Care model in Newcastle and Gateshead.
- are enthusiastic about the benefits of the model to the people they serve; and look forward to playing an increasingly important role in improving health, care and wellbeing.