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Northern Ireland children's services workforce survey report

January 2025

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The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are an independent social care charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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Executive summary

In October 2023, the Office for Social Services commissioned two surveys to support the work of the Children's Social Care Services Reform Programme Board. The purpose of these surveys was to increase understanding of children's social care practitioners, including who employs practitioners and the services they deliver. The first survey related to social care practitioners within the broader remit of children's social care. The second survey related to the workforce, in particular, social care practitioners within children's residential homes.

The survey was distributed across the children's social care sector in Northern Ireland, with responses from statutory, community, voluntary and privately and independently run organisations. There was good engagement with the survey, both in terms of the number of responses received, and in the richness of information the sector provided.

The responses were analysed, and this report works through each of the thematic areas in turn, setting out:

- the rationale for the survey question
- what was included in the survey question
- SCIE's analysis and commentary based on what respondents reported

This information has been summarised into top level findings and SCIE's conclusions that are detailed in the final section of this report.

While each thematic element of the report can be considered individually, this report also establishes any broader patterns which unite them.

The workforce workstream, as part of the Children's Social Care Services Reform Programme Board (the Board), will consider the top level findings and SCIE's conclusions. They will be responsible for considering how these fit into the ongoing work of setting strategy for children's social care in Northern Ireland.

The conclusions of this report will support the Board to consider the following:

- What are the core functions and ambitions of children's social care services?
- What do we know about the diversity and needs of the children, young people and families who draw upon social care for support?
- Is our social care practitioner workforce optimised towards supporting the needs of this community of children, young people and their families?
- What difficulties need to be resolved by the forthcoming social care workforce strategy?
- To what extent is the social care workforce strategy mobilising the social care practitioner workforce to support strategic goals, ambitions and plans?
- How should the arrangements in place for social care practitioners be amended, to optimise their contribution to the strategic agenda for children's social care in Northern Ireland?

Figure 1:
Children's social care practitioners in numbers

Summary of findings

- Children's social care practitioners are employed by a diverse range of organisations, providing a diverse set of services and functions. In addition to the one Health and Social Care Trust (HSCT) per area that employs social care practitioners, there were between four and eight different community and voluntary sector providers in the different Trust areas, who employed social care practitioners.
- Five per cent of the social care practitioner workforce were reported as being employed on an agency basis. There are two differences in the profile of social care practitioner agency staff usage:
    - Residential children's homes reported a higher rate of use of agency and bank staff to cover vacancies compared with non-residential children's social care.
    - Ten per cent of agency social care practitioners are employed by the community, voluntary private and independent sector, with 90% of agency social care practitioners being employed within the HSCTs.
- There is a lack of consistency in job titles, with social care practitioners' jobs that involve some of the same tasks and employer expectations using 52 different job titles.
- Currently the statutory requirement for registration with Northern Ireland Social Care Council (NISCC) applies to most, but not all, staff working in the children's social care system. Some staff, outside of the compulsory groupings, are registered by virtue of historical arrangements and employer requirements, while others are not registered. The current rate of registration, from the data in this survey, is higher than the current regulations require due to voluntary registrations. However, the survey suggests that at least 7% of social care practitioners are not registered with NISCC.

- With regards to qualifications, there is significant variation in the qualifications required by employers, ranging from a GCSE requirement to a degree level requirement. The most frequent qualification requirement for social care practitioners is a Level 3 NVQ (National Vocational Qualification).
- There is considerable variation between different employers in relation to job titles, qualifications, training and activity for/of social care practitioners, while there is some consistency within individual employer organisations.
- There is no single agreement across the UK about the training requirements for social care practitioners. Forty different training courses were identified by respondents as a requirement for social care practitioners.
- There are some social care practitioner roles that are fulfilling niche and specialist functions, for example domestic abuse roles or substance misuse roles, that might require a differentiated response, e.g. specialist training.
- There does not appear to be consistent usage of social care practitioners across the various agencies who employ them, with 44 different tasks, activities and roles being listed by respondents.

SCIE's conclusions

- The diversity of the children's social care sector in terms of size and service provision can be an important strength. It is key that workforce strategies consider this diversity in size, scale, contribution, and activity of the community, voluntary, private and independent sectors alongside the statutory bodies.
- The usage of agency and bank staff by HSCTs is unlikely to be sustainable. Their usage by community, voluntary, private and independent organisations merits further exploration to identify transferable learning to support the development of a sustainable social care workforce in HSCTs.
- A standardised approach to job titles used for social care practitioners would make it easier for both employees and employers to understand roles. This requires a regionally recognised framework mapping equivalent job titles to standardised job titles. Connecting the job title standardisation to the NISCC Care in Practice Framework (NISCC, 2024) would give greater alignment of the children's social care sector and the social care practitioner workforce.
- There are some social care practitioner roles that deliver specific and specialist activities, for example, Advocate or Domestic Violence Worker. Any approach to standardisation will, therefore, also need to align with the NISCC Care in Practice Framework (NISCC, 2024).
- Given the extent of registration, both mandatory and voluntary, it is likely that widening statutory registration would be acceptable to the sector and would allow for greater accuracy in understanding the social care practitioner workforce. Using the experience of the Republic of Ireland (CORU, 2024), mandatory registration might also contribute to improving the recognition of social care practitioners.

- The Care in Practice Framework provides a new entrance level qualification, the Level 2 Safe and Effective Practice Certificate (NISCC, 2024). At a regional level, having a standardised qualification would assist the progression of the strategy towards having a consistent level of safe practice, as well as supporting, valuing, and recognising the social care workforce, and improving the labour market conditions.
- As the workforce strategy develops to consider both linear and lateral progression for social care practitioners, it must also ensure that specialist roles are given consideration and reflected in it.
- The data from this survey shows that there are some specialist roles which require specific qualifications. The strategy should set out the specialist roles and the additional qualifications and training for these roles, such as substance misuse specialists.
- The Social Care Workforce Strategy for Northern Ireland should review the training model in Wales which provides the greatest detail as to the specific training required for social care practitioners.
- A consistent approach to the training requirements for children's social care practitioners may be beneficial. This would require clarity in relation to the strategic intentions of children's social care and the development of a training model (based on the Care in Practice Framework) to equip the workforce to deliver this strategic intent. This should link to the work on a Level 3 RQF (Regulated Qualifications Framework) diploma that has been completed.
- The Social Care Workforce Strategy for Northern Ireland should review the strategic approach adopted by both 'The promise' in Scotland (Scottish Government, 2024) and the Children's Social Care National Framework in England (Department for Education, 2023), which provide the greatest detail as to how the role and tasks of social care practitioners could be described.
- The social care workforce strategy needs to be really clear about the role that social care practitioners have in realising the strategy in their day-to-day work.
- This report is the result of a partnership convened by the Office of Social Services (OSS) in the Department of Health (DoH). This partnership included the Social Care Institute for Excellence (SCIE) who administered the survey and the reports. Other organisations across the sector contributed to designing the survey, including statutory and voluntary sector organisations. We would like to extend sincere thanks to all of those who contributed to the survey and the reports.

Context

Purpose of the survey and report

The OSS in the DoH, Northern Ireland has commissioned a survey of the children's social care workforce to develop the regional understanding of social care practitioners within children's social care as a whole.

Children's social care practitioners have long been an essential constituent part of children's social care and yet they have frequently not been considered by formal reviews, reports, and research.

There is no statutory definition of a social care practitioner, neither is the title protected by statute. Part of the purpose of this survey is to discover which roles contribute to the social care workforce, what they are called and what qualifications they possess. While social care practitioners may or may not possess professional qualifications, e.g. social worker, psychologist or teacher, the key distinction is that they are not working in a role with these job titles and qualification requirements.

For the purposes of these reports, we therefore asked respondents to self-identify those staff who they considered to be social care practitioners.

This survey supports Workstream 2 of the Children's Social Care Services Reform Programme Board by capturing information on this group of the children's social care workforce and will feed the resulting information into the forthcoming social care workforce strategy that is being developed by the DoH.

> "Social care practitioners play an important part in the delivery [of] children's social care and their efforts support children, young people and their families in a wide variety of ways. The children, young people and their families have always valued [the] support they offer. As Chief Social Worker, I also value their contribution. So, understanding more about this group of workers is important to shaping the future of children's social care in Northern Ireland."
>
> **Aine Morrison, Chief Social Worker**

The wider context for children's social care in Northern Ireland

The agenda for change for children's social care in Northern Ireland is ambitious and comes within a complicated context of pressures for children's social care, including post-COVID-19 recovery, economic pressures, cost of living challenges, increased demand, and resource constraints. This report is intended to complement other workstreams and activities of the Children's Strategic Reform Board.

It is essential that the children's social care sector recognises the value of the input of those with lived experience of children's social care in challenging practice and championing

positive change. Co-production is a key mechanism for change to be incorporated into organisations and systems. The voice of children, young people and their families has been incorporated into many of the sources of information included in this survey and in the change programme across Northern Ireland. These contributions need to inform the selection of the most impactful, transformative, and sustainable changes for the children's social care system.

This project has been informed by several reports and policy documents that have been produced during a busy period of change in children's social care in Northern Ireland. These include:

- Professor Ray Jones's report, 'A review of children's social care' (Jones, 2023). Its recommendations were subsequently the subject of a public consultation, the outcomes of which have also been published. This report resulted in a consultation by the DoH.
- 'Reimagining children's social care services in Northern Ireland' (Reimagining Children's Collective, 2023), a document produced by a collective of community and voluntary service organisations to provide additional information and commentary to 'A review of children's social care' (Jones, 2023). It calls for five key priorities, including stabilising service provision and tackling the workforce crisis.
- 'Social care matters' (NISCC, 2023), a report outlining the challenges and opportunities for the social care workforce in Northern Ireland. First published in 2017, it was the 2023 version used as context for this report.
- 'Quality 2020 annual progress report, April 2022 – March 2023' (NISCC, 2023), the 10th report produced by NISCC to complement the Quality 2020 Strategy. It details progress against the five strategic targets identified and an action plan based on learning over the years.
- 'Working together for children in residential' (Children's Homes Workstream, 2023) , a draft skills mix paper provided by the OSS to demonstrate work being undertaken that connects to SCIE's work.
- Northern Ireland Care in Practice Framework (draft) (NISCC, 2024), a framework produced to help registered social care practitioners, intending to support professional development with continuous professional learning and qualification.
- Presentations to Workstream 3 Residential Care (Workshop, April 2024), shared with SCIE to provide additional context and information, but not published by the authors.
- Professor Ray Jones' 'Report of the Independent Review of Children's Social Care Services in Northern Ireland' (Jones, 2023): The recommendations of the report were the subject of a public consultation, the results of which have been published (Jones, 2023).

In addition, there are a number of other key strategies being developed by regional and local leaders, including the social care workforce strategy.

It is important to note that not all of the context for change within children's social care comes from a 'top down' approach, there is much change imagined, instigated and implemented from the sector itself and the social care workforce is a motivated group who are continuously driving forward change for children, young people and their families.

Equally, change is not limited to the contribution of the statutory sector, there is a wealth of

innovation and improvement that arises out of the energy, expertise, and efforts of the community, voluntary, private and independent sectors that participate in children's social care.

The wider context for the children's social care workforce in the UK

In other UK governmental areas, attempts have been made to monitor and review the wider social care sector workforce, both in adults' and children's social care, with each Government taking a different approach:

- 'Independent care review', 2020 (Scotland) (Independent Care Review, 2020).
- 'The promise', 2020 (Independent Care Review, 2020).
- 'Independent review of children's social care', 2022 (Independent Review of Children's Care, 2023, and a consultation responding to this review (Department for Education, 2022) England.
- 'Stable homes, built on love', 2023 (Department for Education, 2023).

Wales has not commissioned an independent review of its own.

There have been attempts to draw conclusions from changing patterns in the workforce and survey data has been combined with other forms of qualitative research to collect a composite view of the state of the workforce.

The importance of the workforce in realising the top level strategies and priorities has been recognised by leaders across the sector, especially in the light of sufficiency, stability, and 'recruitment difficulties.

This has led to some parts of the UK having an ongoing programme of national workforce data collection; however, children's social care practitioners are not consistently represented in these data exercises.

Specific cohorts of workers (primarily social workers) have been subject to some research in Northern Ireland and across the UK (Skills for Care, 2023; Foster, 2024; Department for Education, 2024; Department of Health and Social Care, 2024), but we found no other research specifically into the contribution of children's social care practitioners.

What was the ambition for this survey?

The ambition was to collect information about the social care practitioner workforce and to enable this information to be linked into broader workforce strategies.

The OSS within the DoH wanted representation from across a sample of organisations that combine to make up the children's social care sector and which employ social care practitioners. DoH took account of the size and scale of employers and types of employers including community, voluntary, private and independent organisations.

This survey asked a limited set of questions relating to the children's social care practitioner workforce; these questions enabled us to gather insight relating to:

- The type of organisations that employ social care practitioners.
- The location of the organisations employing social care practitioners.

- The number of social care practitioner roles across Northern Ireland.
- The job titles used for social care practitioners.
- The qualifications required by employers for social care practitioners.
- The requirement for NISCC registration.
- The training required for social care practitioners.

Children's social care workforce survey

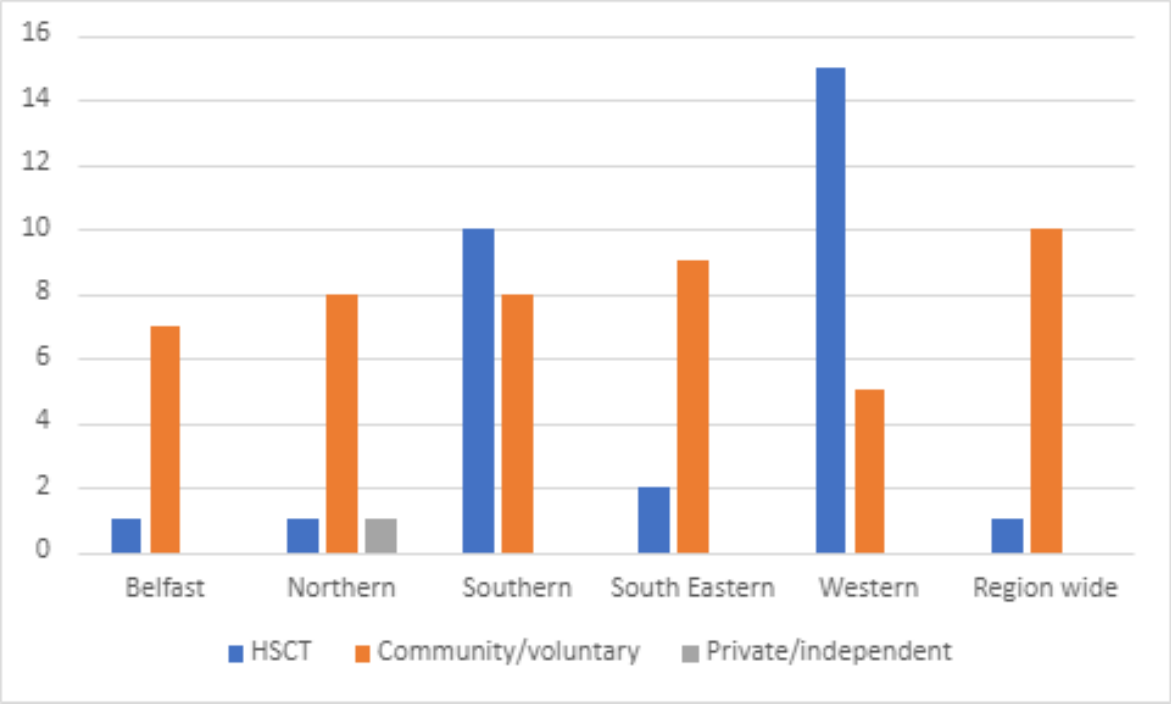
Our approach

The children's social care sector is closely linked to health, education, early years, justice and adult social care systems. While each of these systems interact and contribute to the outcomes and welfare of children, young people and their families, this survey had a restricted scope to consider the role of children's social care practitioners within the children's social care sector alone.

This survey was sent to 23 organisations, identified by the OSS and key stakeholders. These included the five HSCTs, 14 community and voluntary organisations and four independent children's homes.[1] Responses were received from 18 of the 23 organisations (78% response rate), including from all five HSCTs (100% response rate), and community, voluntary, private and independent organisations (72% response rate). The five organisations that did not respond to the survey were a combination of community, voluntary, private and independent organisations.

Some HSCTs and community, voluntary, private and independent respondents provided multiple managers to report the data, while others had one person report for the organisation. As a consequence, 45 returns were received from across the 23 organisations. There were 29 returns (65%) of responses to the survey from HSCTs, 15 returns (33%) of the responses were from voluntary/community organisations and one return (2%) from private/independent organisations.[2]

Chart 1: Total number of responses received by organisation within each locality (HSCT area)



[1] One of the 14 community, voluntary, private and independent organisations identified themselves as a private organisation in the survey.

[2] This survey applied only to non-residential services, those who provided both residential and non-residential were directed to include the residential services in the accompanying children's homes survey. Those providers who solely provide children's homes gave their information in the children's homes survey only.

As there are five HSCTs, from the chart above it appears that three of these have required more individuals to complete the survey. It may be that this is because of the complexity and/or scale of their operations. The largest community, voluntary, private and independent sector providers gave multiple responses where they are providing services in multiple areas.

SCIE's analysis is limited by the accuracy of the data, which has been self-reported by the respondents. It was assumed all returns were correct and there was no independent verification of the data that individuals submitted.

Theme 1 – geographical location and type of respondents

Rationale for the survey question

The intention of the OSS in the DoH was to improve the knowledge base and understanding of where children's social care practitioners are employed across Northern Ireland. This in turn should help the Children's Social Care Services Reform Programme Board as they consider issues of recruitment, retention, service sufficiency and training regionally for social care practitioners.

Currently, there is more information available about the social care practitioner workforce operating within the adult social care sector. It was intended that this work would redress some of that imbalance, providing insight into social care practitioners working in the children's social care sector. This would include the distribution of social care practitioners across Northern Ireland, between organisations and types of organisation.

What was included in the survey question

All responding organisations were therefore asked to indicate which geographical areas they worked in. We asked organisations if they operate a service at a Northern Ireland regional level. However, we also recognised that some organisations may run many separate services in several geographical areas, but not at a single regional level. Where this was the situation we asked organisations to indicate all of those geographical areas in which their individual services operate.

The survey focused on Northern Ireland, so data was not collected on whether organisations worked in other parts of the UK or in other countries, e.g. Republic of Ireland.

SCIE's analysis and commentary

Chart 2 details the distribution of responding organisations, by geographical area, which employ social care practitioners to deliver children's services in Northern Ireland.

Chart 2: Breakdown by number of organisations responding by locality (HSCT area)

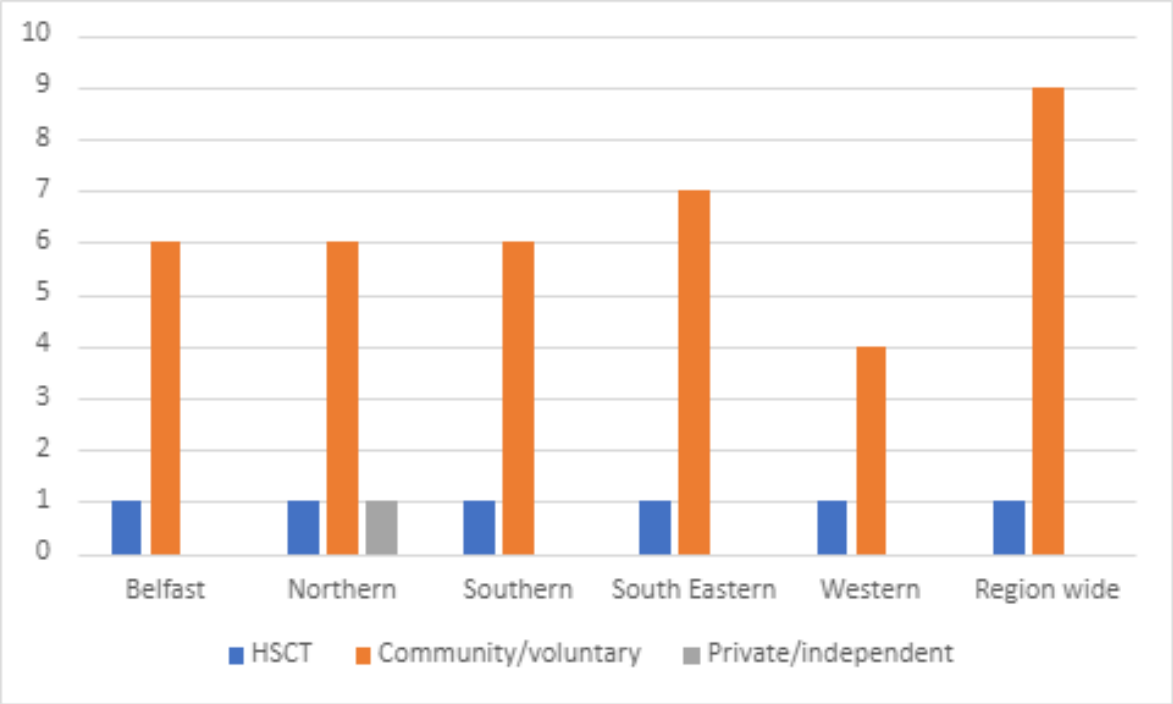


Chart 2 shows the distribution of organisations that employ social care practitioners across Northern Ireland. While there is one HSCT per area that employ social care practitioners, there are between four and eight different community and voluntary sector providers in the different areas, who employ social care practitioners.

Regional services which employ social care practitioners, are only delivered by the community, voluntary, private and independent providers with one exception. There is just one private/independent organisation delivering in the Northern HSCT area.

The raw numbers do not provide an insight into the number or scale of services available. Geographical spread was based on self-reported information by the respondents. While respondents indicated which geographical areas they worked in; it is not possible to determine any details about the overall size of the service given the survey focus on social care practitioners.

Theme 2 – number of social care practitioner staff employed

Rationale for the survey questions

While a number of social care practitioners are registered with NISCC, this is not mandatory across all job roles and work settings. The survey provided an opportunity to capture information about the numbers of social care practitioners working in children's social care.

What was included in the survey questions

Respondents were asked to provide the whole-time equivalents (WTE) of staff employed as children's social care practitioners. They were also asked how many of these social care

practitioners they are employing via agency or bank arrangements.

SCIE's analysis and commentary

Number of social care practitioners

Table 1: The number of social care practitioners employed by sector

Type of employer	Number of staff employed (WTE)
HSCT	577
Voluntary/community	578
Private/independent	56

Even though there were four non-respondents from the community, voluntary, private and independent sectors, the numbers in table 1 (above) show that there are slightly more social care practitioners (WTEs) employed in the voluntary and community sector/private and independent sector when compared with the HSCTs. The HSCTs and the voluntary and community sector are equally split with both employing 48% of the workforce while the private sector employs approximately 4% of the workforce.

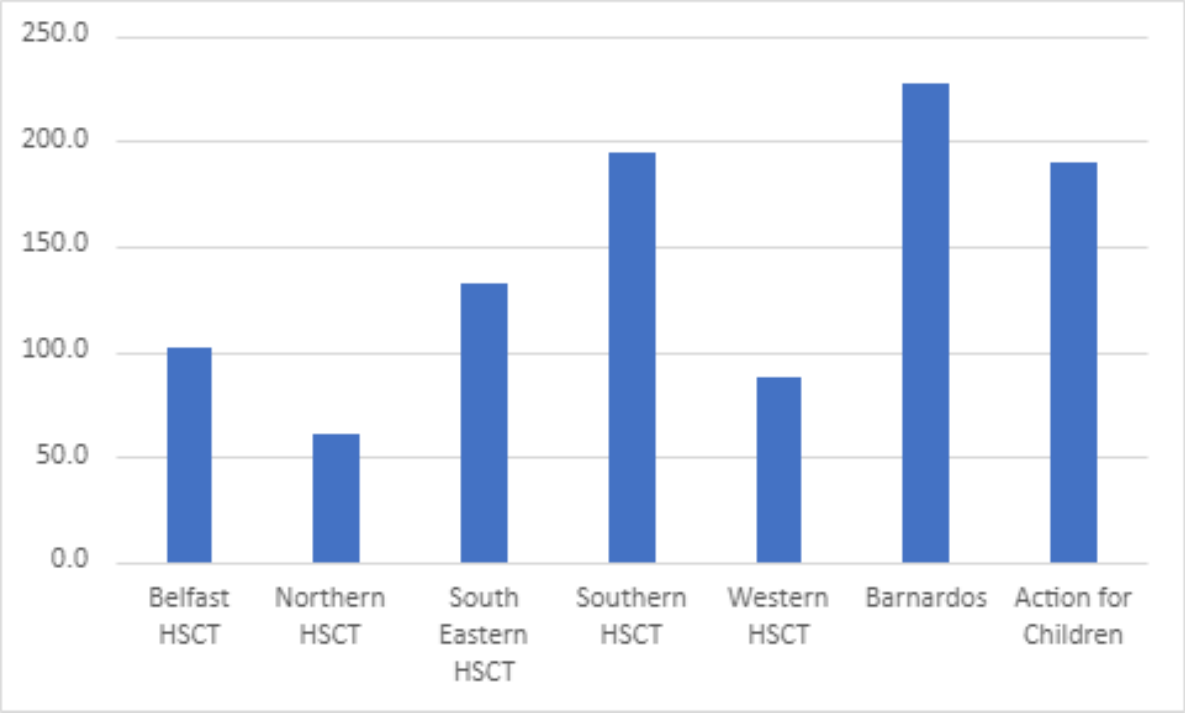
Given that there were four non-respondents from the community, voluntary, private and independent sectors, it is likely that these sectors employ a greater, total number of WTEs than the statutory sector partners.

Employers of social care practitioners

However, the total numbers of community, voluntary, private and independent sector employers is significantly greater than the total number of HSCTs. This means that the community, voluntary, private and independent sectors employ on average 48.7 WTEs while HSCTs employ on average 115.4 WTEs.

As shown in chart 3 (below), this variation is exacerbated when taking account of the two largest voluntary and community organisations. The largest seven employers employ on average 142 WTEs and the next six providers employ on average 37.9 WTEs.

Chart 3: Number of social care practitioners employed by the seven largest organisations



Overall, two of the three largest employers are community and voluntary sector including the largest employer, Barnardo's.

There is also significant variation within the numbers of WTEs employed in each HSCT, with the largest HSCT having more than three times as many employees as the smallest HSCT. Part of this variation may be due to commissioning arrangements, with community and voluntary organisations delivering more services in some HSCT areas.

Based on the survey returns from community and voluntary organisations, it is not possible to accurately disaggregate their staff by their geographic HSCT area.

Use of agency staff

While there have been changes in requirements relating to agency staff in 2023, with a ban on the use of agency social workers, this is not currently the case in relation to social care practitioners.

The survey returns about the number of agency staff used showed that only 5% of the workforce are employed on an agency basis. There was one HSCT[3] where respondents did not identify any agency staff, but even without this data HSCTs were the main organisations contracting agency staff, i.e. 90% of agency staff employed were from HSCTs. Northern HSCT has the highest number (32.6 WTEs) of social care practitioners employed via an agency, which equates to 52% of its social care workforce. Overall, the contracting of agency staff does not seem to be a significant issue.

The data from our parallel work on social care practitioners in children's homes does show a different picture of agency staff, suggesting that agency social care practitioners tend to be concentrated in children's homes. This is explored further in the parallel report on children's homes which suggests that some HSCTs are reliant upon agency and bank social care

[3] Western HSCT responded to this question with 10/15 responses stating not applicable, 5/15 responses stating 0.

practitioners.

Use of agency and bank staff is often a response to higher vacancy rates and turnover. Welsh data[4] (2022) shows that within children's social care, social workers make up 48.8% of the workforce, while support workers constitute 27.9% and 18.5% are listed as other. The vacancy rate (whole sector workforce, all categories of worker) is at 16.8% (Social Care Wales, 2022).

Surveys[5] in Scotland have suggested that recruitment and retention challenges across children's services have been more acute in rural areas (CELCIS, 2023).

Given the low usage of agency staff by community and voluntary sector employers, further research should be undertaken to understand how they manage to utilise low levels of agency staff, with a view to seeing how replicable this may be to HSCTs.

Theme 3 – service types in which social care practitioners work

Rationale for the survey question

The intention was to understand which service types social care practitioners are working in across the sector.

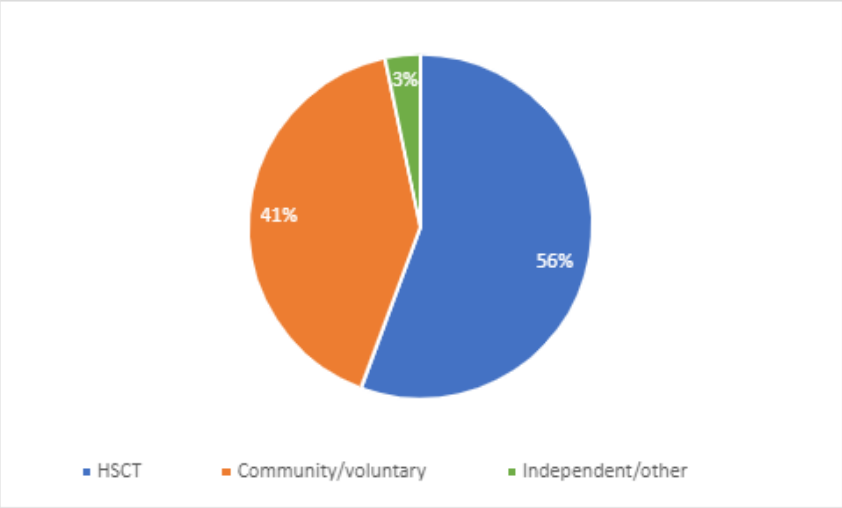
What was included in the survey question

A list of common types of services was developed in collaboration with OSS and stakeholders. Respondents to the survey were asked to separately record each service they provided, e.g. an HSCT or a large voluntary agency such as Barnardo's, could deliver specialist services.

SCIE's analysis and commentary

There are 28 different service types with 151 services identified in total across Northern Ireland. As shown in chart 5, HSCTs provide the majority (57%) of these 151 services followed by the community and voluntary sector which deliver 40% of these services.

Chart 4: Percentage of total services provided by each sector



[4] Workforce data report 2022 (socialcare.wales).

[5] CSRR_The_views_and_experiences_of_the_childrens_services_workforce_-_CELCIS_-_November_2023.pdf.

From the responses, shown in table 2 (below), there are 28 different service types. Of these services, the HSCTs identified that they provide 18 different services and the community and voluntary sector identified that it provides 22 different service types. The private and independent respondents identified that they provided five different service types.

Table 2: Type of service provided by sector

	Sector			
Type of service provided	**HSCTs**	**Community /voluntary**	**Private/ independent**	**Total**
Advocacy	0	7	0	7
Adoption service	4	1	0	5
Befriending/mentoring	0	3	1	4
CAMHS	3	0	0	3
Children with a disability service	8	6	1	15
Children with a disability – short breaks only	4	3	1	8
Contact	2	1	0	3
Early years	0	3	0	3
Emotional wellbeing (TLAAC)	3	2	0	5
Family support hubs	4	4	1	9
Family centres	3	3	0	6
Family support and intervention	8	8	0	16
Floating support	0	2	0	2
Fostering service	6	3	0	9
Gateway team	5	0	0	5
Intensive support teams	4	1	0	5
Leaving care and after care teams	5	3	0	8
Looked after children (LAC) services	10	3	0	13
PPANI/LINKs/CSE work	3	1	0	4
Personal advisors	4	1	0	5
Residential support service (RESET)	6	1	1	8
Supported accommodation	0	1	0	1
Young carers	0	2	0	2
Other	2	3	0	5
Total	84	62	5	151

The survey is based on the self-reported returns received, and is limited by their accuracy, for example, prior expectations were that all HSCTs would have an adoption service but only four HSCTs reported these in their returns. We have reported the data as provided and therefore some categories have more than five HSCT responses, as a result of multiple responses from the same HSCTs.

The most frequently reported service types were family support and intervention services (16 occurrences), disability services (15 occurrences) and looked after children's services (13 occurrences). Those services least frequently noted were supported accommodation (one occurrence) along with young carers (two occurrences) and floating support (two occurrences).

Only HSCTs responded that they provide Child and Adolescent Mental Health Service (CAMHS) (three occurrences) or gateway services (five occurrences). Five service types were reported more than five times by the HSCTs (residential support services, fostering services, family support and intervention services, children with disability services and looked after children's services).

Advocacy, befriending, floating support and young carers' services are most likely to be provided by the community and voluntary organisations. Supported accommodation services are only provided by a private/independent organisation.

A number of different services were named by respondents under the option 'other' and, where in scope, have been included in table 2 (15 services). Five services, that appear in table 2 in the category 'other' are:

- Employability services.
- Participation, service-user forums.
- Education support workers.
- Special educational needs (SEN) pre-school.
- Learning.

Further definition of these categories was not provided by the respondents and although the above five services were included by the respondents, a question remains as to whether these services are social care services or education services.

Nine services were excluded either because they weren't direct service delivery, or would be included in the children's home survey, these services are:

- Seven children's homes responses.
- Lobbying, policy, and advocacy.
- Staff development.

The survey shows that while there is some focus on early support/prevention (family support and intervention), most services are geared to focus on support following the identification of a significant need.

The report is based on the data submitted which was self-reported by the respondents, a previously identified limitation, and we have not approached respondents asking them to independently verify their responses. This was apparent in that all HSCTs are required to offer an adoption service, however, only four of the five HSCTs reported that they had an

adoption service.

Professor Ray Jones commented that there is a higher rate of childhood disability in Northern Ireland, and it could also be connected to traditional usage rates of social care staff (Jones, 2023). The focus on meeting statutory requirements is reflected in the types of services provided and commissioned by the HSCTs.

While a number of the voluntary, charity, private and independent services will be commissioned by HSCTs, it is not possible to clearly disaggregate into services which are prevention, early intervention and those required by statute. Understanding the commissioning arrangements and the service type would assist in further understanding of the distribution and usage of social care practitioners.

Across the UK, there is recognition that services have become skewed towards investigation and intervention. All are looking to re-balance, with an intent to listen to the views of children and parents as expressed in the 'Independent review of children's care, 2023' (Scottish Government, 2024).

This review stated:

"For families who need help, there must be a fundamental shift in the children's social care response, so that they receive more responsive, respectful, and effective support. To reduce the number of handovers between services, we recommend introducing one category of 'Family Help' to replace 'targeted early help' and 'child in need' work, providing families with much higher levels of meaningful support. This new service would need to be delivered by multidisciplinary teams made up of staff such as family support workers, domestic abuse workers and mental health practitioners - who, alongside social workers, would provide support and cut down on referring families onto other services. These Family Help Teams would be based in community settings, like schools and family hubs, that children and families know, and HSCTs, and the service they offer will be tailored to meet neighbourhood needs based on a robust needs assessment and feedback from the families."

The 'Independent care review' (Scotland 2018) stated:

"For lives and futures to change, Scotland must change the way it supports families to stay together. Because despite Scotland's aspiration for early intervention and prevention, its good intentions, and the hard work of many, the experience of far too many children and families is of a fractured, bureaucratic, unfeeling 'care system' that operates when children and families are facing crisis."

There is an intent in Scotland and England to change the system to focus more on family support services and reduce the emphasis on child protection intervention. This need to refocus is also recognised in the Northern Ireland 'Review of children's social care' which comments on the value of services such as Sure Start and the potential to introduce services which can span childhood alongside a recommendation to "re-set and re-focus for children's social care services to give a greater focus and attention to family support" (Independent Review of Children's Care, 2023).

The Jones review reinforces the need for a plurality of services and a skills mix in order to provide a practical and hands-on resource for families. The review noted there are tasks which might be "better undertaken by others working alongside social workers. Supervising contact between children in care and their parents might be important in observing child and parent interaction but not every contact needs to be attended by the social worker. Helping exhausted, worn down and possibly isolated parents to regain the energy to get children to school and to maintain the household might be done by family support workers befriending

parents, helping with practical tasks, and helping with activities for children with a disability to give other family members some respite. Getting parents and their children to a hospital appointment might be a role of a social work assistant." (Jones, 2023).

The review, like 'The promise' and the English 'Independent care review', are all seeking a re-balance to family support. In that context, it is helpful to set out what the strengths are that different staff/practitioners bring and how they are enabled to use them to maximum effect.

Theme 4 – job titles

Rationale for the survey question

We recognised that when devising strategy it is important to reflect the nature of roles that social care practitioners deliver. We need to understand what roles the sector views as social care practitioner roles to avoid an unrealistic and limited view of the roles of social care practitioners. By understanding job titles, it should also be possible to better understand the types of roles that social care practitioners hold, across the entire children's social care landscape.

The starting hypothesis for this theme was that there are a wide variety of job titles used within the umbrella terminology of children's social care practitioner. The intention was therefore to capture a fuller range of job titles that are perceived as being adopted by social care practitioners.

Job titles such as Frontline Manager and variations of assistant/deputy manager job titles were also included in order to ascertain whether social care practitioners are also in management positions, and do not require a professional social work qualification.

What was included in the survey question

Respondents were asked to state which of 19 different job titles were used by social care practitioners within their organisations. They also had flexibility to add their own job titles to the list.

SCIE's analysis and commentary

Information relating to residential children's homes social care practitioners is excluded from this report at is has been considered in a more detailed report specifically relating to residential children's homes.

Table 3 (below) shows the job titles that each sector used to describe their social care practitioners. 'Social Care Practitioner' was only used once by one HSCT. However, in addition to the 19 roles listed, a further 20 job titles were supplied by respondents. The data shows that the hypothesis of a wide variety of job titles existing under the umbrella term

social care practitioner is correct.

Table 3: Job titles for social care practitioners by sector

Job title	Health and Social Care HSCTs	Voluntary/independent sector
Advocate	1	1
Behavioural Worker	2	0
Contact Worker	1	1
Domestic Violence Worker	1	0
Early Intervention Worker	1	2
Family Support Worker	4	4
Outreach Worker	3	4
Personal Advisors	3	1
Project Worker Level 1	0	1
Project Worker Level 2	0	4
Social Work Assistant	4	0
Social Care Case Worker	1	1
Support Worker	2	7
Support and Engagement Worker	4	2
Social Care Practitioner	1	0
Youth Worker	3	1
Front Line Manager (who are social care not social work qualified managers)	1	1
Assistant/Deputy Team Managers (who are social care not social work qualified managers)	0	1

Forty-six per cent of the responses used the "other" option in the survey. These are set out below.

- Learning and Development Officers
- Youth Rights Worker
- Transition Workers
- Activity Support Coordinator
- Family Worker
- Sure Start Manager
- Service Coordinator
- Practice Team Leader
- Young Person's Practitioner, Early Years Practitioner

- Specialist Support Worker
- Creative Therapy Support Worker
- Emotional Wellbeing Practitioner
- Community Access Worker
- Employability Project Worker
- LAC Education Support Worker
- STAY Support Worker
- Community Social Care Support
- Children's Support Worker
- Children's Community Support Worker
- Learning Disability Social Worker Support.

Of the pre-listed job titles, the most frequent job titles were Family Support Worker (8), and Support Worker (9).

Some job titles may relate to specific roles, but their relatively high frequency is related to the statutory nature of the role. For example, Personal Advisors (4) was a relatively high frequency job title, and it is suggested that the reason for this prevalence is that each of the HSCTs will have a statutory duty to provide post-18 leaving care support and a Personal Advisor (Children Act 1989, c41, Part III, Section 23ca and Children (Leaving Care) Act (Northern Ireland) 2002)).

The least reported job titles were Project Worker (Level 1), Social Care Practitioner and Domestic Violence Worker with just one organisation responding that they employ social care practitioners with these job titles. A further four job roles appeared infrequently, namely Advocate (2), Behavioural Worker (2) Social Care Case Worker (2) and Contact Worker.

Some of the lower frequency job titles are attached to specialist roles. This would suggest that people are only called Advocates if their role is purely to provide advocacy services and similarly for Domestic Violence Worker. However, job titles like Family Support Worker appear to be more generic and may encompass a broader range of job activities.

Some of the job titles may be specific to one agency, e.g. Project Worker (Levels 1 & 2) and may not be connected to any other agencies, although they may provide similar services and undertake similar job tasks.

Management roles

Included in this question were two management job titles: Front Line Managers and Assistant/Deputy Managers. Responding organisations are employing managers who are social care practitioners at both levels, Frontline Manager (2) and Assistant/Deputy Team Managers (1). It is worth noting that there are management roles available to social care practitioners both at the assistant/deputy and front-line management grades and that management roles are not reserved for those with social work qualifications.

While this survey did not explore what the nature of the management opportunities are for social care practitioners within children's social care, it is interesting to note that there are

opportunities for progression within children's social care that are not reliant upon a social work professional qualification.

The data gathered for Northern Ireland is consistent with the wider UK situation where there is a similar proliferation of job titles in England, Scotland and Wales (National Careers Service, 2024; Skills for Care, 2024; Scottish Social Services Council, 2024; Social Care Wales, 2024).

Standardisation of job titles

The DoH should consider a standardisation of job titles for social care practitioners as it would make it easier for both employees and employers to understand equivalence between roles. To do this a regionally recognised equivalence between existing job titles would be required.

The NISCC Care in Practice Framework provides an opportunity to help develop some common standardisation and nomenclature (NISCC, 2024). The variety of job titles present across children's social care provides many opportunities to influence the workforce from a strategic and policy perspective.

As there are some more common job titles across organisations, e.g. Family Support Worker or Support Worker, these job titles might be best placed to act as the standardised job title. 'Social Care Practitioner' itself was only used by one HSCT and therefore may not be the most appropriate job title.

As there are some job roles that relate to specific and specialist activities, for example Advocate or Domestic Violence Worker, any approach to standardisation that allows these specialisations to emerge will be required. The DoH may wish to consider a common social care practitioner title but with the specialism then identified, e.g. Social Care Practitioner – Domestic Abuse Specialist, or Social Care Practitioner – Personal Advisor.

Further research should be undertaken to understand what job title social care practitioners find most relevant for the work they undertake, and to seek assurance on the benefits of this.

For the social care practitioners, it is assumed it will be of value because it will mean that they can readily explain their experience and expertise to a range of different social care employers which may help them when applying for other employment opportunities in the sector. If there is a regionally recognised standard for job titles, then employers will find it easier to assure themselves at the point of recruitment that people transferring between roles have been previously engaged in comparable roles.

For employers, it is assumed that simplicity and standardisation of job title will assist them in recruitment. Particularly in recognising compatibility of experience across roles and organisations. This should be tested with employers.

For commissioners, it is assumed that standardisation in job title would assist in service commissioning. If there are recognisable variations and equivalents, with associated specialisms, then this would assist commissioners in understanding the value proposition of different staffing models. Standardisation or equivalence in job titles might therefore aid commissioners and providers in having a common set of assumptions in staffing descriptions.

For the public, it is assumed that having a recognisable set of job titles might improve the public understanding of the role of social care practitioners. However, SCIE is not aware of any public engagement work in any UK nation to understand public awareness of social care

practitioner job titles.

Regionally, standardisation of job titles, or a limited palette of job titles, with recognisable equivalence could help promote the status of the social care roles and improve transferability between services. In addition, being able to define these roles within the workforce, will aid the collection of regional data on the contribution and strategic value of the role of social care.

Theme 5 – professional registration status

Rationale for the survey question

The intention was to understand if social care practitioners are not registered with a professional body and to gain a sense of the expectations that employers had about registration. It was recognised that social care practitioners are most likely to be registered with NISCC, but that social care practitioners who are not registered with NISCC are not currently reflected in the workforce statistical information, and so there is less intelligence available about their registration status.

What was included in the survey question

Respondents were asked which social care practitioner roles they employed, where these roles were not expected to be registered with NISCC.

SCIE's analysis and commentary

The data from this survey shows that not all individuals working in the children's social care workforce are registered with NISCC. While registration of social care practitioners in Northern Ireland is compulsory for specified job roles, it does not cover all of the children's social care practitioner workforce.

NISCC lays out the mandatory criteria for registration for social care workers in specifying that social care practitioners must be employed in a social care role, registered with a recruitment agency for social care work or have the confirmed prospect of a social care position. They also specify that these positions must be in one of a list of settings, including residential childcare work, residential family centre work or supported living work (NISCC, 2024).

Table 4: Number of social care practitioner roles expected to be registered with NISCC

Organisation	Social care practitioner roles	Social care practitioner roles where organisations require NISCC registration	Social care practitioner roles where organisations are not requiring NISCC registration
Belfast HSCT	7	6	1
Northern HSCT	14	14	0
Southern HSCT	4	4	0
South Eastern HSCT	11	11	0
Western HSCT	5	4	1
Community /voluntary	49	41	8
Private/independent	4	4	0

Of the 94 social care practitioner roles, 84 social care practitioner roles are required by organisations to register with NISCC, 10 social care practitioner roles are not required to register with NISCC.

Three out of the five HSCTs expected social care practitioners to be registered with NISCC, beyond those required by statute. Western and Southern HSCTs had some roles (within CAMHS, fostering and adoption) not required to be registered with NISCC.

The picture is similar in the community and voluntary sector, with the majority of organisations (58%) expecting or requesting that staff in social care roles are registered with NISCC. Responding organisations listed eight job titles as not requiring registration: Early Years Practitioner, Personal Advisor, Family Support Worker (three occurrences), Outreach Worker, Transition Worker, and Youth Worker.

Not all employers responded to this survey, so the figure may be higher, but at least 7% of the social care practitioner workforce are not currently registering under the voluntary registration option as NISCC state they have 39,188 social care workers registered with them as of 31 December 2023.[6]

NISCC provided SCIE with data (table 8) on the number of individual social care practitioners working in children's services. Given that many of these roles are unlikely to meet the statutory requirements that require NISCC registration, it can be inferred that organisations or individual social care practitioners are choosing to register with NISCC on a

[6] Live-Register-Overview-31Dec-23-Q3.pdf (niscc.info).

voluntary basis.

Table 5: NISCC children's social care registrants by work focus

Work focus	Total number of social care practitioners registered with NISCC	Percentage of the social care practitioner workforce
Adoption/fostering	**35**	2%
Child and Adolescent Mental Health Services (CAMHS)	**89**	6%
Children's disability	**140**	10%
Children's learning disability	**250**	17%
Children's physical health	**24**	2%
Early years	**37**	3%
Education welfare	**23**	2%
Family intervention	**224**	16%
Justice/youth	**48**	3%
Looked after children	**564**	39%
Total	**1,434**	**100%**

Given that the majority of social care practitioners are expected to be registered with NISCC by their employer, it would be relatively simple to move to a position where all children's social care practitioner roles should be registered with NISCC, especially as HSCTs already expect full registration with the exception of three roles (CAMHS Assistant, Family Support Worker Foster/Adoption and Service Improvement Coordinator). However, this change would require regulatory change, and this will also need to be taken into consideration.

In relation to the CAMHS role, there may be an expectation that this role is required to be registered with another professional body (but this would need to be confirmed) and therefore registering CAMHS social care practitioners with NISCC may be duplication of effort and responsibilities of professional bodies.

In other areas of the UK there are different approaches in place. In Scotland and Wales the registration bodies encompass adult and children's social care staff. In Scotland, practitioners are expected to be registered with Scottish Social Services Council (SSSC), while in Wales only those working in residential care are required to be registered. In England, the social worker registration body (Social Work England) only registers social workers. Social care practitioners might be registered via Care Quality Commission if they work in adult social care and are fulfilling specific responsibilities, for example registered manager roles. There is also a possibility in England that people in regulated services could be registered with Ofsted as Responsible Individual/Registered Manager.

This work did not consider the benefits of being registered with a professional body. However, if this was seen to be beneficial, then from a practical basis, amending relevant legislation and regulations to make registration compulsory would only require a change for a small number of workers and their employers. This is because most organisations already expect their staff to be registered; the social care workforce strategy should therefore consider developing a plan to extend registration to all social care practitioners, recognising

that there are number of legislative and regulatory changes required to implement it.

Theme 6 – qualifications

Rationale for the survey question

While many roles within health and social care have legal definitions and protections, social care practitioner roles are not included under current legislation. As a result the job title Social Care Practitioner is not a legally recognised job title and there is no required qualification. It was therefore felt beneficial to understand what qualifications employers are requiring for these roles.

What was included in the survey question

Respondents were asked to detail the qualification requirements they attached to each of the different job titles used by the social care practitioners they employed.

SCIE's analysis and commentary

There is variation in the qualification requirements for social care practitioners. Thirty-one of the 46 respondents answered the questions about qualification requirements for social care practitioner roles. Four of the respondents did not answer the question regarding qualifications.

There is no discernible link between specific job titles and the qualifications required for those roles in voluntary organisations. The same job titles can have different qualification requirements between voluntary organisations and HSCTs. While there is a higher degree of qualification requirement consistency among HSCTs, this is not fully standardised.

There are limitations to this information, most notably, this survey did not collect worker-level data to understand the specific qualification mix of the social care workforce.

NVQ Levels 2 and 3 are the most frequently required social care practitioner qualifications by employers. They are also the qualifications that the largest number of organisations require. The following were the most likely qualifications required for social care practitioners:

- Level 3 NVQ or equivalent (13 occurrences)
- Level 2 NVQ or equivalent (seven occurrences)
- A related degree (five occurrences)
- A degree (four occurrences)
- Five GCSEs (two occurrences)
- Four GCSEs (six occurrences).

Nine responses gave the answer 'not applicable' to the question asking what qualifications they required from the social care practitioners they were recruiting. Three responses were 'none' and a further three responses were submitted as '-'. All 15 of these responses are understood to mean that there is no required qualification for social care practitioner roles.

Eight of the voluntary sector respondents expect social care practitioners to have a Level 3 NVQ or degree in a relevant subject and for those who stated an experience requirement it

was higher than HSCTs.[7]

Four out of the five HSCTs have comparable expectations in terms of qualifications and experience, see table 6 (below).

Table 6: Qualifications required by HSCTs for band 4 posts

HSCT	Qualification	Relevant experience
Belfast	4 GCSEs	3 years
	NVQ Level 2	2 years
	NVQ Level 3	1 year
	NVQ Level 3	2 years (varies depending on post)
Northern	4 GCSEs	3 years
	NVQ Level 2	2 years
	NVQ Level 3	1 year
South Eastern	4 GCSEs	3 years
	NVQ Level 2	2 years
	NVQ Level 3	1 year
Southern	NVQ Level 3	2 years
Western	4 GCSEs	3 years
	NVQ Level 2	2 years
	NVQ Level 3	1 year

The willingness to recognise a range of qualifications has been important as it has allowed employers to recruit from a wider section of the population and enabled access for workers with a broader range of qualifications.

If the ambition of the social care workforce strategy is to enable those with lived experience of children's social care to assume roles, then an inclusive approach to qualifications and experience will be required.

NISCC have developed the Care in Practice Framework (NISCC, 2024), due to be launched in line with the DoH social care workforce strategy. This sets out flexible and agile qualifications and continuous learning pathways which will support the development of the social care workforce.

Comparable qualifications

A clear finding from the responses is that a number of qualifications are taken to have equivalent value; these included social work, teaching and youth work. Other degree qualifications mentioned included law, psychology, health, and social care when specifying

[77] While respondents commented that they asked for a Level 3 NVQ, they did not consistently specify the subjects of this NVQ requirement.

the types of degrees expected.

The importance of experience

Fourteen of 48 (29%) respondents commented that they required experience within social care for roles and this depended on the level of qualification. Other organisations might also require it but they did not specify it in their survey returns. One organisation stipulated that the experience should be in a paid setting and some roles required role-specific experience. For some specialist roles such as Substance Misuse Worker, there was an expectation of needing a relevant qualification for that specific role.

Responses about managers roles stressed the importance of a related qualification, most commonly social work, for example "Manager needs to have a social work degree". They were also expected to have a minimum of two years' experience in most cases.

It is clear from the responses that organisations are using a mix of qualifications and experience when appointing staff. This was most clearly articulated by the agencies who have a scale of qualifications and experience, see table 6:

> "NVQ/QCF/RQF Level 3 in a care-related subject* and 1 years' experience working in a social care role OR NVQ/QCF/RQF Level 2 in a care-related subject and 2 years' experience working in a social care role OR 4 GCSEs (Grades A-C) and 3 years' experience working in a social care role. *For those who do not hold Level 3, should be willing to complete Level 3 Diploma in Health and Social Care Support."
>
> **Survey respondent**

The Care in Practice Framework applies across the whole of the social care workforce working in both adult and children's services. From September 2024 the Level 2 Certificate, Safe and Effective Practice, will be available and NISCC will be advising the sector that it is best practice to ensure all new social care staff complete this certificate. It is understood that this is with a view to mandatory completion in the future.

Work will commence in January 2025 on a new Level 3 Diploma in Health and Social Care that will have separate pathways for children's social care practitioners and adult social care practitioners, with shared units for core knowledge and skills. It is proposed for work to begin in 2025 to review and revise the Level 4 Certificate in Principles of Leadership and Management in Adult Care, the Level 4 Diploma in Adult Care and the Level 5 Diploma in Leadership and Management in Health and Social Care (NI). This work should include consideration of separate children and adult pathways/qualifications.

In other parts of the UK alternative approaches have been taken. For the purpose of comparison, the table in the appendix identifies qualification equivalents across the UK.

Skills For Care have developed extensive materials on social care qualifications, predominantly based on an English environment, and their Level 2 qualification is aimed at new entrants into care work (Skills For Care, 2024). A Level 3 qualification is described as "It's also often seen as a progression route for care support workers after completing the Level 2 Diploma in Care" (Skills For Care, 2024).The expectation of qualifications does seem to be higher in Northern Ireland than England.

The Level 4 qualification is recommended for those in a senior practitioner role and Level 5

for management. This progression is intended to allow a progression route for management in social care which is not restricted to registered professional qualifications, e.g. social work, occupational therapy, and nursing.

Scotland has a similar arrangement, with Scottish Vocational Qualifications (SVQs) supported by the National Operational Standards (NOS). The three primary qualifications are an SVQ Level 6, 7 and 9. These correspond to the GCSE, A Level and degree standards (SSSC, 2024).

The Levels 6 and 7 are required for all those working in support worker roles to be working towards. It is possible with additional modules to use these qualifications in adult social care and children's social care. Level 9 qualification is intended for managers and is obligatory for those managing in children's residential homes (SQA, 2024).

There are similar arrangements in Wales. Social Care Wales stipulates that registration with them depends upon the specific qualification requirements for roles. Residential children's homes and family centre workers are specified roles, they require a Level III qualification or employer accreditation (Social Care Wales, 2024).

Wales also has a registration for managers that is linked to a Level V qualification, and this is specified for a number of roles including Adoption Manager, Fostering Manager, and Residential Family Centre Manager (Social Care Wales, 2024).

The Republic of Ireland has a different system in place: "In Ireland, the minimum pre-requisite qualification to practice as a Social Care Worker in the publicly funded health sector is a 3-year Level 7 degree, but a level 8 can get you into management level in these organisations" (Healthcarejob.ie, 2024).

Social care degrees are regulated by CORU, and a number of these degrees are available across Ireland. The qualifications are linked to the National Framework for Qualifications (Quality and Qualifications Ireland, 2024). The social care degree is applicable to both children's and adults' roles in Ireland.

There has been interest in developing the workforce in both adults' and children's social care in the other nations. England's previously mentioned response to the national review of social care, 'Stable homes, built on love', and child and family social workforce consultation (Department for Education, 2022) refer to this. Similarly, Wales has a strategy document which outlines the approach to workforce development including a qualification approach (Social Care Wales, 2022). All of these documents address the workforce and qualifications question primarily from a position of social work, rather than bringing forward the opportunities presented by the social care practitioner workforce. Despite the limitation in their scope in considering primarily social workers, they have value for considering the range of approaches and strategies being used across the UK because they are still tackling the key questions of workforce difficulties, e.g. qualifications, training, support and seeking to link the sector workforce to delivering strategic outcomes.

It is in adults' social care that the discussion of qualification progression is more fully developed and recognises that the purpose of progression via qualification might be directed at the ambitions of the individual worker, rather than simply a route to accessing professional qualifications in social work (DHSC, 2024).

In Northern Ireland there is a less clear consensus about the use of qualifications in recruiting social care practitioners. There is considerable variation between organisations including organisations which require no qualifications and those which require a social work qualification. This diversity in qualification requirements can, to an extent, be seen to reflect

the range of roles that social care practitioners fulfil for the sector.

In adult social care there are managerial roles where employers do not require a social work qualification. In this survey, there were three responses from the community, voluntary, private and independent sector which stated that a social work qualification was not required for a managerial role.

While other parts of the UK and adult social care have invested in and supported a management qualification for social care practitioners, this is still subject to debate in children's social care. As there are only a few social care practitioner management roles identified in this survey, there is less impetus for developing the infrastructure for these types of roles. This might indicate the importance of developing management training programmes in coordination with adult social care and social work management.

The NISCC Care in Practice Framework (NISCC, 2024) does set out the ambition of a minimum of a Level 2 qualification in safe and effective practice. If the aim is to echo the qualification approach of the other UK nations in statutory settings, then the strategy might recommend using the Level 2 NVQ entrance qualification and progressing to a Level 3 NVQ, as appears to be current practice across a section of agencies.

For workers, having a qualification that is standardised across social care roles could offer a value both in terms of recognition but also in terms of transferability and care options. This qualification method could be tested with existing social care practitioners to understand their response.

For employees, introducing an NI qualification standard is likely to have a different impact depending on the type of employer. For statutory employers, this approach would echo the current status quo and offer a transferable qualification for intra-agency employment.

For commissioners, an NI qualification could assist in assuring the skills mix present in commissioned services. Again, if a decision is taken to echo the practice of the other UK nations, then giving a qualification level with a timescale within which this has to be achieved, would allow commissioners to assure that providers are committing to improving practice standards within their organisations.

At an NI level, having a standardised qualification will assist the progression of strategy towards having a consistent level of support, valuing, and recognising the social care workforce and will improve the labour market conditions.

It is likely that a change in regional standards will cause employers to request support to implement this new qualification approach, so this will have to be costed.

It appears that the Welsh method of allowing employers to recognise and authenticate employee competence might allow for the change to a new qualification approach to be implemented with less disruption and demand on the current workforce.[8] The Care in Practice Framework will support employers in HSCTs to recognise learning and development that employees have undertaken in other places.

As the data from this survey shows that there are some specialist roles that fall within the broad category of social care practitioners, there is a requirement that some additional specialist training might be required for these roles, e.g. substance misuse qualification for substance misuse specialists. This data suggests that the requirement, were it to be

[8] The Welsh model includes an option to "register by employer assessment". This allows the employer to endorse an application to Social Care Wales. However, the expectation remains that social care workers will complete the otherwise required qualifications by three to six years. (**Qualifications you need to register | Social Care Wales**.)

imposed, for a Level 2 or Level 3 qualification should be considered as a starting point and other roles could require additional qualifications over and above the Level 2. Examples of this already exist in adult social care services.

There could be an additional benefit from the perspective of public confidence in the qualification of practitioners.

A choice remains when planning for a qualification standard, as to whether this standard should align with other sectors or be uniquely for children's social care. Within Northern Ireland, health and social care have been integrated for a number of years. This is a different model in comparison with England where children's social care and social work has traditionally sat with education services. In other parts of the UK, they have aligned their qualifications across adults' and children's social care. There is mention in the literature on adult social care practitioners about aligning the qualifications for adults' social care workers to health equivalents (Skills for Care, 2023). However, there is a remaining question as to whether there is greater benefit with aligning to adults' social care workers, health and social care, or whether an alignment with education and early years would be more appropriate for children's social care.

Theme 7 – training

Rationale for the survey questions

The intention was to understand any ongoing training requirements for social care practitioners. This included whether some social care practitioners had different ongoing training requirements compared with others, and to understand the specialisms within the broader mix of social care practitioners, and how they might be supported through training.

What was included in the survey questions

Two questions were asked in this section of the survey. The first asked what mandatory training was required for the social care job titles listed by the respondent. The second asked what additional specialist training was required for social care roles.

The survey provided a list of ten possible mandatory training courses, and the respondents were given the opportunity to suggest others that they require as mandatory.

SCIE's analysis and commentary

<u>Mandatory training subjects</u>

Analysis by organisation type does show some consistency across HSCTs, while other organisations have a wider variation of training which is related to more specialist work, e.g. complex health needs.

The response from a private/independent organisation did not list the individual training requirements but noted that they require the mandatory training as determined by the Regulation and Quality Improvement Authority (RQIA).

Responses showed that a variety of different practices are in place with regards to training. For specialist roles, specific training is provided, e.g. housing rights, naloxone training, Signs of Safety, Deprivation of Liberty Safeguards (DoLS), etc.

The summary of the mandatory training required is shown in table 7 (below). Ten training courses were pre-listed for the organisations. These are indicated with bold, underlined text in table 7. Of the pre-listed training options, no organisation identified requiring training on domestic abuse awareness training, domestic abuse risk assessment for children (DARAC) training, motivational interviewing training, multi-agency risk assessment training or substance misuse training.

Table 7: Mandatory training required for social care practitioners and front line managers

Training course	**Organisations identified this training is mandatory for Social care practitioners**		**Organisations identified this training was additional training just for Front Line managers**	
	Trusts	Voluntary and community	Trusts	Voluntary and community
Safeguarding children	5	8		
Safeguarding level 3			0	1
Fire safety	5	5		
Safeguarding adults	2	5		
Information governance awareness	5	2		
GDPR	3	3		
Infection control	4	2		
Equality human rights	5	0		
Corporate induction	5	0		
Health and safety	1	4		
Cyber security	4	1		
Record keeping	2	3		
Complaints	3	1		
Mental capacity	1	3		
Person-centred care	1	1		
Equality and inclusion	0	2		

Trauma and challenging behaviour	2	1		
Departmental induction	2	0		
Swallow awareness	0	2		
Risk assessor training	1	0		
COSSH awareness	1	1		
Mental health first aid	0	1		
Specialist health and safety	0	1		
Basic life support	0	1		
First aid responder level 2	0	1		
Paediatric first aid			0	1
Disability awareness	0	1		
ASD awareness	0	1		
Managing behaviour	0	1		
Brain injury awareness	0	1		
Workplace well being	0	1		
Confidentiality	0	1		
Coaching and mentoring			0	1
Recruitment and selection			0	2
Appraisals training	0	1		
Absence management	0	1		
Supervisor training	0	1		

The analysis of the training responses is limited because organisations may use different names for the same type of learning, e.g. safeguarding children and safeguarding level 2.

Comparison between organisations

When comparing requirements across organisations, the most consistent training requirements which was required by all five HSCT and community, voluntary, private and independent organisations relate to:

- Safeguarding children training
- Fire safety
- Information governance.

Adult safeguarding training was required by seven responding organisations, but only two HSCTs.

All five HSCTs made reference to requiring social care practitioners to complete a corporate induction programme. All five HSCTs also required training on equality and human rights.

Four out of the five HSCTs required cyber security training, as well as one community, voluntary, private and independent organisation.

The original idea was to understand whether the different social care practitioners were being offered different types of training to support their roles in comparison to social workers. This does not emerge from the data relating to mandatory training, where respondents appear to be training all social care practitioner staff in a similar manner and not making distinctions between types of social care practitioners.

Greater evidence of differentiation emerges when specialist training data is considered. The responses here show that certain specialist roles, e.g. substance misuse workers and those working in disability-related positions are being offered additional, specialist training.

A number of respondents referred to corporate training resources. The comments divided these into two main categories: firstly, a standard corporate induction programme including training resources; secondly, all social care practitioners being able to access training provisions available to the whole organisation.

This corporate access might describe a more uniform approach to training. However, it is reasonable to note that these types of corporate resources are likely to be features of bigger organisations like the large community, voluntary, private and independent organisations and HSCTs, and smaller organisations are likely to meet the training needs of their workers in different ways.

A small number of respondents mentioned training in ACES (Adverse Childhood Experiences) or specific parenting approaches including the Solihull Approach. However, the data did not show whether these approaches are generalised across the whole children's social care sector. Some of these subjects are included in the Level 2 Certificate in Safe and Effective Practice and will be recognised by RQIA as meeting mandatory training requirements.

Analysis by organisation type does show some consistency across HSCTs, while other organisations have a wider variation of training which is related to more specialist work, e.g. complex health needs.

A review across the UK reveals there is not a standard approach to training. The qualifications pathways have been noted in a previous chapter, but there is no clear in-

service training approach.

The Welsh Government has published a safeguarding training programme in response to variance (Welsh Government, 2024).

The Scottish Government has a learning portal and a suite of free programmes for early years and childcare practitioners, but this appears to be distinct from children's social care (Scottish Government, 2024).

In Ireland, where social care workers have professional status and are newly registered, there is still no clear pathway of in-service training. A paper written for Social Care Ireland in 2022, suggested that social care was still being viewed by the practitioners as a stepping stone towards qualification and progression in other professions, e.g. social work (Power & Dashdondog, 2022).

The data in this survey shows that a training offer is being provided to social care workers, from mandatory social care training to further training specific to the sector, role, and specialisms.

This survey did not consider practitioner views of training, which could be a valuable further line of enquiry. Key questions might include; what do training practitioners feel they require, what would they like, and what would they want their training to achieve for them. Similarly, this survey did not ask whether the current training provision is optimised for employers.

The broader discussion across the UK with regards to social care workers is linked to transferability of qualification, and training can be aligned to this conversation. Given that there are disparities between the training offered, there is an argument supporting a framework of training equivalence or a passport of training that would be recognised and have equal value for all social care employers.

There does not appear to be a consistent picture of what a social care practitioner might be trained in on an ongoing basis from the respondents, nor is there a strong template from other nations that Northern Ireland might be minded to incorporate into their approach.

To achieve a consistent and coherent picture of training for the social care practitioner workforce, a mapping exercise might be undertaken to clarify the strategic intentions of children's social care. A report is with the Chief Social Worker on the RQF Level 3 for review.

Along with the vision for children's social care, using the mapping from the Professor Ray Jones report (Independent Review of Children's Care, 2023), the picture of children and families' changing and evolving needs, can aid in determining the curriculum for social care practitioner training, e.g. if cyber risks are increasing, training connected to cyber risk can be deployed.

Once mapped, this strategy can link to the roles that social care practitioners should undertake to achieve this vision and the training suite that will facilitate the capacity of the workforce to deliver the strategy. This will lead to a more responsive training approach.

Theme 8 – social care role functions

Rationale for the survey question

It was felt helpful to understand the range of activities that social care practitioners are undertaking within children's social care. It was hoped that this could then be used in future to consider the differences between how social worker and social care practitioner roles are deployed.

What was included in the survey question

The survey asked respondents to describe the core functions (tasks, roles and activities) that social care practitioners had undertaken within their organisations.

SCIE's analysis and commentary

Respondents gave a wide range of different core functions that they require of their social care practitioners. The responses have been organised into types in table 8, where respondents gave further information to add context or detail to the job roles, tasks and activities.

Forty-four different functions were described by respondents. The highest frequency response was 'delivering planned tasks, completing tasks allocated via a formal planning process' (13 different responses). Other high frequency responses were:

- Individual work (12 responses).
- Community support and integration (nine responses).
- Group support (eight responses).
- Social activities (seven responses).

Some lower frequency responses included 'hold a caseload' and 'general care'; these each only appeared once on the returns.

Thirteen of the respondents did not give information in response to these questions. It is unclear why they did not reply to this question.

Table 8: Functions that social care practitioners are undertaking within children's social care identified by respondents (minimum two responses)

Core function provided by social care practitioners	Supporting commentary by respondent about what the function includes	Number of responses
Planned tasks	As directed by manager, social worker, in line with agency, in line with plan	13
Individual support		12
Community	Linking children/young people with their community, linking children and young people with community resources, linking parents with community resources	9
Group work		8
Social activities		7
Transport	To contact/family time, to social activities	5
Education	Engaging with education bodies and staff, supporting educational work	4

Deliver services		4
Key working		3
Stabilise placements		3
Behaviour management		3
Contact/family time		3
Training	Training other workers	2
Advocacy		2
Transitions		2
Resourcing		2
Supporting professionals		2
Child developmental support		2
Assessments	Including PAMS	2
Participation	Youth participation, child's voice	2
Administration		2
Signposting to services		2

As anticipated the range of activities undertaken by social care practitioners is varied, with individual roles comprising multiple different tasks and activities. There does not appear to be a consensus as to their use and function across services, and variation could be affected by the range of agencies that employers are working with, and the range of teams within those agencies and employing organisations. For example, if you employ a large number of social care practitioners with different job titles, it is reasonable to assume they will deliver different functions to each other.

In addition, some of the responses suggested a high level of specialism and professional expertise, e.g. "[t]o use the expert knowledge of individual and their families when assessing and developing strategies that ensure agreed outcomes are achieved" (one respondent).

There were some notable absences, or low response rates, in the information returned in the survey. Only one respondent used the word statutory: "[s]tatutory functions for family support child protection and looked after children. Court work and early years registration and inspection". One respondent mentioned risk management: "day to day assessment, review and risk management of the children's everyday living plans". Three respondents mentioned assessment: "assessment, planning and evaluation of services," "day to day assessment, review and risk management of the children's everyday living plans" and "implementing tasks identified in a care plan. Contributing to assessments". Similarly, while a number of

responses talked about participation and advocacy (four), only one response talked about children's rights. Considering the organisational importance of these elements, they are remarkable in their absence.

There are different approaches across the UK in considering how to describe the work of social care practitioners. In December 2023, in England, the Department for Education (DFE) published the Children's Social Care National Framework (DFE, 2024). This document spells out the contribution of the workforce to achieving the key outcomes for children that children's social care is intended to provide in England. While it does not specify the role of social care practitioners, it does highlight their contribution to the workforce, using the terminology of family support worker. (It should be noted that this document is located within the context of local authority, rather than broader children's services.) If it is the intention of the social care workforce strategy to identify a professional framework for social care practitioners, then the DFE's approach is to cluster the functions around achieving these primary outcomes for children and their families.

In Scotland, 'The promise' (part of the Government's formal response to the review) devised a list of 10 principles of intensive family support. This effectively describes the focus of the functions of family support workers within Scotland and links these to national strategic objectives (Scottish Government, 2024).

In Ireland, CORU gave the following function description for social care workers:

"Social care workers are professional practitioners engaged in the practice of social care work. Social care work is a relationship-based approach to the purposeful planning and provision of care, protection, psychosocial support and advocacy in partnership with vulnerable individuals and groups who experience marginalisation, disadvantage or special needs. Principles of social justice and human rights are central to the practice of social care workers. Social care workers directly work with clients to provide care and meet their physical, psychosocial, and emotional needs. Social care workers help clients to interpret and access the different options available to them" (CORU, 2024).

The information gathered in this survey suggests that social care practitioners are delivering a wide range of roles, functions, and tasks for children's social care. There is variation across the organisations which employ social care practitioners in relation to the functions that they require of social care practitioners.

While there were some functions that were more likely to be identified as functions delivered by social care practitioners (individual, community and group work), this survey did not investigate if there is a consistency of approach, usage or practice within these function categories and further work would be required to understand this.

The responses to the survey did not suggest that respondents were making a link between social care practitioner functions and the strategic purpose or objectives of children's social care.

The strategic approach adopted by both 'The promise' in Scotland and the Children's Social Care National Framework in England, might show how the role of social care practitioners could be described and developed to align with the overall approach for children's social care in Northern Ireland.

This alignment could incorporate the unique contributions offered by social care practitioners, the system requirements of children's social care and the overarching objectives embedded in the strategy.

Conclusions and summary

The Children's Social Care Services Reform Programme Board has been established to improve the effectiveness of the children's social care system in delivering outcomes for the children of Northern Ireland. The value of the children's social care practitioner workforce is often not recognised, given their responsibility for delivering many of the day-to-day activities relating to children's social care.

The decreasing children's population coupled with the increased demand for support are both factors that need to be clearly understood and considered if the conclusions from the Jones review (Jones, 2023) are to be successfully applied, and for system-wide change to occur.

This report draws out a range of conclusions and considerations that can support the policy intent of a government and a sector that is seeking a rebalance.

In order to achieve the rebalance, consideration needs to be given to both the skills mix needed from professionals alongside the type of support that families, children and young people need to thrive at varying points in their life course. Traditionally, workforce strategic focus has been centred on social workers, with less knowledge of the contribution of social care practitioners. The recognition of the worth of the children's social care practitioners will emerge from a better understanding of their contribution. To become more systemic and systematic in its consideration of the workforce, the OSS within the DoH has recognised the importance of good quality data about the social care workforce, resulting in the commissioning of this work.

This survey produced a wealth of information, highlighted conclusions are presented below.

Summary of findings

- Children's social care practitioners are employed by a diverse range of organisations, providing a diverse set of services and functions. In addition to the one HSCT per area that employs social care practitioners, there are between four and eight different community and voluntary sector providers in the different areas, who employ social care practitioners.
- Five per cent of the social care practitioner workforce were reported as being employed on an agency basis. There are two differences in the profile of social care practitioner agency staff usage:
    - residential children's homes reported a higher rate of use of agency and bank staff to cover vacancies compared with non-residential children's social care.
    - 10% of agency social care practitioners are employed by the community, voluntary, private and independent sector with 90% of agency social care practitioners being employed within HSCTs.
- There is a lack of consistency in job titles, with social care practitioner jobs that involve some of the same tasks and employer expectations using 52 different job titles.
- Currently the statutory requirement for registration with NISCC applies to most, but not all, staff working in the children's social care system. Some staff, outside of the compulsory

groupings, are registered by virtue of historical arrangements and employer requirements, while others are not registered. The current rate of registration, from the data in this survey, is higher than the current regulations require due to voluntary registrations. However, the survey suggests that at least 7% of social care practitioners are not registered with NISCC.

- With regards to qualifications, there is significant variation in the qualifications required by employers, ranging from a GCSE requirement to a degree level requirement. The most frequent qualification requirement for social care practitioners being a Level 3 NVQ.
- There is some consistency within individual employers in relation to job titles, qualifications, training and activity for/of their social care practitioners. However, there is greater variation between employers in relation to job titles, qualifications, training and activity for/of their social care practitioners.
- There are some social care practitioner roles that are fulfilling niche and specialist functions, for example domestic abuse roles or substance misuse roles, that might require a differentiated response, e.g. specialist training.
- There is variation between employers in relation to the training they offer to social care practitioners, and there is no single agreement across the UK about the training requirements for social care practitioners. Forty different training courses were identified by respondents as a requirement for social care practitioners.
- There currently does not appear to be a consistent usage of social care practitioners across the various agencies who employ social care practitioners, with 44 different tasks, activities and roles being listed by respondents.

SCIE's conclusions

- The diversity of the children's social care sector in terms of size and service provision can be an important strength. It is key that workforce strategies consider this diversity in size, scale, contribution, and activity of the community, voluntary, private and independent sectors alongside the statutory bodies.
- The usage of agency and bank staff by HSCTs is unlikely to be sustainable. The usage of agency and bank staff by community, voluntary, private and independent organisations merits further exploration to identify transferable learning to support the development of a sustainable social care workforce in HSCTs.
- A standardised approach to job titles used for social care practitioners would make it easier for both employees and employers to understand roles. This requires a regionally recognised framework mapping equivalent job titles to standardised job titles. Connecting the job title standardisation to the NISCC Care in Practice Framework (NISCC, 2024) would give greater alignment for the children's social care sector and the social care practitioner workforce.
- There are some social care practitioner roles that deliver specific and specialist activities, for example, Advocate or Domestic Violence Worker. Any approach to standardisation

will, therefore, also need to align with the NISCC Care in Practice Framework (NISCC, 2024).

- Given the extent of registration, both mandatory and voluntary, it is likely that widening statutory registration would be acceptable to the sector and would allow for greater accuracy in understanding the social care practitioner workforce. Using the experience of the Republic of Ireland, mandatory registration might also contribute to improving the recognition of social care practitioners.
- The Care in Practice Framework provides a new entrance level qualification, the Level 2 Safe and Effective Practice Certificate (NISCC, 2024). At a regional level, having a standardised qualification would assist the progression of the strategy towards having a consistent level of safe practice as well as support, valuing, and recognising the social care workforce and improving the labour market conditions.
- As the social care workforce strategy develops to consider both linear and lateral progression for social care practitioners, it must also ensure that specialist roles should be given consideration and are reflected in the strategy.
- The data from this survey shows that there are some specialist roles which require specific qualifications. The strategy should set out the specialist roles and the additional qualifications and training for these roles, such as substance misuse specialists.
- The social care workforce strategy for Northern Ireland should review the training model in Wales which provides the greatest detail as to the specific training required for social care practitioners.
- A consistent approach to the training requirements for children's social care practitioners may be beneficial. This would require clarity in relation to the strategic intentions of children's social care and the development of a training model (based on the Care in Practice Framework) to equip the workforce to deliver this strategic intent. This should link to the work on a Level 3 RQF (Regulated Qualifications Framework) diploma that has been completed.
- The social care workforce strategy for Northern Ireland should review the strategic approach adopted by both 'The promise' in Scotland (Scottish Government, 2024) and the Children's Social Care National Framework in England (Department for Education, 2023), which provide the greatest detail as to how the role and tasks of social care practitioners could be described.
- The strategy for children's social care in Northern Ireland needs to be really clear about the role that social care practitioners have in realising the strategy in their day-to-day work.

Appendix

Summary of equivalence between UK and Ireland qualification systems[9]

Qualification	Northern Ireland	Wales	England	Scotland (SCQF)	Republic of Ireland (National Framework of Qualifications)
Entry Level (Sub-levels 1, 2, 3)	Entry Level Award	Entry Level Award	Entry Level Award	Levels 1, 2, 3	Level 1 or Level 2
Level 1	GCSE (grades 3, 2, 1) Level 1 NVQ	GCSE (grades 3, 2, 1) Level 1 NVQ	GCSE (grades 3, 2, 1) Level 1 NVQ	Level 4	Level 3 Junior Certificate
Level 2	GCSE (grades 4-9) Level 2 NVQ Intermediate Apprenticeship	GCSE (grades 4-9) Level 2 NVQ Intermediate Apprenticeship	GCSE (grades 4-9) Level 2 NVQ Intermediate Apprenticeship	Level 5 National 5 Modern Apprenticeships	Level 4 Higher Level
Level 3	A Level AS Level Level 3 NVQ	A Level AS Level Level 3 NVQ	A Level AS Level Level 3 NVQ	Level 6 Skills for Work Higher	Level 5 Leaving Certificate
Level 4	Higher Apprenticeship Level 4 Diploma Level 4 NVQ	Higher Apprenticeship Level 4 Diploma Level 4 NVQ	Higher Apprenticeship Level 4 Diploma Level 4 NVQ	Level 7 Advanced Higher Scottish Baccalaureate Award	Level 6 Advanced Certificate
Level 5	Diploma of Higher Education Foundation Degree Level 5 NVQ	Diploma of Higher Education Foundation Degree Level 5 NVQ	Diploma of Higher Education Foundation Degree Level 5 NVQ	Level 8 Diploma of Higher Education	Level 7 Advanced Certificate
Level 6	Degree Apprenticeship	Degree Apprenticeship	Degree Apprenticeship	Level 10/Level 9 Honours Degree	Level 8

[9] This table was compiled from three sources: Quality and Qualifications Ireland (**Recognition of foreign qualifications | Quality and Qualifications Ireland (qqi.ie)**); Scottish Credit and Qualifications Framework (**Home - Scottish Credit and Qualifications Framework (scqf.org.uk)**), and; the Department for Education guide 'What qualification levels mean' (**What qualification levels mean: England, Wales and Northern Ireland - GOV.UK (www.gov.uk)**).

	Degree with Honours (e.g. BA (Hons) or BSc (Hons) Degree without Honours Level 6 NVQ	Degree with Honours (e.g. BA (Hons) or BSc (Hons) Degree without Honours Level 6 NVQ	Degree with Honours (e.g. BA (Hons) or BSc (Hons) Degree without Honours Level 6 NVQ	Graduate Certificate Graduate Diploma	Bachelor's Degree
Level 7	Master's Degree Postgraduate Certificate Postgraduate Diploma Level 7 NVQ	Master's Degree Postgraduate Certificate Postgraduate Diploma Level 7 NVQ	Master's Degree Postgraduate Certificate Postgraduate Diploma Level 7 NVQ	Level 11 Master's Degree Postgraduate Diploma Postgraduate Certificate	Level 9 Master's Degree Postgraduate Diploma
Level 8	Doctorate Level 8 Diploma	Doctorate Level 8 Diploma	Doctorate Level 8 Diploma	Level 12 Doctoral Degree	Level 10 Doctorate

References

CELCIS. (2023). Children's Services Reform Research: Scotland's children's services landscape: The views and experiences of the children's services workforce. Edinburgh: CELCIS.

Children's Homes Workstream. (2023). Draft Skills Mix Paper. Belfast: Children's Homes Workstream.

CORU. (2024). FAQs on social care work. CORU. Retrieved from: https://coru.ie/social-care-workers/faqs%20for%20social%20care%20workers/.

Department for Education. (2022). Child and family social worker workforce: Government consultation response. Department for Education. Retrieved from: https://assets.publishing.service.gov.uk/media/65364e940b53920013a92b5e/Child_and_family_social_worker_workforce_consultation_response_2023.pdf.

Department for Education. (2023). Children's social care: National framework. London: Department for Education.

Department for Education. (2023). Stable homes built on love. London: Department for Education.

Department for Education. (2024). Children's social work workforce. London: Department for Education.

Department of Health. (2024). Health and social care workforce strategy 2026 - delivering for our people. Second action plan progress report. Belfast: Department of Health.

Department For Education. (2023). Children's Social Care National Framework: Statutory guidance on the purpose, principles for practice and expected outcomes of children's social care. Retrieved from: https://assets.publishing.service.gov.uk/media/657c538495bf650010719097/Children_s_Social_Care_National_Framework__December_2023.pdf. Department for Education.

Department of Health and Social Care. (2024). Care workforce pathway for adult social care: overview. Retrieved from: https://www.gov.uk/government/publications/care-workforce-pathway-for-adult-social-care/care-workforce-pathway-for-adult-social-care-overview. Department of Health and Social Care.

Foster, D. (2024). Adult social care workforce in England. London: Houses of Parliament.

Healthcarejobs.ie. (2018). How to become a social care worker in Ireland. Retrieved from: https://www.healthcarejobs.ie/blog/how-to-become-a-social-care-worker-in-ireland/. Healthcarejobs.ie.

Independent Care Review. (2020). Independent care review. Retrieved from: carereviewscot: https://www.carereview.scot/. Independent Care Review.

Independent Review of Children's Care. (2023). Independent review of children's social care. London: Department for Education.

Jones, P.R. (2023). Children's social care review services, Northern Ireland. Northern Ireland: Children's Social Care Review Services.

Jones, P.R. (2023). The Northern Ireland review of children's social care services report. Belfast: CSCS.

National Careers Service. (2024). Social care. Retrieved from: https://nationalcareers.service.gov.uk/job-categories/social-care#:~:text=Community%20support%20worker,%20home%20care%20officer. National Careers Service.

Northern Ireland Social Care Council. (2022-2023). Quality 2020 annual progress report. Belfast: Queen's University Belfast.

Northern Ireland Social Care Council. (2024). Care in Practice Framework. Retrieved from: https://niscc.info/care-in-practice-framework-a-framework-to-support-career-progression-for-the-social-care-workforce/#:~:text=The%20CiP%20Framework%20is%20a%20way. Northern Ireland Social Care Council.

Northern Ireland Social Care Council. (2006). The Northern Ireland Social Care Council (description of social care workers) order. Retrieved from: https://www.legislation.gov.uk/nisr/2006/396/article/2/made. Northern Ireland Social Care Council.

Northern Ireland Social Care Council. (2023). Social care matters. Belfast: Northern Ireland Social Care Council.

Power, M., & Dashdondog, S. (2022). Perceptions around professionalisation in social care work in Ireland: A workers advisory group study. Workers Advisory Group, Social Care Ireland.

Quality and Qualifications Ireland. (2024). National Framework of Qualifications. Retrieved from: https://www.qqi.ie/what-we-do/the-qualifications-system/national-framework-of-qualifications. Quality and Qualifications Ireland.

Reimaging Children's Collective. (2023). Reimagining children's social care services in Northern Ireland. Retrieved from: https://www.barnardos.org.uk/research/reimagining-childrens-social-care-northern-ireland#:~:text=Transformational%20change%20of%20children%E2%80%99s%20social%20care. Barnardos.

Scottish Government. (2023). Early learning and childcare practitioners: training modules. Retrieved from https://www.gov.scot/publications/training-modules-for-all-elc-practitioners/. Scottish Government.

Scottish Government. (2024). The promise. Retrieved from https://thepromise.scot/resources/2020/keepthepromise-family-support.pdf. Scottish Government.

Scottish Social Services Council. (2024). Careers in care. Retrieved from: https://www.careersincare.scot/#:~:text=One%20in%2013%20people%20in%20Scotland. Scottish Social Services Council.

Skills for Care. (2023). The state of the adult social care sector and workforce in England. Leeds: Skills for Care.

Skills for Care. (2024). Level 2 Diploma in Care. Skills for Care.

Skills for Care. (2024). Level 3 Diploma in Adult Care. Skills for Care.

Skills for Care. (2024). Think care careers. Retrieved from: https://www.skillsforcare.org.uk/Careers-in-care/Job-roles/Job-roles.aspx#:~:text=There%20are%20hundreds%20of%20roles%20you. Skills for Care.

Social Care Wales. (2022). Social work workforce plan: 2022 to 2025. Retrieved from: https://socialcare.wales/about-us/workforce-strategy/social-work-workforce-plan-2022-to-2025. Social Care Wales.

Social Care Wales. (2024). Qualifications and other ways to register. Retrieved from: https://socialcare.wales/registration/qualifications-needed#:~:text=For%20workers%20who%20have%20a%20qualification%20Level%202,care%20Diploma%2C%20QCF%20or%20NVQ%20within%20three%20years. Social Care Wales.

Social Care Wales. (2024). All job roles. Retrieved from: https://content.socialcare.wales/qualifications-funding/qualification-framework/job-roles#:~:text=Social%20Care%20Wales%20work%20with%20people. Social Care Wales.

Scottish Qualifications Authority. (2024). SQAs in health/social care. Retrieved from: https://www.sqa.org.uk/sqa/14514.html. Scottish Qualifications Authority.

Scottish Social Services Council. (2024). Qualifications for working in care and health. Retrieved from: https://careersincare.scot/socialcare/pathway/. Scottish Social Services Council.

The Independent Care Review. (2020). The promise. Edinburgh: Independent Care Review.

Welsh Government. (2024). About the national safeguarding training, learning and development standards. Retrieved from: https://socialcare.wales/resources-guidance/safeguarding-list/national-safeguarding-training-learning-and-development-standards/safeguarding-standards-about. Welsh Government.

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