Gender and Employment in Local Labour Markets

Local Challenges in Meeting Demand for Domiciliary Care in West Sussex

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Preface

Gender and Employment in Local Labour Markets

West Sussex County Council has worked in close partnership with Sheffield Hallam University, and eleven other local authorities over the last three years to take part in this national research study, the Gender and Employment in Local Labour Markets project (GELLM).

As phase one of the Project, in September 2004 the County Council jointly launched with Sheffield Hallam a 'Gender Profile of West Sussex's Labour Market'. This was a key document that highlighted differences in terms of demography, economic indicators, patterns of employment, pay levels, education and skills attainment within West Sussex. Following this report, the next stage of the Project was to undertake 3 locally important studies in the County:

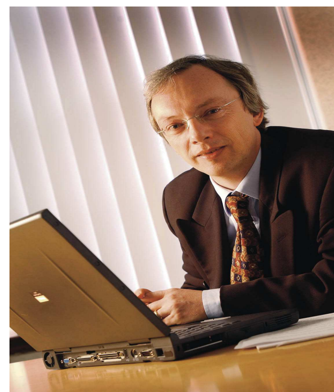
- Working below potential: Women and part time work in West Sussex
- Addressing women's poverty in West Sussex: local labour market initiatives
- Local challenges in meeting demand for domiciliary care in West Sussex

The findings from these studies are now being presented in 3 separate but related publications.

All the studies have found significant problems with women's participation in local labour markets and have explored the issues stopping the local economy taking advantage of people's potential. The recommendations from this work therefore are crucial to realising better outcomes for individuals in terms of job opportunities and skills, not to mention the benefits to the performance of the West Sussex economy.

Mark Hammond

Chief Executive
West Sussex County Council



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We would also like to thank the staff within the independent sector organisations providing domiciliary care services in West Sussex, and the staff within West Sussex Social and Caring Services, who took the time to complete our questionnaire, supply us with documentation, and participate in our interviews.

To protect the confidentiality we promised all those participating in the research, we cannot name the organisations or individuals who gave us this information; without their contributions the research could not have taken place.

Members of the GELLM Team contributed to the study as follows:

Development and implementation of the study	Anu Soukas
Interviews with providers and stakeholders	Lucy Shipton and Lucy Shipton
Survey work	Lisa Buckner and Anu Suokas
Statistical analysis	Lisa Buckner
Qualitative data analysis	Lucy Shipton and Sue Yeandle
Report writing, and overall direction of the research	Sue Yeandle

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Key Findings

This study is about the challenges faced by key agencies in responding to changes in supply and demand for domiciliary care in West Sussex. It is one of 6 parallel studies of this topic conducted within the GELLM research programme in co-operation with partner local authorities. The findings in this report relate to West Sussex only. They are drawn from:

- analysis of official statistics relating to West Sussex
- a new survey and follow-up interviews with providers of domiciliary care in West Sussex (all sectors)
- interviews with key stakeholder managers
- documents supplied by respondents to our survey and by West Sussex Social and Caring Services

Demand for domiciliary care in West Sussex

West Sussex's ageing population, and the extent to which poor health and living alone is a feature of older people's lives, mean that demand for domiciliary care in the county is certain to continue growing. West Sussex faces particular challenges in meeting the needs of a mixed older population with rural, coastal and urban population groups to support.

- 97,654 households in West Sussex (30%) contain a person with a limiting long-term illness, including almost 25,500 households where the sick person is aged 75+.
- There is no co-resident carer in 72% of these households.
- West Sussex's population of very aged (85+) residents is expected to rise by over 18,000 people by 2028, with a particularly strong increase in the number of very aged men.
- 82% of very aged men, and 70% of very aged women in West Sussex live in their own homes.
- 33% of very aged men, and 51% of very aged women live alone.

Employment in the care sector

Domiciliary care remains a strongly female-dominated segment of the labour market, and continues to be an important source of paid work for women in West Sussex.

- 7,446 West Sussex residents, 91% of them women, are already employed as care workers. 1 in 25 of all employed women in West Sussex is a care worker.
- In West Sussex, 57% of female care workers, and 20% of male care workers, work part-time (although in Crawley only 46% of female care workers work part-time). The majority of care assistants and home carers were White British (94% of women and 88% of men in the occupation), although West Sussex's small populations of Black/Black British, Chinese, Mixed, and 'White Other' men were strongly and disproportionately concentrated in care work.
- Over a quarter of West Sussex's care workers held no qualifications in 2001 – and over a half (51%) of women care workers aged 50-59. However among care workers aged under 25, only about 1 in 8 (both sexes) were entirely without formal qualifications.

Organisation of domiciliary care

The mixed economy of social care, developed in recent years as a consequence of government policy, has created complex issues for the organisation and delivery of crucial services. West Sussex has responded to these changes in a variety of ways, and re-shaping of the care market has affected all stakeholders.

- West Sussex's domiciliary care providers include small, medium and large organisations, across the public, private and voluntary sectors. Some 60% of domiciliary care in the county is purchased from the independent sector.

Employment challenges

Providers in West Sussex face many of the same challenges being addressed across the country. They reported both progress and concerns about the available supply of labour, the current

composition of the domiciliary care workforce, and achieving targets for workforce development.

- All providers who responded to our survey had some older (50+) care workers on their staff – but these staff usually formed less than half their workforces.

- Providers reported progress in moving towards the National Minimum Standards (NMS) qualifications targets, and some noted that the new qualifications and career frameworks were beginning to attract new applicants. There were a number of concerns in this area as well:
  - Covering the workload when staff were released for training
  - Retaining staff once they had completed their training
  - Meeting the costs of NVQ training courses
  - Limited scope in some organisations for paying staff for the time spent on job training
  - Their ability to address the basic skills and confidence issues of some staff

- Rates of staff turnover varied considerably between providers: staff shortages were a minor issue for some, but an acute problem for others.

- Some providers were experimenting with new recruitment arrangements (including internet advertising) but there was limited evidence of special initiatives, such as those targeting applicants in different ethnic minority groups or other non-traditional sources of labour.

- Many providers were offering their staff some support with training costs (including in some cases giving staff study leave), sometimes making it a condition of this that staff remain in employment for a year after completing their course.

- Pay rates were relatively low, especially by local standards, although some providers paid premium rates, which could be a lot higher, for weekend and night work.

Provider and stakeholder perspectives

Our sample of interviewees who were domiciliary care providers and other stakeholders in the development and delivery of services in West Sussex reported that:

- Supply and demand is a concern

- There is competition for staff from other sectors (retail, restaurants etc.), which offer work environments, hours and work which some staff find more attractive.
- The flexible hours and working arrangements providers can offer are valuable in attracting and retaining staff.

- Supporting staff, through regular contact, briefings, supervisions and praise for work well done, was critically important in motivating and keeping care workers.

- The costs of training and workforce development were a concern for some employers.

- Some providers were concerned about very tight financial arrangements, and worried that price was sometimes put before quality.

- Some providers noted considerably improved partnership working across the sector.

- Some providers felt tendering procedures and contracting arrangements needed to be simplified and streamlined.

Introduction

In common with most of Europe, the UK is now experiencing significant growth in its population of older people, a trend which is expected to continue throughout the first half of the 21st century. This is happening at a time when smaller family size, more ethnically diverse populations, changes in geographical mobility, increased longevity, and new patterns of family life are also affecting daily living arrangements and creating additional demand for personal social and care services delivered in private homes. All evidence suggests that older and disabled people, including those with considerable personal care needs, wish and prefer wherever possible to live in their own homes, rather than in residential settings. Since longer lives are likely to mean more years in need of health or social care support (ONS 2004), this will create significant additional demand for domiciliary care. In the past, care work in the domiciliary setting was often provided by women in the middle years of life – either unpaid within a family setting, or as unqualified, low paid workers, employed as 'home helps', a term now rarely used. The increased educational attainment and labour market participation of women in recent decades has diminished these traditional sources of caring labour, both low-waged and unpaid, and official attempts to up-skill and professionalise employment in social care have placed new demands on those responsible for planning and delivering services.

For many of the local authorities participating in the GELLM research programme, the future delivery of home care services, a key area of statutory local government responsibility, was already a cause of concern when we began our study. Demand for home care services was expected to continue growing, planning and purchasing arrangements had become more complex, and the recruitment and retention of care workers was becoming increasingly difficult – partly because not enough suitable individuals were coming forward to work in this field, and partly because the sector was facing competition for its workforce from other employers, most critically in the south-east and in other localities where alternative labour market opportunities were proving more attractive to job seekers. By 2006 this had resulted in an estimated overall vacancy rate of 11% in social care (and 15% average annual turnover) (Eborall 2005).

Our study of *Local Challenges in Meeting Demand for Domiciliary Care* has covered only some of the important issues which our local authority partners were interested in exploring, and should be read in the context of other research, notably the UKHCA[1]'s 2004 profile of the independent home care workforce in England (McClimont and Grove 2004), the Kings' Fund Inquiry into Care Services for Older People in London (Robinson and Banks 2005), *Skills for Care*'s annual reports of 'The State of the Social Care Workforce' (Eborall 2005), and its new plans for a new National Minimum Data Set for Social Care (NMDC-SC), launched in October 2005[2].

Conscious of the limited resources available to us, we chose to focus our study of care work in local labour market settings on providers of domiciliary care – across all sectors, private, public and voluntary – and on their experiences, understanding and difficulties as employers in developing and delivering the quantity and quality of home care needed, both now and in the future. The study was developed with the support of the Social Services Departments (SSDs) of the six local authorities involved, who have responsibility for commissioning and procuring essential domiciliary care services. Through these SSDs we were able to contact all the providers of domiciliary care who were registered with them, and to seek their co-operation in our study. We were especially interested in the supply and demand issues they faced, and how they were responding to these challenges, as we explain in more detail below.

The changing policy environment for domiciliary care

The social care system in the UK has undergone some very significant changes in the past two decades, including changes in local authorities' own responsibilities as service providers and employers. The local authority's primary role in this field is now to commission and purchase social care services, and to contract with independent service providers. In England, the total number of hours of domiciliary care provided grew by 90% between 1993 and 2004[3], reflecting government policies promoting independent living

[1] UK Home Care Association
[2] Some of the findings of these studies are discussed in the synthesis report of our study in all 6 localities (Yeandle et al 2006).
[3] Community Care Statistics 2004, Health and Social Care Information Centre, 2005

and care at home, as well as substantial growth in the number of older people living in single person households. Packages of home care have become more intensive (with fewer households receiving care, for more hours per week), and more of these care services are now delivered by independent organisations. In West Sussex, 27,960 contact hours of domiciliary care per week were provided to 3,630 households in 2004, and 65% of this care was provided by independent providers[4].

These developments were set in train some 20 years ago in the 1989 White Paper, 'Caring for People', which outlined new funding arrangements for social care, stressed that care should be tailored to individuals, and required local authorities to make use of private and voluntary sector provision. The 1990 *NHS and Community Care Act* took this policy forward, and the now familiar ‘mixed economy’ of care has been one of its most important effects. Developments since 1997 have included:

- the *Royal Commission on Long-Term Care for the Elderly* (1997-9)
- the White Paper *Modernising Social Services* (DoH 1998)
- the *Supporting People* review and policy programme (DSS 1998)
- *The Care Standards Act 2000*, establishing the *National Care Standards Commission* (from April 2002) with responsibility for setting, regulating and inspecting all regulated care services, including domiciliary care
- the *General Social Care Council (2001)* tasked with regulating the conduct and training of social care staff
- the *Social Care Institute of Excellence* (2001) an independent registered charity whose role is to promote knowledge about good practice in social care
- *The National Service Framework for Older People* (2001)
- *Better Government for Older People* (2004)
- the *Commission for Social Care Inspection* (2004), the independent inspectorate for all social care services in England
- new measures to support staff development, and to create a more skilled workforce (DoH, 2000a)
- the *Fair Access to Care Services* initiative, clarifying eligibility for adult social care services
- *Skills for Care,* established in 2005 as one of the new sector skills councils, charged with tackling skills and productivity needs in the care sector, and replacing TOPSS (the Training Organisation for Personal Social Services) and
- *Our health, our care, our say: a new direction for community services* (DoH White Paper 2006)

The delivery of domiciliary care has become a key issue in contemporary public policy (Robinson and Banks 2005), affecting the well-being of millions of older and disabled people and their carers, involving about 163,000 domiciliary care workers (McClimont and Grove 2004), and demanding resourcefulness and innovation of the many organisations involved: the employers and providers of domiciliary care - companies, local authorities and charities, including the 3,684 domiciliary care agencies registered with CSCI in November 2004 (Eborall 2005); the local authority SSDs who now purchase a very large volume of services from these providers; and the many sector/professional bodies, trade unions, regulatory and/or advisory agencies and training providers in this field. The quality, adequacy and reliability of domiciliary care is of critical importance for the welfare of many vulnerable older and disabled people, relies heavily on the organisational standards and effectiveness of providers, and impacts on a wide range of other social and economic issues.

About the study

Local Challenges in Meeting Demand for Domiciliary Care is part of the national *Gender and Employment in Local Labour Markets (GELLM)* project 2003-6, in which West Sussex County Council is one of the 11 local authority partners. Parallel studies relating to domiciliary care have also been conducted in 5 other local authorities, and are published separately. A synthesis report, drawing together evidence from all six local studies, is also available (Yeandle et al 2006). *Local Challenges in Meeting Demand for Domiciliary Care* is one of the three locality studies conducted in West Sussex within the GELLM project, and builds on the project’s earlier statistical work, *The Gender Profile of West Sussex’s Labour Market* (Buckner et al 2004).

Our study of domiciliary care has included analysis of official statistical data, a new survey of domiciliary care providers, and interviews with a

[4] Community Care Statistics 2004, Health and Social Care Information Centre, 2005

sample of providers in the private, independent and public sectors, and with key stakeholders. Further details of the methodology are given in Appendix 2. The focus of this study has been on:

- the supply of and demand for domiciliary care in its local labour market context
- the characteristics of workers in domiciliary care, at the district level
- the organisations which provide domiciliary care in each district, and how they recruit, manage and develop their staff

Domiciliary care in West Sussex: changes in supply and demand

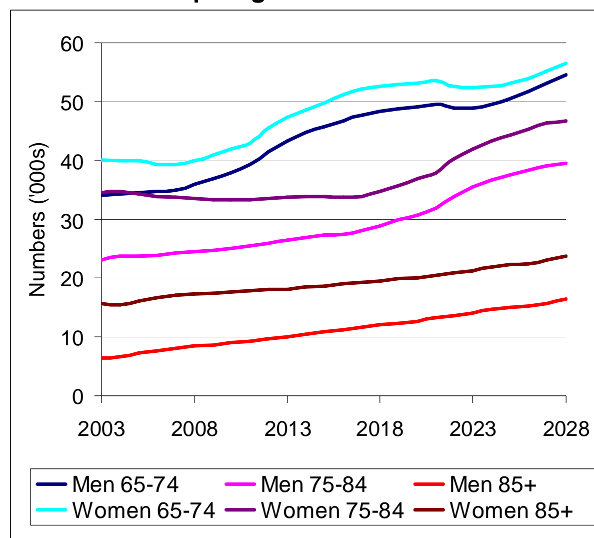
Demographic projections in West Sussex

In 2001, West Sussex had 390,654 households of which 97,654 (30%) contained a resident with a limiting long-term illness, including over 25,495 households where the resident with the illness was aged 75 or over. In almost 85% of these homes, there was no co-resident carer. As we showed in the *Gender Profile of West Sussex's Labour Market* (Buckner et al 2004), levels of poor health and disability in West Sussex are fairly low by national standards; nevertheless about 1 in 6 of all residents in the district has a limiting long-term illness, and among people aged 65-74 in Crawley, LLTI rates were 5% above the county average. As much of the social care provided to those living in their own homes supports older people, the demographic profile and projections for older people in West Sussex also provide an important context.

3.1% of West Sussex's residents were aged 85 or older in 2001 (well above the figure of 1.9% for England as a whole). The population projections for older people in West Sussex are shown in Figure 1, and, as this shows, are set to rise quite sharply.

Between 2003 and 2028, West Sussex's population of residents aged 85+ is expected to grow very significantly. The latest estimate suggests that there will be 18,000 more people in the 85+ age group, of whom almost 10,000 will be men and just over 8,000 will be women. This is a very significant increase in the number of very aged men: the county can expect to have about *two and a half times as many* very aged men, and *one and a half times as many* very aged women by 2028. There are also likely to be 16,600 more male residents and 12,200 more female residents aged 75-84. While the expected rate of growth in West Sussex's population of very aged residents is lower for men and women than in England as a whole, for men aged 85+ the projection is nevertheless 152%, and for women aged 85% 52%, across the period 2003-2028.

Figure 1 West Sussex: Population projections 2003-2028 - People aged 65+



Source: 2003-based sub-national population projections, Government Actuary Department, Crown Copyright 2004

The last Census (in 2001) showed that in West Sussex about 70% of women aged 85+, and about 82% of men aged 85+, were living in their own homes, either owned or rented[5]. Almost 51% of all West Sussex women aged 85+, and almost 33% of men of this age, lived alone. The overwhelming majority of the county's very aged women (almost 75%) and about 68% of its men had a limiting long-term illness, with over a quarter of these elderly men and almost a third of elderly women stating that their general health was 'not good'. Over 9% of West Sussex's men aged 85+, and 3% of women of this age, were themselves providing regular unpaid care – over 4% of these very aged men for 50 or more hours each week.

Appendix 3 of this report includes a presentation of the main statistical evidence discussed above, together with some further relevant information likely to be of interest to specialists in this field.

[5] These figures include those who were owner occupiers with a mortgage or loan.

These figures suggest a future in which there will be considerably increased demand for domiciliary care services. While this is likely to be very challenging for care providers in West Sussex, the domiciliary care sector in the district operates in a local labour market context which has particular features likely to affect the recruitment of staff.

The key local labour market issues are:

- Between 1991 and 2002, there was very significant job growth in West Sussex, with an additional 36,000 part-time and 58,000 full-time jobs recorded across the county (Buckner et al 2004: 27). Continuation of this trend in most parts of the county is likely to mean significant competition for workers, whether wanting to work part-time or full-time - between the social care sector and other sectors seeking to recruit additional staff. This competition for labour supply is likely to continue to come from the banking and finance, distribution, hotels and catering and transport and communications sectors, where there was strong growth in female employment between 1991 and 2002.
- In addition, levels of unemployment and economic inactivity in West Sussex were significantly below average (Buckner et al: 40-41), irrespective of the measure used. Despite this, some of our other research in the county (including our investigation into women's poverty and economic regeneration in Bognor Regis) suggests that gaining access to paid employment remains a problem for some West Sussex residents (Escott et al 2006), who might welcome the opportunity to enter domiciliary care work. It can also be noted that in Chichester and Horsham the proportions of working age women who are looking after their home and family full-time (at just over 15%) are slightly above the national and county averages, and some of these women may in the future wish to re-enter paid employment.
- West Sussex has high levels of self-employment among both men and women of working age (6.3% of women and 16.5% of men, compared with 4.9% and 13.2% in England). The scope for successful working on a self-employed basis in the county may also reduce the pool of labour available for domiciliary care work, in which few care workers are self-employed (2.5% of female and 3.8% of male care workers in West Sussex in 2001).
- Given that, in England as a whole, some ethnic minority groups form a particularly important supply of caring labour[6], West Sussex's small ethnic minority population (between 6-7% of residents, about half of whom identified themselves as White Irish or White Other in the 2001 Census) may continue to contribute to the supply of caring labour – however it is certainly not large enough to meet the likely increase in demand.

The social care workforce in West Sussex

Almost 7,500 West Sussex residents are people of working age in paid employment as care assistants and home carers - about 91% of them women[7]. Already more than 1 in every 25 women employed in West Sussex is a care assistant or home carer (similar to the situation in England as a whole). Over half (52%) West Sussex's care workers are women aged 25-49 (compared with 54% across England), and about 24% are women in their fifties (compared with 22% in England as a whole). Within the county there are some important variations to this picture – thus in Crawley over 62% of all care workers are women aged 25-49, and only a little over 18% are women in their fifties.

- In West Sussex, 56% of female, and 20% of male care workers work part-time (compared with 55% and 23% across England). Women care workers of all ages are much more likely to work part-time than other workers – and West Sussex's male care workers aged 25+ are much more likely to work part-time than other male workers.
- About 93% of female care workers in West Sussex are White British women, while 83% of the county's male care workers are White British men. However, West Sussex's Black residents (especially men) are significantly over-represented among care workers (Figure 2). Among male care workers, the county's

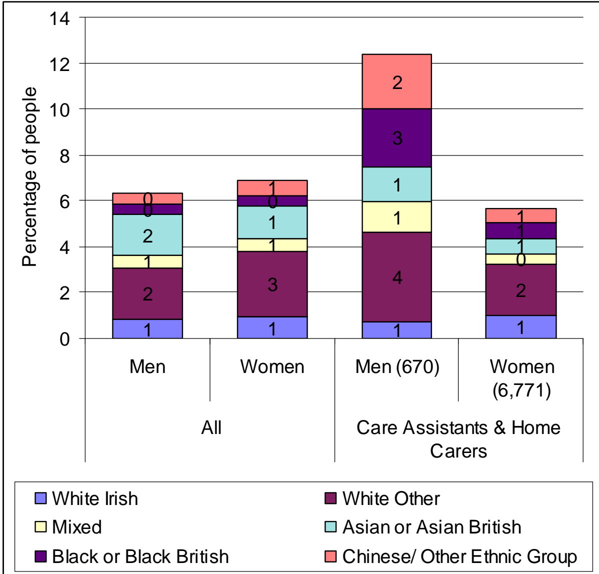
[6] Notably women aged 25-59 in the Irish, Black, and Mixed ethnic groups, and men of all ages from the various Black and Mixed ethnic groups.

[7] Data are not available at district level for domiciliary care workers only. The 'care assistants and home carers' category is the closest available definition. Some care workers are employed in residential and day care facilities, with some working in both domiciliary and other settings, either simultaneously or sequentially. In this report we use the term 'care workers' to cover all in the 'care assistants and home carers' category, as defined in the Standard Occupational Classification.

Black/Black British, Chinese, and 'White Other' residents are strongly over-represented in care worker employment, and this is especially noteworthy among Black/Black British men – who represent 2.5% of the county's 670 male care workers, compared with 0.5% of all men working in the county.

- Nevertheless the county's Asian residents, 2% of all male workers in the county, are under-represented in care work (Figure 2). More detailed analysis reveals that in the Crawley district, where Asian residents form almost 8% of all male workers, and almost 7% of all female workers, they are still strongly under-represented in care work – only 2.7% of Crawley's 515 female care workers, and only 0.6% of the county's 6,771 care workers.

Figure 2 Ethnicity of care assistants and home carers in West Sussex



Source: 2001 Census Commissioned Tables, Crown Copyright 2003

- In West Sussex, male care workers, and female care workers aged under 50, are considerably more likely than other workers in these groups to have, in addition to their paid work, unpaid caring responsibilities for a sick, disabled or frail household member, relative or friend.
- Across England, female care workers are much more likely to lack formal qualifications than other women workers (29% of female care workers, compared with 16% of all working age women in employment in England, have no qualifications at all). This is particularly true of older workers; at the national level, 50% of female care workers aged 50-59 have no qualifications, compared with only 35% of all employed women in their fifties. This difference in level of qualification is much less marked for men. The picture in West Sussex reflects this national situation. 51% of West Sussex's female care workers aged 50-59 had no qualifications in 2001. Even among young care workers (aged 16-24) in West Sussex, over a quarter of men (28%) and almost a third of women (32%) had not achieved NVQ level 2 (in 2001).

Policy developments in West Sussex

Responsibility for the commissioning and procurement of domiciliary care services to meet the assessed needs of West Sussex's residents lies with West Sussex County Council's Social and Caring Services Directorate. In 2005, it purchased about 60% of its domiciliary care from external agencies. In recent years West Sussex County Council and other local / regional agencies have addressed a range of key issues and problems in relation to services for older people living at home, as part of a process of modernisation, service enhancement and other changes related to the development of a mixed economy of provision.

Service Reviews and Inspections

A number of major reviews of domiciliary care have been undertaken within the county during the past 6-7 years. These include the *Domiciliary Care Review* in 1998, *Shaping the Future* in 2001, the *Systems Audit of Home Care Pay* (2001) and the *Best Value Review of Home Care Services for Older People in West Sussex,* which reported in August 2002. These reviews have underpinned the local authority's commitment to a mixed economy for home care, with the aim of outsourcing 60% of provision across the county by the end of 2003, and establishing effective partnership working, via a local forum, with the independent sector. The Best Value review also set up a workforce planning group in the county, tasked with exploring the scope to increase the employment of people from ethnic minority groups in home care, and outlined processes for meeting the targets set for implementing the national standards. Among the key findings of the Best Value Review were the following points:

Recruitment needs to address the most appropriate employment patterns in line with future service delivery.

Recruitment needs to address the gender issues, the retirement age, and attracting staff from minority ethnic groups.

Current concerns for both the in-house and independent sector include recruitment and retention and providing services to rural areas.

In both 2004 and 2005 West Sussex County Council's provision and arrangements for service delivery were inspected by the newly established *Commission for Social Care Inspection* (CSCI). The 2004 inspection noted 'clear evidence of progress in older persons' services', but pointed to a 'rather mixed picture with regard to the quality of independent sector domiciliary care'. It also drew attention to some room for improvements in communication and partnership working in domiciliary care, and to the need to address workforce diversity issues. The subsequent *Performance Review Report for Adult Social Care* (October 2005) found that many of the improvements called for in 2004 had been achieved, or were being addressed. It welcomed an investment of £11.5m in voluntary sector activity to support older people in their own homes; noted that the local authority was meeting regularly with independent sector providers, and mentioned a new shared intelligence post which had been established with the aim of improving analysis of local population needs. The West Sussex *Domiciliary Care Strategy Group* had by October 2005 begun to address some of the earlier concerns about quality in the independent domiciliary care sector (notably relating to high staff turnover and to the deployment of inexperienced staff), and a new *Workforce Planning Framework* and 5-year Workforce Strategy had been developed. This was due to be rolled out during 2005-6.

Care Training Consortium

This body was set up in September 2002 to help independent sector providers of social care 'access information and funding support for quality training provision'. Based in Chichester, it is employer-led and operates as a not-for-profit organisation. Bringing together partners including CSCI, Skills for Care, the LSC, relevant trade unions and statutory agencies, the consortium undertakes research, seeks to build training capacity, and 'highlights the business benefits of staff training and development'. It produced a *Strategic Training Plan* in 2004, which included among its strategic objectives:

To develop provision in response to local care employers' needs and to a standard that meets the needs of service users.

To increase access to care training for those employed in the West Sussex Independent Care Sector across all service areas, including the more difficult to reach localities.

The consortium's outcomes to date include supporting providers to access staff replacement funding when their employees are undertaking training, and reaching agreement with West Sussex County Council for unfilled training places on its courses to be made available to the independent care sector. It has also highlighted the need for training beyond NVQ level 2, stressing the extent to which direct care workers are undertaking more specialised clinical procedures, and for specialist training in areas such as palliative care and loss and bereavement.

Other developments within West Sussex County Council

West Sussex County Council's *Social and Caring Services Directorate* is responsible for delivering social care services within the county, with over 4,500 staff and an annual budget of some £235m for 2005/2006. It has shifted its delivery of domiciliary care from approximately 95% delivered in-house and just 5% outsourced in 1998, to its target of 40% in-house, and 60% independent providers, which it met by 2004. Recently it has clarified its approach to commissioning older people's services through *The Vision for Older People's Services – a commissioning framework*, published in January 2004. In line with central government policy, this strengthened the local authority's commitment to co-ordinated, accessible and person-centred services, to providing older people with more health and social care services at home, and to involving local partners in the creation of genuinely integrated services. Quality assurance is achieved through the national minimum standards process, and through additional internal processes. These include feedback and interviews with service users, supervisors and homecare assistants in different grades.

In West Sussex County Council's Corporate Plan 2005-6, the local authority confirmed its intention to meet its Public Sector Agreement targets, which include increasing the percentage of

households receiving intensive home care, and the proportion of older people helped to live at home. The stated intention in West Sussex is for the public sector to retain mainly specialist service provision, and services supporting those recently discharged from hospital, with the majority of generic and longer-term service provision contracted out to the independent sector, via private and voluntary sector organisations. In interviews with us, key personnel within Social and Caring Services pointed out that:

> *In the independent sector we've got some very good providers who provide specialist services, so if that's what they want to provide, and that fits with what their locality wants, we would do that – it's not black and white.*

West Sussex Social and Caring Services published a comprehensive *Home Care Code of Practice* in July 2005, outlining principles of care practice, key health and safety matters, and addressing issues affecting home care assistants' employment and working conditions as well as the work tasks they perform and the service they provide. The document is both detailed and accessible, and addresses most of the situations which home care workers are likely to encounter in the work situation.

Market mapping for domiciliary care

West Sussex Social and Caring Services' Contracts Department conducted a domiciliary care market mapping exercise in 2004. This exercise complemented the mapping exercise of the residential and nursing homes.

Review of line management structures within in-house domiciliary care provision

Consequent to the reviews mentioned above, a systematic review of management arrangements within domiciliary care was undertaken in 2002 leading to the decision to review the management structure.

> *We took out a whole layer, and reinvested that in the direct care workers, and into things like training.*

The redeployment which followed this change enabled some staff to move into a specialised unit offering domiciliary care training, helping the authority meet its NMS training targets and to improve service standards.

Managers in West Sussex also emphasised the importance of workforce development and career management in the domiciliary care sector, and of improving the 'image' of home care work.

> *We want to make sure we have sufficient trained care staff – it doesn't matter whether they are working in the in-house or the independent sector. We want to hold on to them with a career structure – in the independent sector people might move into health, or a whole range of different things. There is a big role for us in developing assisted technology and tele care in the sector too.*

> *A home care assistant with NVQ2 can apply for a senior home care assistant position – that's just happened, one was successful. Then you have senior home care assistants who undertake NVQ3 and become home care managers – from the grass roots. And then from home care manager they have the potential to go to other areas of social services – some senior home care assistants become assistant social workers.*

Home Care Steering Group

The Home Care Steering Group took forward the recommendations of the Best Value Review of Home Care. It also revised the management structure within home care and care commissioning role within the Areas.

Survey of West Sussex providers

In West Sussex, our survey of providers of domiciliary care had a 44% response rate and produced 14 responses: 1 from the voluntary /community sector; 11 from the for-profit sector; and 2 from the not-for profit private sector. West Sussex County Council Social and Caring Services Directorate also responded to the survey.

All the organisations completing the survey questionnaire regarded older people and disabled adults as among their key client groups, although completed questionnaires were also returned by some private for-profit organisations specialising in support for carers and people with alcohol and drug-related problems. The responses we received came from organisations of differing size - 9 were organisations employing fewer than 50 care staff, 4 had between 50 and 99 employees, and 1 had 100 or more care workers. Consequently, some (7) had contracts to provide fewer than 500 hours of care per week, while the rest had larger contracts for 500-2,000 hours per week. Almost all the providers supplied personal care to clients in their own homes (13), and most also supplied domestic help, shopping, and sitting services. Six said they provided a 24-hour on call service, 7 provided 'rapid response', and 6

offered 24-hour live-in care services. Five of the providers also offered a 24-hour on-call service.

Four providers told us that between 25 and 75 per cent of their staff were employed for fewer than 16 hours per week, and most had some staff with this type of short hours part-time working arrangement. However, 8 providers said half or more of their staff worked full-time (30+ hours per week). Most providers who responded had some care workers aged 50 or older (although in most cases these older staff formed less than half their workforce).

Almost all providers said they were currently employing some staff without qualifications at NVQ level 2[8]. Eight said less than a quarter of their domiciliary care workers had reached this level, while 6 reported that more than half had achieved this standard. Five providers indicated that the majority of their care supervisory staff now had qualifications at NVQ level 3. Most had some care workers registered for training and accreditation at NVQ2 or above at the time of our survey, and 2 had over 25% of their care staff in this situation.

The providers' survey showed that staff turnover and staff shortages were of concern to some, but not all, employers. In the previous 12 months staff turnover had ranged between 3% and 75%, and although some organisations reported no staff shortages in the previous 12 months, the worst affected employer considered that at times up to 25% of posts were unfilled.

The most common method of recruiting care workers was via local newspaper advertisements (used by all) or personal recommendations (13). Nine providers said they also used the local Job Centre for recruitment. However some West Sussex providers had been experimenting with other approaches. Some (6) were now using the internet to recruit staff, and 1 was using local radio advertising. Five had run special recruitment initiatives in recent months, and others had used community or other recruitment events to encourage applications.

Providers said staff who left their organisation often gave up their jobs for 'personal and family reasons', and because of the 'unsociable hours' involved. About half also felt some staff had left to further their careers or because they felt the job involved 'too much responsibility'. Some mentioned that staff had left because they were 'not comfortable with the job', were moving house, had reached retirement age, or could not cope with challenging situations with clients. A minority of providers also mentioned staff leaving for better pay (although 11 of the 14 felt this was not a reason for any of their own staff leaving), or because of work-related stress or work-related injuries and health problems (again, not factors considered to be affecting their own staff by about half of our respondents).

Eight of the 14 providers had some staff on permanent contracts, and 8 were using zero hours contracts for some of their staff. Wages ranged from £6.10 to £10.00 per hour for weekdays during the day time and from £6.80 to over £60.00 per hour for Saturday and Sunday nights.

Only 8 of the 14 providers said they reimbursed the costs staff incurred while travelling to visit clients, although 13 offered staff mileage allowances. Almost all the providers claimed to pay sickness and holiday benefits above statutory requirements, and 5 said they offered their staff membership of a pension scheme. Thirteen of the 14 providers said they met or partially covered staff training costs in attaining NVQ target levels, and just over half (8) reported giving staff study time for this.

Nine of the 14 West Sussex providers said they had some difficulty in meeting the costs of training their staff, and the same number said they found it difficult to release staff for training. Ten mentioned that it was difficult to meet the costs of replacing staff while they were being trained. Most providers had some difficulty finding the resources needed for assessment, and about half reported some problems in retaining their trained staff. Six of the providers also reported that some of their employees' lacked basic skills, while others (10) mentioned a lack of confidence among their employees. Low completion rates among staff undertaking NVQ training was considered a relatively minor problem, and affected only a minority of respondents.

[8] By April 2008, 50% of the care arranged by each provider should be delivered by a care worker holding at least NVQ2 in care, under the National Minimum Standards Regulations.

Employment policies and practices in domiciliary care

Eight of the independent providers in West Sussex who responded to our survey agreed to be interviewed about the challenges they faced in responding to changes in the demand for domiciliary care; we also spoke to four key members of staff within West Sussex Social and Caring Services. The main points made by those who were interviewed as part of this study are highlighted in the following section of the report.

Supply and demand is a concern

Although a few domiciliary care providers reported no difficulties in recruiting staff, most said they faced regular and ongoing difficulty in ensuring a regular supply of adequate and suitable labour, as indicated here in comments made by independent sector providers in the county:

> *Getting good quality carers is becoming quite difficult.*

> *In this kind of industry you don't get that many applications, so you generally take on 90-95% of all the applications you receive.*

> *The quality of the initial applications – not very good – (although) once we've sifted them out, they tend to be good.*

> *The supply is very poor – due to the competition, and low rates of pay due to lack of funding.*

Recruiting staff

Some providers were aware that their domiciliary care workforce was rather 'all women, all white' and tended to lack young people. This was seen as in part a consequence of service user preference:

> *We make a point of saying we're an equal opportunities employer, that's part of our recruitment process – but we don't have any ethnic minorities, except some White Irish tenants.*

> *The middle aged woman – getting on to middle aged – is the ideal person for this profession. Life experience counts for a lot, and is better received by clients. Younger people on domiciliary care, although they may be willing and able, the older people don't receive them in such a positive manner.*

Other providers were employing very different staff groups:

> *I did a little survey – at that time we had quite a high percentage of South African and Zimbabwean staff. We had a lot of middle aged South African ladies. Because of the conversion rates – the Rand to the £ - they come over here and work for periods of time. The Zimbabwean staff will stay for much longer periods, leaving their families behind, because they are supporting them.*

> *48% (of our workforce) are coloured*.

> *A client might say, 'No, I am not having a Black person, I will not have a Black person.' We don't actually take on clients who say that. We will always try to provide the type of person you want, but we're not going to guarantee it – we can't take on that responsibility, it's far too stressful – and we would feel like we were supporting discrimination.*

A number of providers also mentioned that the response to recruitment activities was often disappointing:

> *We used to put in a big corporate ad – we've found recently it's better to do very much more focused advertising.*

> *The response from advertising hasn't been great – it's more word of mouth really.*

> *We've had no response – nobody from the Job Centre at all.*

> *We've had a stall at the universities – but the recruitment fairs are massive, and we are quite a small organisation. We don't have the money to do the presentations and things. We're sitting there with a little banner, and they've got massive charts and displays – we are immediately at a disadvantage – so that's not proved successful for us.*

> *I once tried to set up a particular recruitment fair with all the other agencies – but nobody was interested in doing it. Nobody could be bothered – they just thought, 'We've tried it before, didn't work – let's not do it again.' You can't do it on your own.*

Some admitted that they put very little energy into recruitment:

> *Sometimes marketing goes on the back burner, because we are so busy fighting the fires of day-to-day, getting the carers through the doors. We are trying to pick up on that again.*

Competing demand for labour

Some providers reported that competition for the available labour supply is an important problem in West Sussex, both from other industries and sometimes from within the social care sector. Reference was made to losing staff to the retail

industry, other parts of the care sector, and to alternative jobs in service sector firms and restaurants:

Obviously we are very close to Gatwick Airport and Gatwick is the high competition.

You can stack shelves in Sainsbury's for about £7 an hour – it's more than carers get. It's probably one of the worst paid jobs, sadly.

They can get considerably more income from working in a shop or fast food outlet – any other service industries really.

Some felt there were aspects of the job itself which caused staff to leave:

A lot of people leave due to the stress of working to very tight timescales, house to house, putting up with very difficult clients at times. Some may leave because they become frustrated that they're not being supported well enough – that's certainly within our control to influence – other reasons can be ill health, they may develop a back problem, family reasons. I think the first one is the most common reason – the stress of the work and the unsociable hours.

However other providers reported a rather different situation:

I'm not aware of anyone leaving, saying, ' I'm going to work for B&Q'.

Some of those responsible for planning in-house domiciliary care within West Sussex Social and Caring Services were also less worried about this aspect:

You can increase your workforce if you just think outside of the box.

Last time we advertised (in-house) for home care assistants we were overwhelmed with applications – we didn't know what to do with all the applications.

Retaining and supporting staff

Providers in West Sussex identified competitive pay, the flexible working arrangements they offer, and the supervision and one-to-one support they give their staff as key reasons why people enter and remain in domiciliary care. Others mentioned that by recruiting from a particular pool of labour they got the commitment and staff retention they required. Commenting on why people come into the job, providers noted:

I suspect the salary - pay is probably what attracts people most.

We are actually one of the highest paying (providers) in the Crawley area.

Supervision is of the utmost importance. We keep our staff through supervision and lots of one-to-one meetings, and they quite often drop in – so it's a very friendly caring sort of atmosphere – it's a very close-knit team because we are a small company.

In the early stages it's difficult for anybody – they're out there in domiciliary care very much on their own. And that's when we need to put our arms round them and wrap them in cotton wool – we've found that our retention rate, over the first 3-6 months – has improved as a result.

We make an effort to have team meetings, and communicate with staff and do some team-building. Staff have 1:1s, and if they have concerns they are listened to and those concerns are addressed.

We offer training and a pension scheme and enhanced holidays. We start on 26 annual leave days a year. We're a big organisation, so we've got things set up – it's almost like a comfort zone that you get from a larger organisation with a certain amount of resources behind it.

The environment you create within your business (is important). People are recognised and rewarded for good work, communication is consistent and regular – giving them incentives to stay, like loyalty bonuses after one year of being with us, increasing their holiday entitlement, increased pay for qualifications. I feel very strongly that it's the intangible things that make the difference, a big difference.

Workforce development and training

Some providers were finding it hard to meet the National Minimum Standards (NMS) targets for the accreditation of their workforce, and some were struggling to pay the costs of training and developing their workforce in line with the government's requirements. Not all were paying staff for the time spent training, and some found it hard to retain those they had trained.

(NMS has had) two big impacts. One is financial, and second, the actual logistics of getting it done. Financially it's quite an expense to ensure that all of the training is carried out within the timescales. We've approached this by becoming self-sufficient as far as the training's concerned. We have our own in-house trainers – but it's a bit of a strain at the moment.

I am not confident that we will achieve that – if they leave, obviously they can carry on somewhere else – but that doesn't help us at all. Among our permanent staff, we will have it – but it's the carers

who are casual workers who may not meet the standards.

We have an agreement where we pay them to do the NVQ and then they have to stay with us for a year afterwards. That's a fairly new initiative, so I don't know what is going to happen at the end of the agreed time – I would hazard a guess that they are going to move on.

They do have a pay rise once they've achieved their NVQ – but we don't have 'carer of the month' or anything like that.

Some saw the training as a positive investment in their staff:

One of the intentions is that we actually buy their loyalty – and we do have a clause requiring them to reimburse the cost of the training if they leave us within one year – but I would be very disappointed if they then wanted to leave us. We see that as very much, we pay for it, it's a big investment in them, and we'd hope for something in return.

Nevertheless some were meeting with resistance to the introduction of accreditation and training:

A lot of our staff are towards the ends of their careers, and they can't see the value of it for them, at the end of their working life. We do try and encourage them, and we've had a few successes – but some are adamant that they are not going to do it, and if they are forced to do it, they will leave the industry.

Contracting arrangements in West Sussex

As mentioned above, West Sussex had extensively reviewed its commissioning and contracting arrangements for domiciliary care in the recent past and the decisions and actions flowing from this had impacted on some of the providers we interviewed, some of whom obtained the majority of their business through contracts with West Sussex County Council. Providers commented on the contracting and tendering arrangements in place locally, and on the opportunities which had been created to develop partnerships in social care. Some providers found the tendering process time-consuming and onerous:

It's frustrating. There is an awful tender document that had to go off, and it's been a 7 month process so far. It's frustrating because obviously it's going to disrupt the clients, and the way they are changing everything, the clients are going to be completely dissatisfied.

I think it's a lot of work for not very much. If we were just doing care – we are not for profit, but to make anything like the contributions to our central costs- we would be very hard pushed to meet all of that.

It's very difficult to know what the criteria were. We are about to go and make a presentation – we don't know what they want – they say we're going to give you a scenario when you get here. So you can't prepare for them – it's quite strained.

Some - not all - providers felt cost restrictions and tendering arrangements were impacting on how domiciliary care was delivered to clients, and that price setting in some elements of their work was putting them under inappropriate pressure:

I think they certainly look at the bottom line very closely, but I also think they do take quality into consideration.

Some providers took a very positive view of recent developments in partnership working in the county:

I would describe it as a partnership. We've got very positive relationships. If we've got any suggestions, they go with it – it's quite positive really.

We really do have a good partnership with them.

Others had rather more mixed feelings. Some commented on staff changes within the local authority:

They probably change their staff more quickly than we do.

We would like to offer a more stable contract (to our staff), but we are not able to at present because of the funding.

It would be good if all the districts could adopt a common means of communication, invoicing, commissioning work, contract… All three areas that I work for adopt a different method – it would be good if there was a county-wide rationale for all of them, all the way through the process from offering the work, the time scales they require, to invoicing and timesheets – a common approach.

(In this organisation) every care worker is paid a minimum half an hour for every visit – so if Social Services put their foot down and only pay a quarter of an hour, I'll have to run that particular visit at a loss – but that's business.

Some providers pointed out that only a minority of their business was now contracted through the local authority.

We don't need local authority work. Because it's only a small percentage of the service that we provide, we don't need it, and we don't need to be

compromised on how much we are going to pay our staff, or what we charge on our agency fees.

Providers and stakeholders dealing with the reality of delivering domiciliary care in West Sussex thus confirmed that many of the issues facing the sector nationwide are part of their everyday experience of delivering home care services in the county.

This local study has shown some of the ways the local authority and individual providers are beginning to tackle the problems they face, and confirms that efforts have already been made, both within West Sussex County Council and among some of the providers in the county, to address key issues. West Sussex's detailed review of Home Care provision and planning through the government's Best Value process, and its determination to maintain its commitment to high standards following the award of 'excellent council' status in 2002, have evidently been important in putting a number of major issues on to the local agenda.

Data from the independent provider interviews suggest there is still work to be done to raise awareness of increasing demand for domiciliary care and its implications for staffing. The comparatively buoyant local economy, with a strong trend towards job growth in many sectors, is bound to present challenges for recruiting and retaining staff – yet there was little evidence among the providers we interviewed of employers gearing up for this, or of joint initiatives targeting non-traditional sources of labour supply.

Enhanced awareness of the situation women and others within the county may face when seeking to re-enter employment after a period outside paid work, arising in part from other work within the GELLM research programme (Escott et al 2006), may assist in the development of a longer term perspective on supply and demand in domiciliary care, and in identifying possible local solutions to labour supply problems.

Policy messages and recommendations

There was considerable evidence of change and development in the overall delivery and planning of domiciliary care services in West Sussex, although we found only limited evidence in West Sussex of recent independent sector activities and innovations in recruiting domiciliary care workers. Given the large potential additional demand for home care in the county in the short and medium term, further developments are likely to be needed to address the supply and demand issues highlighted in this report. Here we summarise key developments which West Sussex County Council and other local agencies may wish to consider.

Partnerships and dialogue between agencies

In West Sussex, a strategic approach to partnership working has been developed in recent years, and this appeared to be yielding useful benefits, for example in the training and workforce development area. The approach needs to be maintained and enhanced, to create continuing opportunities for regular effective dialogue, for exploring and sharing good practice in service development and enhancement, and for developing joint, cost-effective initiatives for drawing additional labour supply into domiciliary care work.

Recruiting staff

There was quite limited evidence of innovative approaches to recruiting additional domiciliary care staff in our study. This may in part reflect budgetary circumstances which have constrained recruitment opportunities, and the situation in the County Council, which has been reducing in-house staffing levels as part of its revised commissioning strategy. Given the common experience among independent sector providers of difficulty in recruiting staff, however, it seems likely additional outreach work will be needed in future to ensure new sources of labour supply are identified, and that changes being made at national level to create career structures in social care and to accredit and professionalise the care sector, succeed in attracting new people, from all ethnic groups and both sexes, into the domiciliary care workforce.

In some parts of West Sussex, notably the area around Crawley, particular attention could be given to attracting applicants from the Asian origin

communities. In this district, there is likely to be increased demand for care from within the Indian and Pakistani communities in coming years. In the more rural parts of the county, it will be important to explore ways of attracting men and women into domiciliary care work from other occupations, or from among economically inactive residents. It is clear that overseas recruitment is becoming important in parts of the county too, and effective ways of using labour from other parts of Europe or elsewhere, many of whom will wish to find employment in the south-east, perhaps for a temporary period, need also to be explored.

Our other research has shown that some women, even in a relatively prosperous county such as West Sussex, report real difficulties in locating suitable employment. This is particularly the case for women who have missed out on education and training at an earlier stage, and who live in some of the more deprived districts. New domiciliary care workers from these localities may find domiciliary care work, with its emerging career structure and opportunities, particularly attractive, and more rewarding than some of the other employment opportunities within their reach.

Strategic planning and the longer term

While some providers in West Sussex seem well aware of the need to continue to focus on recruitment and retention issues, it is unclear how far they are aware of the implications of the major demographic challenges ahead, or have considered their local ramifications in the medium to longer term. Some awareness-raising at the local level by key agencies, including West Sussex County Council, but also involving *Skills for Care,* with its brief to connect skills development and labour supply issues, and the *UK Home Care Association*, as an advocate of good practice from within the sector, would be beneficial.

Central government has recently indicated its intention to further reshape the delivery of community care services, through the 2006 Department of Health White Paper *Our health, our care, our say: a new direction for community services*. While the detailed implications of the changes involved remain unclear, the government has emphasised its commitment to the introduction of Individual Budgets. These will give individual care users much greater control over both their own budgets and their care plans. If taken up widely, this development (like the earlier introduction of Direct Payments for older people), could have major implications for the social care market. For example, large numbers of care users could select to go straight to the marketplace for their caring labour, or to recruit this indirectly. The implications of these developments for skills, training and quality assurance in the delivery of domiciliary care remain unclear, and whether there are enough care workers willing or able to work in this way, and offering more flexible hours, must be, at the least, an open question. It is important that evidence about the experiences of care providers in recruiting, developing and retaining domiciliary care staff is drawn on, by central and local agencies, at both the strategic and operational levels, as the practical consequences of the changes planned are addressed.

Resource issues

Many of the organisations which participated in the research in West Sussex are already aware of the benefits employers gain by supporting and rewarding their staff, particularly in terms of retaining personnel who might otherwise be attracted by alternative opportunities elsewhere. The scope local agencies have for developing this support is constrained by the tight financial situation in the sector. The allocation of substantial additional resources to support domiciliary care is likely to remain a matter primarily for public policy, public opinion and central government to resolve, although heightened awareness of key issues at the local level, and pressure from key agencies in the decision-making process can contribute to the debate needed about the funding of social care.

Domiciliary care and the local labour market

Other research within the GELLM programme has shown the critical importance of women's employment in local labour markets. This is particularly true of West Sussex's labour market, where employers across the public sector, and in the independent health and social care sectors, rely heavily on women to fill the available jobs.

In this other work (Buckner et al 2004; Grant et al 2005, 2006) we have emphasised the importance of key features of the labour supply provided by women, many of whom prefer to work part-time and flexibly, but who often pay a heavy price for this in terms of their rates of pay, accepting positions which involve working below their potential, and delivering services which are both socially and economically undervalued.

Domiciliary care – the essential support services for those who are frail, disabled and ill, whose quality ought to be a hallmark of a modern, decent society – is perhaps the prime example of this type of work. Many steps have already been taken to address problems in delivering domiciliary care, at both local and national level. However, given the complexity of socio-economic circumstances in West Sussex, and its urban/rural mix, plus the expected large increase in the county's population of very aged residents, it seems likely that reconciling supply and demand for domiciliary care will continue to be an important challenge for key agencies in West Sussex for some years to come.

A commitment to new innovative projects in this field, and to drawing new sources of labour into this form of work, would enable West Sussex County Council and its partners to address local challenges in reconciling supply and demand in domiciliary care. Within the sector, job image and job design, resource planning, employment and working conditions, training and workforce development will continue to need energetic attention in the years to come if older people and others in need of home care in West Sussex are to receive the quality of service they deserve and will require.

References

ADSS/Audit Commission (2004) *Better Government for Older People.* London: Local Government Association, Nuffield Institute, Joseph Rowntree Foundation Public Services for Tomorrow's Older Citizens.

Balloch, S., Banks, L., Hill, M., Smith, N., and Szanto, C. (2004) *East Sussex, Brighton and Hove Social Care Workforce Mapping Study* Health and Social Policy Research Centre, University of Brighton.

Buckner, L. Tang, N. & Yeandle, S. (2005) *Gender Profile of West Sussex's Labour Market* Sheffield: Centre for Social Inclusion, Sheffield Hallam University.

Care Training Consortium (2004) *Strategic Training Plan* Chichester, Care Training Consortium.

Commission for Social Care Inspection (2004) *Inspection of Social Care Services for Older People: West Sussex County Council* London: CSCI.

DSS (1989) *Caring for people: community care in the next decade and beyond*, HMSO, Cmnd 849.

DoH (1998) *Modernising Social Services: promoting independence, improving protection, raising standards* HMSO, Cmnd 4169.

DoH (2001) *The National Service Framework for Older People*, London: Department of Health.

DoH (2006) *Our, Health, Our Care, Our Say*, HMSO Cmnd 6737.

DETR (1998) *Supporting People: A new policy and funding framework for support services,* London: DETR.

Eborall, C. (2005) *The State of the Social Care Workforce 2004* London: Skills for Care.

Escott, K, Price, C and Buckner, L (2006) *Addressing women's employment in West Sussex: local labour market initiatives* Sheffield: Centre for Social Inclusion, Sheffield Hallam University.

Grant, L., Yeandle, S. & Buckner, L. (2005) *Working Below Potential: women and part-time work* Working Paper series No. 40, Manchester: Equal Opportunities Commission.

Grant, L, Price, C. and Buckner, L. (2006) *Connecting women with the labour market* Sheffield: Centre for Social Inclusion, Sheffield Hallam University.

McClimont, B. & Grove, K. (2004) *Who Cares Now? An Updated Profile of the Independent Sector Home Care Workforce in England* London: UKHCA (United Kingdom Home Care Association) and Skills for Care.

NHS (2005) *Community Care Statistics (2004) Home care services for adults in England* NHS Health and Social Care Information Centre

ODPM (2004) *What is Supporting People?* London: ODPM.

ONS (2004) *Focus on Health* London: Office for National Statistics.

RISE (nd) *Care alternatives: survey of Direct Payment clients and personal assistants in West Sussex,* West Sussex County Council.

Robinson, J. & Banks, P. (2005) *The Business of Caring: King's Fund Inquiry into Care Services for Older People in London* London: King's Fund.

West Sussex County Council (2002) *Best Value Review of Services for Older People in West Sussex.*

West Sussex County Council (2003) *Social and Caring Services Select Committee Report - review of care management for older people* (SOCS SGP/10)

West Sussex County Council (2004) *The Vision for Older People's Services: a commissioning framework.*

West Sussex County Council (2005) *Corporate Plan 2005-6*.

West Sussex Social and Caring Services (2005) *Home Care Code of Practice.*

Yeandle, S. Shipton, L. & Buckner, L. (2006) *Local Challenges in Meeting Demand for Domiciliary Care: synthesis report* Sheffield: Centre for Social Inclusion, Sheffield Hallam University.

Appendix 1 Gender and Employment in Local Labour Markets

The *Gender and Employment in Local Labour Markets* project was funded, between September 2003 and August 2006, by a core European Social Fund grant to Professor Sue Yeandle and her research team at the *Centre for Social Inclusion*, Sheffield Hallam University. The award was made from within ESF Policy Field 5 Measure 2, 'Gender and Discrimination in Employment'. The grant was supplemented with additional funds and resources provided by a range of partner agencies, notably the Equal Opportunities Commission, the TUC, and 12 English local authorities.

The GELLM project output comprises:

- new statistical analysis of district-level labour market data, led by Dr Lisa Buckner, producing separate ***Gender Profiles*** of the local labour markets of each of the participating local authorities (Buckner, Tang and Yeandle 2004, 2005, 2006) - available from the local authorities concerned and at www.shu.ac.uk/research/csi

- 6 ***Local Research Studies***, each involving between three and six of the project's local authority partners. Locality and Synthesis reports of these studies, published spring-summer 2006 are available at www.shu.ac.uk/research/csi. Details of other publications and presentations relating to the GELLM programme are also posted on this website.

  1. *Working below potential: women and part-time work*, led by Dr Linda Grant and part-funded by the EOC (first published by the EOC in 2005)
  2. *Connecting women with the labour market*, led by Dr Linda Grant
  3. *Ethnic minority women and access to the labour market*, led by Bernadette Stiell
  4. *Women's career development in the local authority sector in England* led by Dr Cinnamon Bennett
  5. *Addressing women's poverty: local labour market initiatives* led by Karen Escott
  6. *Local challenges in meeting demand for domiciliary care* led from autumn 2005 by Professor Sue Yeandle and prior to this by Anu Suokas

The GELLM Team
Led by Professor Sue Yeandle, the members of the GELLM research team at the *Centre for Social Inclusion* are: Dr Cinnamon Bennett, Dr Lisa Buckner, Ian Chesters (administrator), Karen Escott, Dr Linda Grant, Christopher Price, Lucy Shipton, Bernadette Stiell, Anu Suokas (until autumn 2005), and Dr Ning Tang. The team is grateful to Dr Pamela Fisher for her contribution to the project in 2004, and for the continuing advice and support of Dr Chris Gardiner.

The GELLM Partnership
The national partners supporting the GELLM project are the Equal Opportunities Commission and the TUC. The project's 12 local authority partners are: Birmingham City Council, the London Borough of Camden, East Staffordshire Borough Council, Leicester City Council, Newcastle City Council, Sandwell Metropolitan Borough Council, Somerset County Council, the London Borough of Southwark, Thurrock Council, Trafford Metropolitan Borough Council, Wakefield Metropolitan District Council and West Sussex County Council. The North East Coalition of Employers has also provided financial resources via Newcastle City Council. The team is grateful for the support of these agencies, without which the project could not have been developed. The GELLM project engaged Professor Damian Grimshaw, Professor Ed Fieldhouse (both of Manchester University) and Professor Irene Hardill (Nottingham Trent University), as external academic advisers to the project team, and thanks them for their valuable advice and support.

Appendix 2 Methodological Approach

The study was conducted in West Sussex between spring 2005 and February 2006, and involved new statistical analysis of the 2001 Census of Population, a new survey of domiciliary care providers with follow-up telephone interviews, and interviews with key stakeholders involved in commissioning and delivering domiciliary care services in West Sussex.

Analysis of 2001 Census data
Data from the 2001 Census for England and from the sub-national population projections[9] were used to produce a statistical profile relating to domiciliary care in West Sussex. This explored:

- population structure and key labour market indicators;
- demographic and employment characteristics
- demographic/ housing / health related indicators for older people
- population and household projections for 2004-2028, and
- provision of unpaid care by people working as care assistants or home carers

Postal survey of providers
A postal questionnaire was sent to all 32 domiciliary care providers registered with West Sussex's SSD. The purpose of the survey was to explore providers' employment, training and human resources practices and policies and to recruit providers to take part in telephone interviews. 14 providers responded to the survey in West Sussex, a response rate of 44%. They included 1 from the voluntary and community sector, 11 private for-profit organisations, and 2 private not-for-profit organisations. Data from the survey were analysed using SPSS to produce frequencies, cross tabulations and bar charts.

Interviews with key stakeholders and a sample of providers
Follow-up in-depth interviews were conducted with 12 key stakeholders and providers in West Sussex. The interviews with key stakeholders were conducted with managers responsible for contracting and commissioning, HR, and training/staff development within the West Sussex Social and Caring Services, using specially designed interview schedules, which included a request for relevant documentation. The interviews with providers explored workforce management, planning and recruitment practices, and interviewees were asked to supply relevant supporting documentation (e.g. examples of contracts of employment, policy documents relating to flexible working, training etc.). These interviews were tape-recorded and transcribed prior to being analysed by the research team.

[9] 2003 based sub-national population projections, Government Actuary Department, Crown Copyright 2004

Appendix 3 Statistical information about older people in West Sussex and care assistants and home carers

Figure A1 Older people in West Sussex (figures for England are presented in brackets)

	Men			Women		
	65-74	75-84	85+	65-74	75-84	85+
Population in 2001 (numbers)[10]	33,669	21,989	6,593	40,357	33,676	16,541
Tenure (%):						
Owns	84 (77)	78 (69)	66 (59)	82 (74)	72 (62)	53 (45)
Rents from council/social landlord	10 (17)	13 (21)	12 (20)	12 (20)	15 (25)	13 (22)
Private rented	4 (5)	3 (6)	4 (9)	3 (5)	4 (8)	4 (9)
Lives in communal establishment	1 (1)	3 (3)	14 (12)	1 (1)	6 (5)	27 (23)
Living arrangements (%):						
Lives alone	14 (17)	22 (26)	33 (37)	33 (33)	52 (52)	51 (55)
Lives with a partner	81 (76)	70 (65)	46 (41)	59 (56)	33 (31)	10 (8)
Health and care (%):						
General Health 'not good'	13 (19)	19 (25)	27 (32)	13 (19)	21 (27)	30 (36)
Limiting long-term Illness	34 (42)	50 (56)	68 (70)	32 (40)	52 (58)	74 (78)
Provides unpaid care	14 (14)	12 (12)	9 (8)	14 (14)	8 (8)	3 (3)
Population Change[11]						
Population 2003 (numbers)	34,200	23,000	6,500	40,200	34,500	15,600
Per 1,000 people of Working age in 2003 (20-64)	80 (74)	54 (44)	15 (10)	94 (83)	81 (64)	37 (25)
Population 2028 (numbers)	54,600	39,600	16,400	56,600	46,700	23,700
Per 1,000 people of Working age in 2028 (20-64)	118 (104)	86 (71)	35 (27)	122 (109)	101 (85)	51 (40)
Change 2003- 2028:						
Increase (number)	20,400	16,600	9,900	16,400	12,200	8,100
Percentage change (%)	60 (45)	72 (69)	152 (173)	41 (40)	35 (38)	52 (69)

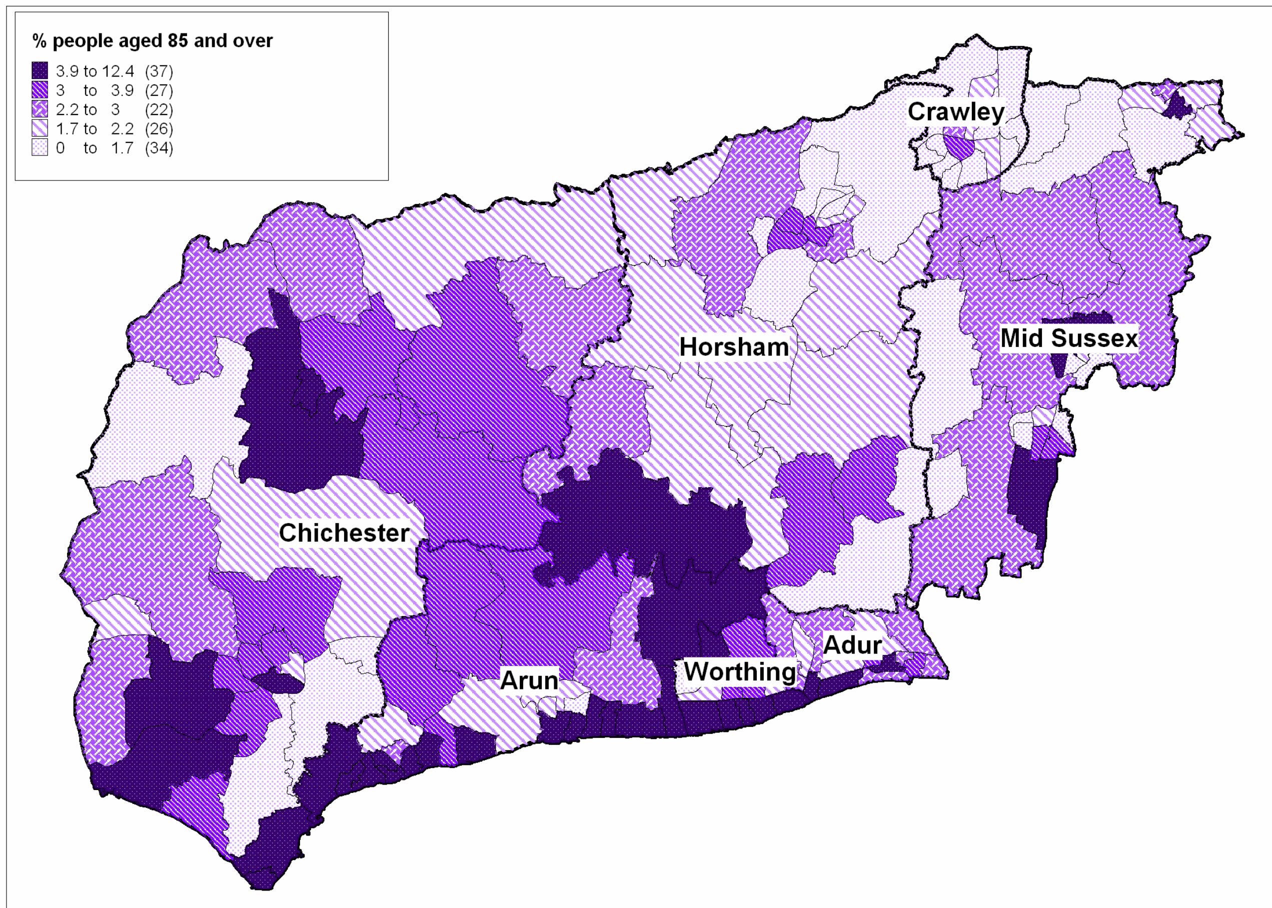
Figure A2 Households with one resident with a limiting long-term illness (LLTI)

	All households (390,792)	Age of resident with LLTI	
		65-74	75+
Number with resident with LLTI	97,654	14,122	25,495
% of all households	30 (34)	4 (5)	8 (7)
% with no carer in household	72 (71)	82 (82)	85 (86)

Source: 2001 Census Standard Tables, Crown Copyright 2003

[10] Source: 2001 Census Theme Tables, Crown Copyright 2003
[11] Source: 2003-based Sub-national Population Projections, Government Actuary Department, Crown Copyright 2005

Figure A3 Percentage of people aged 85 and over



Source: 2001 Census Key Statistics, Crown Copyright 2003. 2001 Census Output Area Boundaries, Crown Copyright 2003. This work is based on data provided through EDINA UKBORDERS with the support of the ESRC and JISC and uses boundary material which is Copyright of the Crown.

Figure A4 Care Assistants and Home Carers (CA&HC) in West Sussex (figures for England are presented in brackets)

	Men				Women			
	16-64	**16-24**	**35-49**	**50-64**	**16-59**	**16-24**	**25-49**	**50-59**
Number:								
All in employment	187,811	24,502	112,306	51,003	155,191	23,066	96,906	35,219
CA&HC	674	143	358	173	6,772	1,124	3,897	1,751
% in employment who are CA&HC	0.4 (0.4)	0.6 (0.5)	0.3 (0.4)	0.3 (0.4)	4.4 (4.0)	4.9 (3.8)	4.0 (3.8)	5.0 (4.9)
% across all age groups:								
All in employment		13 (13)	60 (62)	27 (25)		15 (15)	62 (65)	23 (20)
CA&HC		21 (16)	53 (62)	26 (22)		17 (14)	58 (61)	26 (25)
% across all age-sex groups:								
All in employment	55 (55)	7 (7)	33 (34)	15 (14)	45 (45)	7 (7)	28 (29)	10 (9)
CA&HC	9 (12)	2 (2)	5 (7)	2 (3)	91 (88)	15 (13)	52 (54)	24 (22)
Employment Status:								
All in employment								
Employee full-time	74 (76)	71 (74)	78 (80)	65 (68)	52 (55)	62 (62)	52 (56)	47 (47)
Self-employed full-time	17 (15)	4 (4)	17 (15)	23 (21)	4 (4)	1 (0)	4 (4)	6 (6)
Employee part-time	7 (7)	24 (22)	3 (4)	7 (6)	39 (38)	36 (37)	39 (37)	41 (42)
Self-employed part-time	3 (2)	1 (1)	2 (2)	5 (4)	5 (4)	1 (1)	5 (4)	6 (5)
Care Assistants & Home Carers								
Employee full-time	78 (74)	74 (69)	85 (77)	66 (68)	42 (43)	57 (56)	39 (42)	40 (40)
Self-employed full-time	2 (2)	0 (0)	2 (2)	4 (5)	1 (0)	0 (0)	1 (1)	2 (2)
Employee part-time	18 (23)	26 (30)	12 (20)	25 (25)	55 (55)	42 (44)	59 (54)	55 (57)
Self-employed part-time	2 (1)	0 (1)	1 (1)	4 (2)	1 (1)	1 (0)	1 (1)	3 (1)
Qualifications:								
All in employment								
No qualifications	15 (19)	10 (11)	11 (14)	29 (35)	14 (16)	7 (6)	10 (12)	30 (35)
Lower level	54 (49)	78 (74)	58 (51)	34 (28)	60 (54)	80 (76)	62 (55)	40 (34)
Higher level	30 (33)	11 (15)	32 (35)	37 (37)	26 (30)	13 (18)	28 (32)	29 (30)
Care Assistants & Home Carers								
No qualifications	20 (19)	14 (11)	16 (16)	33 (36)	29 (29)	13 (11)	24 (24)	51 (50)
Lower level	57 (58)	79 (79)	56 (60)	39 (36)	60 (58)	81 (81)	65 (62)	34 (34)
Higher level	23 (23)	7 (10)	27 (24)	28 (28)	11 (13)	6 (8)	11 (13)	14 (16)
Unpaid care:								
All in employment	9 (10)	3 (4)	8 (8)	16 (17)	13 (13)	4 (5)	11 (12)	23 (24)
CA&HC	15 (17)	10 (11)	15 (16)	21 (26)	16 (18)	8 (10)	16 (17)	24 (25)

Source: 2001 Census Commissioned Tables, Crown Copyright 2003

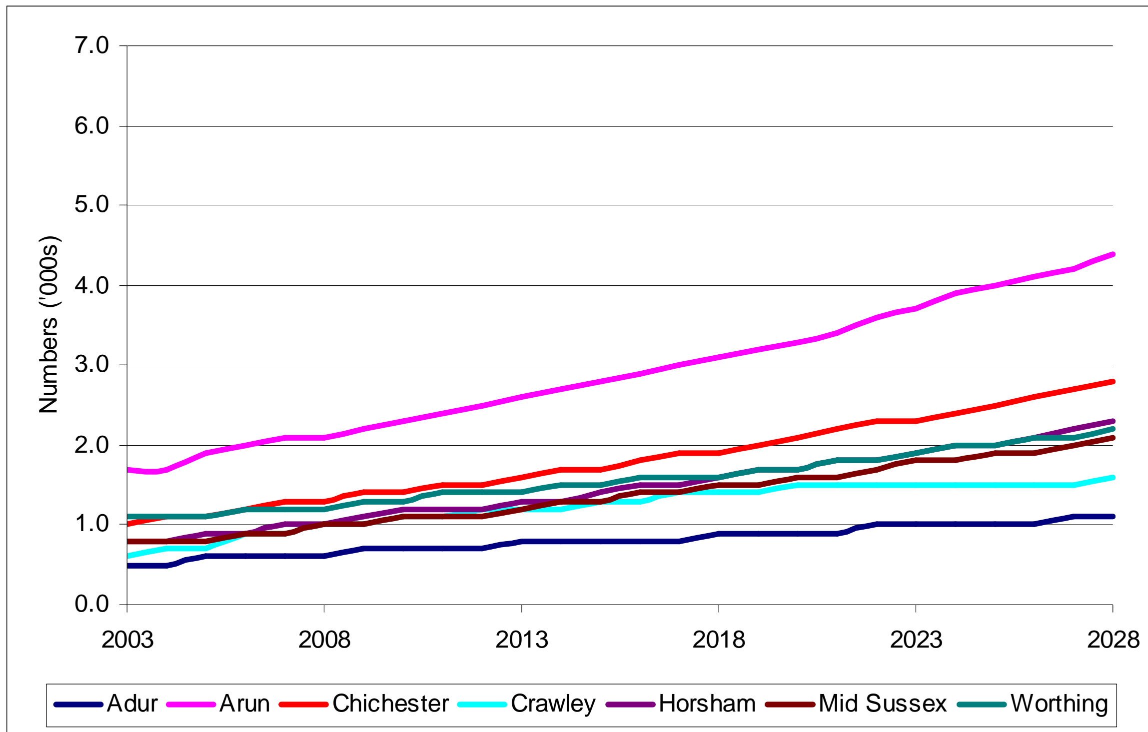
Note: Lower level qualifications are equivalent to 'A' level and below and higher level qualifications are equivalent to first degree and above

Figure A6 Information on people aged 85+ in the West Sussex districts

	Adur		Arun		Chichester		Crawley		Horsham		Mid Sussex		Worthing	
	Men	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
Population in 2001 (numbers)[12]	508	1,362	1,714	4,196	1,039	2,482	488	854	862	1,987	836	2,282	1,146	3,378
Tenure (%):														
Owns	70	59	70	57	69	52	44	34	64	49	62	47	69	54
Rents from council/ social landlord	11	11	7	9	8	12	40	35	16	18	14	14	7	7
Private rented	5	4	4	4	4	4	4	3	4	4	4	3	5	4
Lives in communal establishment	11	23	15	27	10	27	7	19	13	24	17	3	17	32
Living arrangements (%):														
Lives alone	34	54	31	52	31	51	46	54	31	52	33	50	32	49
Lives with a partner	46	11	48	11	50	10	32	10	48	10	43	8	45	9
Health and care (%):														
General Health 'not good'	26	30	29	30	22	28	34	36	26	28	28	31	28	30
Limiting long-term Illness	68	74	67	73	9	4	75	75	68	76	69	75	68	73
Provides unpaid care	10	3	9	3	63	74	7	3	10	2	8	3	8	3
Population Change[13]														
Population 2003 (numbers)	500	1,300	1,700	4,000	1,000	2,300	600	900	800	1,900	800	2,100	1,100	3,100
Population 2028 (numbers)	1,100	1,700	4,400	6,100	2,800	3,900	1,600	1,600	2,300	3,600	2,100	3,100	2,200	3,600
Change 2003- 2028:														
Change (number)	900	400	2,700	2,100	1,800	1,600	1,000	700	1,500	1,700	1,300	1,000	1,100	500
Percentage change	120	31	159	53	180	78	167	78	188	90	163	48	100	18

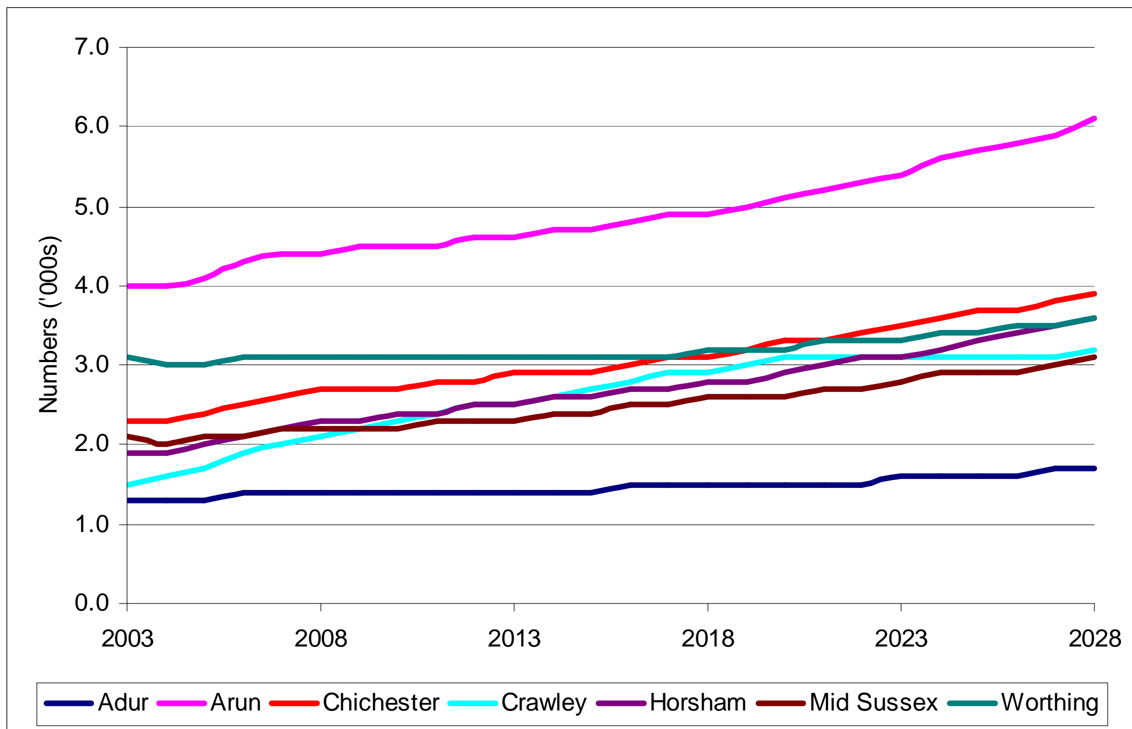
[12] Source: 2001 Census Theme Tables, Crown Copyright 2003
[13] Source: 2003-based Sub-national Population Projections, Government Actuary Department, Crown Copyright 2005

Figure A7 Population projection for men aged 85+ in the West Sussex Districts



Source: 2003-based Sub-national Population Projections, Government Actuary Department, Crown Copyright 2005

Figure A7 Population projection for women aged 85+ in the West Sussex Districts



Source: 2003-based Sub-national Population Projections, Government Actuary Department, Crown Copyright 2005

Figure A8 Care Assistants and Home Carers (CA&HCs), Somerset districts

	Adur		Arun		Chichester		Crawley		Horsham		Mid Sussex		Worthing	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Numbers: All	14,232	11,794	31,611	36,077	25,074	29,483	27,125	22,850	32,510	26,294	34,122	28,184	23,123	19,513
CA&HC	46**	616	182	1,772	79**	999	59**	514	66**	705	118	1,049	108	1,120
% in employment who are CA&HC	0.3	5.2	0.6	6.8	0.3	4.9	0.2	2.2	0.2	2.7	0.3	3.7	0.5	5.7
% aged 50-64/59:														
All in employment	29	35	30	24	31	26	20	17	28	23	28	24	25	21
CA&HC	24	32	21	26	32	25	29	20	23	26	34	26	25	25
% across all age-sex groups aged 50-64/59:														
All in employment	16	11	16	11	17	23	11	8	15	10	15	11	14	10
CA&HC	2	30	2	24	2	23	3	18	2	24	3	23	2	23
% BME groups: All	4	4	4	4	4	5	15	14	5	6	5	7	6	7
CA&HC	17	5	9	4	0	5	25	10	20	5	17	7	8	6
Employment Status:														
All in employment														
Employee full-time	72	50	71	51	68	48	82	61	74	52	75	52	73	53
Self-employed full-time	18	3	19	4	22	6	11	2	17	4	16	4	17	4
Employee part-time	7	43	7	41	7	40	5	35	6	38	6	39	7	39
Self-employed part-time	3	4	3	4	3	6	1	2	3	6	2	5	3	4
CA&HC														
Employee full-time	76	38	83	42	73	42	77	53	79	40	71	42	79	40
Self-employed full-time	6	1	0	1	4	1	0	0	4	1	5	1	0	2
Employee part-time	18	61	15	56	23	55	23	46	17	67	19	56	18	56
Self-employed part-time	0	0	2	1	0	2	0	1	0	2	5	1	3	2
Qualifications:														
All No qualifications	20	19	19	16	17	14	16	16	12	12	12	11	15	14
Lower level	54	59	54	60	49	54	58	64	53	59	56	60	56	60
Higher level	26	22	27	24	34	32	26	20	35	29	32	29	29	26
CA&HC No qualifications	58	42	19	29	26	29	16	29	16	30	19	23	22	27
Lower level	51	48	62	62	49	61	67	59	60	58	51	64	53	59
Higher level	21	10	19	9	26	10	17	12	24	12	30	13	25	14
Unpaid care:														
All in employment	10	14	10	14	10	13	9	11	9	13	9	13	9	13
CA&HC	7	15	17	16	18	17	10	15	6	19	13	16	12	17

Source: 2001 Census Commissioned Tables, Crown Copyright 2003

Note: Lower level qualifications are equivalent to 'A' level and below and higher level qualifications are equivalent to first degree and above.

Note: ** Data in these columns based on very small numbers of people

Note: 'All' refers to all men or women of working age in employment.