SCOPE OF THE WORKFORCE FOR THE ADULT CARE SECTOR IN SURREY, AND ITS REQUIREMENTS IN THE FUTURE.

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| Introduction |

Surrey's care and support providers report that they are experiencing great difficulty recruiting and retaining care and support staff. This is supported by national statistics, which show high vacancies and retention rates, this situation appears to be getting worse.

Surrey has a very low unemployment rate and the care and support sector wages are considered low for the area, this, as well as the limit in public sector finances and the potential limitation on immigration, result in a great challenge for the providers of services in Surrey.

This report is being produced and developed as part of the Workforce project funded by Surrey Downs CCG, Surrey Social Services and Surrey Care Association, the report covers “as is” as detailed in the project scope document it included the research of current workforce including vacancy and retention rates. Statistical information gathered around the predicted future workforce requirements over the 10/20 year horizon, analysing the projected workforce shortfall.

The report will reflect on the information gather from providers and agencies to identify current issues and barriers to recruitment & retention.

The report draws on several data sources to produce workforce estimates and potential service requirements. Most of the detail comes from the National Minimum Data Set for Social Care (NMDS-SC) This data is managed by Skills for Care on behalf of the Department of Health. This data is collated regionally and covers services and workforce in the South-East Region.

Data has also been collected from the Surrey-i data base, collating information from the Joint Strategic Needs Assessment (JSNA) providing an assessment of the current and future health and social care needs of the local community using the 2011 Census records and Surrey population data collection figures.

See reference section for further details

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| Summary of initial key finding |

*(Taken from the adult social care sector and workforce in South East Report 2016)*

Adult Social Care workforce in the South East *(Jobs for direct payment recipients and those working in the NHS are not included in the workforce estimates.)*

* The number of adult social care jobs in the South East has increased by 5% since 2012/13 to 250,000 in 2015/16.
* There are approximately 230,000 people working in adult social care in the south east, approximately 5% of the economically active population.
* As of 2015/2016 the adult social care sector in the south east was estimated to contribute £6.8 billion to the regional economy.
* If the predicted level of the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population the number of adult social care roles will increase by **20%.**
* Data collected shows that an estimated new start rate to social care was 34.75%, meaning just over a third of all workers were new to their roles in the year 2014/2015.
* Adult social care has a core of workers with on average 8 years experience in the field.
* The estimated turnover rate in 2015/2016 is 28.2%.
* The data available does not include self funders and private arrangements for support.
* The data shows an estimated 7% shortfall in filled roles within care in the South East in 2015/16.

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| Overview of the South East and Surrey population predication |

*(Taken from the adult social care sector and workforce in South East Report 2016)*

In 2015/2016 the South East had a total population of 8.6million and an economically active population of 4.5 million people.

The number of adult social care jobs in the South East was estimated at 250,000. This had increased by an estimated 5% (11,000 jobs) since 2012/13

The 250,000 jobs as at 2015 included an estimated 16,000 jobs for direct payments recipients..

Approximately 230,000 people worked in adult social care in the South East; leaving a short fall of approximately 20,000 roles not filled.

In Surrey, the population was 1.18 million with an economically active pollution of 725,817. See below for the predicted increase in population in Surrey and how these numbers are reflected in the CCG areas.

Population in Surrey in 2016 Predicted 2027

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Region | Total population 2016 | Persons - Older people (65+) | Persons - Working age (16-64) | Population prediction Total 2027 | Population prediction older people (+65) | Predicated population Persons - Working age (16-64) |
| Surrey | 1176549 | 220746 | 701566 | 1288432 | 271541 | 730487 |
| Elmbridge | 132764 | 24137 | 78552 | 144744 | 29451 | 98098 |
| Epsom and Ewell | 79588 | 14403 | 49321 | 91433 | 17534 | 94659 |
| Guildford | 148020 | 24144 | 97580 | 160497 | 28961 | 78458 |
| Mole Valley | 86223 | 19858 | 50804 | 92862 | 24214 | 69386 |
| Reigate and Banstead | 145648 | 26438 | 90070 | 165994 | 33767 | 63259 |
| Runnymede | 86889 | 14910 | 57232 | 96391 | 18261 | 61323 |
| Spelthorne | 98902 | 18445 | 61658 | 109301 | 22515 | 59039 |
| Surrey Heath | 88387 | 16825 | 54497 | 92468 | 21281 | 53005 |
| Tandridge | 86665 | 17676 | 52486 | 95866 | 22244 | 52259 |
| Waverley | 123768 | 27135 | 72090 | 132160 | 32535 | 51466 |
| Woking | 99695 | 16776 | 61527 | 106716 | 20778 | 49536 |

Population by CCG in 2016 Predicted 2027

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CCG | Total population 2016 | Persons - Older people (65+) | Persons - Working age (18-64) | Population prediction Total 2027 | Population prediction older people (+65) | Predicated population Persons - Working age (18-64) |
| NHS East Surrey CCG | 184057 | 32986 | 109667 | 205317 | 41736 | 116913 |
| NHS Guildford and Waverley CCG | 214686 | 40087 | 128804 | 231876 | 48195 | 133384 |
| NHS North West Surrey CCG | 347185 | 61596 | 208929 | 375948 | 75621 | 216435 |
| NHS Surrey Downs CCG | 291646 | 58981 | 167227 | 321923 | 72598 | 175981 |
| NHS Surrey Heath CCG | 96032 | 18210 | 57214 | 101502 | 22761 | 57262 |

*Taken from Surrey-i (https://www.surreyi.gov.uk/Viewdata.aspx?P=Data&referer=%2fViewpage.aspx%3fC%3dbasket%26BasketID%3d288%26cookieCheck%3dtrue%26JScript%3d1)*

From the data taken from the Surrey-i population prediction the population in Surrey is predicted to grow by 111,883 by 2027 to 1.28 million, of which 271,541 will be over 65. A rise of 51,736 people. In conjunction with this Surrey faces a decrease in real term of working population of 30,000, putting great pressure on the already stretch recruitment of carers in the area.

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| The number of Social Care providers in the South East |

*(The adult social care sector and workforce in South East, 2016 Published by Skills for Care 2016)*

The definition of organisations ranges from large national employers, large charities and councils with social servic*es* responsibilities (statutory local authorities) to small independent care homes.

A large company running multiple care homes would count once in these figures. This estimate does not include individuals employing their own care and support staff.

Skill for Care estimates there are 3,300 organisations with 6,800 establishments/care providing locations involved in providing or organising adult social care in the South East of England

Just over a third (34%) of adult social care organisations employed less than five workers, with the majority (85%) employing fewer than 50 workers. Large organisations (250+ employees) made up just 2% of the total but employed 39% of the total adult social care

workforce as at 2015

The majority (90%) of the workforce were employed on permanent contracts

Over half (52%) of the workforce were employed on a full-time basis and 36% part-time

Around a quarter (24%) of the workforce were on zero-hours contracts. This was higher for care workers (63%) and registered nurses (55%) in domiciliary care services

The percentage of workers on zero-hours contracts remained relatively stable between 2012/13 and 2015/16, going up by two percentage points over the last three years.

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| Job breakdown in the South East |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job role group |  | All sectors | Local Authority | All Independent | NHS | Direct payments recipients |
|  |
| Type of service |
| All job roles | Residential | 125,000 | 5,000 | 120,000 | 0 | 0 |
| Domiciliary | 90,000 | 2,000 | 70,000 | 0 | 15,000 |
| Day | 5,000 | 2,000 | 5,000 | 0 | 0 |
| Community | 30,000 | 10,000 | 10,000 | 12,600 | 0 |
| Total workforce jobs | 250,000 | 19,000 | 205,000 | 12,600 | 15,000 |
| Direct care | Residential | 83,000 | 3,300 | 80,000 | 0 | 0 |
| Domiciliary | 79,000 | 1,600 | 62,000 | 0 | 15,000 |
| Day | 4,000 | 1,200 | 3,000 | 0 | 0 |
| Community | 18,000 | 3,400 | 5,000 | 9,300 | 0 |
| All Direct care | 184,000 | 9,500 | 149,000 | 9,300 | 15,000 |
| Managerial / supervisory | Residential | 9,000 | 400 | 8,000 | 0 | 0 |
| Domiciliary | 6,000 | 300 | 6,000 | 0 | 0 |
| Day | 1,000 | 100 | 1,000 | 0 | 0 |
| Community | 4,000 | 2,000 | 2,000 | 100 | 0 |
| All managerial | 19,000 | 2,900 | 16,000 | 100 | 0 |
| Professional | Residential | 8,000 | 100 | 8,200 | 0 | 0 |
| Domiciliary | 1,000 | 0 | 800 | 0 | 0 |
| Day | 0 | 0 | 0 | 0 | 0 |
| Community | 6,000 | 2,800 | 200 | 2,800 | 0 |
| All professional | 15,000 | 3,000 | 9,300 | 2,800 | 0 |
| Other | Residential | 24,000 | 1,000 | 23,000 | 0 | 0 |
| Domiciliary | 3,000 | 100 | 3,000 | 0 | 0 |
| Day | 1,000 | 200 | 400 | 0 | 0 |
| Community | 4,000 | 2,100 | 1,700 | 400 | 0 |
| All other roles | 32,000 | 3,500 | 28,100 | 400 | 0 |

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| Employment information (taken from Skills for care ‘The state of the adult social care sector and workforce in England’ (published September 2018) |

The majority (90%) of the adult social care workforce were employed on permanent contracts. Approximately half of the workforce (51%) worked on a full-time basis, 37% were part-time and the remaining 12% had no fixed hours.

Around a quarter of the workforce were recorded as being on zero-hours contracts (25%, 335,000 jobs). Domiciliary care services had the highest proportion of workers on zero-hours contracts (49%), especially among care workers (58%). The percentage of workers on zero-hours contracts remained relatively stable between 2012/13 and 2017/18, going down by one percentage point over the period.

Recruitment and retention

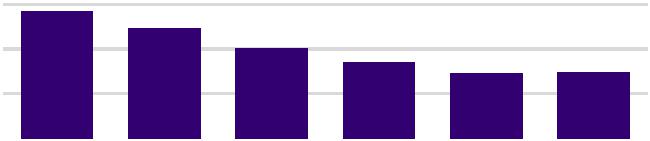
Skills for Care estimates that the staff turnover rate of directly employed staff working in the adult social care sector was 30.7%. This equates to



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| approximately 390,000 people leaving |  |  |  |  |  |  |  |
|  |  |  | 37.4% |  |  |  |
| jobs over the year. The majority of |  |  |  |  |  |  |
|  | 30.7% |  |  |  |  |
| these leavers don’t leave the sector however; 67% of |  |  |  | 8.0% | |  |
|  |  |  |  |  |
| recruitment in social care is from other roles within the |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| sector. Turnover rates have increased steadily, by a | Turnover | | | Starters | Vacancy | | |
| total of 7.6 percentage points, between 2012/13 and |
|  | rate | | rate |  | rate | |
| 2017/18. |  |  |
|  |  |  |  |  |  |  |

This level of turnover and churn indicates that employers are struggling to find, recruit and retain suitable people to the sector. A large proportion of staff turnover is a result of people leaving jobs soon after joining. A longitudinal analysis of turnover showed that care

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| workers under 30 years old were | Turnoverrate | 45% |  |  |  |  |  |
| rates of pay. Workers holding a |  |  |  |  |  |  |
| more likely to leave their jobs, as |  | 30% |  |  |  |  |  |
| were those with relatively lower |  |  |  |  |  |  |
|  | 15% |  |  |  |  |  |
|  |  |  |  |  |  |  |
| relevant social care qualification |  | 0% |  |  |  |  |  |
|  | Under 20 to | | 30 to | 40 to | 50 to 60+ |
|  |  |
| had lower turnover than those |  |  |
|  | 20 | | 29 | 39 | 49 | 59 |
| without a relevant qualification. |  |
|  |  |  | Age group (care worker) | | | |
|  |  |  |  |



However, adult social care does have an experienced ‘core’ of workers that were found to be less likely to leave the sector and their jobs. Workers had, on average, eight years of experience in the sector and around 70% of the workforce had been working in the sector for at least three years. In addition, turnover is not uniformly high as around 28% of employers have a turnover rate of less than 10%.

Skills for Care estimates that 8.0% of roles in adult social care are vacant, this gives an average of approximately 110,000 vacancies at any one time. The vacancy rate has risen by 2.5 percentage points between 2012/13 and 2017/18. This rise in vacancies, in the context of a workforce that has grown at a slower rate in recent years, suggests that the sector is struggling to keep up with demand as the population ages.

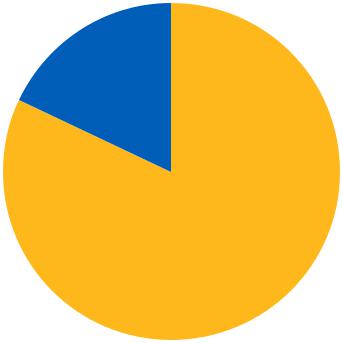
Female

82%

Workforce demographics

The adult social care workforce remained one where females made up most of the workforce (82%), with 18% being male. However, males did have a slightly higher prevalence in managerial jobs (21%) as well as other non-care providing roles which included ancillary and administrative positions (24%).

Male 18%



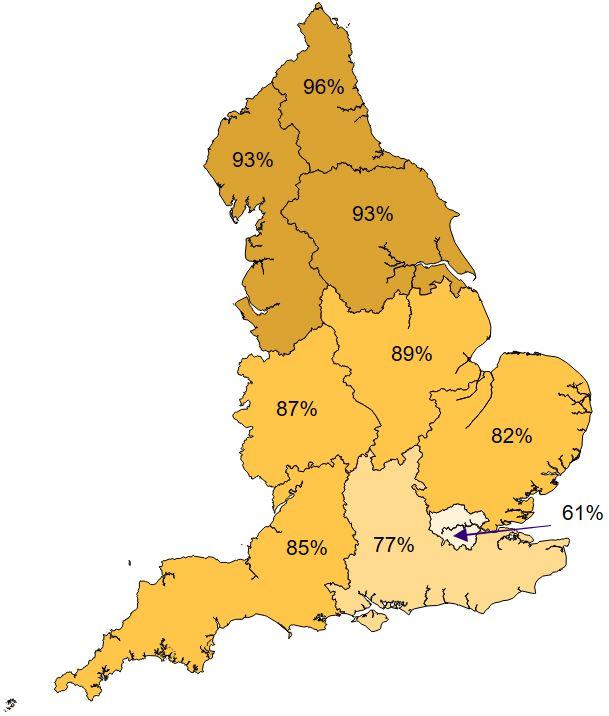
The average age of a worker was 43 years old and a quarter were over 55 years old (320,000 jobs) and therefore, from a workforce planning perspective, this group could retire within the next ten years. The age distribution of the workforce has

remained very similar over the past six years, so there is little evidence of the workforce aging significantly.

Around 83% of the adult social care workforce were British, 8% (104,000 jobs) had an EU nationality and 10% (129,000 jobs) had a non-EU nationality. Therefore, on average, the adult social care sector

had a greater reliance on non-EU than EU workers.

Proportion of the workforce with a British nationality



Nationality varies by region (see map) with the North having a higher proportion of British workers than the Midlands or the South. London had the lowest proportion of British workers (61%).

* Fewer than 70%
* 70 to 79%
* 80 to 89%
* 90% or higher

The proportion of the adult social care

workforce with a British nationality has been

consistent over the past six years (from

2012/13 to 2017/18), rising one percentage

point over the period. The proportion of

EU (non-British) workers has risen three

percentage points and non-EU workers

has fallen three percentage points over © Crown copyright the period.

The result of the EU referendum appears, so far, to have had little effect on these trends with the number of EU nationals continuing to increase and the number of non-EU nationals decreasing.

According to the Government’s “EU Settlement Scheme: statement of intent”4, the rights of EU citizens living in the UK will not change until after 31st December 2020. After this point, EU citizens will have until June 2021 to hold or be in the process of applying for UK immigration status through the EU Settlement Scheme.

## Workforce forecasts

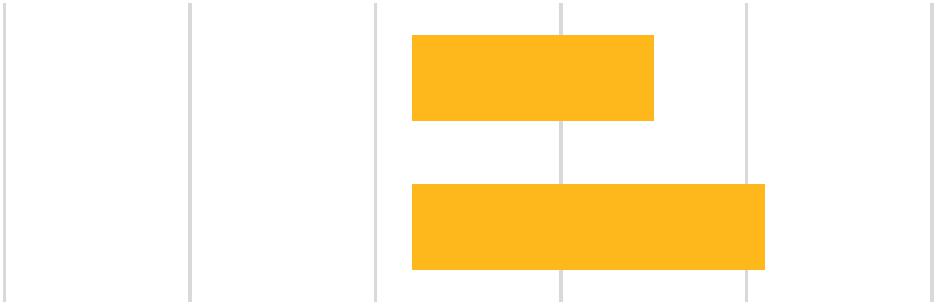
The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2017 to 2035. This population is projected to

increase between 2017 and 2035 from 10 million to 14.5 million people in England, an increase of around 44%. In the short and medium term this poses potential challenges for the adult social care sector and workforce.

This section presents demand-based projections for the size of the adult social care workforce between 2017 and 2035. These projections should be treated as ‘base case’ projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

Skills for Care forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2017 and 2035, an increase of 40% (650,000 jobs) would be required by 2035.

The population aged 75 and over is forecast to grow at a faster rate than those aged 65-74, and if the workforce increases proportionally to this demographic then a 59% (950,000 jobs) increase would be required.



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 65+ model |  |  |  |  |  |  |  | **650,000** |  |  |
|  | 1,600,000 | | |  |  |  | Total 2.25m | |
| 75+ model |  |  | |  |  |  |  | **950,000** |  | |
|  |  | |  |  |  |  |  | |
|  | 1,600,000 | | |  |  |  | Total 2.55m | |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |
| 0 | | 500,000 | 1,000,000 | | 1,500,000 | | | 2,000,000 | 2,500,000 | 3,000,000 |
|  |  |  |  | Jobs 2017 |  | Extra jobs by 2035 | | |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

It is acknowledged that other factors, as previously mentioned, could have a large influence on the size of the workforce over the next 20 years. The projections do, however, give an indication on the pressures created by demographic change on the size of the adult social care workforce.

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| Workforce Scope |

Workforce challenges

* Increasing demands of the population including older people and younger adults with high needs
* Increasing health needs and the shift in public health responsibilities
* Low unemployment rate of 5000 in Surrey (June 2017)
* The pressures on the local economy and the demographic picture
* An uncertain outlook around non-UK workers and consequential medium term financial plan
* The need to open new avenues of recruitment in the area.
* The need for partnership working across all sectors and the growth of ‘volunteering’
* A drive for localisation of service delivery and the impact of the Localism Act 2011
* A reduction in resource availability and the need for a talented and focused workforce along with the challenges of recruitment in some key roles.

What is working and not working.

The demographic projections show that Surrey faces an increased number of people possibly requiring care and support with a relatively reduced working population, this will affect not only the quantity of support required but also a reduction in available workers. This, in conjunction with a low unemployment, means that the industry must work to make itself competitive against other employment opportunities.

The increased requirement for care and support by Surrey residents is available through the Projecting Older People Population Information and the Projecting Adult Needs and Service Information, the project has applied for access and is waiting a reply to be added to Draft 2.

The care industry, although a growing area, is not seen as an appealing field to join by most. The NHS and its associated roles are better understood by the public, and although also facing workforce challenges do have better applicant numbers. This, combined with poor media coverage of the care and support roles, makes it difficult to attract new people to the field. The South East has an average of 35% of those appointed to care jobs coming new to the field, however set against the turnover rate of 28%, this is not an encouraging figure.

New areas of recruitment are difficult to find in Surrey, a county with low unemployment.

The table below show the number and ages of claimants in Surrey July 2017

*(https://www.surreyi.gov.uk/Viewdata.aspx?P=Data&referer=%2fViewpage.aspx%3fC%3dbasket%26BasketID%3d296%26cookieCheck%3dtrue)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Region | Total - Aged 16-24 claimants | Total - Aged 16-24 claimants rate | Total - Aged 25-49 claimants | Total - Aged 25-49 claimants rate | Total - Aged 50-64 claimants | Total - Aged 50-64 claimants rate |
| Surrey | 775 | 0.70 | 2600 | 0.70 | 1575 | 0.70 |
| Elmbridge | 65 | 0.60 | 225 | 0.50 | 180 | 0.70 |
| Epsom and Ewell | 60 | 0.80 | 185 | 0.70 | 110 | 0.70 |
| Guildford | 90 | 0.40 | 285 | 0.60 | 160 | 0.60 |
| Mole Valley | 30 | 0.40 | 135 | 0.50 | 110 | 0.60 |
| Reigate and Banstead | 130 | 1.00 | 375 | 0.80 | 215 | 0.80 |
| Runnymede | 60 | 0.50 | 200 | 0.70 | 115 | 0.70 |
| Spelthorne | 85 | 1.00 | 320 | 0.90 | 205 | 1.10 |
| Surrey Heath | 55 | 0.70 | 185 | 0.70 | 110 | 0.60 |
| Tandridge | 100 | 1.30 | 275 | 1.00 | 140 | 0.80 |
| Waverley | 50 | 0.40 | 190 | 0.50 | 135 | 0.60 |
| Woking | 55 | 0.70 | 230 | 0.70 | 100 | 0.50 |

Surrey faces some unique economic challenges as it is the largest sub-regional economy in the South East, with large areas of designated green belt (compared to just 16% of the South East as a whole). Surrey also has a well-qualified workforce with 42.1% of the working age population qualified to NVQ Level 4 or higher and 77.6% have a qualification equivalent to a GCSE or higher. The gross weekly pay: (earnings by residence, full time workers, 2012) was £650.50, recognisably higher than other counties in the East such as Buckinghamshire or Oxfordshire and only 64% of Surrey residents worked within the county in 2012. The pay, hours and public perception of the role makes a health and care role unattractive to many Surrey residents.

New areas of recruitment are very limited, however a number of employers in Surrey have been working creatively to make their roles attractive and to ensure their teams stay with them. This has driven an interest in the importance of value led employment and the long term wellbeing of staff teams. However, this is complicated and sometimes costly in time and money. Smaller less agile service providers have found it difficult to implement these processes and are limited to traditional ways of recruiting and retaining teams. (see later section)

The sector has for some time relied heavily on workers from outside of the UK, these numbers, although not collated, have anecdotally already been affected by Brexit uncertainties. It is, at this stage, impossible to predict the effect this will have in Surrey.

*'The number of non-British EU nationals working in the UK’s crisis-stricken social care system has shot up by more than 40% in three years, according to official figures – prompting fears that Brexit will lead to a catastrophic staffing crisis across the sector.*

*The data released in answer to a parliamentary question by the Liberal Democrat MP Tom Brake shows the total increased from 65,000 in December 2013 to 92,000 by September last year, the most recent date for which figures are available.*

*The proportion of the social care workforce from other European countries varies by region, from 2% in the north-east to 12% in London, showing how a system already suffering recruitment problems is hugely reliant on EU workers in large parts of the country. In all, European workers make up 7% of a social care workforce of 1.34 million.'*

*Guardian Toby Helm 25th February 2017*

The relationship the health and social care industry has with young people has changed, due to restrictions on placements, a poor understanding of DBS requirements, and safe guarding issues, there are fewer opportunities for young people to experience care as a potential career. This is followed through in colleges and universities, where placements in care home or domiciliary placements are very rare.

For the local community to see care and support as a career option greater positive exposure in these areas is needed, for people to understand the work and it value.

The changes in legislation over the past ten years has up skilled the care and support workforce in Surrey, this has opened more skilled career pathways that can built on from in-house training and development. The requirements for providers to ensure a robust induction in line with the Care Standards and to train a minimum of 50% of their team to Level 2 standards has ensure that proactive service providers have developed and invested in their teams.

However, many organisations are struggling to introduce the Care Certificate and implement it into a meaningful 12 week induction, due to pressers of care delivery and limited training resources. Further training may also be limited if a business is unable to identify clear training needs and have the resources in place to develop their teams.

To respond to these challenges in training and recruitment providers need to have a workforce development strategy plan that is up to date and influences their corporate business plan, influence by government and local workforce information.

However, the reality of this is an industry that, although aware of the challenges of retention and recruitment now and in the future, are finding it challenging to plan collectively and individually for the challenges they face.

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| Value led recruitment and team wellbeing |

There are two important workforce challenges faced by the health and social care sector:

* To recruit people with the right values and behaviours to undertake important roles in the right way
* To meet the increasing demands of a growing sector.

The key questions that all health and social care employers are asking are: how do we find and attract enough applicants for vacant posts, and how are they checked that they are suitable for the work and are likely to stay, develop and progress?

High turnover rates, particularly in the first few weeks following appointment, are often an indication that people have come into care and support roles but do not have the right values to sustain them in those roles. Individuals whose values are aligned with the organisation in which they work, are generally more motivated and engaged, have better performance and are much more likely to stay.

High turnover leads to a lack of continuity –a factor that counts highly with people who use health and social care service

Value based recruitment suggests the best way to recruit is not from candidate’s ability to answer competency based interview questions but to seek out their values and recruit those who are aligned with the organisation. This would lead to higher engagement levels and staff will be more committed to achieving the aims and objectives of the organisation, above and beyond their contractual requirements. (CIPD 2012 –Talent Management)

SE ADASS to identify support for values-based recruitment practices in the south-east region as a priority in its regional plan to develop the adult social care workforce (2016/17).

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| Areas for development |

* In a restricted recruitment environment, the industry has a responsibility to ensure the community, including Job Centre plus and agencies understands the vital service they provide and the importance of people becoming part of that service delivery. All areas of potential publicity and communication with the wider community should be investigated.
* With changes to the welfare state through Universal credit more people should be able to join the workforce in Surrey and have their incomes protected, this is an opportunity for providers to work with the longer term unemployed and support them into a phased and trained return to work. Job coaches are keen to work with providers and have requested more information to help them understand the roles that are available in the industry and the values they are looking for.
* Service providers must inform the government of their reliance on migrant workers through the Migration Advisory Committee (MAC) Call for Evidence Commission
* Placement advice is needed for providers to be able to engage with education facilities and offer real and meaningful volunteer and work placement experiences.
* Value based recruitment is still a long way off for many providers, through workshop, key information seminars and online tools, all organisations could access real and relevant support to integrate best practice into their workplace.

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* EU Settlement Scheme: Statement of Intent – 21 June 2018 https://www.gov.uk/government/publications/eu-settlement-scheme-statement-of-intent
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