
PUBLIC POLICY PROJECTS

INSIGHTS



The Social Care Workforce: Averting a Crisis

**CHAired BY THE RT HON DAMIAN GREEN MP
WRITTEN BY MARY BROWN**

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ABOUT PUBLIC POLICY PROJECTS

Policy Projects (PPP) is a global policy institute offering practical analysis and development across a range of sectors, including health and social care. The institute is independent and cross-party, and brings together public and private sector leaders, investors, policymakers and commentators with a common interest in the future of public policy. Public Policy Projects publishes annual Insights and Global Insights reports in a series of policy areas, including integrated care, social care, genomics, rare diseases, women's health, health inequalities, environment and energy. All these programmes, and their corresponding events, publications and conferences, receive contributions from sector leaders from around the world.

ABOUT PPP'S SOCIAL CARE POLICY NETWORK

Chaired by former Deputy Prime Minister, Rt Hon Damian Green, PPP's Social Care Policy Network is comprised of over 20 senior thought leaders within the social care sector. Given that social care reform is a key policy issue in 2022, PPP has brought together these experts to discuss four key issues within the sector. The network aims to inform the social policy debate, from within the industry, the public sector, academia, and charity.

ABOUT THE LIVED EXPERIENCE PANEL

Within the Social Care Policy Network is a Lived Experience Panel, whose members have a wealth of experience in the current social care system on the ground. The panel is made up of recipients of social care, family members of individuals receiving social care, social care staff, and informal carers. The lived experience perspective has been essential to guiding discussion for the sessions and contributing to the recommendations of this report. Their contributions have meant that these policy recommendations will practically improve the experience and lives of those who are most personally affected by the current care system.

Acknowledgements

THE LIVED EXPERIENCE PANEL



LYNN DIXON – MOTHER OF SON WHO RECEIVES SOCIAL CARE

“Caregivers need to be paid more money, they need to be better supported, and they need to be valued more by society so that they can lead full and active lives”



GAVIN CRYMBLE – EXPERT BY EXPERIENCE, CARE QUALITY COMMISSION

“Time and again recipients of domiciliary care plead with me to do something about pay and conditions for their carers”

“Florence Nightingale is generally credited with ‘professionalising’ the role of nurses. Prior to her work in Crimea, nursing was not seen as important and vital work. The Royal College of Nursing was later founded at a time when nurses were arguably performing many of the hands-on caring jobs performed today by care assistants. So, can the same be done for social care workers today?”



ANNE PRIDMORE – DISABLED PERSON IN RECEIPT OF 24/7 CARE

“We must recognise and appreciate the skills of the workforce, and pay workers a decent wage. I get to pay my carers £10 an hour in a town where you can get £15 for dog walking. How can this be conducive to good recruitment and retention?”



RASILA MEHTA – CARER OF FAMILY MEMBER WITH DEMENTIA

“There is an immense shortage of carers... since January I haven't been able to recruit any new carers because of the low rate of pay and in three years they haven't had any increase in wages”



LISA CRABTREE – REGISTERED HOME MANAGER

“There is a lot of stigma attached to care work, and there is no emphasis on the positive changes that those people make. I originally got into it by accident and I have been here 20 years now, but it wasn't a career I thought of while I was at school. We need to change the mindset: we are not ‘just carers’, we are changing people's lives”

Foreword



FOREWORD FROM THE RT HON DAMIAN GREEN MP

There are many elements that go to make up the current crisis in social care, but all concerned with the sector agree that the size and stability of the workforce is one of the most acute problems. We need more care workers, we need them to stay longer in their jobs, and we need them to be better paid and more highly regarded.

This report by PPP says that a shift in public perception is required to address this. This shift is as important as the elevation in pay and image of nursing as a result of Florence Nightingale's efforts during the Crimean War. The need for this "Nightingale Shift" is a recurrent theme in the report.

It also contains a number of practical proposals which would make a reality of the necessary change. These include not only raising the minimum wage for care workers but putting this on a more stable footing by ensuring that social care providers mirror the

NHS Pay Scale bought in by the Agenda for Change programme.

There are also welcome ideas such as improving the reputation of social care as a career among young people, by explaining in schools that care worked is technically skilled as well as fulfilling. We also suggest setting up a Royal College of Care Professionals, which would be a big step forward for the status of care workers at all grades.

This is an absolutely vital challenge. Not only do those who work in the care sector deserve better, so of course do the increasing numbers who need the care. We will not have the latter without the former. Equally importantly, the problems facing the NHS, in particular the inability to discharge many patients who are well enough to leave hospital, will only ease if there are enough suitable care settings for those patients. This report requires urgent action by the Government.

Recommendations

1. The government should raise the minimum wage for adult social care workers across the care sector.
2. Local Authorities should pay the fair cost of care rather than rely on self-funders to make up the cost of workers' wages.
3. Social care providers should mirror the NHS Agenda for Change pay scale. This will not only support good retention, as it is less likely staff will be lost to similar NHS roles, but will also aid in recruitment. This will also aid integration of health and social care, facilitating better working within multidisciplinary teams.
4. The government should provide specific funding for workforce wellbeing, including for the provision of wellbeing resources and counselling. This should aim to alleviate the emotional and psychological burdens of care work, exacerbated by the Covid-19 pandemic.
5. The adult social care sector should work with young people in schools to positively promote social care work as a technically skilled and fulfilling career, in which care professionals improve the quality of life of those most in need through relationship building and practical care.
6. Businesses which offer benefits and 'sweeteners' for NHS staff should be encouraged to extend these to social care professionals, to increase the visibility and morale of the social care workforce.
7. There should be substantial investment into positive advertising campaigns for social care careers, with clear messaging of the immense value of a career in care and its potential to transform lives.
8. The Royal College of Care Professionals should be established, to recognise and set the status of the workforce, and raise its public perception.
9. New cross-sector roles between health and care should be created, as well as placements and secondments of NHS staff into social care. This will increase awareness and visibility in the NHS of the social care system and aid the integration of the workforces.
10. Care providers should cast their nets wider in their recruitment approaches. There should be a concerted effort to recruit people living with disabilities, those from refugee backgrounds, younger people, and men.
11. The government should reconsider their case for part-funding alongside the funding pledged by care operators for the proposed new Social Care Leaders Scheme, learning from the success of similar schemes such as Teach First.
12. Volunteering should be integrated into workforce strategy and planning for social care given the benefits to staff and system users, and to workforce recruitment.
13. Workforce HR systems need to include and be adapted to better support volunteering (including recruitment, DBS, management, and retention) and support opportunities for volunteer transition to paid employment.

Introduction

The social care workforce is in crisis. High staff turnover rates, chronic recruitment and retention issues, and low morale are increasingly identified as major challenges for those working in social care. These problems in the workforce are not conducive to consistently high-quality care for those who require it and are at the heart of the problems within the sector.

The social care sector is currently the biggest employer in the UK, and with demands on the sector set to rise, it's imperative that a comprehensive workforce plan for social care is developed to meet the rising demands of the system users and to provide fair terms and conditions for those employed.

Social care staff do not enjoy the same admiration felt by the public towards the NHS, despite the similarity in roles and necessary skill sets. If the immense value that social care provides is to be recognised, and the pay and

conditions are to match the skills required, a shift in the public's perception of social care is required.

This shift must be equivalent to the elevation in status, pay and working conditions ushered in by Florence Nightingale's work during the Crimean war, which brought home to the public the true value of the nursing profession. As proposed by a member of PPP's Social Care Network's Lived Experience Panel, the social care workforce merits the same 'Nightingale shift'. Once social care professionals are appropriately valued and paid for their level of skill, expertise, and workload, many of the recruitment and retention issues in the sector can start to be resolved.

This report outlines a series of recommendations based exclusively on roundtable discussions with PPP's Social Care Network.

Chapter One

THE CURRENT STATE OF THE CARE WORKFORCE

The social care sector is a huge contributor to the economy and to society, employing 1.54 million people, equivalent to 5 per cent of the national workforce.¹ As the UK population ages, this figure will only grow. Over the next 20-30 years, the number of people requiring care in the UK is likely to double and by 2050, it is expected there will be two working adults to every retired person.²

The adult social care sector is under extreme pressure, which is in part due to a lack of long-term planning for its workforce. The sector has a staff turnover rate significantly higher than the national average, accompanied by a high number of vacancies. In 2020/21, the staff turnover rate in social care stood at 38.1 per cent, equating to approximately 410,000 people

leaving their jobs each year. It is also estimated that 6.8 per cent of roles in adult social care were vacant during this period.

In May 2022, the vacancy rate for care home providers stood at 10.3 per cent, nearly double the March 2021 rate of 5.9 per cent.³ Evidently, the pandemic has taken its toll and placed yet more strain on the workforce, exacerbating longstanding issues of recruitment and retention.

Anecdotal evidence from members of the Network's Lived Experience Panel, and other members of the Social Care Policy Network, suggests that social care professionals regularly experience high levels of stress at work, and have a low sense of self-worth.



In the People at the Heart of Care white paper, published in December 2021, the Department for Health and Social Care pledged that of the £5.4 billion to be invested into adult social care over the next three years, as generated by the Health and Social Care Levy, at least £500 million would be channelled into the support and development of the social care workforce.⁴

The white paper also gave an overview of the main policies of a workforce strategy for social care, which include:

- a knowledge and skills framework, careers pathways and linked investment in learning and development to support progression for care workers and registered managers
- funding for care certificates alongside significant work to create a delivery standard that is recognised across the sector. This will improve portability, so that care workers do not need to repeat the care certificate when moving roles
- continuous professional development budgets for registered nurses, nursing associates, occupational therapists and other allied health professionals

- investment in social worker training routes
- initiatives to provide wellbeing and mental health support and to improve access to occupational health
- a new digital hub for the workforce to access support, information and advice, and a portable record of learning and development
- new policies to identify and support best recruitment practices locally
- exploration of new national and local policies to ensure consistent implementation of the above, as well as higher standards of employment and care

The Network agrees that a comprehensive social care workforce strategy is required, not vague ideas, however aspirational. This report aims to contribute to such a strategy.

Chapter Two

PAY AND CONDITIONS

An undisputed factor behind poor recruitment and retention rates in the social care sector is low pay. Low wages do little to attract new talent to the sector, and often appear to be the reason for poor retention, as vacancy rates are consistently high due to care professionals leaving the sector for better paid roles.

In 2020-21, care workers were paid a median hourly rate of £9.01, just 29 pence higher than the National Living wage.⁵ Although increases to the national living wage in April 2022 have seen hourly rates rise to £9.50, wages remain comparatively low. On the other side of the equation, without additional support from the government, rising wages have left care providers struggling. A high proportion of care workers are employed on zero hours contracts and in London, this figure stands at 41 per cent of social care workers.⁶ Therefore, many care professionals experience pay inconsistency and insecurity, as well as a poor base rate of pay.

Social care professionals often leave the sector for less demanding, or better paid jobs, such as retail roles. Others may choose to leave and work for the NHS, where similar skills are often more appreciated and rewarded. Network members described it as “scandalous” that professions such as cleaning, bartending, or dog walking are consistently paid more than social care, despite often being less technically and emotionally demanding.

A report by the Methodist Homes Association estimates that there is a 23 per cent disparity in pay⁷ between care assistants in the NHS and the social care sector. While much of this gap is derived from by differences in salaries, another significant portion comes from sick pay and payment for additional hours and pensions, which are benefits that many social care providers are simply unable to provide.

The minimum wage for the adult social care workforce should therefore be raised. On the 14th July 2022, Care England called for the Government

to better support the adult social care workforce by introducing a fully funded minimum wage for social care workers in England.⁸

Network members expressed that Care providers should mirror the NHS Agenda for Change pay scale. This will not only support good retention, as it is less likely staff will be lost to similar NHS roles, but aid in recruitment. This will also aid the integration of health and social care, facilitating better working within multidisciplinary teams.

Social care is a skilled and psychologically demanding profession and should be commensurately well remunerated. It should be made clear that any increase in pay for care workers is a reflection of the commitment and skills required, not simply an effort to lure more workers to the sector. However, once care professionals are appropriately paid, it is less likely that staff will leave regularly to join other professions, and more likely that new talent will be attracted to the sector.

Notwithstanding the above, is no secret that funding for the system is severely limited, and paying its workforce is the sector’s single biggest expense. There is no settlement from central or local governments that meets the cost of care to enable providers to pay a proper wage for the level of ability, responsibility, or dedication that is required of care workers. Network members expressed frustration that the government appears to shirk responsibility for the adequate funding of social care and its workforce, given that a high proportion of the care sector is privately provided. Although the care sector is dual funded, the government has the responsibility to support the care sector and its workforce given that the care sector underpins the health and quality of life for many people, which underpins the health of the nation and supports the NHS.

Local authorities must pay care providers the fair cost of care for their workforce to be appropriately paid. Councils do not currently

pay providers fees to adequately cover their costs, and instead rely on individuals who fund their own care to subsidise this.⁹ In order for care providers to pay staff a higher wage, and to mirror the Agenda for Change pay scale, the fair cost of care must be provided.

Public Policy Projects has released a separate interim report on the financing of the social care system, entitled *Mind the Cap: choices and consequences for financing social care*.¹⁰ This report contains several recommendations for increasing funding within the care sector, which are as follows:

- Funding raised by the increase in National Insurance for the Health and Social Care Levy is nowhere near enough to create a stable and effective social care system. Financial support for social care should increase significantly and be part of a long-term funding solution to allow

providers to plan effectively. This solution should maintain a duality of state provision and private funding schemes specifically for social care.

- The government should widen the scope of the Health and Social Care Levy. Other forms of income and wealth to which National Insurance does not apply should also be considered.
- The government must focus its attention on how best to stimulate a wider, insurance-based approach to care, encouraging individuals to participate in voluntary insurance schemes to cover costs up to the cap.
- The government should explore greater flexibility around the Health and Social Care Levy, including contributions being made by employers, as with pension schemes.

Recommendation:

1. The government should raise the minimum wage for adult social care workers across the care sector.
2. Local Authorities should pay the fair cost of care rather than rely on self-funders to make up the cost of workers' wages.
3. Social care providers should mirror the NHS Agenda for Change pay scale. This will not only support good retention, as it is less likely staff will be lost to similar NHS roles, but will also aid in recruitment. This will also aid integration of health and social care, facilitating better working within multidisciplinary teams.

Chapter Three

WORKFORCE WELLBEING

For the betterment of the social care workforce, staff wellbeing must become a priority. Members of the Network, particularly the Lived Experience panel, expressed that many care professionals experience high levels of stress and poor mental health. As widely reported, the Covid-19 pandemic has only served to exacerbate existing wellbeing issues among the social care workforce. In the wake of the pandemic, we are left with a fatigued workforce who may need extra support to continue to perform their duties.

CASE STUDY – MHA

MHA is the UK's largest charity providing care to older people. Their mission is to help people to 'live later life well'. This involves helping people to be connected to, and engaged in, their communities through local groups. MHA offers residential communities for people who wish to live independently, but with additional support, as well as providing care homes for people

who require full residential support for care, dementia or nursing needs.

MHA employs 7,000 people across the country in a variety of roles, and supports around 4,000 volunteers, helping to strengthen communities, reduce isolation and provide vital assistance to those in need of care.

The issue they addressed

In March 2020, the pressures of Covid-19 took the mental wellbeing of the social care workforce to a new level of importance. Staff on the frontline were being impacted in a variety of ways, many without precedent.

They experienced:

- Increasingly high numbers of Covid-19 related deaths across their resident and member groups



- High numbers of people having to self-isolated and shield at home, leaving fewer colleagues to provide high quality care
- Colleagues moving into and living in care homes, in order to continue to support their residents, while protecting their families from an increased risk of catching Covid-19
- Managing the daily challenges brought about by a constantly changing landscape of government legislation and advice

“I have been in nursing 42 years, and this is the first time I have experienced this level of stress.. The workload has really intensified. Priority for the residents, relatives and staff. I learnt a lot about my resilience. It took investment and work, keeping the team together and I found inner strength.” – Care Home Manager, Lessons learned exercise, October 2020

The impact of the pandemic on the wellbeing of staff was evident. Resilience was being tested in a way that it had never been before, levels of anxiety were reaching breaking point and staff were at risk of burnout and overwhelming fatigue. MHA were challenged in providing much needed wellbeing support in the following ways:

- Staff were experiencing wellbeing related issues that, as a workplace, they had never seen before, and traditional wellbeing initiatives were insufficient to support staff who were facing the potential for extreme burnout and exhibiting symptoms of post-traumatic stress disorder
- The pandemic was also creating additional financial pressures, as declining occupancy levels were reducing the charity's income substantially. Staff were under so much pressure to continue

to support residents that there was no time in the day to focus on themselves and it became necessary to find time friendly solutions

- The people who needed support were based around the UK, and due to the restrictions of the pandemic it was not possible to visit them or provide onsite support

The Successful Model

To alleviate the burden on their staff, MHA set about developing a new Wellbeing Covid-19 strategy.

In the early days of the pandemic, they held Manager Wellbeing Webinars, ‘How are you feeling right now?’, to help understand their staff's challenges and provide appropriate support. This success led to the development of wellbeing webinars to support all of their staff.

They developed a dedicated wellbeing resource toolkit for colleagues and volunteers, who also experienced challenges during the pandemic. This contained a wealth of resources and creative ideas, some covered in their Engaging Leadership Programme, to assist people in exploring their own wellbeing and that of their teams.

An online Wellbeing Portal was developed providing a series of tools, guidance, and support documents for all colleagues. This was formally launched in March 2020 and has received 14,571 views to date.

MHA's Executive Leadership Team (ELT) took a leading role when it came to supporting wellbeing. They held regular phone calls with colleagues and kept themselves updated on issues



facing the organisation. Regular internal communications were established with weekly Chief Executive emails and a monthly video call with the ELT, with all colleagues welcome to attend and submit questions.

Following the pandemic's first wave, group counselling was offered to MHA's teams. Many of the worst impacted homes found the sessions useful as it enabled staff to reflect on the impact the pandemic had on them. In addition, MHA's Chaplaincy team provided a 24/7 phone line for both colleagues and residents' families to provide support, guidance, and a listening ear.

MHA also worked with a partner organisation to develop a free online wellbeing survey. Those who completed it were awarded a rating of red, amber or green. Depending on their rating, they were signposted to relevant wellbeing resources and available support.

One area identified through the survey was that colleagues within Central Support teams were experiencing feelings of isolation due to home working. To support them, MHA established a 24/7 virtual lounge, where they can socialise with colleagues. They have also hosted social events such as quizzes and 'lunch and learn' sessions.

In early 2021, MHA recognised the need for people to have valuable and effective conversations about wellbeing with their managers and so adapted an annual appraisal template to include a focus on wellbeing. To support managers to have these conversations, they rolled out an MHA-tailored Samaritans Listeners Training webinar, to give managers the skills to better support their colleagues.

Throughout the pandemic, MHA have sought to learn and reflect the impact that wellbeing can have on individuals, and on the performance of the wider organisation. As the immediate urgency subsides, they are looking to re-energise their wellbeing strategy to understand how to normalise looking after one's wellbeing. It should be made sure that work is not negatively impacting on their physical and mental health.

By investing in wellbeing, MHA is investing in their workforce. A focus on staff wellbeing acknowledges the extraordinarily stressful period they have been through and recognises the ongoing pressures within the care sector that colleagues may still be experiencing. By providing support across the organisation, MHA is demonstrating the value they place on their staff, an approach that will benefit their employees and help to improve staff retention.

Recommendation:

4. The government should provide specific funding for workforce wellbeing, including for the provision of wellbeing resources and counselling. This should aim to alleviate the emotional and psychological burdens of care work, exacerbated by the Covid-19 pandemic.

Chapter Three

REPUTATION AND PUBLIC IMAGE

Network members made it clear that pay is not always the key factor driving people to leave the social care sector for other work. One member explained that in their experience of conducting exit interviews with care professionals, they found that in most cases it was not simply low pay, but rather a low sense of worth which prompted someone to leave the sector.

The social care workforce is too often labelled as 'low skilled', and care work is often regarded as degrading. Although care workers carry out many of the same tasks as healthcare assistants or nurses in the NHS, "care workers are seen to be wiping bums, while nurses are seen to be saving lives", one Network member explained.

Another Network member with experience working in universities noted that very few students harbour ambitions to go into social care, with greater ambition being shown towards childcare, social care, the NHS, or physiotherapy. Put plainly, for much of the public, "there is simply no ambition to be an adult social care worker."

However, social care is, and should be publicly regarded as, a skilled profession which necessarily involves the forming human relationships and working with people who have complex care needs. Working in social care is challenging, and worthy of respect. It is essential that the public image of care work is improved, and that a 'Nightingale shift' transforms perceptions of the sector's value.

There are several routes to the elevation social care, include working with young people, and more vociferous promotion of a career in the social care sector. Network members agreed that care providers should work with careers advisors in schools, framing social care work in a positive light to young people. This may lead to more younger people considering a career in social care and will serve to augment the perception of such a career among the public.

This 'Nightingale shift' could also be supported by the integration of health and social care, allowing the two sectors to become part of the same system. If there is less distinction drawn between the social care and health workforces, care professionals should start to



be treated more equally, on a par with their NHS counterparts. The creation of cross sector roles, as well as secondments and placements of NHS staff into social care settings will aid in this integration and will be discussed later in this report. Similarly, equitable pay which could be achieved by the mirroring of the NHS's Agenda for Change pay scale as mentioned above.

Network members also highlighted that NHS staff, particularly since the pandemic, receive perks and rewards from businesses, which serve as a symbol of respect and gratitude for the work they do. As one network member commented, the restaurant Nando's provides a 20 per cent discount for NHS staff¹¹, alongside Emergency Services workers, and the Military. Businesses should be encouraged, with the increasing integration of health and social care, to extend their NHS 'sweeteners' to social care professionals, to boost morale and visibility of care workers.

In addition, improved advertising campaigns could successfully communicate the importance of the profession and should convey the positive aspects of care work. One network member shared a TikTok video illustrating the day-to-day life of a carer supporting a disabled adult. It showed that the social care professional is not simply a support worker, but can be a "gym buddy", a "swim coach", a "karaoke performer", a "culinary professor", or a "Lego architect". A report by the Institute of Health and Social Care Management identifies several other successful marketing and recruitment campaigns, including the DHSC Recruitment Campaign, the Scotting Care campaign, and Norfolk Care Career campaign.

Finally, a network member emphasised that after Florence Nightingale 'professionalised' the role of nurses, the Royal College of Nursing was founded at a time when nurses were arguably performing many of the hands-on caring jobs performed today by care assistants. Although the Royal College of Nursing currently admits some care assistants, they admit only those working in roles directly supervised by nurses which excludes the majority of the care workforce. Care work must be made into a proud profession in its own right, not something that is ancillary to nursing. In light of this, we consider there is a strong case for the establishment of a Royal College of Care Professionals, to recognise and set the status of the workforce, and raise its and public perception.

Recommendation:

- 5. The adult social care sector should work with young people in schools, to positively promote social care work as a technically skilled and fulfilling career, in which care professionals improve the quality of life of those most in need, through relationship building and practical care.**
- 6. Businesses which offer benefits and 'sweeteners' for NHS staff should be encouraged to extend these to social care professionals, for increased visibility and morale.**
- 7. There should be serious investment into positive advertising campaigns for social care careers, with clear messaging of the immense value of a career in care which has the potential to transform lives.**
- 8. A Royal College of Care Professionals should be established, to recognise and set the status of the workforce, and raise its public perception**

Chapter Four

RECRUITMENT, CAREER TRAJECTORIES AND INTEGRATION

Currently, there is poor communication of career options within the social care sector and few visible routes for career progression. This does little to help recruit bright and ambitious individuals to the sector and may also contribute to the high staff turnover rate. If clearer career options and paths were made available, it is likely that a career in care would become a more attractive proposition. Similarly, closer integration between the NHS and social care would mean that career pathways could span between the sectors, increasing the number of routes for career progression.

To attract more people to the sector, Network members called for greater clarity on the differentiation between roles in the sector. Not every member of the care profession does the same job: there are a variety of roles, areas of expertise, and levels of seniority which

people should be made aware of. Once the range of opportunities within the care sector are known, a broader range of individuals may be attracted to the sector. Young and bright individuals are less likely to be drawn to care work if there appears to be little opportunity for development or progression.

The formation of cross-sector career pathways should be a priority. As one network member highlighted, “no one in any career expects to progress without first spending time in different departments, and we must do the same for the social care sector and its providers”. Cross-sector career pathways will also increase understanding of social care within the NHS, and help to increase visibility and raise the profile of care work, and facilitate better working and coordination within multidisciplinary teams. Network members expressed the need for placements of NHS



staff into social care during their training, and secondments into a social care setting for full time staff. It is possible that the power dynamics which exist within the system at the moment could be replicated in the structure of these joint roles, or manifest during placements and secondments. These roles and schemes must be carefully managed to ensure there is a parity of esteem between the NHS and Social Care staff.

Network members also expressed that often, care providers are too narrow in their recruitment approach, and should instead “cast their nets wider”, being bolder and appealing to a more diverse range of candidates.

In particular, it was emphasised that care providers should be working with disadvantaged communities to get more young people working in social care, specifically, those living with disabilities, and those from refugee backgrounds. People in these groups typically face higher unemployment rates than other cohorts, but many are likely to make excellent care workers.

The gendered nature of the workforce was also identified: approximately 80 per cent of jobs in the care workforce are occupied by women.¹² As perceptions of the care workforce are still defined by historical biases on gender, it has been difficult to recruit men as care professionals. There must be a concerted effort to de-gender care work, and promote the role of a care professional to all genders in order to broaden the recruitment pool.

More must be done to recruit young people to the care workforce, as it tends to be made up of older adults. Only 10.6 per cent of the adult social care workforce is under 25.¹³ As mentioned, care providers should work with schools and youth centres to promote care roles to younger people.

CASE STUDY - ANCHOR

Anchor began nearly 60 years ago and today is England's largest not-for-profit provider of housing and care for people in later life.

It provides retirement housing to rent and buy, retirement villages and residential care homes, including specialist dementia care. In total, Anchor serves more than 65,000 residents in 54,000 homes across almost 1,700 locations. Its residential care services employ the majority of the 9,000-strong workforce, providing services to 114 care homes.

Anchor operates in more than 85 per cent of local councils in England.

The issue they addressed

A 2021 survey of 2,000 social care services undertaken by the National Care Forum found that 74 per cent of providers have experienced an increase in the number of staff leaving since April 2021, with 50 per cent of those leaving highlighting stress as the main reason for their departure, and 44 per cent citing pay. The sector has seen experienced Care Home Managers leaving due to pressure of the COVID-19 pandemic and concerns for the future. Although exacerbated by the pandemic, these issues are longstanding.

These statistics are alarming not just for the care sector but for other services with which they are interdependent. Workforce shortages affect a provider's ability to deliver vital services which invariably impacts upon services such as the NHS, as longer and more frequent stays in hospital become almost inevitable for those who are unable to access care packages.

Social care is a highly skilled and specialised sector. Care work is not just focussed on helping or carrying out essential tasks on behalf of service users but also on enabling them to live fulfilling lives.

While any increase in interest and applications in pursuing a career in care is extremely welcome, it is vital that the sector is able to recruit people with the right skills and frame of mind to ensure high quality care for those who need it. Presently, social care often loses out to the health service when recruiting.

The successful model

Anchor's People Plan

Anchor's 2020/22 People Plan set out how they seek to support their colleagues in their careers and recruit new and talented people into social care. Furthermore, they state that their People Plan offers a framework which could be applied to the sector as a whole, with many similarities to the NHS' 2020/21 People Plan. These include:

- Designing new and effective means of learning and development to increase opportunities for career progression
- Developing leadership capabilities among the workforce
- Continuing to enhance the means by which they support colleague wellbeing
- Drive higher colleague engagement

Training and Development

Anchor has developed a training and recruitment strategy that is targeted towards ensuring the care sector provides a fulfilling career, with opportunities for skills development and career progression.

Anchor now offers numerous training and development opportunities across their business, from entry level apprenticeships to training for more senior positions.

They have stated that the government's promised £500 million must reach the front line and support providers to deliver similar training and development opportunities to staff, to help attract new talent into social care and to retain existing colleagues.

Anchor's apprenticeships are on offer to both new and existing staff members, with 457 apprentices currently training on their programmes, and a total of 1,152 learners since 2018. Of these learners, 387 joined Anchor through their Apprenticeship Programme and 765 were existing colleagues.

Anchor employs apprenticeships in three principal ways:

- **The Apprenticeship Programme** aims to recruit new colleagues into entry level roles, running over 18 months, helping build necessary skills and experience for a career in care, learning alongside more experienced team members. Typically, 70 per cent of those who complete The Apprenticeship Programme will go on to secure a permanent role with Anchor. Since September 2020, 230 apprentices have completed the programme, with 63 completing the programme since February 2022. Of 88 learners on the 2020-21 programme, over 62 (74 per cent) have now secured a permanent placement role with Anchor.
- **myRole Apprenticeships** are available to all existing colleagues who want to learn new skills in their current role ➤

- **myFuture Apprenticeships** are available to high potential colleagues, preparing them for their next role. An example of this might be a Deputy Manager who has been identified as ready for the role of a Care Home Manager. By engaging them in the level 5 lead in Adult Social Care, Anchor enables them to expand their knowledge and prepare for when vacancies arise.

In addition to the Apprenticeship Programmes, Anchor also provides a stand-alone talent management programme called myFuture. This leadership focussed programme is central to the aim of encouraging their experienced colleagues, offering them the opportunity to progress through their organisation.

In November 2020, Anchor launched their Leadership Pathways for those who are currently in line manager positions, to develop their leadership skills through a variety of online resources.

In 2020, Anchor also renewed their myFirstYear programme, designed to support new employees in their first year of the job. All new staff members joining Anchor Care Services join a myFirstYear pathway, providing them with a variety of information to help them through their first 12 months.

In addition, myFirstYear allows Anchor colleagues to retain documents and information that they receive throughout the 12 months, for example, inductions, probationary reviews, supervisions and any relevant qualifications. Underpinning this programme are defined activities which are delivered by the Care Services team, who act locally to support staff engagement and retention.

In July 2021, Anchor launched their Introduction to Leadership for those looking to step into leadership roles within the organisation. Using online resources, the programme gives colleagues an insight into the skills and behaviours recognised as vital for good leadership, such as self-awareness and an understanding of what is necessary to deliver good quality care and a cohesive working environment. Those ready to step into leadership roles also receive further support through face-to-face workshops.

Recommendation:

9. New cross-sector roles between health and care should be created, as well as placements and secondments of NHS staff into social care. This will increase awareness and visibility in the NHS of the social care system and aid the integration of the workforces.

10. Care providers should cast their nets wider in their recruitment approaches. There should be a concerted effort to recruit people living with disabilities, those from refugee backgrounds, younger people, and men.

Chapter Five

LEADERSHIP IN THE SOCIAL CARE SECTOR

Strong leadership is required within the social care sector. For a supported workforce, good leadership is essential, but as some Network members remarked, there is a varied approach to leadership within the sector and good leadership is not always evident. Currently, turnover rates for registered managers are high, as many are not adequately prepared and trained for the demands of the role due to inadequate training.¹⁴ For sustainable and successful workforce transformation, leadership talent must be recruited to ensure structural change in the sector.

The Social Care Leaders Scheme is an initiative proposed by a Steering Group of leaders from the social care sector convened by the CareTech Foundation, which aims to attract high calibre talent into the sector by training bright university graduates for leadership roles in social care. The scheme aims to emulate

the successful 'Teach First' model, which has transformed the perception of teaching in Russell Group universities and has made teaching a more attractive and popular career choice for promising graduates. Teach First has served to lift all teachers, it has raised the status of the profession and brought in a broader range of talent. Social care is crying out for this same shift.

The Social Care Leaders Scheme would aim to bring high calibre graduates and apprentices into the sector, providing high level leadership training and mentorship, for the purpose of transforming the quality of social care and its leadership structures.

Not only will the scheme attract a more diverse array talent into the sector, it could also help shift the culture of the sector overall, towards one of "innovation, inspiration and



improvement” . By making social care an attractive career option, and by improving leadership structures, the scheme would aim to elevate the status of social care work, as Teach-First, Frontline, and Police Now have done in their respective sectors. The scheme will address the need for more supported career development and coaching within the sector, as well as providing a clear and guided path, to enhance the value of care work as a career.

The scheme aims to bring in 1500 new leaders to the sector over five years, first being employed in frontline care roles and getting ongoing training, coaching and mentoring. By the end of two years, individuals would be ready to step into a registered manager role. The scheme will also address the current low uptake of apprenticeships within social care. Alongside the graduate leadership scheme will be an apprenticeship route, to feed into the proposed Social Care Leaders Scheme.

Although developing the skills of existing care professionals and increasing apprenticeship entry routes is important, the Network believes that there is a strong case for creating a new initiative to make the social care sector a career of choice for top-level graduates. Attracting a broader range of talent to the care sector

will help it to tackle both the recruitment and retention challenges, and provide the support to instil long term change.

Teach First, since it first began 20 years ago, has been a huge success for teaching recruitment and the sector as a whole. However, that is not to say it has done so without some issues. Teach-First and its sister schemes have received some criticism for the way in which they allow young, academically educated, often middle-class individuals to come into settings and progress their careers more quickly than others. There are many valuable lessons to be learnt from the implementation of Teach-First, and it can be used as a valuable case study for the social care sector to work from. For the Social Care Leaders Scheme to be a success for the whole sector, including its current workforce, implementation must be done in a sensitive and unobtrusive way which fosters good working relationships in social care, and must ensure that recruitment is diverse and represents people from all walks of life.

Recommendation:

11. The government should reconsider the case for partial funding of the proposed Social Care Leaders Scheme, alongside the funding pledged by care, learning from the success of similar schemes such as Teach First.

Chapter Six

VOLUNTEERS AS PART OF THE WORKFORCE STRATEGY

The benefits of incorporating volunteers into the social care workforce is undeniable. Volunteers bring immense value to the sector and can greatly assist care professionals. The Network emphasised the benefits of volunteers in adult social care, such as reducing pressure on care workers, improving patient experiences, and facilitating a higher quality of care. In addition, volunteering has the potential to play a significant role in promoting social care careers to new and more diverse audiences. A social care workforce strategy must therefore incorporate the voluntary sector.

Volunteers are not, and should not, be used to plug the hole that the government's negligence has created; they are no replacement for paid staff. Volunteers, however, can be a helpful for providing separate additional support in care settings.

Among the many benefits volunteers bring, research from the Royal Voluntary Service

has found that volunteers play a large role in supporting staff wellbeing; 53 per cent of health and care professionals stated that working with volunteers "helped to reduce [their] workload", and 71 per cent agreed that working with volunteers helped them feel less stressed. It was also found that volunteers had a positive impact on staff morale, as 82 per cent of staff with volunteer support agreed with the statement "I am able to deliver the care I aspire to" compared to the 70 per cent of staff without volunteer support.¹⁵

This research has also found that volunteers are likely to have a positive impact on staff retention, with 89 per cent of staff with volunteer support agreeing with the statement "I would recommend my organisation as a place of work" compared to 65 per cent of staff with no volunteers.

It is likely that volunteering in the sector will also help to improve recruitment rates.



CASE STUDY - ROYAL VOLUNTARY SERVICE

Royal Voluntary Service (RVS) supports people, communities, and the NHS in every part of Great Britain.

A solution to the workforce supply:
Volunteer to Career pathways

To date the UK has not capitalised on the opportunity to support, at scale, those volunteering in health and care into jobs of life-long careers in this sector. Yet evidence suggests there is a missed opportunity. In a survey conducted by the Royal Voluntary Service and the market research firm PCP, in March 2021, a sample of 1000 volunteers were asked: Has volunteering made you consider a career in health and social care or the NHS?

- One in five stated that volunteering had made them 'think' about pursuing a career in health or social care or the NHS
- Over one in 10 stated that they were 'actively seeking a job'
- One in 12 stated that thanks to their volunteering they now have work/a career in health or social care or the NHS

The survey also highlighted some notable variations across age groups. More than 1 in 3 of those aged 16-19 stated that volunteering made them 'think' about a career in care and almost 1 in 5 of those aged 20-29 stated that they were 'actively seeking' a job in the sector. Over 1 in 10 of those aged 30-39 stated that thanks to their volunteering they were 'now working/have a career' in health or social care or the NHS.

The findings of this survey suggest that with a more structured and supported

volunteer-to career-pathway, the conversion of volunteers to paid staff could be much higher – going some way to address workforce issues in health and care.

In the two and a half years, many more people have stepped forward to support the health and care systems, and this must be capitalised upon. During the pandemic, 1.5 million stepped forward to directly support the NHS via NHS Volunteer Responders and the vaccination programmes. The demand for volunteers is unlikely to diminish, and immediate steps should be taken to find ways to support these individuals to take up jobs or careers in health and care. Doing this could be truly transformative for the NHS and social care workforce.

Volunteering increases employability by developing and nurturing the skills that people gain during their volunteering activity. Through these skills, volunteers are able to support the current workforce, and those who have previously volunteered within social care are likely to be better equipped to pursue a career in social care.

Volunteering schemes have the power to increase workforce diversity, by reaching more diverse communities, age ranges, backgrounds, and skill sets. This will help to broaden the pool of talent that social care providers can recruit from.

Not only are there benefits for recruitment and retention in the workforce, but incorporating volunteers into the workforce will ultimately improve the health and wellbeing of those in receipt of care. There is an extensive body of medical research which talks about the huge benefit for mental health and wellbeing for patients; as one Network member said, "volunteering is a public health tool".

An overriding concern for those in receipt of care is loneliness, which is one of the main causes of depression and anxiety, as well as a major accelerant of the ageing process. Anecdotally, members of the Lived Experience Panel reflected on their positive interactions with volunteers, and the value of the voluntary sector to social care generally.

Volunteers can be utilised in care settings as active befrienders, whereas paid staff are often unable to take time away from their other responsibilities specifically for befriending. A network member also described that in end-of-life care, volunteers can often provide comfort to, and reduce guilt for, friends, family, and paid staff by being able to take time to sit with a recipient of care in their final days.

Since the start of the pandemic, the UK has seen an unprecedented rise in the number of people volunteering in their communities. During the pandemic, the UK saw 12.4 million people volunteering in their local communities. 4.6 million of these were first-time volunteers.¹⁶ There is currently a large body of volunteers who have been inspired by the world of health and care, and they need to be encouraged to find new opportunities in be that volunteering or pursuing a career in health and care. Time is undoubtedly of the essence, as the momentum created by the pandemic will not last forever. The Network believes that all stakeholders, from governments to care providers, must make the most of this window of opportunity,

in which many people are engaged and volunteering in their communities.

For an increase in volunteering, there must be a significant increase in funding made available to the sector. This should be separate from the support for the recruitment and retention of the sector's paid workforce, which is the priority. For support of this increase in volunteering, workforce HR systems should be adapted. Systems should support volunteering recruitment, DBS checks, and the management and retention of volunteers. Systems and providers should also support opportunities for the transition from volunteer to paid employee.

For better retention of volunteers, members of the network have emphasised the importance of making them feel more highly valued, as with the rest of the workforce. There should be more government recognition of the role of volunteers, building on the enthusiasm for volunteering fostered during the pandemic.

Recommendation:

12. Volunteering should be integrated into workforce strategy and planning for social care given the benefits to staff and system users, and to workforce recruitment.

13. Workforce HR systems need to include and be adapted to better support volunteering (including recruitment, DBS, management, and retention) and support opportunities for volunteer transition to paid employment.

Conclusion

Many problems in the social care sector stem from a fundamental underappreciation of its workforce. This underappreciation is manifest both in the remuneration, and public perception of social care. Significant aspects of the sector's strategy must change if future demands on the

system are to be accommodated. This must include improvements in pay and conditions, an increase in standing among the public, serious investment into nurturing leadership and talent, and the effective harnessing and coordination of the volunteer sector.

PPP'S SOCIAL CARE NETWORK MEMBER LIST

While the PPP Social Care Network has been involved in the discussions on which this report is based, membership does not imply agreement with the recommendations.

Anne Pridmore, Disabled person in receipt of 24/7 care

Baroness Altmann CBE, Peer, House of Lords

Caroline Abrahams, Charity Director, Age UK

Catherine Johnstone CBE, CEO, Royal Voluntary Service

Charles Lowe, CEO, Digital and Healthcare Alliance

Dame Dr Clare Gerada, President, Royal College of General Practitioners

Colm Cunningham, Executive Director, Research, International and Dementia Design, HammondCare

Daniel Casson, Managing Director, Casson Consulting

Dame Esther Rantzen, Founder, Childline, Silverline

Gavin Crymble, Expert by Experience, Care Quality Commission

Hannah Hayes, Policy Officer, NHS Providers

Izzi Seccombe, Councillor, Warwickshire Council

Javen Kahn OBE, Chair, Integrated Cealth Board, Buckinghamshire, Oxfordshire, and Berkshire West

Jeremy Hughes CBE, Consultant, Health, Care and Voluntary Sectors

Jim Boyd, CEO, Equity Release Council

Jonathan Freeman MBE, CEO, CareTech Foundation

Keith Reynolds, Director, Hammond Care

Lisa Crabtree, Registered Home Manager

Lynn Dixon, Mother of son who receives social care

Maryann Ferreux, Chief Medical Officer, IC24

Miriam Deakin, Director of Policy and Strategy – NHS Providers

Nadra Ahmed OBE, Executive Chairman, National Care Association

Paul Johnson, CEO and Co-Founder, Radar Healthcare

Professor Martin Green, CEO, Care England

Rasila Mehta, Carer of family member with dementia

Richard Murray, Chief Executive, The Kings Fund

Sam Monaghan, CEO, MHA

Sarah Mitchel, Health and Care improvement advisor, Local Government Association

Professor Vic Rayner OBE, CEO, National Care Fodum

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