

Care Workforce Pathway

Briefing: **system
leadership**

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About this series

This briefing is part of a series designed to support confident, consistent system leadership and practical action on the Care Workforce Pathway.

- **Care Workforce Pathway Briefing: system leadership**
Sets out **why** the Care Workforce Pathway matters as a shared workforce infrastructure and clarifies the role of system partners in enabling proportionate, provider-led use.
- **Care Workforce Pathway Briefing: system alignment**
Explores **how** system partners can align language, expectations, and activity, reducing fragmentation and creating the conditions for confident adoption by care providers.
- **Care Workforce Pathway Briefing: early learning for system leaders**
Shares early insight from local areas and care providers, highlighting what is working, common challenges, and practical lessons for system leaders.



Together, the series provides a clear, progressive offer from shared system purpose, to alignment, to learning.

Purpose of this briefing

The [Care Workforce Pathway](#) provides a national career framework for adult social care roles, describing values, expectations, and progression in a clear and consistent way. It is designed to act as a long-term workforce infrastructure, offering a shared language that supports coherence across the adult social care system.

This briefing focuses on the significance of the Pathway as a shared workforce infrastructure and the role of system leadership in using this shared structure to enable aligned, confident, and provider-led action. It sets out how system partners can create the conditions for progress through clarity, consistency, and alignment, rather than prescribing delivery or implementation.



Who this briefing is for

This briefing is relevant to any organisation or role that shapes, supports, or influences the adult social care workforce, including:

- Local authorities and Directors of Adult Social Services
- Integrated Care Boards (ICBs) and NHS workforce leaders
- Commissioners and quality teams
- Care provider associations
- Employer representative bodies
- Further and higher education leaders
- Training providers, employability services, and skills teams

Different partners will use the Pathway in different ways. What matters is shared understanding, consistent language, and aligned intent.

A stabilising response to workforce challenge

Adult social care is experiencing sustained pressure and transformation.

- Demand for care is growing and becoming more complex.
- Expectations around prevention, neighbourhood care, and integration are increasing.
- Care workers are delivering more delegated healthcare activities.
- Workforce shortages, high turnover, and inconsistent role structures persist.

The Pathway responds to these challenges by providing a stable, long-term workforce framework that enables systems to move forward with clarity and confidence.

At the same time, national reform and regulation are asking systems to evidence stronger workforce capability, leadership, and quality. Nationally, this includes the [Workforce Strategy for Adult Social Care in England](#), which sets out a long-term ambition for growing and developing the workforce. The Pathway is a central part of this direction, providing the practical career structure that specifically supports progress on skills, progression, retention, and professional identity across the sector.

What the Care Workforce Pathway is (and isn't)

What the Pathway is

The Care Workforce Pathway is a comprehensive career framework for adult social care. It brings together:

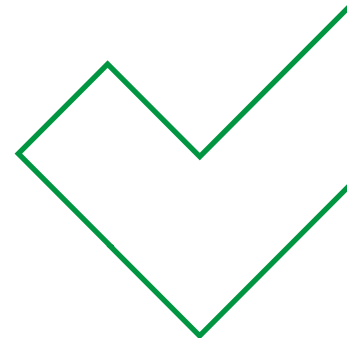
- a set of role categories that group similar types of work
- clear expectations for knowledge, skills, behaviours, and values
- suggested learning and development that supports safe practice and progression.

The Pathway:

- applies across care providers and council run services
- supports entry, experienced, enhanced, specialist, co-ordination, ancillary, and leadership roles
- focuses on roles not already covered by separate professional frameworks.

Crucially, the Pathway provides a shared language for the sector. It allows people to talk about roles, expectations, and progression using the same terms across organisations and places.

Detailed descriptions of individual Pathway role categories sit within the Pathway itself and are signposted in the [supporting resources](#) section.



What the Pathway is not

The Pathway has been deliberately designed to support alignment without prescribing local workforce models. It:

- is not mandatory
- does not require job titles to change
- does not dictate organisational structures.

Using the Pathway does not mean having to make immediate or wholesale change. Many organisations will start by building understanding and testing how the Pathway fits alongside existing roles and processes.



The importance of values

A defining feature of the Pathway is that [values sit at its core](#). Across all role categories, the same universal values apply, recognising that high quality adult social care depends not only on technical skill, but on how care is delivered through relationships, judgement, and compassion.

For systems, this creates a consistent foundation that supports:

- safer and more person-centred practice
- clearer recruitment and induction messages
- stronger professional identity and pride.

Values are not an ‘add on’ to the Pathway; they are fundamental to its purpose and impact.

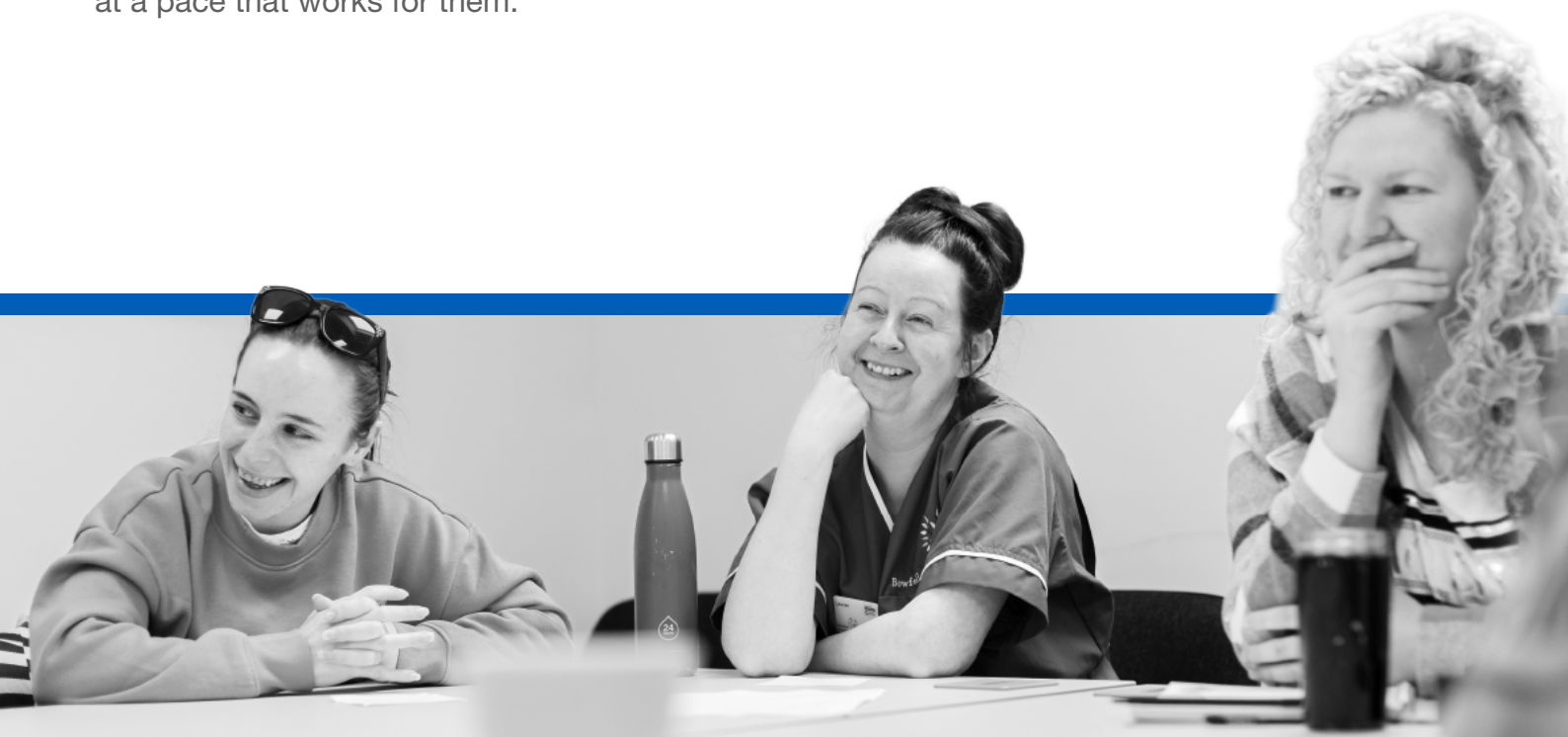
A shared foundation for alignment

As care providers begin to introduce and use the Pathway, system alignment becomes critical and system partners have an important role in helping to keep activity aligned.

When partners describe roles, skills, and progression differently:

- recruitment messaging becomes confused
- education and training provision drifts from real practice
- workforce movement and progression become harder
- care providers experience mixed or conflicting expectations.

The Pathway offers a way to reduce this fragmentation by providing a single reference point that partners can use consistently. It gives system partners a practical way to connect local plans with national expectations, and to create the right environment for care providers to use the Pathway at a pace that works for them.



Supporting national and local responsibilities

The Pathway supports system partners to meet existing responsibilities more confidently, including:

- workforce planning and market shaping
- commissioning and quality assurance
- integration across health and social care
- safe delegated healthcare activity
- evidence for inspection and assurance.

It translates national ambition into practical workforce expectations that can be used locally without creating new statutory duties.

The [Department of Health and Social Care priorities for local authorities](#) reinforce the importance of this approach, explicitly highlighting the need for councils to work with and support care providers to use the Pathway. This prioritisation positions the Pathway as part of the expected approach to workforce leadership, market shaping, and quality improvement.

At the same time, [CQC's statutory assessment framework](#) for local authorities reinforces the need for strong workforce planning, high quality practice, and clear evidence of leadership.

Enabling future reform

The Pathway is designed as a long-term workforce infrastructure, not a short-term initiative. It provides a stable structure that:

- supports learning and improvement now
- builds system readiness for future policy or funding reform
- enables fairer, more consistent approaches to progression over time.

This aligns with the direction set out in the government's [10 Year Health Plan for England: Fit for the Future](#), which emphasises long-term workforce transformation, integration, and sustainability across health and care.

The Pathway may also become an important structural point of reference if future national reform introduces a fair pay agreement or other mechanisms requiring greater consistency in roles, progression, and expectations. This makes the current non-mandatory phase a critical opportunity for systems to invest in shared understanding and consistent use of the Pathway, building confidence and coherence over time. Doing this work now helps ensure the sector is well prepared for future reform, while maintaining local flexibility and provider ownership.

Supporting proportionate, provider-led use

System partners may use existing levers, such as commissioning and quality frameworks, to support alignment, but care providers retain ownership of how the Pathway is applied in practice. Partners play a critical enabling role by creating the conditions in which providers can use the Pathway proportionately, confidently, and effectively.

This includes:

- using Pathway language consistently in strategies, conversations, and materials
- avoiding mixed messages across commissioning, skills, and workforce activity
- aligning existing work, rather than creating new programmes
- pacing expectations to reflect local capacity and provider diversity
- recognising providers using the Pathway.

What this means for care providers

Care providers are not expected to make immediate or wholesale changes when introducing the Pathway. Over time, some organisations may choose to make more significant changes, including restructuring roles or approaches, where the Pathway supports their priorities.

At this stage, providers are being supported to introduce the Pathway in proportionate, manageable ways, for example by becoming familiar with the role categories and values, starting to map one or more roles, using Pathway language in recruitment or development conversations, and exploring how the Pathway can support existing workforce priorities.

Practical guidance and resources that set out these options clearly for providers are available separately and are set out below.

What good system leadership looks like

Effective system leadership around the Pathway can be characterised by:

- early alignment between key organisations
- visible senior sponsorship and clarity of purpose
- simple, consistent communication
- use of existing governance and forums
- listening to provider experience
- learning and adapting over time.

Systems that do this well report greater provider confidence, reduced duplication, and clearer momentum.

What partners can do differently, now

Many system partners are already supporting the workforce in different ways. The Pathway provides an opportunity to strengthen that work, for example by:

- referencing Pathway roles and values in workforce strategies and plans
- featuring the Pathway within existing governance and delivery forums
- understanding how the Pathway can, and is, being used by care providers
- aligning commissioning language with Pathway roles, skills, and values
- using the Pathway as a shared lens in workforce and quality discussions.

In practical terms, this may include:

- using Pathway language in everyday conversations and communications (not just formal strategies)
- signposting care providers to Pathway guidance and resources
- asking providers simple questions about awareness or early use of the Pathway (e.g. through existing conversations or forums)
- sharing examples of how local providers are starting to use the Pathway
- including a short introduction to the Pathway in existing meetings or briefings
- checking that different teams (commissioning, quality, workforce) are using consistent language and recognising providers using the Pathway
- building basic awareness of the Pathway among internal teams and partners.

These actions do not require wholesale change, but they do require intentional alignment.



Supporting resources

This briefing is part of a set of resources that are available to support understanding, alignment, and delivery of the Pathway.

To support care providers

- **[The Care Workforce Pathway](#)**: An overview of the Pathway and its role categories, available on the GOV.UK website.
- **[Guidance and resources](#)**: Including an introductory guide to the Pathway and a range of practical resources to support care providers to introduce and use it.
- **[Case studies](#)**: Examples from organisations already using the Pathway, illustrating different approaches and contexts.
- **[ASC-WDS](#)**: Information to support sign up to and use of a free ASC WDS account, including recording Pathway use.
- **[Quality assured training and courses](#)**: Independently quality assured training that supports high quality, accessible care delivery.
- **[Learning and development funding for adult social care](#)**: Funding available to support workforce training, development and progression.
- **[The Training Hub](#)**: Skills for Care's training offer for the adult social care sector.

To support system stakeholders

- **[Strategic workforce planning resources](#)**: Tools to support workforce planning, market shaping and commissioning.
- **[Workforce data and intelligence](#)**: A range of adult social care workforce data available through the workforce intelligence website.
- **[Local support](#)**: Access to Skills for Care area teams, including Heads of Region, Senior Regional Transformation Leads and Locality Managers.
- **[Local Skills Improvement Plans \(LSIPs\)](#)**: Employer led plans that can be used to influence local education and training provision in line with adult social care workforce priorities, led by designated Employer Representative Bodies.

Our shared opportunity

The Care Workforce Pathway offers the adult social care sector a powerful opportunity to recognise and articulate the skill of care work, create clearer, more navigable careers, reduce fragmentation and duplication, and to strengthen confidence, capability, and pride across the workforce. Realising this opportunity depends less on any single organisation, and more on how consistently the system acts together. By using shared language, aligning intent, and leading proportionately, system partners can help ensure the Pathway becomes a practical foundation for workforce sustainability, quality, and improvement, now and in the future.

Information correct at time of publication, June 2026.