Social Care Leaders

Vision for a future workforce strategy

The future we want

We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.[1]

We want to see the principles of the Care Act 2014 embedded in social care: Empowerment of people, Prevention, Proportionality, Protection, Partnership with services offering local solutions to their communities and accountability and transparency.

To achieve this, we need to have a sustainable social care workforce for the future, given the increasing demand for support as the population grows and ages, and as care moves closer to home, become more integrated, and new models emerge. This will require a coordinated commitment to the workforce, delivered through a workforce strategy or people plan.

The strategy should also reflect how people have expressed their wishes and expectations in TLAP's 'Making It Real' framework[2];

- I am supported by people who see me as a unique person with strengths, abilities, and aspirations.
- I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.
- I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.
- I have considerate support delivered by competent people.

Reform for the workforce, valuing people who draw on social care and shifting towards this vision must go hand in hand. This vision shifts us from a simplistic model of "care and support workers" and "people receiving care". It recognises that people are not "being provided with" a service or even "accessing" one, this means they should be true partners in how they are supported.

To achieve the vision, we want to see the following:

1. Staff are recognised, valued and rewarded
2. Invest in training, qualification and support
3. Clear career pathways and development opportunities
4. Building and enhancing social justice, equality, diversity and inclusion in the workforce
5. Effective workforce planning
6. Expansion of the workforce in roles which enable prevention and support the growth of innovative models of support

Who has been involved in developing these priorities?

This document outlines what we the Association of Directors of Adult Social Services (ADASS), Care Provider Alliance (CPA), Care and Support Alliance (CSA), Local

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[1] https://socialcarefuture.blog/
[2] https://www.thinklocalactpersonal.org.uk/makingitreal/

Government Association (LGA), Skills for Care, Social Care Institute for Excellence (SCIE) and Think Local Act Personal (TLAP) think a social workforce strategy should include.

It draws on the work of ADASS, LGA and Skills for Care to develop joint collaborative priorities for workforce[3], Social Care Future's vision, Making it Real from Think Local Act Personal (TLAP), SCIE and TLAP's Social Care Innovation Network, and the understanding all contributors have from their members and supporters, as well as evidence from ASC-WDS. Workforce reform is a shared priority across the sector as demonstrated by other groups who are developing their thinking in this area such as the Future Social Care Coalition[4], and the APPG on Social Care.

Where are we now?

We do not have one clear adult social care workforce. We have 1.54m people working in over 1.67m different job roles across residential care, support in other forms of purpose built accommodation, home care and community care (including personal assistants) settings. The sector contributes around £41 billion to the English economy and this is only going to increase. Our workforce provides care and support to people with complex and diverse needs including people with learning disabilities and/or autistic people, with physical and/or mental health needs, people living with dementia and people at the end of their lives.

We need effective workforce planning to ensure we have a highly skilled and knowledgeable workforce, with the right values, that is capable of meeting the varied needs of people living in our communities with high quality care.

As part of the priorities for the 2020 one-year spending review, we called for the Government to "*commit to and fund a new deal for the care workforce, including personal assistants and other non-traditional workforce roles*". This remains a key priority, particularly as we look ahead to this year's multi-year Spending Review and the publication of Government proposals on longer-term reform of care and support.

There is no doubt that the adult social care workforce has been impacted by the COVID-19 pandemic, and whilst some would argue that there has been some increased recognition from the public, we need to ensure that we see longer-term enduring changes. These changes must enable our workforce to better achieve the vision outlined above. Collective action on the workforce will help our recovery from the pandemic and boost the levelling up agenda.

With the development of place-based partnerships and Integrated Care Systems set out in the Health and Social Care Bill[5] there are growing opportunities to join up workforce planning across health and social care economies, maximising opportunities for joint working, integrated training, and resource sharing. However, this vision of an integrated care system will require a significant refreshed focus and investment in the social care workforce, as outlined here.

[3] https://www.skillsforcare.org.uk/Leadership-management/Collaborative-priorities-for-the-social-care-work/Collaborative-priorities-for-the-social-care-workforce-2020-2025.aspx
[4] https://futuresocialcarecoalition.org/wp-content/uploads/2021/06/Final-FSCC-A-Social-Care-People-Plan-Framework-1.pdf
[5] https://bills.parliament.uk/bills/3022/publications

1. Staff are recognised, valued and rewarded

To attract new workers and retain the current workforce we need to promote a positive image of social care as a rewarding and fulfilling career, improve the pay and conditions of staff and support the wellbeing of the workforce.

Recognition: As a result of the COVID-19 pandemic there has been a recognition of the role of social care by the general public, but the focus has been on care homes. We need to do more to promote a positive image of social care as a rewarding, challenging and fulfilling job, and increase public understanding of social care. We should build upon the work of Social Care Futures and learn from international examples, such as Every Australian Counts and Caring Across Generations, on how to improve public understanding and perception. Attention also needs to be paid to the gender and age imbalance of the workforce.

Pay: Pay is one indicator to staff that they are valued and appropriately rewarded. We need to agree a sustainable approach to pay and rewards in social care that brings parity with other public sector roles. The starting point is a call to Government to set up an independent review of pay levels and the mechanisms for setting pay in the sector[6]. We need to be able to link pay to progression, not only in management roles but also in specialised roles as the need for these is likely to increase with demographic changes.

Wellbeing: Making sure that people working in social care are supported to keep well is important both because we need to value and support people working in social care and because it has an impact on high quality care and support. We know that good organisational leadership and a supportive work culture can have a positive impact on the psychological wellbeing of staff before, during and after the crisis. Employers and managers must have the tools to support and enhance the mental health and wellbeing of their staff both now and in the future. We can learn from some of the innovations in organisational models such as self-managing teams, community business and co-operatives. We must build this into regulatory frameworks where appropriate, for example with CQC registered providers as well as Local Authority and Integrated Care System assessments, by setting clear expectations and holding bodies to account where they fall short.

Current Context

Skills for Care estimates that pre-pandemic around 7.8% of roles in adult social care were vacant; this gives an average of approximately 112,000 vacancies on any given day. Challenges around recruitment and retention are increasing as a result of COVID and there has been a higher level of sickness. Despite many in the workforce showing immense resilience overall during the pandemic, morale is low, and care staff have felt undervalued[7].

One of the traditional key drivers of poor retention and recruitment of social care and support workers is the poor perception of the job by the public. People either do not understand it, see it as low-skilled (which in our view is incorrect) or as a poor relation of healthcare.

Pay and conditions continues to be an issue which affects the recruitment and retention of our workforce. The current average pay for care workers in England is £8.50 per hour. On average this is 24p less per hour than sales and retail assistants. We have also seen the pay differential between a care worker and senior care worker reduce to just 12p per hour difference. Additionally, 24% of the workforce are employed on zero-hour contracts. 'Unfair to Care' estimated that many social care workers would be paid up to 39% more – an additional £7,000 – if they worked in other public funded sectors[8].

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[6]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919164/8_Workforce_Advisory_Group_report_accessible.pdf

[7] https://www.scie.org.uk/care-providers/coronavirus-covid-19/beyond/adult-social-care/negative-impacts#low-morale

[8] https://www.unfairtocare.co.uk/

2. Invest in training, qualifications, and support

Social care and support workers are highly skilled; they have a particular set of knowledge and skills including building strong, trusting relationships with the people they care for and support.

The roles in social care have changed and are continuing to evolve. The needs of people supported are more complex, models of care are changing and becoming more integrated and self-directed, and we have greater use of technology including monitoring and assistive technology. We want people working in social care to work in real co-production with people drawing on social care and to consider the strengths of the people they are supporting, their wider networks and resources as well as their needs.

All this needs to be built into our understanding of the new types of training and roles we will need in the future, including roles that work across traditional organisational boundaries in more integrated, flexible and self-directed ways.

We should:

- Develop a national recognised learning and skills framework, that recognises achievements and enables workers to move within the sector without having to repeat training unnecessarily. This should ensure the workforce is well-trained to creatively meet the needs and aspirations of people who are living with increasingly complex conditions. Training and qualifications should be relevant to the role and tailored to the needs of individuals who are being supported, the practical application of training is also important.
- Ensure that the workforce has access to career long learning and development opportunities, including recognised qualifications, which support career pathways as well as enabling people to live good lives.
- Explore setting minimum qualifications as appropriate for roles in the care sector. This should not be at the expense of the focus on values and ensuring that people who need care and support, particularly individual employers, can direct and commission the training of the people they hire to support them.
- Recognise and support continuous professional development at all levels.
- Invest in the development of leaders and managers and address the barriers that workers from an ethnic minority face in progressing to leadership roles.
- Train and support our commissioners, so they are better able to commission to achieve the aims in the Care Act.

Current context

Skills for Care data suggests that only 45% of care workers have a Level 2 qualification, and we know that access to learning and development opportunities – as well as the quality and suitability of training - varies between providers.

Skills for Care's analysis shows that where employers invest in the skills and knowledge of their workforce they have lower turnover rates. This in turn reduces the high costs associated with finding new people as well as better outcomes for those who use services.

3. Clear career pathways and development opportunities

We need to deliver clear career pathways. 'Professions' by their nature have a clear sense of identity and a career map; from entry roles to specialisms, or progress to leadership, with qualification opportunities to denote and recognise valued skills. We need to develop a shared understanding on what it means for social care to be recognised as a profession.

The social care workforce positively impacts millions of lives every day, clear career pathways and development opportunities should reflect this because it will incentivise the very best people to stay in the workforce.

We require clear career routes mapped out through a range of levels of responsibility, oversight and/or complexity - some of which may need specialist knowledge and expertise. Development of pathways must include consideration of non-traditional roles beyond long-established service models, and not focus solely on hierarchical structures. This must include pathways which:

- Reflect the diverse and preferred ways people want to be supported.
- Enable specialisation where appropriate in specific areas such as supporting people with learning disabilities, autism, dementia etc.
- Support developing new roles and hybrid roles (e.g. assistant/associate roles) that deliver transformed care and achieve the support articulated in Social Care Future's vision.
- Develop strong leaders (by addressing the "jumps" between care worker, senior care worker and managerial positions) who are diverse and lead both within their organisation and the local system (system leadership skills are increasingly important to enable social care to play an active role in ICSs and other integrated arrangements).
- Roles and routes which can much more easily transfer back and forth between jobs in health and social care, different providers and kinds of support across local places (ICSs) with opportunities for secondments etc.

The pathways must be both clear and flexible enough to reflect the nature of the sector (numerous providers types and varied approaches) as well as the different skillsets and career aspirations of the workforce – not everyone will want to take on additional management responsibilities, and some may wish to develop their careers through specialisms (as above).

For clear career pathways and progression to be successful they must be linked to appropriate pay levels and development opportunities that raise the profile and status of the workforce as well as providing opportunities and incentives to develop.

Current context

Numerous reports[9] call for clearer career pathways and progression to help attract and retain people in social care. Often the assumed next step is management and staff may not aspire to become managers as they do not want to move away from the "frontline" or feel unprepared for the role which brings a high degree of responsibility. Career progression into roles is often reactive rather than a proactive experience with no clear progression routes or career pathways.

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[9] https://www.skillsforcare.org.uk/Documents/Evidence-review-and-consultation-analysis.pdf

4. Building and enhancing social justice, equality, diversity and inclusion in the workforce

Social care reform more widely should ensure there are no barriers to equal access to care and support at the point of need. There is evidence that some communities are less likely to receive social care due to lack of understanding of its availability, discrimination and/or some cultural norms where help is less likely to be asked for. We need to understand the barriers to care, and ensure the workforce is well equipped to be inclusive and understanding. We want commissioners and the workforce to reflect and understand the needs of the communities and people it serves and supports including with regard to responsibilities such as those under the public sector equality duty.

We also need to address barriers to work and progression for workers who identify as Black, Asian and minority ethnic. Skills for Care conducted a survey in Summer 2020 on the experience of people identifying as Black, Asian and minority ethnic during the pandemic and working in social care. The survey attracted over 500 respondents who highlighted their experiences of institutional and systematic racism, and a lack of development opportunities leading to underrepresentation in senior roles. We know we need to:

- Work to better understand the impact of COVID 19 on Black, Asian and minority ethnic people and other groups in the workforce, in order to support them to be safe;
- If policy is going to reflect diverse communities then there is a clear need to engage with these communities on all levels so that we can develop policies that work for everyone. We also need to support work such as the Workforce Race Equality Standard (WRES) pilot so we can better understand the challenges faced.
- Addressing inequalities and safeguarding those in the workforce who are vulnerable by raising awareness and developing skills and practices that mitigate risk;
- Continuing to increase the diversity and inclusiveness of the workforce, creating career opportunities that appeal to all parts of the community.

The UK is reliant on a fair and balanced immigration system to ensure that as a nation we can recruit the skilled staff we need to support people who rely on social care services.

Current context

ASC-WDS highlights that 21% of the adult social care workforce are Black, Asian and minority ethnic which is significantly more diverse than England which is 14%. Only 15% of registered managers are from a Black, Asian and minority ethnic background and 17% of senior managers.

The social care sector is made up of a diverse range of nationalities and backgrounds. 84% of the workforce is made up of British nationals, 7% from other European Economic Area (EEA) countries and 9% from non-EEA countries (National Audit Office). As such, the UK is reliant on a fair and balanced immigration system to ensure that as a nation we can recruit the staff we need to support disabled and older people who rely on social care services.

5. Effective workforce planning

Central to developing the adult social care workforce is effective workforce planning. When done well, workforce planning will enable us to anticipate and respond effectively to the changing needs of the population over time. It will also enable us to plan for the workforce of the future which will need to reflect the changing environment in which we live, as well as developing and embedding, transformative models of care and support.

We need a consistent approach to workforce planning which is joined up by a national strategy which sets the direction and priorities for workforce capacity and capabilities and is underpinned by a vision. Workforce planning needs to take place at all levels, and aligned to emerging place-based partnerships, ensuring that resources, skills and expertise are shared across the local health and care system. National planning must be sufficiently flexible to local needs, to allow local areas to improve and align workforce planning without being too restrictive, as different regions will have distinct challenges.

Workforce planning at all levels needs to:

- Be underpinned by credible data and intelligence that is used to drive strategies nationally and locally and will be informed by those with experience of using services.
- Build on existing data-sets to produce projections and assessments of supply and demand, accompanied by gap-analysis and costed plans to address the findings, including the cost of both pay and investing in training and development.
- Building greater understanding of the motivations and attitudes of the current social care workforce and the potential workforce of the future, through a national workforce survey. This must be designed so that it is applicable to all areas of the workforce, complementary to any local or "in-house" survey but still provides valuable insights. The adult social care survey could learn from what works in the NHS Staff Survey including engaging representatives around the findings and action plans but must be tailored to the adult social care sector.

Finally, workforce planning must consider integration and the interconnectedness of the health and social care workforce – you cannot plan for each in isolation. We propose that whilst a national adult social care people plan should be separate and distinct from the NHS People Plan they should align and reflect each other. Additionally, local areas, likely through Integrated Care Systems, should develop integrated workforce plans collaboratively with providers and partner organisations, that set out the local vision, shared priorities, and strategies for achieving them.

Current context

The last national workforce strategy was published in 2009 and 2017s "Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027" only had one short chapter on social care.

The degree and effectiveness of workforce planning varies at a local level, some are ahead with their thinking about workforce development, and others are behind. However, there is a lack of clarity on roles and responsibilities and how it fits together.

6. Expansion of the workforce in roles which enable prevention and support the growth of innovative models of support

We know the workforce is more able to support people by focusing on the place they live, the connections they already have and contributions of both those being cared for and those caring and supporting. We need a greater focus on preventative activity using all assets in places and communities and investing in innovation.

The current risk-based approach to social care means that innovation isn't always encouraged in the way it should be. In terms of innovative models of support and community-based teams, various providers are piloting alternative ways of working[10] such as Burtzoog models, but there is a need for national support. We also have some effective examples of roles - both new and traditional - flexing to focus on prevention and innovation including Personal Assistants, Community connectors, Circles facilitators, Link workers, Micro-providers, Wellbeing workers and advocates. We need to ensure roles are developed in coproduction with people and new job descriptions enable clear links to improved pay.

Increased skills will enable more effective support for people who draw down on care and support. This may mean working across traditional organisational boundaries and growing digital skills to make the most of technology developments including monitoring, data analytics and assistive technologies. Along with skills we need better understanding and investment in less familiar but more responsive and innovative forms of care and support that people have said they would prefer. This includes achieving the transformation articulated in the Care Act to people to self-direct their care and support actively and flexibly.

The sector must anticipate and respond effectively to the changing needs of the population over time. Commissioning must encourage delivery that seeks to innovate to achieve better outcomes with funding to follow. Since when you commission a service, you're also commissioning the workforce that implements it. Social care providers need autonomy to develop and deploy their workforce to best meet people's outcomes. Commissioners and providers must work together to enable the workforce to undertake more integrated, blended roles which in turn support people to live "in a place they call home" which often means maintaining their independence in the place they call home.

Current context

Despite the Care Act and associated guidance highlighting the importance of "preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist" we know that in a resource-tight sector there's a lack of common understanding and consistency in the approach to prevention and wellbeing within the social care sector[11]. The ADASS budget survey found that in 2020/21 only 4% of Directors are fully confident that their budget will be sufficient to meet their statutory duties [12].

Due to system pressures, the funding and focus of social care has been less on preventative action and more on high-need care, for example personal care to the elderly or when people need support in a crisis. Due to the commissioning and funding arrangements this means there are fewer opportunities and thus jobs in areas which could better encourage prevention/innovation.

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[10] TLAPs rainbow directory of innovations provides information about community-centred approaches that are having a positive impact on people's lives.https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/

[11] https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Prevention/Role-of-prevention-in-social-care.pdf

[12] https://www.adass.org.uk/media/7973/no-embargo-adass-budget-survey-report.pdf

Developing and implementing a workforce strategy

For a national workforce strategy to be successful it needs to:

- Be fully co-produced with people who use services and people who work in social care – their needs and aspirations is the central question. This will enable it to be anchored in the vision of improving the quality of life of the people who draw down on care and support. It should be delivered in line with the 'we' statements in Making It Real so that people in our communities can identify with the 'I' statements within it.
- Clear on the different roles and responsibilities of employers, Government (central and local), regulators and improvement bodies.
- Have buy-in from sector partners.
- Align to the NHS people plan and read across to the local government workforce focus[13].
- Be underpinned by effective national to local workforce planning (as per LGA, ADASS and Skills for Care Shared Priorities).
- Provides national direction but enable local flexibility to meet the needs of communities.
- Be underpinned by credible data and intelligence that is used to drive strategies nationally and locally and will be informed by those with experience of using services. This can be delivered through:
  - Greater understanding of the motivations of the current social care workforce and the potential workforce of the future, through a national workforce survey;
  - Ensuring access to a national minimum data set to inform strategic workforce planning and reform.
  - Using data analysis and workforce planning to identify gaps and match needs and aspirations to workforce development
- Have evaluations and assurance measures that show how effective the strategy and interventions have been in accessing the workforce that require.
- Be accompanied by real progress on reform, including increased funding.

Conclusion

These themes are not new and are well recognised, but our approach to addressing them needs to be articulated through a comprehensive national strategy. Countless calls to improve conditions for the workforce have been unheeded, perhaps because the current system is not set up in a way that this can be achieved.

We will continue to develop our thinking and clarify what needs to happen at national and local government level, as well as the role employers, regulators and improvement bodies must play. We would like to continue to build consensus across the sector and work together to develop the next level of detail to inform the thinking on investment and reform in the sector.

By reforming social care we will enable our values-driven workforce to develop their careers, invest in their learning and allow them to focus on what matters most to the people they support; we enable them to achieve better outcomes.

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[13] https://www.local.gov.uk/publications/workforce-focus

Developed by

Association of Directors of Adult Social Services (ADASS)

Care Provider Alliance (CPA)

Care and Support Alliance (CSA)

Local Government Association (LGA)

Skills for Care

Social Care Institute for Excellence (SCIE)

Think Local Act Personal (TLAP)

With thanks to

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