

Skills for Care– Written evidence (FFF0024)

Designing a public services workforce fit for the future

Skills for Care submission

0.0 Introduction and summary

0.1 Adult social care is one of the largest employers in the country. It employs 1.54 million people (more than the NHS) working for around 17,700 organisations, with 51% of services providing residential services and the rest non-residential.¹

0.2 Adult social care services are provided and delivered in partnership by the public, private and third sectors. In 2020/21 around 79% (1,325,00) of workers were employed in the independent sector, 7% (114,100) in local authorities, 6% (104,00) in the NHS and 8% (130,00) working for direct payment recipients. However, these services are primarily commissioned by Local Authorities and according to the Adult Social Care Activity and Finance Report, last year, gross expenditure on adult social care by local authorities was £21.2bn.² This is because, despite being provided by the independent sector, the state funds a majority of care in England. Though official data is not collected, between 2019-2020, the ONS estimated that only around 36.7% of care home residents were self-funded. Care homes providing care for younger adults had the lowest proportion of self-funders (4.8%).³ Though more recent data is not available, in 2014, a NIHR report estimated that only 20-25% of home care was self-funded. Skills for Care have also produced an economic report that shows that the adult social care sector contributes around £50.3 billion to the English economy each year.⁴

0.3 The social care sector is structured differently to many public services including health. Around 85% of adult social care employers employ fewer than 50 employees. Only 2% employ 250 or more employees but they employ almost half the workforce. There are also 70,000 direct payment recipients who employ their own staff. For 2020/21, around 44% of the workforce (735,000) work in domiciliary care, 40% (680,000) work in residential services, 13% (223,000) in community services and 2% (38,000) in day services.

0.4 Skills for Care is the workforce development charity for adult social care in England. We work with employers across the country to create a confident, caring, skilled and well-led workforce with the right values to provide high quality, person-centred care and support for people who draw on it. We operate the Adult Social Care Workforce Data Set (ASC-WDS) collecting data from around 8,000 organisations across England and holds approximately 650,000 individual worker records.

¹ Skills for Care, *The state of the adult social care sector and workforce in England* (2021). Available online: (<https://www.skillsforcare.org.uk/stateof>)

² NHS Digital, *Adult Social Care Activity and Finance Report, England - 2020-21*. Available online: (<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2020-21>)

³ Office for National Statistics, *Care homes and estimating the self-funding population, England: 2019 to 2020*. Available online:

(<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2019to2020>)

⁴ Skills for Care, *The value of adult social care in England* (2021). Available online: (<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/Economic-value-report.aspx>)

0.5 Submission Summary

- Recruitment and retention in social care in the short-term will not alone resolve our workforce needs. 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. Workforce planning must happen at all levels from national, through system and place to provider and be joined up by a vision for the future workforce.
- As a society, we value and prioritise the training of key professionals in health, education and other public services and this recognition should extend to the adult social care workforce. Career-long learning and development opportunities for our growing social care workforce are essential to meeting the needs and aspirations of people who draw on care and support in a personalised way.
- Pay and terms and conditions remain a key issue in recruitment and retention of the social care workforce.
- More needs to be done to support inclusive cultures and diversity to ensure the workforce is treated equally, feels included and valued, and is supported to stay well and pursue their careers in social care.
- Digital and data should always be driven by the needs and experiences of the end user and steps proactively taken to mitigate against inequalities.
- Relationships are key to integration and new initiatives should seek to utilise existing networks and promote best practice. Successful workforce integration in health and social care focuses on better outcomes for people with care and support needs.

Recruitment, retention and training

Q1) Workforce planning

1.0 For 2020/21, our data showed that the vacancy rate was running at 6.8%, or 105,000 jobs, on average on any given day. Our projections show that recruitment and retention is also a long-term challenge as we estimate that by 2035 the sector will need to find and retain an additional 490,000 jobs to meet demand.

1.1 That means to be both preparatory and flexible, long-term workforce planning should be underpinned by a national vision that is produced in collaboration with and has widespread support across a sector. Leaders in Adult Social Care produced such a vision in 2021.⁵

1.2 Our evidence shows that robust entry-level training and ongoing supportive supervision can positively impact staff retention. Training should be transferable, recognised and of consistent good quality, with ongoing opportunities for continuous learning and development in order to maximise staff retention and thus capacity to meet demand for social carer services.

⁵ Adult Social Care Leaders come together with a vision for a future workforce strategy, (<https://www.skillsforcare.org.uk/news-and-events/news/adult-social-care-leaders-come-together-with-a-vision-for-a-future-workforce-strategy>)

Q2) Training

2.0 Career-long learning and development opportunities for our growing workforce are essential to meeting the needs and aspirations of people who draw on care and support in a personalised way, both now and in the future. Those opportunities should be accessible at every stage and level within the social care sector. Our analysis shows that where employers invest in the skills and knowledge of their workforce they have lower turnover rates, as it contributes to employees' sense of feeling valued and recognised.⁶

2.1 Training capacity in social care could be increased through:

- Increasing the amount of funding available including expanding CPD
- Identifying which elements of training should be mandatory
- Ensuring all development opportunities are inclusive and
- Ensuring there are more training placements in community settings for regulated professionals such as nurses.

2.2 As a society, we value and prioritise the training of key professionals in health, education and other key public services. That recognition should extend to the adult social care workforce, who carry out skilled work to provide care and support for people with increasingly complex care needs. While the majority of those working in adult social care work in the independent sector, we don't see this as a barrier to publicly funding training in the same way we fund training for opticians, dentists, GPs, teachers and other professionals who can also work in the private sector.

Q4) Attracting staff to the public sector

3.0 The majority of adult social care in England is provided by the independent sector, but we know that there are still high turnover and vacancy rates. In 2020/21 there were on average 105,000 vacancies per day and a turnover rate of 28.5%. For registered nurses, this turnover rate was 38.2%, much higher than their NHS counterparts (8.8%). More recently, data from the ASC-WDS has shown that since March 2021 vacancy rates have risen to 9.5% and was as high as 17% for registered nurses.⁷

3.1 Pay remains an issue for staff recruitment and retention as differentials between social care and other low paying occupations (as defined by the Low Pay Commission) have been decreasing (from 13p per hour **more** than sales and retail assistants in 2012/13, to 21p **less** in 2020/21). Maintaining pay differentials with more senior roles and rewarding experience has also become increasingly challenging. On average, care workers with five years (or more) experience in the sector are paid just 6p (1%) more per hour than care workers with less than one year of experience. Traditionally adult social care workers have also been paid less than their NHS

⁶ More detail can be found in Chapter 8 of our *State of the adult social care sector and workforce report 2021*. Available online: (<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf>)

⁷ Skills for Care, *State of the adult social care sector and workforce report 2021*. Available online: (<https://www.skillsforcare.org.uk/stateof>)

colleagues, and many are paid at or just above the minimum wage. These rates of pay pose a challenge to recruiting staff with the right values.

Q6) Attracting a more diverse workforce

4.0 People from an ethnic minority background account for one in five of the adult social care workforce in England. In December 2020, we published the findings of a survey of over 500 social care workers from black, Asian and minority ethnic backgrounds about the impact of COVID-19. The survey found significant concerns about racism, inequality, progression, representation, and health. These must be addressed to ensure we recruit and retain our diverse workforce. We have developed the [Social Care Workforce Race Equality Standard](#) (SC-WRES) as a tool to measure improvements in the workforce with respect to the experiences of black, Asian and minority ethnic staff.⁸

4.1 More must be done to make the sector more attractive to all groups, especially young people and men, who are currently under-represented. For 2020/21, the workforce was 82% female.⁹ Research suggests that rates of pay can be a significant barrier to men entering social care. For young people, we have found that there is a general lack of careers advice in schools about the social care sector and minimal opportunities for school-aged children to engage with the sector meaningfully to learn more about it. A wider use of initiatives such as 'I Care Ambassadors' and starting careers advice in primary schools could help improve engagement.¹⁰

Transforming workforce effectiveness

Q7) Digital tools and mitigating against inequality

5.0 We must start by assuming that for many of the public the use of digital tools will vary based on age, culture, affluence, and location. At the same time, we can't assume the level of confidence of any particular group. If implemented well, digital tools can increase accessibility to public services through enabling remote access and automating some tasks to allow workers to focus on more impactful work. The pandemic has brought to the forefront some great examples of innovation in digital technologies, which must be embedded. However, in social care, we must ensure that the expansion of digital technology does not undermine the importance of human interaction and social time as this would increase the risk of isolation for those drawing on care and support.

To mitigate against inequalities, digital transformation solutions should be co-produced by those who will be impacted by them and should be accessible to all services.

Q8) Digital training

6.0 Digital skills are a key area of learning and development. Digital tools, such as telecare and telehealth, can help people to self-manage their conditions and they can

⁸ Skills for Care, (<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-the-diverse-workforce/Workforce-Race-Equality-Standard.aspx>)

⁹ Skills for Care, *State of the adult social care sector and workforce report 2021*. Available online: (<https://www.skillsforcare.org.uk/stateof>)

¹⁰ <https://www.skillsforcare.org.uk/Recruitment-support/Attracting-people/I-Care-Ambassadors.aspx#:~:text=I%20Care%E2%80%A6,the%20job%20they're%20promoting>.

also improve working conditions for staff. But digital solutions must always be looked at from an end-user perspective. They should be not applied as blanket solutions and must not replace person-centred services. Staff in public services including social care should be provided with a comprehensive digital learning offer and empowered to use digital tools autonomously with confidence.

6.1 We need to recognise that digital technologies should to be part of a blended approach to learning and even in a digital learning environment, there needs to be a multitude of types of learning delivery to ensure that all the different learning styles people have are catered for.

6.2 Skills for Care are well placed to develop a comprehensive Digital Learning Offer, as referenced in the Adult Social Care reform White paper. The White paper also highlights the importance of a targeted digital leadership offer, such as Digital learning for managers.¹¹

Q10) The effects of the COVID-19 pandemic and Brexit

7.0 COVID-19 has exacerbated many of the existing challenges the workforce faces, notably this includes the number of vacancies (105,000), high turnover and the impact on the wellbeing of the workforce. The pandemic has somewhat increased the understanding and appreciation of our social care's contribution to society. We welcome the Government's commitment to invest £500 million in the social care workforce, but are clear that this is only a start. For there to be true workforce reform we must value the contribution the social care workforce makes every day by addressing the factors that make social care a less attractive career option.

7.1 There has been no evidence of the existing non-British workforce leaving at an increased rate since exiting the EU and since the new immigration rules came into place in January 2021. Data collected since March 2021, as would be expected given the new rules and COVID-19 travel restrictions in place, shows a sharp drop in the number of people arriving in the UK to take up adult social care jobs (1.8% of new starters in January-April 2021 compared to 5.2% during the same period in 2019).

7.2 Our data shows that 9% of the social care workforce are of non-EU nationality and 7% of the workforce are of EU (non-British) nationality. Given that for 2020/21, vacancy rates were 6.8%, adding social care workers to the shortage occupation list is a positive step for recruitment within the sector. However, care workers will only have one-year to apply for a visa, and the minimum threshold salary of £20,480 (higher than the average social care worker salary) will prevent some providers from being able to afford to employ staff via this route. Recruitment in adult social care requires long-term solutions, including keeping open as many recruitment pools as possible.

Transforming existing workforce structures

Q13) Workforce integration

¹¹ Skills for Care (<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Developing-leaders-and-managers/Digital-learning-for-managers.aspx>)

8.0 Barriers to integration between the NHS and social workforces include the strength of relationships and trust, the need for clear shared objectives and outcomes, a need for greater recognition and for social care the time, resource and infrastructure to engage with integration conversations. SCIE's Better Care Fund team have shared best practice examples in integrated care.¹²

8.1 The integration *White paper Joining up care for people, places and populations* published 9 February 2022 references Skills for Care's principles of workforce integration:

1. Successful workforce integration focuses on better outcomes for people supported.
2. Workforce integration involves the whole system.
3. Recognise and overcome resistance to change and build trusting, authentic relationships.
4. Workforce integration needs visionary leaders who are committed to developing a confident, engaged, motivated knowledgeable and properly skilled workforce.
5. Process matters - it gives messages, creates opportunities, and demonstrates the way in which the workforce is valued.
6. Successful workforce integration creates new relationships, networks and ways of working. Integrated workforce commissioning strategies pay attention to each of these, creating the circumstances in which everyone can thrive.¹³

Q14) Tools for incentivising and challenging the workforce

9.0 It must be recognised that transforming service delivery stems from transforming attitudes, behaviours and skill sets. This is best achieved through compassionate and inclusive leadership that creates stronger connections between people improving collaboration, raising levels of trust and enhancing loyalty. Skills for Care provide multiple resources and tools sharing best practice including the People Performance Management toolkit and Leading Change Improving Care (LCIC) and leadership programmes for lead occupational therapists and principle social workers. Digital also plays a key role in service transformation and staff and leaders should be supported to engage and grow their digital skills sets through programmes such as networks of Digital champions.

Q15) Devolution in workforce planning

10.0 We need a consistent approach to workforce planning which is joined up by a national strategy that sets the direction and priorities for workforce capacity and capabilities and is underpinned by a shared vision. Workforce planning needs to take place at all levels, and be aligned to emerging place-based partnerships, ensuring that resources, skills and expertise are shared across the local health and care system. National planning needs to happen to set direction but 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.

¹² <https://www.scie.org.uk/integrated-care/better-care/practice-examples>

¹³ Skills for Care, *The principles of workforce integration* (2021). Available online: (<https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Workforce-commissioning-planning/Integration/The-principles-of-workforce-integration.pdf>)

10.1 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
- Have a gap-analysis and costed plans to address the findings, including the cost of both pay and investing in training and development.
- Build greater understanding of the motivations and attitudes of the current social care workforce and the potential workforce of the future.
- Consider integration and the interconnectedness of the health and social care workforce – you cannot plan for each in isolation

10.2 Skills for Care has developed several resources and theories on workforce planning and principles of workforce re-design.¹⁴

Creating user-centred public services

Q16) User-focused approach to public services delivery

11.0 The Care Act 2014 sets out the commitments of Empowerment of people, Prevention, Proportionality, Protection and Partnership. It articulates that people should be able to self-direct their care and be supported in a way personal to them. Achieving this requires legislative accountability at a national level; adequate investment for local authorities (the ADASS budget survey found that in 2020/21 only 4% of Directors were fully confident that their budget will be sufficient to meet their statutory duties)¹⁵; Commissioners who are better trained and supported to achieve the Care Act's aims and a workforce that has the right capacity and capabilities to meet the care needs of their communities.

11.1 Workforce capacity constraints limit the service that those working in public services including social care are able to deliver. In 2020/21, social care had a vacancy rate of 6.8% (higher than the NHS at 5.9%).¹⁶ More recently, the vacancy rate has risen to 9.5%.¹⁷ We engage extensively with the sector and hear first-hand through our networks the impossible decisions about care delivery that frontline staff are having to make daily due to workforce shortages.

11.2 Skills for Care are currently conducting research on flexible caseloads as existing literature suggests that autonomy and decision-making power can improve outcomes both for staff and people drawing on services.¹⁸ The Buurtzorg model of self-managed teams is a good model of this.¹⁹

¹⁴ Skills for Care, (<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Workforce-commissioning-planning/Workforce-planning-transformation-and-commissioning.aspx>)

¹⁵ ADASS, (<https://www.adass.org.uk/media/7973/no-embargo-adass-budget-survey-report.pdf>)

¹⁶ Skills for Care, *State of the adult social care sector and workforce report 2021*. Available online: (<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf>)

¹⁷ Skills for Care, Monthly tracking (unweighted) data. (<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/COVID-19.aspx>)

¹⁸ For example, Resolution Foundation, *Work experiences: changes in the subjective experience of work* (2021).

¹⁹ <https://www.buurtzorg.com/about-us/buurtzorgmodel/>

