New Types of Social Care Workers

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Background

Greater integration of health and social care services has long been an aspiration of UK policy makers [1]. The Labour government elected in 1997 introduced a series of reforms to advance this aim. These included the introduction of joint commissioning arrangements and pooled budgets, as well as new models of provision such as Care Trusts [2,3]. However whilst changes to organisational structures and funding regimes may do much to encourage integration, the role of professionals working in these services may also have an important part to play [4].

The *White Paper Our Health, our care, our say* aimed to realign the health and social care system [5]. One of keys to closer integration of services between health and social care services identified in the paper was the development of an integrated workforce ensuring that services are designed around the needs of people who use services and supported by 'common education frameworks, information systems, career frameworks and rewards' (ibid 8.35). Building on existing work being carried out by the NHS Workforce Change programme and the Skills for Care New Types of Worker (NToW) pilot, the White Paper suggested that the development of integrated services and new health and social care multi-skilled teams would need to be based on the development of common national competencies and occupational standards (ibid 8.38), creating career pathways across health and social care (ibid 8.39). These competencies and standards would enable staff to work in integrated settings using common tools and processes. The White Paper therefore included as one of its pilots a programme that was already underway led by Skills for Care and Skills for Health, the employer led authority for the training standards and development needs of those working in adult social care. Skills for Care therefore managed the programme and commissioned the evaluation.

The Department of Health's interest in the development of new professional roles dates to the early 1990s when a number of projects, including the Exploring New Roles in Practice project, were commissioned under the Policy Research Practice Programme's Human Resources and Effectiveness initiative. These projects were commissioned to explore how professional roles could be developed as a means to overcome challenges faced by the NHS (for example the reduction in junior doctors hours, as well as initiatives to reduce surgical waiting times) [6]. Similar developments have occurred internationally [7].

Under the New Labour government interest in developing new ways of working for health and social care workers was considered an integral part of it's modernisation agenda reflecting the wider aim that services should be developed in ways that meet the needs of those who use them rather than to fit traditional professional or organisational boundaries. *The NHS Plan* for example, identified the need to develop a new approach to the provision of services which would recognise and enhance the skills of the workforce enabling staff to make a more effective contribution to health care [8]. The establishment of the Changing Workforce Programme added further momentum to this strategy. The programme supported the development of roles that were outside traditional professional or organisational boundaries, within health as well as social care services [9]. Interest in this issue has continued under the coalition government. *Equity and Excellence: liberating the NHS* (2010) identified the need to further simplify and extend 'the use of powers that enable joint working between the NHS and local authorities' thereby enabling commissioners to adapt services to meet 'local circumstances' [10]. However the detail of how this would affect the

workforce were not discussed in the consultation document *Liberating the NHS: Healthcare Workforce* [11].

The difficulty of evaluating the impact of new roles and new ways of working is well documented [12]. Whilst existing research evidence suggests that developing new ways of working can help to support specific government initiatives such as the introduction of the New Deal for Junior Doctors [13]. The evidence does not, as yet, demonstrate improvements in patient outcomes [7].

Aims

Stage 1 of the NToW programme ran from 2003-2006. The programme was funded by the Department of Health to meet the following targets:

'Identify and trial additional innovative types of working that are central to the White Paper vision of a service-user commissioned service.'

'Embed sustainable new types of working in the sector through informing the development of career pathways, performance management, NOS [National Occupational Standards] and qualifications.'

'Ensure that new types of working in social care make a full contribution to community regeneration.'

The NToW programme aimed to:

Give guidance and examples of how the social care workforce can be redesigned.

Demonstrate the workforce changes required to implement new service models.

Show what those changes will mean for all aspects of workforce development.

Be an exemplar of best practice in people and carer engagement.

The initiative

Pilot sites were established in 28 locations in England: 4 were based in the North, 2 in the East, 11 in the South, 11 in the South West and 2 were based in organisations providing a nationwide service. No indication was provided about how pilots were chosen. The pilots were concentrated in the south of England and services for older people were under-represented. 6 pilots were funded for 3 years, 11 for 2 years and 11 for one year. Although the evaluation report does not provide detailed information about individual pilot interventions it does note that most involved the development of a new role and that individual pilots reflected one of the priorities of Skills for Care identified above.

The evaluation

Aims and Objectives

The NToW objectives for the Stage 1 evaluation were to support pilots in order that the programme could contribute to:

The development of service provision in a 'person-centred' way;

The generation of new work roles;

The creation of new (inter) organisational relationships;

The formulation of management systems to support these relationships;

The stimulation of learning at different levels.

Design

The design of the evaluation was based on a systems model with 4 main elements: context (who was involved, why initiative was set up, what the service is), inputs (objectives and resources), process (design/ implementation, operation) and outputs (costs, sustainability, benefits from a range of perspectives: service users; employees, carers and the organisation) [14].

The evaluation was completed in 3 months, from October to December 2006. The evaluation incorporated the following methods: documentary analysis of pilot proposals and final reports; telephone interviews with 25 of 28 pilot managers, and follow-up work at 11 pilot sites, this work included interviews with workers and people using services, focus groups with people using services; occasional observation for example of steering group meetings. Follow-up sites were chosen to reflect user group and region.

A total of 51 interviews were completed during the evaluation. No detail of the analysis strategy or the process by which research ethics review was secured were provided in the evaluation report.

Evaluation team's findings and conclusions

New roles were developed in 23 of the 28 pilots. The roles were characterised in terms of their purpose: specialist role (breaks away from general occupation to focus on a task and/or user groups); person-based role (a role which is performed by a person who uses the service); co-ordinating role (organises activities involving different parties), boundary spanning role (crosses traditional organisational/ client jurisdictions) and their design: a re-labelled role (new title but no significant change in content); a re-packaged role (combines established tasks in a new way) and a re-created role (newly generated tasks and responsibilities).

All pilots were required to carry out a local evaluation but had the discretion to decide how to do so. Six pilots commissioned independent evaluations and the remainder carried out self evaluations. The report records minimal information about the local evaluations recording only whether it included a survey, interviews or 'other' methods. The report does not consistently record the number of participants taking part in local evaluations.

Three categories of outcomes were identified: organisational; employee, and outcomes for people who use services.

Organisational outcomes. The evaluation report noted that these were difficult to identify and measure particularly given the diffuse objectives and time limited nature of the pilots. Several pilots attempted to undertake a financial cost benefit analysis but experienced difficulties apportioning financial values to the costs and benefits associated with these developments. The measure used to capture organisational outcomes was whether or not the role/ work continued after the pilot funding ended. Of 24 new roles/ ways of working supported by the programme these continued in full at 9 pilots sites and in part at 10 sites. The new roles/ ways of working were terminated at 3 sites. Tentative suggestions were given as to why some roles/ ways of working were sustained, these included whether the institutional culture was receptive to new roles and or new ways of working. These findings are consistent with existing research in this field [7, 15]. Discontinued/ vulnerable new roles were typically based in the voluntary or private sector; predominantly smaller voluntary organisations.

Employee outcomes. Recruitment difficulties were experienced at 7 of the 28 pilots, these difficulties were thought to be associated with the short term nature of the posts and shortages of suitably qualified personnel particularly in sensory impairment services. The report also suggests that there was a lack of people with appropriate skills for those pilots developing new roles or combining tasks in innovative ways and allied to this that the unique nature of the roles raised uncertainty for potential applicants who therefore didn't apply. Retention difficulties were not noted; indeed some pilots reported that the new ways of working had improved retention. The need to provide suitable training was identified as an important issue at several pilots, for example to familiarise workers with the relevant legislative frameworks. Uncertainty about how the new style of working would impact professional careers was identified amongst some workers. The importance of developing appropriate line management arrangements was noted and led to difficulties occurring for those roles that crossed organisational boundaries. The development of roles staffed by people who use services themselves raised specific issues about employment status, workload expectations and the impact of 'work' on an individuals rights to benefits. Although it is difficult to gauge the strength of these findings the themes emerging in relation to employee outcomes mirror those identified in the broader new role literature [7,13].

Outcomes for people who use services. The report notes that one of the main aims of the NToW programme was to improve service provision from a user perspective. Given the diverse nature of the pilots the evaluation notes the difficulty of establishing criteria to assess

outcomes for people who use services. At pilots where the new roles worked directly with service users the report notes some 'impressive outcomes' from the local evaluation. For example 65.5% of people using one scheme who returned a questionnaire reported 'improved outcomes'. However given the lack of detail provided about the local evaluations it is difficult to gauge the strength of this finding. No outcomes for people who use services are presented for those pilots where the new roles/ ways of working had only an indirect impact on service users for example where they worked as training co-ordinators. Once again, these difficulties mirror those identified in the wider literature [4].

Our interpretation of the findings

The NToW programme evaluation was commissioned and carried out approximately 2 years after the programme began. The evaluation design chosen by the research team was clearly constrained by the requirements to complete the work within 3 months which meant that more robust designs could not be employed. The programme evaluation notes the lack of 'tightly' drawn objectives against which individual pilots could be monitored. Without clear and measurable objectives for the programme it is difficult to interpret the strength of the findings presented.

Additionally the evaluation design for the national programme evaluation is poorly described in the final report. For example no rationale is provided to explain why the pilot sites were chosen and no definitive indication of sample size is provided for the follow up work at 11 pilot sites. It is unclear how the data were analysed.

Other relevant evaluation work

All of the pilots were required to carry out a local evaluation with 6 commissioning external teams to carry out this work. The results of one of these local evaluations provides some very interesting insights into the potential benefits of integration. The 'In Reach Model of Care in LA Care Homes' pilot was independently evaluated by a team based at the University of the West of England [16]. The 2 year evaluation was part funded by the Joseph Rowntree Foundation and the Office of the Deputy Prime Minister. The evaluation used a mixed method design combining interviews with stakeholders, home managers and care staff as well as questionnaires, focus groups, a meeting with residents and an audit of activity. The study was originally designed to include 5 homes one of which was to act as a control, however due to the closure of three of these homes data collection was restricted. The inclusion of one non intervention home meant some comparative data were collected although data collection across the evaluation was not 'stable'. The evaluation team collected a wide spectrum of data related to the activity of the in-reach team including: number of residents referred to the team, reasons for referral, main primary and secondary diagnoses for referrals, outcome of referrals, type of interventions, length of stay in the in-reach service, prevention of hospital admissions, estimated cost saving due to prevented hospital admissions, early hospital discharge and estimated cost saving, nursing home transfers prevented and estimated cost saving, GP visits prevented and estimated cost saving and previously undetected illnesses and resident assessment.

The results of the evaluation suggested that: residents of the homes appreciated the positive impact the in-reach team had on the quality of care provided; the development of the new style of working raised communication difficulties; the development of the new role had resource implications, i.e. increased salaries for those working in the new roles and increased workload for those in allied roles. However the evaluation suggested that these costs could be off set against saving to the PCT in relation to reductions in the need for hospitalisation of residents, facilitation of early discharge and early detection and treatment of residents' illnesses.

Conclusions about the evidence that the initiative achieved its objectives and delivered policy goals

The New Types of Worker pilots were commissioned against the following Department of Health targets:

'Identify and trial additional innovative types of working that are central to the White Paper vision of a service-user commissioned service.'

'Embed sustainable new types of working in the sector through informing the development of career pathways, performance management, National Occupational Standards and qualifications.'

'Ensure that new types of working in social care make a full contribution to community regeneration.'

Whilst the pilots did trial innovative types of working it is not clear how innovation was conceptualised and little information is provided to make any judgement as to whether the pilots increased our understanding of the impact of new roles/ ways of working on career pathways, performance management, National Occupational Standards or qualifications. The evaluation did not provide any information about how new types of working can contribute to community regeneration.

The conclusion of the report notes the limited nature of the NToW programme reporting that 'across 25 of the 28 pilots, fewer than one hundred employees have undertaken the new roles.' The conclusions also note the limitations of the evaluation arguing that such innovations in workforce developments need to develop appropriate outcome measures. With these limitations in mind it is difficult to see this evaluation as providing anything more than an impressionistic view of these developments.

The programme does not provide explicit evidence to address the points noted in the White Paper, i.e. contributes to the development of integrated workforce planning ensuring that services are designed around the needs of people who use services and supported by common education and career frameworks (8.35) or provides evidence about the development of common national competencies and occupational standards (8.38), creating career pathways across health and social care (8.39).

The evaluation was commissioned to study a programme of work set up prior to the White Paper, consequently the report provides a post hoc rationale for why it fits into the aims of the White Paper. Additionally the report cites a number of different sets of objectives including: NToW programme aims and objectives and Skills for Care New Types of Worker programme objectives. These different objectives serve to confuse the aims of the evaluation as well as the interpretation of the findings. Finally, like many initiatives introduced under the New Labour government the work took place against a backdrop of rapid policy development, including the publication of Our health, our care, our say and as a consequence the programme had to 'reframe' itself to ensure that it reflected these developments. Therefore the fit between the aims of the evaluation and those of central government are difficult to reconcile and the challenges of evaluating such innovations, as a means to build a conclusive evidence base, mirror those already noted in the wider literature.

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Disclaimer

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Competing interest declaration:

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