




# ASSESSING THE ECONOMIC VALUE OF THE ADULT SOCIAL CARE SECTOR

IN NORTHERN IRELAND





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## EXECUTIVE SUMMARY

The Adult Social Care sector makes a vital contribution to the Northern Ireland (NI) economy and wider society. It supports employment for over 100,000 people and produces **£821m in Gross Value Added (GVA)**. It is a sector which will be required to grow into the future to meet emerging demand.

The context of Adult Social Care and how it is experienced by service users is evolving and changing. With an ageing population requiring expansion in the range and scale of services and reduced public investment, knowledge of the current economic value of the Adult Social Care sector is an important benchmark to support policy, skills and funding discussions.

This independent evaluation was commissioned by the Northern Ireland Social Care Council (NISCC), Inspire, Bryson Charitable Group, and the Cedar Foundation, and produced by Ulster University Economic Policy Centre (UUEPC). It has been produced to help establishments within the sector inform policy makers about the contribution of the Adult Social Care sector to the local economy, to enable a greater understanding and acceptance of the contribution of this sector and its workforce within the Health and Social Care (HSC) system and the wider Community.

A standard economic impact approach has been undertaken analysing the Direct, Indirect/ Induced and Catalytic benefits of the Adult Social Care sector to the NI economy:

- **Direct benefits** are the jobs, wages, turnover and Gross Value Added associated with those people directly employed by establishments providing Adult Social Care. As these direct benefits enter the economy,
- **Indirect benefits** are generated through the economic activity supported in the sector's supply chain as a result of its procurement of goods and services. This economic activity supports wages which will then be used in the wider economy on various items (e.g. housing, socialising, retail). These are known as the **induced effects**. Finally,
- **Catalytic effects** reflect unquantifiable benefits such as social cohesion or health improvements.

Taken together, these elements provide a full economic impact assessment. Some of the key themes emerging from the analysis are outlined below:

### DIRECT IMPACT

- UUEPC's analysis concludes that the sector supports over 41,000 jobs directly. The analysis of employment data in this report

provides a measurement of the sector in its broadest sense, it includes managers and support staff as well as those people directly providing care. The majority of these jobs (60%) are in domiciliary care.

- It is important to note that these figures do not capture personal assistants that are employed directly by recipients of direct payments or self-funders. The total number (adults and children) of direct payment recipients is increasing, from 2,895 in December 2014 to 3,176 in December 2015.
- As well as contributing to employment, the Adult Social Care sector also generates revenue for the NI economy. Analysis of the sector suggests that it creates over £800m in annual turnover.
- UUEPC estimates that total GVA in the Adult Social Care sector is around £332 million.

### INDIRECT IMPACT

- UUEPC have estimated the indirect effects of the Adult Social Care sector to be 30,657 for employment and £247 million for GVA

### INDUCED IMPACT

- Induced effects, associated with the purchase of goods or services by individuals directly or indirectly employed by the sector are estimated to be 30,038 in respect of employment and £242 million for GVA.

## TOTAL IMPACT

- Considering all impacts, the Adult Social care sector supports employment for over 100,000 people and produces £821m in GVA, and is a sector which will be required to grow into the future to meet emerging demand.
- In addition to the direct, indirect and induced effects, NI's Adult Social Care sector also supports social cohesion and health improvement, which further contributes to the economic impact of the sector. These catalytic impacts are most likely evidenced through reduced demand for other health services and improvement in quality of life for:
  1. **The patient:** access to the care they need in order to live as normal a life as possible and reduce reliance on other healthcare services;
  2. **Family Members & Friends:** access to employment, education and training for those that may otherwise not have had the opportunity or support;
  3. **Social Cohesion:** employment in a sector which is one of the most geographically diverse in Northern Ireland. The employment generated within communities contributes to the local economy, and has a cohesive effect that 'knits the fabric' of towns and villages together.

## ADULT SOCIAL CARE SUPPORTS EMPLOYMENT FOR OVER 100,000 PEOPLE



# INTRODUCTION & CONTEXT

## A. INTRODUCTION

Policy and investment decisions are influenced by the economic value that they generate, even if the decisions relate to policy goals other than economic growth. Investment decisions relating to sectors whose economic value is not readily obtainable from economic statistics (such as the Adult Social Care sector in NI) are therefore made without a full understanding of the economic context.

The context of Adult Social Care and how it is experienced by service users is evolving and changing. With an ageing population requiring expansion in the range and scale of services and reduced public investment, knowledge of the current economic value of the Adult Social Care sector is an important benchmark figure to support policy, skills and funding discussions.

Ensuring that Northern Ireland can draw from a skilled and competent workforce to meet the developing needs of adult social care requires an evidence base that demonstrates the important economic and social contribution the sector currently makes.

Social care will play a major part in the transformation of the health service in the years ahead, and across all communities its impact

will be beyond the health and social care sector and into the economic and social fabric of Northern Ireland.

This independent evaluation, which follows a standard economic impact approach, has been undertaken to support NISCC and its partners in social care in their efforts to ensure that there is greater understanding of and acceptance of the place of the Adult Social Care sector and its workforce within the HSC system and the wider Community.

## SOCIAL CARE WILL PLAY A MAJOR PART IN THE TRANSFORMATION OF THE HEALTH SERVICE IN THE YEARS AHEAD

## B. SECTOR TAXONOMY

The nature of service delivery in the Adult Social Care sector is complex. There is a broad range of social care provided from befriending schemes or voluntary drop-in centres to caring for people with high levels of need in their own home or in a nursing home.

In considering how to define the Adult Social Care sector, UUEPC, working with steering group representatives did consider following the Standard Industrial Classification approach but after an initial assessment it became apparent that this provided too broad a coverage and included many establishments whose purpose was not clearly defined. It was therefore agreed that the establishments registered with the Regulation and Quality Improvement Authority (RQIA), the independent body responsible for monitoring and inspecting the quality of health and social care services, would form the most consistent reference point for this study. Relevant groups within RQIA's register were identified as:

- Day care setting: a place where people in need of particular services may attend for assessment, rehabilitation or counselling, but are not provided with board or accommodation;

- Domiciliary care agency: arranges or provides services to people in their own homes for those who are unable to provide such service for themselves without assistance;
- Nursing homes: provides nursing and personal care for people suffering from any illness or infirmity;
- Residential care homes: provides residential accommodation for persons in need of personal care by reason of old age and infirmity; disablement; past or present dependence on alcohol or drugs; or past or present mental disorder.

Steering group representatives and UUEPC assessed the RQIA registers to ensure listed establishments were relevant to adult social care.

It is important to note that the analysis of the employment data from the Adult Social Care sector reflects a measurement of the impact of the sector in its broadest sense i.e. the analysis includes managers and support staff and not just those employees involved in the direct delivery of Adult Social Care. This approach provides a deeper assessment of the whole economic impact of the sector.

It is equally important to note that these figures do not capture personal assistants employed directly by recipients of direct payments or those people who are self-funding their care, as data was not available to support inclusion.

### C. REPORT STRUCTURE

This evaluation report is structured as follows:

- Context of Adult Social Care in NI: assessment of population trends, current provision of Adult Social Care services and technological changes that are likely to impact on the sector;
- The Economic Impact of the Adult Social Care Sector: analysis of the Direct, Indirect/ Induced and Catalytic benefits (explained in section 3 of the report) created via the Adult Social Care sector in NI; and
- Conclusions: summary of findings (i.e. the overall economic contribution of the Adult Social Care sector to the NI economy).

# CONTEXT OF ADULT SOCIAL CARE IN NORTHERN IRELAND

An increase in population, increasing life expectancy, a changing demographic profile and advances in technology all have significant implications for the provision of Adult Social Care in NI, now and more profoundly, in the future. The current, and anticipated, future operating context is important to understand in framing any discussion around the economic impact of the sector.

## A. DEMOGRAPHICS

In recent years, NI's population has increased continuously and is expected to reach two million by 2034. Life expectancy has also increased, from 75.0 for a male child born between 2001 & 2003, to 77.5 for a child born a decade later. For female children, the figures are 79.9 to 81.5 respectively<sup>1</sup>.

The changing composition of NI's population will likely place additional demands on the country's Adult Social Care system. In little over a decade, the proportion of NI's population over 65 years old is expected to increase to 20%, up by 5 percentage points.

1. <http://www.nisra.gov.uk/demography/default.asp130.htm> Life expectancy at birth and age 65 for previous 26 Local Government Districts, 1991-1993 to 2011-2013

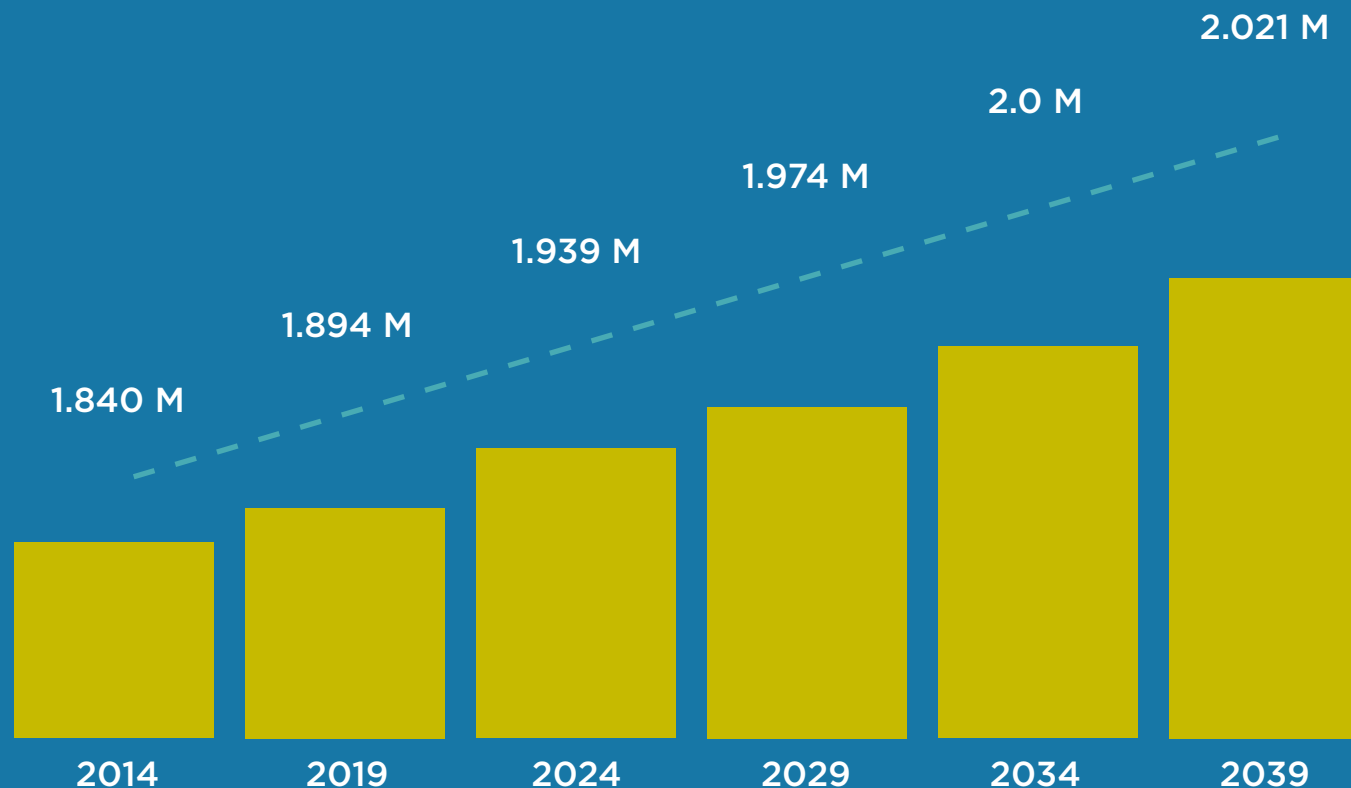


FIGURE 2.1: POPULATION PROJECTIONS FOR NI, 2014 - 2039

Source: NISRA



0-15 YRS 16-64 YRS 65+ YRS

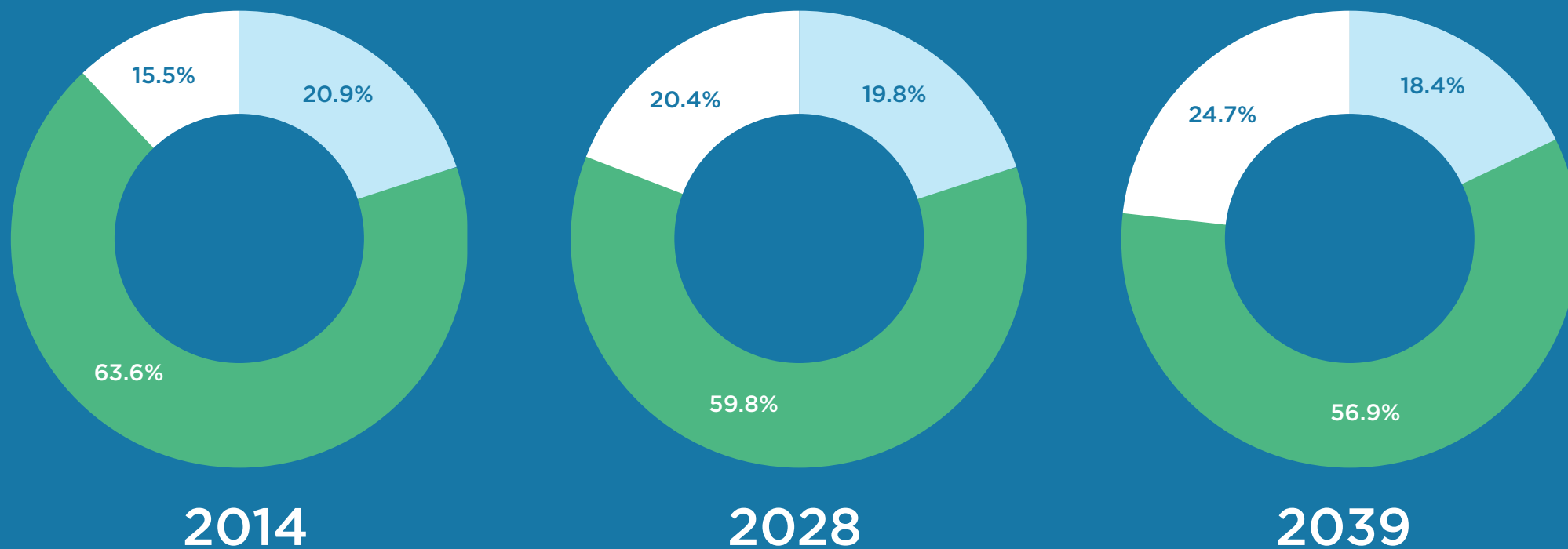


FIGURE 2.2: CHANGE IN NI POPULATION COMPOSITION, 2014, 2028 & 2039

Source: NISRA

## B. ADULT SOCIAL CARE SERVICES

The delivery of Health and Social Care has been, and continues to be, the subject of review and debate as to the most efficient and effective way to provide services to the people of NI. Transforming Your Care, the Donaldson Review and the current Department of Health review of Adult Social Care all point to the need for an increase in locally based social care provision, to meet the rising demand of an aging population and the range of long term conditions with which people are living.

The Bengoa review, which at the time of writing is due to report in the Autumn, will undoubtedly highlight similar issues. Therefore, in considering existing social care provision within this report and its impact on the economy of NI, it is important to recognise that this is a sector that will be required to grow to meet the needs of the population of NI.

There are currently 945 RQIA approved providers of social care in NI<sup>2</sup>, relevant to the Adult Social Care sector. These providers deliver social care services to 46,272 adults (3% of the current adult population)<sup>3</sup>.

## C. IMPACT OF TECHNOLOGY

Our society has experienced huge change in terms of what people want from public services, what they value and what they expect. Indeed, many would argue that today Adult Social Care for just one individual generally includes a complex array of services.

The reports highlighted above recognise that the demand for services is expected to continue growing as our population grows older, and that the development of Technology is a key element to support the delivery of future health and social care services to the people who desperately need them.

Technology can support people to take more control and responsibility for their own health and wellbeing. For example, home monitoring systems enable health professionals to remotely monitor a patients' wellbeing from their own home, to look for signs of change in their condition, enabling an early intervention and avoiding hospital admission.

The information can also be made available to carers, as primary and secondary users. The potential for technology to radically change and improve health care has been outlined in the eHealth and Care Strategy for Northern Ireland<sup>4</sup>.

In outlining how technology will be deployed to help people remain independent, the strategy highlights telemonitoring, telecare and electronic assistive technologies (e.g. online social interaction or devices that control door openings, lights, curtains etc.).

**“BEST PRACTICE IN HEALTH AND SOCIAL CARE PROVISION IS DEVELOPING ALL THE TIME. THERE ARE NEW TECHNOLOGIES, NEW CARE PATHWAYS, NEW PARTNERSHIPS, NEW DRUGS AND NEW LEVELS OF REGULATION. OUR POPULATION WILL EXPECT ACCESS TO THESE IMPROVEMENTS.”**

Transforming your Care

[www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf](http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf)

2. As of March 2016

3. Information on current usage was not available

4. <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/interactive-ehealth-strategy.pdf>

# THE ECONOMIC IMPACT OF THE ADULT SOCIAL CARE SECTOR

The economic impact of the Adult Social Care sector can be broadly categorised into Direct, Indirect/Induced and Catalytic benefits. Direct benefits are the jobs, wages, turnover and Gross Value Added (GVA<sup>5</sup>) associated with those people directly employed by Adult Social Care

establishments. As these direct benefits enter the economy, indirect benefits are generated through, for example, demand on suppliers.

This economic activity supports wages which will then be used in the wider economy on

various items (e.g. housing, socialising, retail). These are known as the induced effects. Finally, catalytic effects reflect unquantifiable benefits such as social cohesion or health improvements. Taken together, these elements provide a full economic impact assessment.

## A. DIRECT IMPACTS

- The number of establishments in the sector;
- Sector turnover;
- Sector employment;
- Gross Domestic Product (GDP) contribution; and
- Wage contribution.

### ESTABLISHMENTS IN THE SECTOR

As outlined above, Adult Social Care establishments registered with RQIA were considered to be the most consistent reference point for this study. All establishments on the RQIA register as of 1 March 2016 were included in the evaluation, grouped under four care categories.

CARE CATEGORY	NUMBER OF ESTABLISHMENTS	%OF SAMPLE
DAY CARE SETTING	181	19%
DOMICILIARY CARE AGENCY	306	32%
NURSING HOMES	261	28%
RESIDENTIAL CARE HOMES	197	21%
<b>TOTAL</b>	<b>945</b>	<b>100%</b>

TABLE 3.1- ADULT SOCIAL CARE ESTABLISHMENTS IN NI, BY CARE CATEGORY

Table 3.1 Source: RQIA as of 1 March 2016 [http://www.rqia.org.uk/what\\_we\\_do/registration\\_\\_inspection\\_and\\_reviews/service\\_provider\\_directory.cfm](http://www.rqia.org.uk/what_we_do/registration__inspection_and_reviews/service_provider_directory.cfm)

5. Gross value added (GVA) measures the contribution to an economy of an individual producer, industry, sector or region

## SECTOR EMPLOYMENT

Analysis of establishment data<sup>6</sup> suggests that the Adult Social Care sector supports 41,205 jobs. However, it is relatively common for workers in the Adult Social Care sector to have multiple jobs. Research from ICF GHK suggests that in England the average Adult Social Care worker in the private sector has 1.02 jobs, whilst this increases to 1.05 in the public sector.

In the absence of Northern Ireland specific information, an average of the ICF GHK public sector and private sector figures (1.035) has been applied. UUEPC therefore estimates that there is currently 39,812 people employed in the sector. Based on these figures, the Adult Social Care sector accounts for 5% of total employment in NI - a greater proportion of total NI employment than sectors such as Finance, Professional Services, Transportation, ICT and Real Estate etc.

A breakdown of jobs and workers, by care category (table 3.2) shows that a considerable majority (60%) of workers are in the Domiciliary Care Agency category.

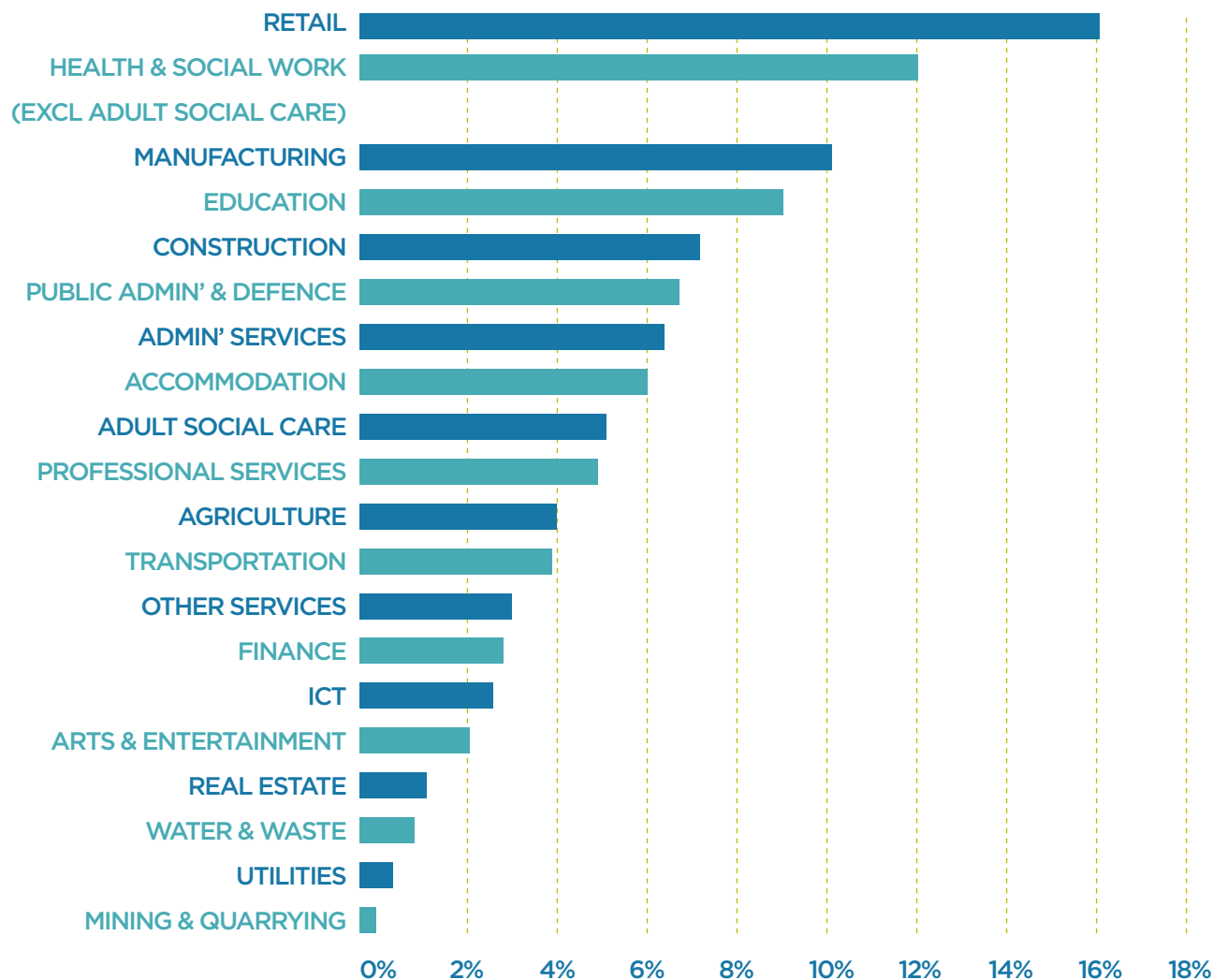


FIGURE 3.1: TOTAL NI EMPLOYMENT BY SECTOR (%)

Source: DETI NI. Note: Adult Social Care has been disaggregated from the 'Health and Social Work' sector to leave 'Health and Social Work – Other'.

6. Data is gathered from Fame and Mint - company databases from Bureau Van Dijk that cover financials, activity descriptions, employment statistics etc. Where establishment data was not available, UUEPC applied sector averages as a proxy.

TABLE 3.2- ADULT SOCIAL CARE JOBS IN NI, BY CARE CATEGORY

CARE CATEGORY	JOBS	WORKERS	% OF TOTAL
DAY CARE SETTING	3,353	3,240	8%
DOMICILIARY CARE AGENCY	24,588	23,757	60%
NURSING HOMES	7,063	6,824	17%
RESIDENTIAL CARE HOMES	6,201	5,991	15%
<b>TOTAL</b>	<b>41,205</b>	<b>39,812</b>	<b>100%</b>

It is important to note that these figures do not capture personal assistants that are employed directly by recipients of direct payments or people self-funding their care. The total number (adults and children) of direct payment recipients is increasing, from 2,895 in December 2014 to 3,176 in December 2015. In the Adult Social Care sector, some recipients

of direct payments will employ carers from an agency, thus this information will be captured in the estimates above. However, others often choose to employ personal assistants and the value of this is difficult to measure due to lack of information. During the course of this evaluation, it was confirmed by representatives from the Health and Social Care Board that there

is, as yet, insufficient information to facilitate an accurate determination of the extent to which self-directed care payments would flow through to the use of personal assistants. Therefore, there will be additional economic benefit derived from self-directed care payments, however this evaluation report makes no calculation as to the extent of this impact.

Source: MINT, Companies House and UUEPC. Note: Job figures for establishments (a minority) who did not report this information have been calculated using the average number of jobs in similar establishments, in the same care category. Numbers include management and support staff and not solely those involved in care giving.

## SECTOR TURNOVER

As well as contributing to employment, the Adult Social Care sector also generates revenue for the NI economy. In fact, analysis of each establishment's financials suggests that the sector creates over £800m in annual turnover, as demonstrated below.

### TURNOVER £000S

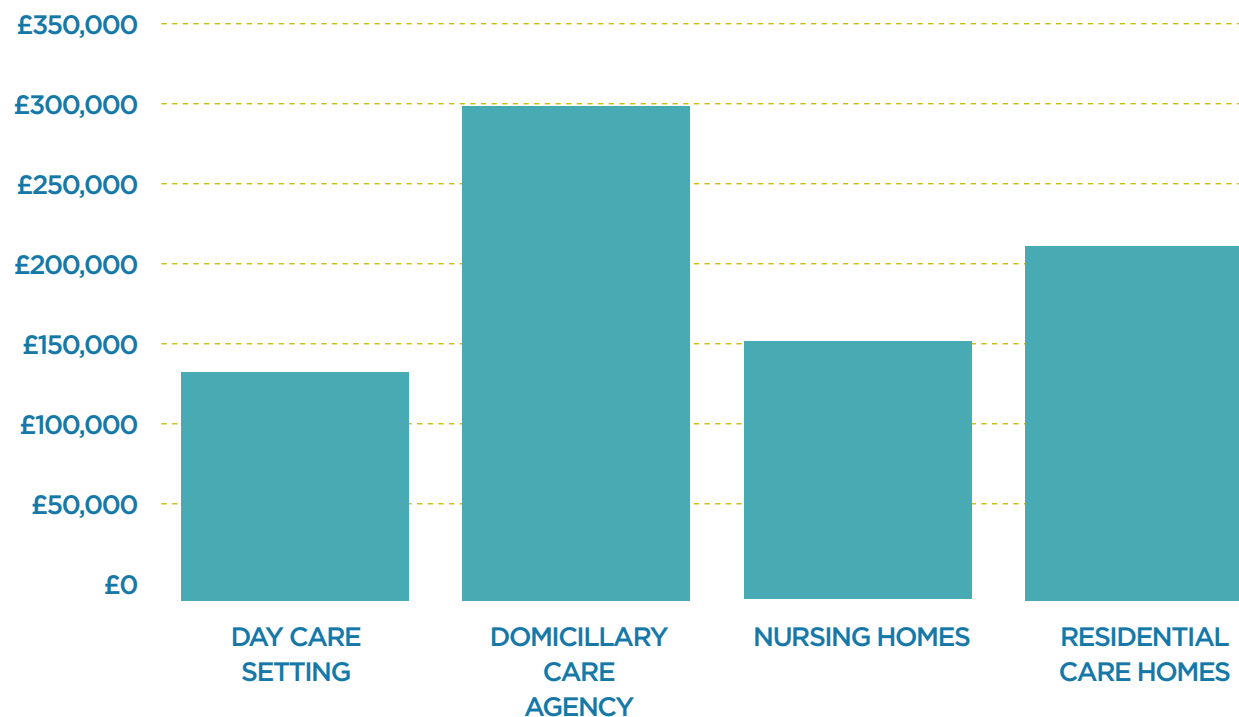


FIGURE 3.2: ADULT SOCIAL CARE SECTOR, BY CARE CATEGORY & TURNOVER (£000S)

Source: MINT, Companies House and UUEPC. Note: turnover figures for some establishments whose financials were not available have been calculated using the average turnover of similar establishments in the same care category

## GVA CONTRIBUTION

Analysis of official data from the latest NI Annual Business Inquiry shows that, for the last five years (2010-2014), GVA for Health Care related industries has been approximately 41% of sector

turnover. UUEPC therefore estimates that total GVA in the Adult Social Care sector is around £332 million (see Table 3.3 below), which is equivalent to 1.2% of NI's economy.

TABLE 3.3: TOTAL GVA: ADULT SOCIAL CARE SECTOR

CARE CATEGORY	TURNOVER £000S	GVA
DAY CARE SETTING	£134,212	£55,027
DOMICILIARY CARE AGENCY	£300,842	£123,345
NURSING HOMES	£153,658	£63,000
RESIDENTIAL CARE HOMES	£220,833	£90,542
<b>TOTAL</b>	<b>£809,545</b>	<b>£331,913</b>

Source: ABINI, MINT, Companies House and UUEPC



## WAGE CONTRIBUTION

To facilitate an estimate of wage levels within the Adult Social Care sector, Annual Survey of Hours and Earnings data, which is presented for Standard Industrial Classifications, is the only viable data source.

The closest proxy for the study sample is median wage for employees working in 'Residential Care activities'. Table 3.4

below provides a breakdown of the median annual gross salary for full time and part time workers in this sector.

To put the figures below in context, the NI average median wage is £25,847 for a full time worker and £9,345 for a part time worker. Thus, the Adult Social Care sector is a relatively low paying sector, particularly for those working Full Time in Residential Care roles.

### SIC CODE

**87. RESIDENTIAL CARE ACTIVITIES**

### FULL TIME WORKERS

**£16,235**

### PART TIME WORKERS

**£9,329**

TABLE 3.4: MEDIAN WAGE (ANNUAL GROSS) FOR ADULT SOCIAL CARE SECTOR EMPLOYEES

Source: Annual Survey of Hours and Earnings



# MEDIAN FULL TIME SALARY

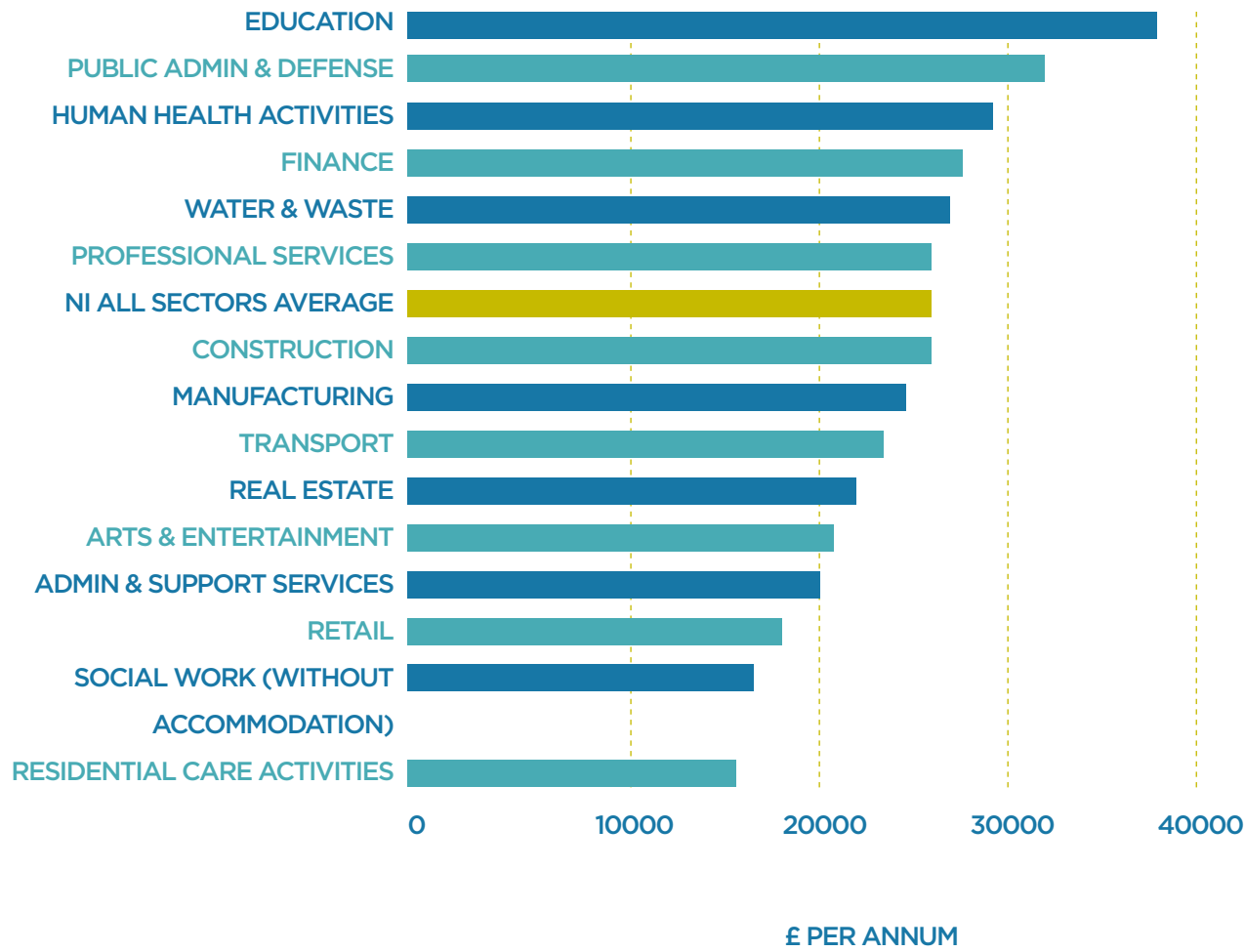
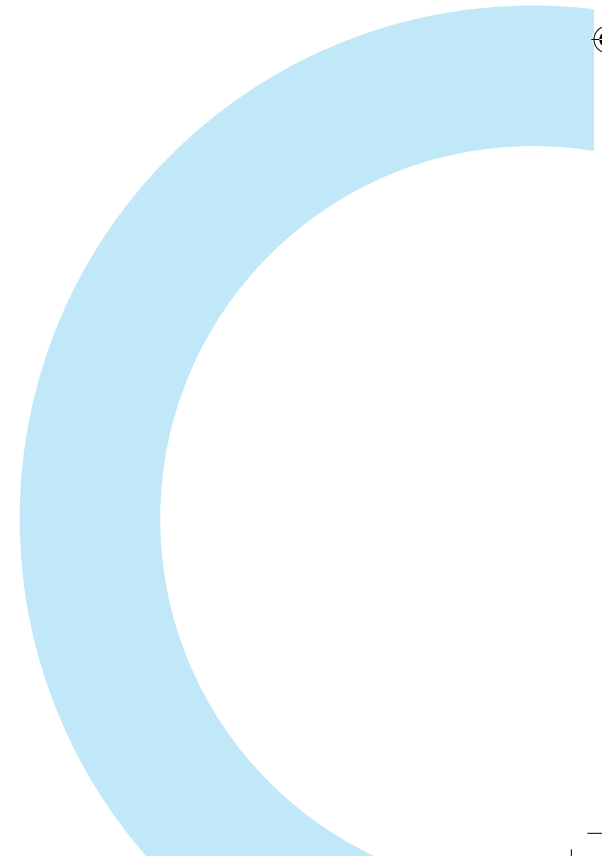
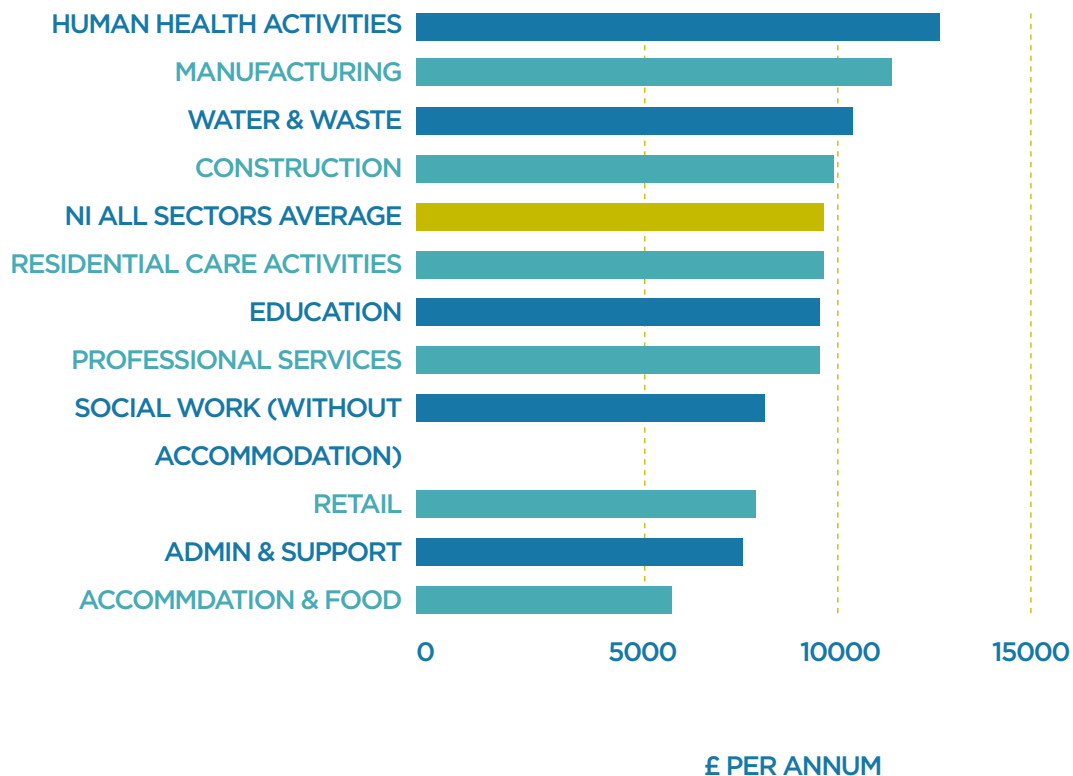


FIGURE 3.3: MEDIAN WAGE (ANNUAL GROSS), BY SECTOR AND FULL TIME/ PART TIME SPLIT NI

Source: ASHE 2015



## MEDIAN PART TIME SALARY



Official statistics from the NI Quarterly Employment Survey (QES) indicate that the majority of workers in NI's Adult Social Care sector work Full Time hours. However, the proportion differs for firms categorised under SIC code 87 (Residential Care Activities) as highlighted in Table 3.5 below.

### SIC CODE

**87. RESIDENTIAL CARE ACTIVITIES**

### FULL TIME WORKERS

**60%**

### PART TIME WORKERS

**40%**

FIGURE 3.3: MEDIAN WAGE (ANNUAL GROSS), BY SECTOR AND FULL TIME/ PART TIME SPLIT NI

Source: ASHE 2015

TABLE 3.5 - FULL TIME/PART TIME SPLIT, RESIDENTIAL CARE ACTIVITIES

Source: NI Quarterly Employment Survey (QES) - December 2015

Applying these percentages to the study sample, UUEPC estimates that the total salary contribution of NI's Adult Social Care sector is c.£555 million, highlighted in Table 3.6 below.

<b>FT/PT SPLIT</b>	<b>NUMBER OF JOBS</b>	<b>MEDIAN WAGE ANNUAL GROSS WAGE</b>	<b>WAGES</b>
<b>FULL TIME</b>	<b>24,723</b>	<b>£16,235</b>	<b>£401,377,905</b>
<b>PART TIME</b>	<b>16,482</b>	<b>£9,329</b>	<b>£153,760,578</b>
<b>TOTAL</b>	<b>41,205</b>	<b>-</b>	<b>£555,138,483</b>

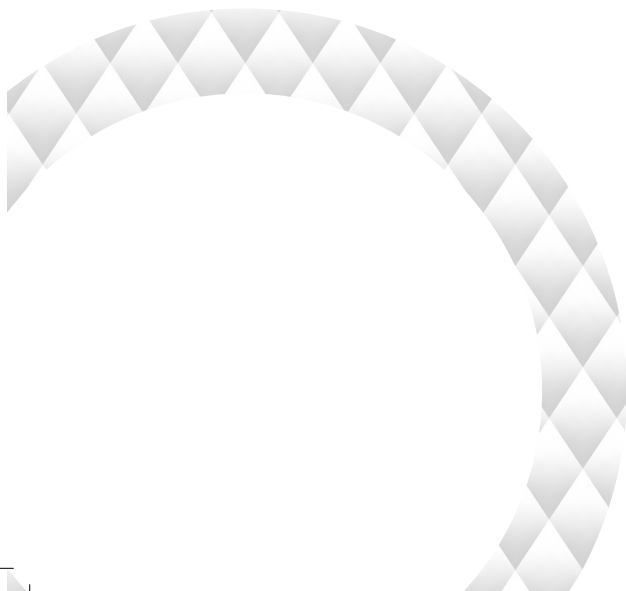
**TABLE 3.6: ADULT SOCIAL CARE SECTOR JOBS IN NI, BY SIC CODE & MEDIAN WAGE**

Source: MINT, Companies House, NIQES, ASHE and UUEPC

The information presented in this section shows that the Direct Impact of the Adult Social Care sector, which includes employment, turnover, wages and GVA is a significant contribution to the NI economy. Figure 3.4 provides a snapshot of this contribution.

FIGURE 3.4: DIRECT IMPACT OF NI'S ADULT SOCIAL CARE RQIA REGISTERED BODIES

Source: UUEPC



## B. INDIRECT/INDUCED IMPACTS

In order to quantify the full contribution of the Adult Social Care sector to the NI economy, it is also important to consider additional 'indirect' and 'induced' effects by following a standard analytical technique known as economic impact assessment.

The **indirect impact** captures the economic activity supported in the sector's supply chain as a result of its procurement of goods and services. For example, the Adult Social Care sector purchases a wide range of goods and services from suppliers in other sectors in order to support the delivery of Adult Social Care services.

Common examples of purchases made by the Adult Social Care sector will include cleaning products and services, food and drink, building maintenance services, utilities, financial services, education and training, furniture and household goods, medical supplies, transport services and fuel, etc.

In the same way, the **induced impact** comprises benefits arising as the people in employment (both in the Adult Social Care sector and in the supply chain) spend their wages generating further rounds of economic activity.

### INDIRECT EFFECTS

Intermediate purchases from the Adult Social Care sector will support additional employment and GVA amongst supply chain businesses. These indirect effects are estimated using Type 1 multipliers, which sum together direct and indirect effects.

Using NI and ONS Input-Output tables<sup>7</sup>, UUEPC have estimated the indirect effects of the Adult Social Care sector to be 30,657 for employment and £247 million for GVA, as presented in Table 3.7 below.

**TABLE 3.7: DIRECT AND INDIRECT EFFECTS OF THE ADULT SOCIAL CARE SECTOR**

Source: ONS, ABINI, MINT, Companies House and UUEPC

7. Multiplier effects are calculated using NI and UK input-output tables. An input-output model shows who buys what from whom in the economy. It shows the major spending flows from "final demand" (consumers, government, investment etc.) and what each sector buys from every other sector (or the supply chain).

	<b>TOTAL</b>
<b>DIRECT EMPLOYMENT</b>	<b>41,205</b>
<b>MULTIPLIER</b>	<b>1.744</b>
<b>INDIRECT EMPLOYMENT</b>	<b>30,657</b>
<b>DIRECT &amp; INDIRECT EMPLOYMENT</b>	<b>71,862</b>
<b>DIRECT GVA (£000S)</b>	<b>£331,913</b>
<b>MULTIPLIER</b>	<b>1.744</b>
<b>INDIRECT GVA (£000S)</b>	<b>£246,944</b>
<b>DIRECT &amp; INDIRECT GVA (£000S)</b>	<b>£578,857</b>

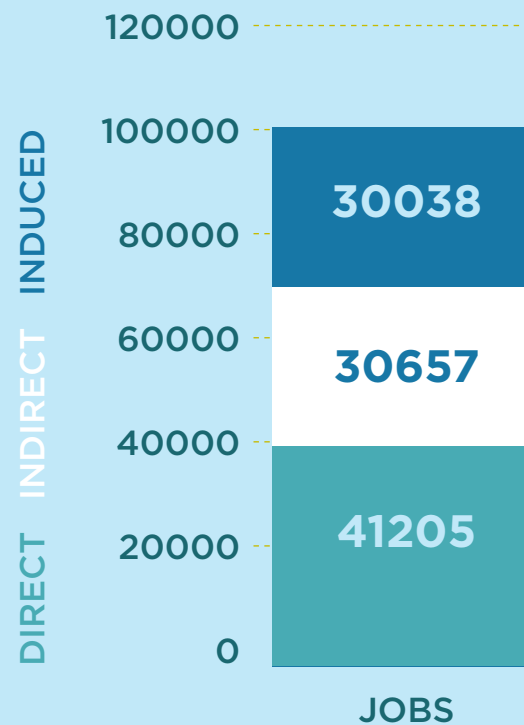
### INDUCED EFFECTS

Induced effects, associated with the purchase of goods or services by individuals directly or indirectly employed by the sector, have been calculated using Type 2 multipliers and are estimated to be smaller than the indirect effects measured above (30,038 for employment and £242 million for GVA), as shown below.

TABLE 3.8: DIRECT, INDIRECT & INDUCED EFFECTS OF THE ADULT SOCIAL CARE SECTOR

	TOTAL
DIRECT EMPLOYMENT	41,205
INDIRECT EMPLOYMENT	30,657
MULTIPLIER	2.473
INDUCED EMPLOYMENT	30,038
TOTAL EMPLOYMENT	101,900
DIRECT GVA (£000S)	£331,913
INDIRECT GVA (£000S)	£246,944
MULTIPLIER	2.473
INDUCED GVA (£000S)	£241,965
TOTAL GVA (£000S)	£820,822

TOTAL JOBS:  
**101,900**



TOTAL GVA:  
**£821MN**

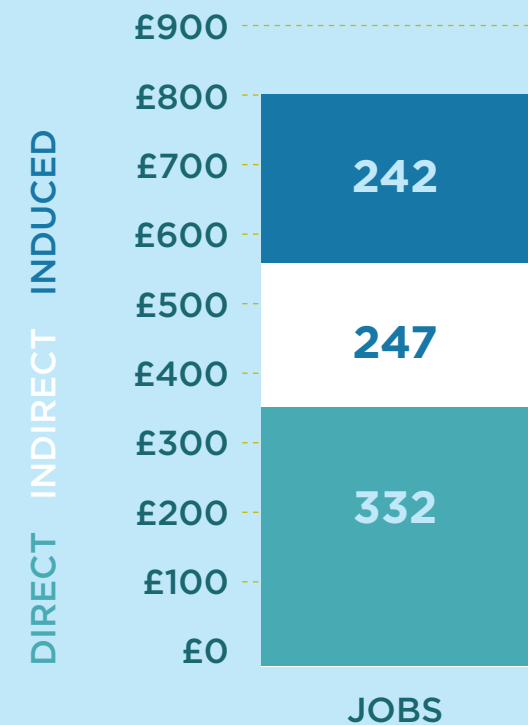


FIGURE 3.5: DIRECT, INDIRECT & INDUCED EFFECTS OF THE ADULT SOCIAL CARE SECTOR

Source: ONS, ABINI, MINT, Companies House and UUEPC

Source: UUEPC

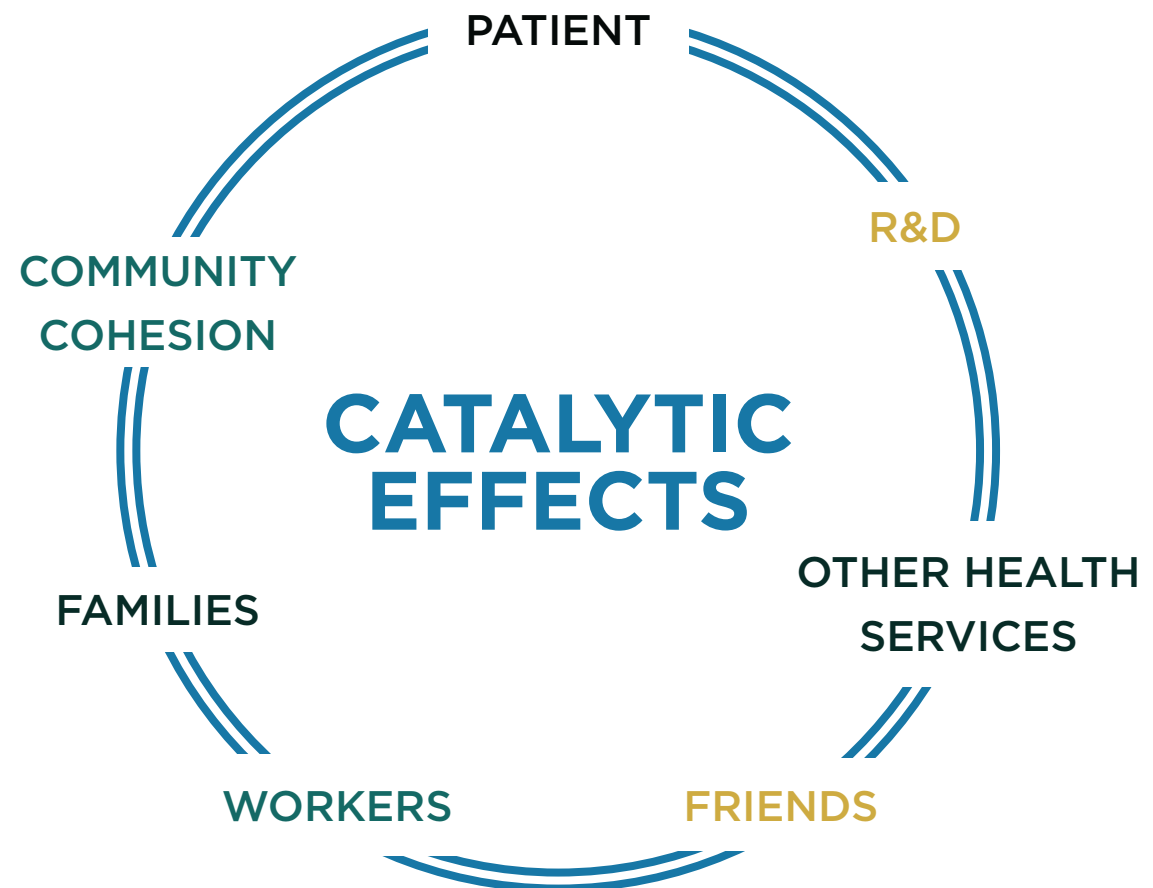
## C. CATALYTIC IMPACTS

In addition to the direct, indirect and induced effects, NI's Adult Social Care sector also plays a social cohesion and participation role which further contributes to the economic impact calculation. These catalytic impacts are most likely evidenced through reduced demand for other health services and quality of life assessments for:

1. **The patient:** access to the care they need in order to live as normal a life as possible reduce reliance on other healthcare services;
2. **Family Members & Friends:** access to employment, education and training for those that may otherwise not have had the opportunity or support;
3. **Social Cohesion:** Employment in Adult Social Care is one of the most geographically diverse sectors in Northern Ireland. The employment generated within communities contributes to the local economy, and has a cohesive effect that 'knits the fabric' of towns and villages together.

The extent of these benefits are highly subjective, thus it is impossible to measure the catalytic impacts of the sector accurately. However, a small number of examples may give a flavour of the type of impact this sector has on people's lives, and how important these effects are to the individual and wider society.

FIGURE 3.6: SUMMARY OF CATALYTIC EFFECTS



## CASE STUDY: A DIFFERENT MODEL OF CARE

David had been a patient in a long stay hospital on the old Purdysburn site for over 30 years. When he first came to live in supported accommodation he didn't have a National Insurance number, had never been registered with a GP and had lived in a shared ward for the 30 plus years.

He adapted very quickly to living outside of hospital, and with social care support he continues to live an independent and full life. He regularly uses public transport, is independent in all daily living skills and has an interest in gardening. He attends a day support service and has developed many friendships and reconnected with some of his family. He has recently gone on holiday unaccompanied.

It is difficult to accurately estimate the difference in cost between providing care in a hospital setting and care in the community, there are many variables to consider. However, the impact of a different model of care for David has been life changing.



## CASE STUDY: A LIFELONG CAREER CLOSE TO HOME

Joan did not initially see care as a career, more of a stop gap. However, while waiting for something else to turn up she was persuaded to complete NVQ Level 2 and that changed her perception of care as a career. Joan realized that she could have secure, flexible job for life if she continued to progress in social care.

Over time she completed QCF Diploma Level 5 and has held a full time Service Manager position for a number of years. She has worked part time and full time, in different types of care environments for different organizations but always close to home.

She has raised her family and her work has helped sustain the family farming business and has helped maintain the family in the local rural community.

## CASE STUDY: A ROUTE OUT OF LONG TERM UNEMPLOYMENT

The Adult Social Care sector offers viable career opportunities and a supportive environment in which to learn new skills: Alan is 22 years old and unemployed. He has been involved with a Steps to Work programme and he approached Cedar Foundation to access work experience.

Cedar Foundation facilitated a work placement for a few weeks which led Alan to gain relief work initially for 3 months. During this period, he was supported to undertake a QCF qualification in Health and Social Care and when completed he was offered a permanent job as a Support Worker.

Alan has been praised for his professionalism and his ability to offer a therapeutic service. This has meant that service users have received a person centred service which meets their daily living needs and respects their right to live in a less restrictive environment.

Alan has now worked for Cedar Foundation for 1 year and he has a job and a career in which he is thriving.

## CASE STUDY: EMPLOYMENT OPPORTUNITIES IN AREAS OF DEPRIVATION

Bryson Care held a recruitment day at the Shankill Women's centre. A number of interested people came along with their application forms and discussions took place regarding the roles and responsibilities of a care worker.

Mrs Brown came to speak to Bryson Care representatives and was very shy and lacking in confidence. She said she felt embarrassed about submitting an application as she had never worked. She was reassured that her experience as a mother and a carer had provided her with valuable life skills which could be transferred to a domiciliary care worker role.

Following a successful interview, Mrs Brown was employed as a domiciliary care worker. After a period of induction, training and supervised practice, Mrs Brown now works in a permanent part-time job. She has said that the job has changed her own personal circumstances and given her greater independence - for the first time Mrs Brown is earning her own wage.

The job has given Mrs Brown increased confidence, through gaining new experiences, learning new skills and meeting new people. Working as a domiciliary care worker has helped her to become more engaged in her own local community.



## CONCLUSION

The Adult Social Care sector makes a vital contribution to the NI economy and wider society. It **supports employment for over 100,000 people and produces £821m in GVA**, and is a sector which will be required to grow into the future to meet emerging demand.

However, increased pressures such as an aging population, the rise in complex and long term conditions, and a reduction in public sector resources, highlight the need for more investment to ensure this sector is equipped to meet future demand.

Social care will play a major part in the transformation of the health service in the years ahead, and across all communities its impact will be beyond the health and social care sector and into the economic and social fabric of Northern Ireland. Programme for Government 2016-2021 places a strong emphasis on wellbeing and care, with indicators proposed that include:

- Improve the quality of the healthcare experience
- Improve mental health
- Improve support for adults with care needs
- Increase the quality of life for people with disabilities

Ensuring that Northern Ireland can draw from a skilled and competent workforce to support the Government in meeting the indicators outlined above requires an investment in the recruitment, development and upskilling of the Adult Social Care workforce for today and for tomorrow. Programme for Government also places a strong emphasis on economic activity and improving the skills of the NI workforce:

- Reduce economic inactivity
- Reduce underemployment
- Increase the proportion of people in work
- Increase the proportion of people working in good jobs
- Improve the skills profile of the population

This report has demonstrated that the Adult Social Care sector makes a significant contribution to the economy of NI, a contribution which will grow as the sector is called upon to meet the rising demands of care for an aging population and care for people with a range of long term conditions.

It is therefore vital that Government Skills Strategies take cognisance of the important contribution of the Adult Social Care sector and its workforce, in supporting our economy and meeting the care needs of the people of Northern Ireland.

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