Call for evidence: Department for Health and Social Care, Care workforce pathway for adult social care

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This response is provided by members of the ESRC-funded Centre for Care. The Centre for Care is a research-focused collaboration between the Universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau, and the Social Care Institute for Excellence. Funded by the Economic and Social Research Council, with contribution from the National Institute for Health Research (NIHR) and Department of Health and Social Care, as one of its flagship research centres, it works with care sector partners and leading international teams to provide accessible and up-to-date evidence on care – the support needed by people of all ages who need assistance to manage everyday life.

Led at the University of Sheffield by Centre Director Professor Sue Yeandle and Deputy Director Professor Matt Bennett, our work aims to make a positive difference in how care is experienced and provided in the UK and internationally by producing new evidence and thinking for policymakers, care sector organisations and people who need or provide care. In studying care, we focus on ways of improving wellbeing outcomes and on the networks, communities and systems that support and affect people's daily lives, working closely with external partners.

Contributors on behalf of the Centre for Care:

- Professor Shereen Hussein, Co-Investigator and Professor of Health and Social Care Policy at the London School of Hygiene & Tropical Medicine.
- Dr Duncan Fisher, Research Associate at the University of Sheffield.
- Dr Erika Kispeter, Research Fellow at the London School of Hygiene & Tropical Medicine.
- Dr Grace Whitfield, Research Associate at the University of Sheffield.

Main point of contact:

- Becky Driscoll, Research Associate – b.driscoll@sheffield.ac.uk

Overview

Our response considers the workforce pathway from the perspective of the different stakeholders, including the care workers, employers, national policy and system leaders, and learning providers. First, we draw out some potential strengths and weaknesses of the proposed workforce pathway. A large body of evidence demonstrates that understaffing in the social care sector is caused by difficulties in recruitment and retention. The retention crisis with high staff turnover rates may prevent employers from investing in learning and development as they fear their investment will be 'lost'.

Strengths of the proposed pathway

- Implicit acknowledgement of the value and skills required by this work, including the growing complexity of care; *"we still have no universal career structure or clear*

articulation of the level of expertise and responsibility needed to deliver high-quality, personalised and increasingly complex care and support."

- The pathway takes a holistic approach, including a wide range of stakeholders – their involvement will be integral to successfully implementing the pathway.
- Efforts to improve career progression and development in social care are welcome - to date, this has been very limited.
- In particular, it is beneficial that the pathway includes progression to more specialist roles that still involve 'hands-on' care work and management roles. This type of work motivates many care workers to enter and remain in adult social care - rather than administrative or managerial responsibilities (Rubery et al., 2011; Stacey, 2011).
- Creating opportunities for progression and improving the status of care work may help recruit and retain younger workers - which is urgently needed in an ageing workforce.
    - Findings from doctoral research by a member of our team, Dr Duncan U Fisher, show that younger workers leave the care sector due to the need for long-term prospects in terms of pay, progression, and status. For example, this is the account of 28-year-old Support Worker Mark, who, when interviewed, had been working for the same care provider for close to ten years: *"I absolutely love doing support work, I mean the only reason I'm doing my degree now is because I wanna-, I want to be more career-driven, and I want better goals than living on minimum wage or National Living Wage, I want more than that for myself."*

Weaknesses of the proposed pathway

- There needs to be more detail in the current proposal. However, given that implementation is due to start in September, this leaves little time to analyse and respond to the findings from this consultation.
- Information must be provided about the funding available for implementing this pathway, either short or long-term. While the 'Next steps to put People at the Heart of Care' includes a budget for workforce training and development, it is unclear how much will be allocated to the pathway. Successful implementation of the pathway will require investment. Therefore, it will be essential to formulate and share the longer-term plans for funding arrangements with stakeholders, i.e., how the implementation costs would be shared between the state and social care providers.
    - Introducing a career pathway with a clear vision for matching pay progression will likely lead to real reform. The more senior roles proposed will need to be reflected in higher wages.
    - The 'flat' nature of adult social care is an issue more generally; the current ratio of entry-level care workers to senior care workers is very high – 860,000 care workers to 79,000 senior care workers (Skills for Care, 2022).
    - Creating what appears to be an intermediary role, the 'advanced care and support practitioner', will require significant investment, restructuring, alterations to job descriptions, and reallocation of tasks.
    - Low pay is an underlying issue, especially in the cost-of-living crisis. We have found that some care providers are implementing a banded payment system to reflect the pay scale within the NHS (Black, 2023); taking this kind of approach at a national level could significantly impact recruitment and retention more than a pathway focussed solely on career progression. Research shows the

gulf in pay between NHS and social care roles at a similar level (Holt et al., 2022). In addition, the pathway does not address how training will be translated to improved wages.
    - Implementing training requires financial resources and workforce capacity –for care workers to be released from their day-to-day duties to participate, others will need to cover for them. Manchester Metropolitan University researchers note that care workers struggle to participate in training when available: 'The reality is that time and funding constraints make it difficult to access' (Professor Carol Atkinson quoted in House of Commons Health and Social Care Committee Report, 2022).
- We question the assumption that providing more training will resolve workforce capacity issues: while there is evidence that care providers who provide good training are more successful at retaining their workers, this does not mean a direct causal relationship exists. Instead, employers that invest in training are likely to be more attentive to the needs of their staff in other areas, such as working conditions and employee engagement. In addition, involving workforce bodies and trade unions would provide insight into how the pathway could improve workforce capacity beyond career progression.
- There are references to 'values' throughout the pathway, including proposing "a universal set of values for the whole adult social care workforce." While this approach is common in social care, the substance of what this means in practice is under-investigated (Manthorpe et al., 2017).
    - A focus on values can also ignore the diversity of care practices and care needs – the values involved are not necessarily reducible to some 'universal' values: literature on disability studies warns that an overemphasis on 'emotional' skills is not always appropriate (Cartwright, 2015).
    - Values are contested between older and younger workers in care settings (Fisher, 2021).
    - Emotions and 'values' can also have a deleterious impact on workers when used as a management tool (Allard & Whitfield, 2023).
    - While recognition of skills and pay is only sometimes correlated, recognition of *values* and pay seem to correlate even less. We are concerned that a pathway which overly emphasises values could detract from the underlying economic issues in the sector, which are integral to the ongoing workforce crisis.

Responding to call for evidence questions

The adult social care workforce: *understanding my role; understanding the wider workforce; developing within my role and career progression*

Regarding the first statement of the call for evidence – 'I will understand where my role sits in the workforce, as well as where other roles sit' – the pathway outlines what the different roles entail. However, we would question whether, in practice, organisations will transition from using the terms 'care worker' and 'senior care worker' to 'care and support practitioner' and senior or advanced 'care and support practitioner.' How will this be implemented and monitored? If it is not mandatory to use these terms, it could create further variation between providers.

There needs to be more information about pay progression between these roles, as pay is typically a key differentiating factor between roles. Pay needs to reflect skill development to ensure there is more motivation for progression. In a focus group for a previous evidence submission by the Centre for Care, a former care worker describes how senior care workers were responsible for managerial duties and direct care work while not receiving a manager's wage. This reflects the findings of Nuffield Trust research (Hemmings et al., 2022), which notes that 'completing training must also lead to advantages in terms of pay and future career opportunities.' It is unclear how introducing this pathway would contribute to addressing the disconnect between skill and pay progression.

The proposal notes that much of the high turnover in the workforce is observed concerning workers moving between care providers - unsurprising, given the lack of incremental pay or reward for undertaking training, progression, or even length of service. This relates to the earlier point about the flatness of the sector: a significant number of workers will be required to stay in the first or second levels of the pathway for a considerable length of time (Lamberg, 2020), so greater attention needs to be paid to the quality of those jobs and incentivising development within those roles. For example, the description of the care and support worker role states that "we would expect people in this category to be in the first 12 to 18 months of their first role in adult social care", but in reality, many are in these roles for longer. They will need to continue to be so.

More broadly, understanding the roles in the wider workforce becomes complex when we consider integration: the pathway states that as we move to a more integrated health and care system, "we will work with our NHS colleagues to ensure we create parity between equivalent roles in health and adult social care so we can build a more agile workforce." However, achieving parity is highly complex, given the diverse funding models across health and social care (Humphries, 2022). It is unclear from the pathway how parity – and agility – between roles within differently funded organisations can be accomplished. Evidence shows that workers moving from employment in social care to health is a significant cause of turnover in the former (Kelly et al., 2022).

Other questions in the first section refer to values and behaviours. While the 'values' of the workforce have become a key discussion point – particularly after the Covid-19 pandemic (Manthorpe, 2022, and Hales, 2022) – there can be some downsides to this focus that the pathway should address and avoid. First, the reference to "the values and behaviours required to work in adult social care" remains somewhat ambiguous: the work involved in social care is highly varied, meaning that different contexts might require different values. Second, behaviours and values are continually formed on the job, and the ability to exhibit certain behaviours depends on the context and external pressures. Finally, focusing on knowledge, skills, competence, and training seems less ambiguous than values and behaviours, advancing the notion that care work is skilled work (Hayes et al., 2019). The focus on values and behaviours may actually serve to undermine the pathway goals of improving career development and progression – since the implicit assumption is that care is vocational and that anyone with the right values can do it, rather than seeking to provide a career opportunity with long term prospects.

It is also optimistic that the pathway aims to improve competence and confidence in staff. However, this will require that employers consistently follow the requirements and progression laid out in the pathway. Confidence in their ability to do the job 'in the way that is expected of

me' necessitates that the expectations of employers and managers align with expectations in the pathway. The pathway could go further in workers' expectations around training – the ability to 'identify what training is mandatory' leaves questions such as who will carry out the training, whether it is in-house, and whether it is mandatory and standardised according to the sector-wide pathway or among individual employers.

The pathway questions related to the values and behaviour of colleagues and managers are somewhat vague, as with the focus on workers' own values and behaviours. It is helpful, though, to have some expectations of managers – formalising these expectations would require some mechanisms of recourse or accountability. What can staff members do about it if managers do not 'fit' or 'exhibit' behaviours or values laid out in the pathway? The focus on understanding skills and knowledge needed in other roles in the sector is helpful. However, it would come up against a potential diversity of roles within a diverse care 'market'. Knowing about learning and development opportunities and understanding clear progression pathways into and through the sector requires consistent communication – potentially across employers or between employers and local authorities, which is likely to be complex under the current structuring of social care. What role will local authorities play as commissioners - for example in mandating that the pathway is implemented? Some consistency between employers is also required to achieve the statement, 'I will understand what learning and development is relevant to my current or future role, and I know my manager or future employer will also be able to understand this because of the pathway.'

When it comes to assessing or recording the skills and knowledge of staff, more clarity would be helpful. Will that be a managerial duty? On what basis will they be assessed, for example, through some consistent criteria? In the description of the pathway, it is noted that the pathway will enable employees to 'see how they can progress into more senior roles, depending on the agreement between the employee and employer'; if the employer disagrees with progression, does the pathway have any overriding function or is it simply at that employer's discretion? Feeling 'empowered' to make the next career choice and the ability to plan 'aspirationally' will depend on whether employers consistently follow the pathway.

Adult social care employers: *understanding the expectations of my workforce; recruiting and developing my workforce; efficiency and value for money*

These sections focus primarily on how the pathway will impact employers and managers. Again, we would emphasise that highlighting values and behaviours – e.g., 'I will understand the values my staff should have' – could be a less practical aspect of the pathway, given the diversity of values which might assist as a care worker across different contexts, the learned nature of values and behaviours, and the potential for values and behaviours to overshadow skills and knowledge. For employers, the focus should be if the workers have the right skills (including soft skills) to safe, effective and person-centred care. The focus on values has the potential to dilute the emphasis on the professionalisation of the workforce and the sector as a whole, and contradicts with earlier statements about achieving parity with the NHS.

Staff could perceive the pathway negatively if employers judge their progression through the pathway by subjective references to their values. Progressing according to 'knowledge and skills that my employees should have to provide high-quality care and support' would present a more obviously achievable objective for staff. It would be beneficial for managers to be able

to explain roles across the organisation and other organisations. However, it will require a high degree of regularity in employment practices throughout the sector.

The section on recruiting staff provides some helpful direction, particularly around being able to 'better explain' career development and supporting staff across learning development, support, and other opportunities. However, it is difficult to envision how clarity on career progression alone can resolve recruitment and retention issues in the sector; the pathway reiterates a values-based recruitment approach, which has not, it seems, solved labour shortages at a sectoral level.

There is also potential that possible recruits might feel that if they do not already possess particular values, they will not be able to work in the sector – when, as noted above, values can be 'learnt'. The notion that particular aptitudes or orientations are necessary to work in the sector is a barrier to pursuing care sector employment (Montgomery et al., 2017). There can also be a tendency to refer to values to obscure the pressing issue of poor pay; lauding care values and understanding 'how to recruit and talk about roles' without making tangible improvements to pay and terms and conditions are unlikely to impact attracting new recruits substantially.

The expectations that employers should have of commissioners and regulators related to the pathway could be made more transparent – that is, confidence that these bodies will 'recognise and accept the content of the pathway' does not seem to extend to acting on, or regulating and commissioning according to adherence of, the pathway at a national level. Identification of 'training solutions' is perhaps more complex than the pathway so far acknowledges, given the diversity of organisations offering training and the difficulty of implementing training or setting time aside for training. While the statement refers to identifying training solutions which can be high quality *and* provide value for money, in practice, financial constraints may lead providers to focus on value for money. Furthermore, there is insufficient detail on how new training solutions aligned with the pathway will interact with the wide range of health and social care qualifications care workers currently hold or are working towards. The pathway alone does not ensure that 'high quality' is also prioritised. The same issue comes into play about the pathway leading to 'improved retention rates [...] and a reduction in recruitment costs due to [the organisation's] ability to better attract and retain staff.' Positive effects on attracting and retaining staff also require that time (and funding) is set aside for training: a 2022 report by the Nuffield Trust on training in the sector comments that

> *"Governments have grappled (not all successfully) to ensure that training is fully funded, completed during paid working hours and paid at trainee or normal wages. Without these, there is a risk that recruitment and retention issues may be exacerbated."*

While staffing is stretched, organisations will find it challenging to engage in training, despite recognising that it would be beneficial. It is positive that the pathway states that training carried out through previous employers will be 'more easily recognised', which could reduce costs (although an employee who already has training should therefore be recruited at a cost reflecting their skills and knowledge). A supported living manager, discussing staff progressing to more senior roles, told us: 'The lead role is very difficult to recruit, and we tend to recruit for this internally. It is hard; it goes back to pay every time.'

People who access care and support: *quality of care*

The questions focussed on quality of care are important as research has repeatedly shown the connection between workforce and care quality (Burns et al., 2016, 2023). However, multiple factors come into play here: increased knowledge and skills require a level of retention which may be easier to achieve if the pathway also focuses on pay progression. The statement that the pathway will enable users of care services to 'recruit people with the right values and behaviours' and attract 'people who are competent and confident in their ability to deliver high-quality care and support' assumes a supply of employees which can be selected from. In practice, this market is squeezed due to more competitive pay and terms and conditions in other sectors, particularly retail (Bottery, 2022; Skills for Care, 2022). The same concern applies to achieving the statement, 'Because of the new care workforce pathway; I will have a say in who is recruited to support me.'

The statement that the pathway will enable users of care services and their family and friends to 'easily see and understand' skills, knowledge, values, and behaviours that 'the people who support me should have' will need to consider the diversity of tasks involved in caring. It is difficult to point to particular skills and knowledge which workers 'should have' because the needs of users of services are so varied. This reflects the tension between standardising elements of workforce structure, and the individual, personalised needs of supported people (Needham & Hall, 2023). More information would be beneficial around the statement that the pathway will enable users of care services to 'co-develop and co-deliver development opportunities' for care workers – what would count as co-developing? How would co-delivery occur?

National policy and systems leaders: *a streamlined market; efficiency and value for money; identifying policies*

The ambition that the workforce pathway will lead to 'a more streamlined training market for government investment, local authorities and integrated care systems (ICSs)' will depend on the progression of the ICS model, and clarity on 'government investment' here would be beneficial. Further, it would benefit the pathway to convey more information on what it means for 'learning and development solutions and provision' to meet a 'quality standard', i.e., a standard according to what criteria? Will this apply regardless of training provider size or type?

It would be helpful if the pathway contained information on how it will connect national 'priorities for national learning and development policy' to the specific needs of care service users and the workforce. For example, will there be mechanisms to provide feedback from the bottom-up – or from the frontline – to alter national priorities? The statements that: the pathway will be 'updated and refreshed' so that 'a collective understanding of the necessary skills, knowledge, behaviours and values will be maintained'; 'I will be able to see any gaps between the current skills, knowledge and behaviours of the workforce and what is needed to provide high-quality care and support and meet the needs of citizens'; and 'I will understand what skills and knowledge care workers need and the behaviours they need to develop' all assume that these kinds of mechanisms will be in place. However, making these connections and gathering collective knowledge can be challenging in the context of workforce fragmentation, and it is not apparent how the pathway will overcome those challenges.

Questions connecting efficiency and value for money to reduced training duplication, reduced staff turnover, and backfill requirements. Duplication of training is an issue noted in the House of Commons Health and Social Care Committee report '*Workforce: recruitment, training and retention in health and social care'* – '[a]t present, care workers who move roles are finding that providers want them to re-do their Care Certificate.' The connection between the pathway, reduced staff turnover, and backfill requirements could be more tenuous. Overall, it is unclear from the pathway how it will lead to 'cost savings and better value for money.' A simplification of the training landscape, national and systems leaders becoming 'informed' purchasers, and the ability to monitor investment impacts on turnover, vacancies and efficiencies may have some effects. However, other aspects of the pathway may not lead to cost savings. As already emphasised, if skill progression is not reflected in pay progression, then the effects on retention and recruitment will be less significant.

Learning providers: *learning and development*

As noted in the above section, understanding what skills and knowledge care workers *need* requires effective communication throughout the sector – the same applies to learning providers to gain this understanding and develop services appropriately. National guidance must reflect the experiences and needs of those working in the sector and individuals utilising care services. It will then need to be communicated to learning providers. These providers will then have to have the capacity to develop their services. Sector-wide changes around increased digitalisation – and the uneven effects of these changes across organisations – also need to be accounted for by learning providers. If care workers feel that they are not receiving appropriate training, particularly in digital and clinical skills, this may impact whether they stay with an organisation or leave (Hayes, 2019).

This section also refers to understanding what 'learning and development solutions employers will want to buy' – this will require some nuance because solutions will differ across provider type (funding models, care services) and provider size. The reference to the pathway enabling stakeholders to understand which solutions are prioritised by the government and 'other funders' leads to questions regarding which other funders might have priorities, how those priorities relate to the government, and – importantly – how they relate to the needs of the workforce and users of care services. More clarity is also needed for learning providers to understand, using the pathway, what the 'expectations of quality training are' – i.e., quality according to what assessments and how these quality assessments will consider the variations among care providers.

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