

Evidence review and sector consultation to inform Skills for Care strategy

Final sector report

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Evidence Review & Sector Consultation to inform Skills for Care strategy: report to the Leadership Team

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

This work was researched and compiled by Jenny Swift & Jude Teicke of Skills for Care.

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More widely, Skills for Care would like to thank everyone involved in the evidence review, including all members of the two governance groups and the 13 key stakeholders who gave up their valuable time to be interviewed. Their commitment has enabled us to develop a clear picture of the priorities for the sector and will inform our strategy and next steps.

Foreword from our CEO



No one can have failed to notice the professionalism and dedication of the 1.6 million strong adult social work workforce in England during the pandemic. They have been at the heart of our society's response and this has been recognised at the highest levels of Government and throughout our communities.

As the vaccine offers us light at the end of this very long tunnel we will naturally turn our attention to what sort of adult social care system we want in our communities after the pandemic, and what role we as Skills for Care will play.

I have always believed that any changes in our sector need to be based on strong evidence so that we can improve people's lives, but also to make sure that the changes are sustainable. Most countries in the world are asking themselves how demographic and technological changes will impact care systems in the future and most countries are starting to plan for that now. We are no different. If nothing else changes we will need another 520,000 people working in social care by 2035 and we need to be planning now to either fill those roles, or to think about how we provide social care differently.

Social care is worth £41.2bn to the economy, more than agriculture, forestry and fishing. It will play a fundamental role in our recovery after COVID-19.

That's why our Evidence and Impact team have spent the last few months doing an in-depth evidence review of academic, policy and other research and intelligence encompassing 190 sources, and holding 13 stakeholder consultations.

This report is the product of that process and sets out in clear terms what we think the context is for the national debate, and what is needed to create a skilled and knowledgeable workforce, so they can continue to ensure our communities thrive, and we can implement the changes that will be made to the social care system.

We hope this report will not only inform our three-year strategy for Skills for Care but the broader debate across the sector. The issues and challenges are not new and include: recruitment and retention; workforce development; and supporting workforce equality,

diversity, inclusion and wellbeing. Rather than trying to reinvent the policy wheel we need to be better at sharing the learning and good practice that is already out there and this report will help us do that.

The report does talk a lot about the challenges but it also gives grounds for optimism. We have an opportunity to work together in partnership across the sector to support a well-developed workforce of the right size and with the right values, now and in the future.

This report will not all answer all our questions, but it is a base from which we can have a debate and identify where we need to go deeper and understand more.

I want to thank our Evidence and Impact Team and all the colleagues and organisations who have given their time and expertise to create this report.

I am confident that this can help us support the learning and development needs of a workforce which is central to our communities and our economy.

Oonagh Smyth
CEO Skills for Care
Skills for Care

Executive summary

Background and purpose

In 2020, the Skills for Care Leadership Team and Board decided to develop a new three-year strategy for the organisation. This report includes the findings of an evidence review encompassing around 190 sources, and 13 stakeholder consultations, intended to inform the strategy, and exploring:

- Vision for the adult social care workforce
- Challenges, critical success factors and opportunities.

Findings

Skills for Care has a vision for adult social care which is shared with many across the sector and involves the workforce being capable, confident and skilled to deliver high quality person-centred care. The evidence review has found that Skills for Care's vision fits well with that articulated by others in the social care sector. However, there are high-level challenges that will affect the ability of the social care sector to realise this vision.

These include:

- funding pressures
- immigration policy
- slow integration of health and social care; and
- the impact of COVID-19.

National leadership is needed to tackle these *system*-level issues and to keep the workforce and people who need care safe. This evidence review also identifies the *workforce* changes that need to take place to make the vision achievable. These changes (or outcomes) include:

- overcoming recruitment and retention problems
- workforce development; and
- supporting workforce equality, diversity, inclusion and wellbeing.

The outcomes, associated challenges and opportunities are summarised in Table 1 below.

Table 1: Workforce outcomes, problems and solutions

Outcome	Challenges/ opportunities	Potential solutions
<p>Overcome recruitment & retention problems</p>	<ul style="list-style-type: none"> ▪ The social care workforce needs to grow by over half a million people by 2035. ▪ There are persistently high vacancy and turnover rates. ▪ Drivers include: <ul style="list-style-type: none"> ○ a poor understanding of social care ○ lack of development and progression opportunities ○ job insecurity, low pay and poor terms and conditions. 	<ul style="list-style-type: none"> ▪ national and local recruitment initiatives ▪ rapid recruitment initiatives ▪ values-based recruitment and retention initiatives ▪ workforce planning ▪ improving job security, pay and poor terms and conditions ▪ workforce development ▪ career pathways, progression and development opportunities ▪ alternative delivery models ▪ changing perceptions of social care
<p>Developing the workforce</p>	<ul style="list-style-type: none"> ▪ Workforce development is needed to drive improvements in care quality, staff retention and productivity. ▪ Priority topics include: <ul style="list-style-type: none"> ○ knowledge and skills needed for the pandemic ○ digital skills ○ leadership skills. 	<ul style="list-style-type: none"> ▪ mandatory standards ▪ more diverse and tailored models of training, support and qualifications ▪ apprenticeships ▪ coaching, mentoring and leadership development ▪ continued funding for workforce development

Outcome	Challenges/ opportunities	Potential solutions
Equality, diversity & inclusion	<ul style="list-style-type: none"> ▪ Men and people with disabilities are under-represented in the adult social care workforce. ▪ Women and people from Black and Minority Ethnic ('BAME') communities are included in the workforce but under-represented in management positions. ▪ Workers from BAME communities often encounter racism and discrimination. ▪ A more equal, diverse and inclusive workforce may be more fair, just, effective and have lower rates of absenteeism. 	<ul style="list-style-type: none"> ▪ developing positive workplace cultures ▪ building equality, diversity and inclusion into strategies and policies ▪ values-based recruitment and retention ▪ learning and development ▪ networking and mentoring ▪ good practice, tools and resources ▪ designing programmes to attract in, support and progress under-represented groups at all levels in the social care workforce
Workforce wellbeing	<ul style="list-style-type: none"> ▪ Wellbeing and resilience support is clearly needed for the social care workforce during and following the COVID-19 pandemic. ▪ Workforce wellbeing has also been linked to productivity and care quality. 	<ul style="list-style-type: none"> ▪ peer support ▪ networking ▪ helplines ▪ mental health champions ▪ the sharing and development of tools and resources to support wellbeing

Conclusions

Skills for Care is committed to using evidence to inform our programme development. This evidence review has brought together key information and contextualised our understanding of the adult social care workforce. It has drawn out clear and consistent messages, grounded in robust evidence, both for Skills for Care in its new strategy and the sector more broadly. The analysis shows that there is wide scope for the Government, Skills for Care, employers (including Individual Employers) and partners to work together to build a sustainable, high quality, skilled future workforce in adult social care.

1. Introduction and policy context

1.1 Background and purpose

Skills for Care is the workforce development body for adult social care in England, supporting residential, domiciliary, community and day care service providers, local authorities and others. Skills for Care helps social care employers (including Individual Employers (individuals who employ their own care and support)) to recruit, develop and lead their workforce.

In 2020, to respond to the rapid changes taking place in the sector and the scale of the challenges facing it, the Skills for Care Leadership Team and Board decided to develop a new three-year strategy for the organisation. The strategy followed on from the development of a new vision for Skills for Care and was to be informed by wide sector consultation and a review of existing evidence. It is important that the new strategy be grounded in robust evidence and understanding of the issues faced by the adult social care sector, in order to ensure that it addresses the sector's workforce issues in the most effective and impactful manner.

The study aims and research methods are described in Annex A. The remainder of this chapter explores:

- the current policy context in which Skills for Care's interventions take place
- the impact of COVID-19
- looking beyond the policy context and the pandemic to identify the changes – or, as we call them, workforce outcomes – that the evidence suggests are needed in the sector.

Key findings

Skills for Care's vision, like that of other stakeholders in the sector, is focused on sustainability, quality, integration, staff development, personalisation, and having the right numbers of workers in place with the right characteristics. There is a broad consensus in the social care sector around what the vision for high quality care is. However, there are high level challenges that will affect the ability of the social care sector to realise this vision. National leadership is needed to tackle these *system-level* issues and to keep the workforce and people who need care safe and supported in their communities. They include:

- funding pressures
- immigration policy
- slow integration; and
- the impact of COVID-19.

Looking beyond the national policy context and the pandemic, the evidence review identifies the *workforce* changes that need to take place to make the vision achievable. These changes (or outcomes) include:

- overcoming recruitment and retention problems
- learning and development
- and supporting workforce equality, diversity, inclusion and wellbeing.

1.2 Policy context

Skills for Care vision and fit with wider strategic context

Skills for Care's vision (2020)

Our vision is of a society where people can access the advice, care and support that they need to enjoy lifelong independence, health & wellbeing, and quality of life.

To achieve that vision, society needs an appropriately funded adult social care system, which is collaborative and well-connected with other parts of the system (including health, housing, employment, economic development, justice and education), provides personalised options for high quality, consistent experiences to people who need access to them and which can only be achieved by a workforce that has the right values and is well-led, skilled and confident.

Skills for Care's vision, which was refreshed in 2020, is based on the workforce delivering high-quality, person-centred care.¹ The Skills for Care vision fits well with the vision outlined by stakeholders we consulted with during this study, who were similarly concerned with sustainability, quality, integration, staff development, personalisation, and having the right numbers of workers in place with the right characteristics.

Stakeholders also wanted to see social care become better recognised, valued and understood, with improved public perception of the sector and parity of esteem with the NHS, better commissioning and an adequately rewarded workforce. The role of digital technology was also mentioned by stakeholders as part of their vision for social care.

¹ Person-centred care, developed by academics Carl Rogers and Tom Kitwood, is a philosophy of care built around the needs of the individual, knowing and building a relationship with the person (Fazio *et al*, 2018). In addition to benefiting people being cared for, there is some evidence that a person-centred approach to care may have positive effects on the social care workforce, for example reducing stress, burnout and job dissatisfaction (Barbosa *et al*, 2015).

“A very technology-enabled, digitally skilled workforce working very closely with health & with housing to deliver a different mix of services. COVID is accelerating the change in the way we deliver care & support people. We will need niche services supporting people with very complex needs. Nursing and a lot more housing-based services. Underpinning that is a skilled motivated well-paid workforce that is digitally enabled and confident.”

- Stakeholder consulted, anonymous

“A service that is fully funded and resourced. Where financial and time costs aren’t borne by the workers – and that truly serves the needs of very vulnerable service users. That meets the huge level of current unmet need. We care for you so please care for us. Because one day we’ll be caring for you as well.”

- Stakeholder consulted, anonymous

The strong alignment between Skills for Care’s refreshed vision above and that of stakeholders is to be expected given that the refreshed vision drew on Skills for Care’s employer and staff engagement, its history of collaboration across the sector, and its involvement in key initiatives such as the Think Local Act Personal Making it Real framework (launched 2012, updated 2018)², and Quality Matters.³ Arguably, the progress made by Think Local Act Personal, Quality Matters, the #SocialCareFuture

² *Making it Real* is a framework and a set of statements that describe what good, citizen-focused, personalised care and support look like from the point of view of people themselves. The statements are built around six themes that reflect the most important elements of care and support:

- Living the life I want, keeping safe and well
- Having the information I need, when I need it
- Keeping friends, family and connections
- My support, my own way
- Staying in control
- The people who support me.

³ To build on Making it Real, and to respond to the ongoing debate around quality, ‘Quality Matters’ (ADASS *et al* 2017) was developed jointly by 23 organisations including the Association of Directors of Adult Social Services (ADASS), the CQC, the (then) Department of Health, care provider representative bodies and Skills for Care. It was developed to communicate a clear vision of what high quality care should look like, across the sector, which includes provision being caring and responsive, resulting in a positive experience for people who need care and their families. It should be safe and effective, promoting quality of life. Services should be well-led and use resources sustainably. Annex D includes a table comparing the Quality Matters definition of staff quality, with the workforce statements from Making it Real.

movement⁴ and other initiatives in recent years, has successfully resulted in developing a vision for quality social care that is based on what people want and is shared by all the key stakeholders in the sector.

Figure 1.1 ‘A shared view of quality’ from ‘Quality Matters’ (ADASS et al 2017)



Figure 1.2: ‘What people want’ from ‘Quality Matters’ (ADASS et al 2017)



Source: art by Pen Mendonca, from Quality Matters, reproduced with permission.

⁴ <https://socialcarefuture.blog/>

This shared vision has influenced national and local government thinking (ADASS, 2020; Hunt, 2018). It builds on the Care Act (2014) and the Adult Social Care Outcomes Framework⁵, and is embedded into:

- the Care Quality Commission (CQC)'s five key lines of enquiry for inspection (CQC, 2017; Annex F)
- NICE guidelines (such as Guideline 86: People's experience in adult social care services).

Challenges

Unmet needs, poor care and funding pressures

Despite this shared vision being in place however, it is clear from the evidence that high quality, person-centred care is not being delivered to everyone in England who needs it, when they need it.

There is a high and growing level of unmet care needs⁶. For example Age UK (2019) estimate that 1.5 million older people have unmet care needs, and the latest Health Survey for England (2018) found that 19% of men and 28% of women aged 65 and over had some unmet need with at least one Activity of Daily Living. Unmet care needs can spill over into acute care (Thorlby *et al*, 2018) and into unpaid care.⁷

Nor is the social care workforce always able to deliver against the expectations of the vision in the way they would aspire to. The British Social Attitudes Survey 2019 found that just 38% of adult social care users were satisfied with the service. Sixteen percent of CQC-rated services are rated inadequate or requiring improvement (CQC, 2020). Care providers operate in a fragmented⁸ and increasingly fragile market⁹, exacerbated by COVID-19, which has increased costs, creating cashflow and insurance difficulties (Skills for Care, 2020j).

⁵ The Adult Social Care Outcomes Framework measures how well care and support services achieve the outcomes that matter most to people.

⁶ Specifically mentioned by at least 14 reports that we reviewed. The then Secretary of State for Health, Jeremy Hunt (2018) stated that "Many families find it incredibly hard to access the care they want with or without means-tested support from the state."

⁷ Unpaid, family and friends carers may or may not be seen as part of the social care workforce. The literature suggests that the high level of unmet care generally, exacerbated by the COVID-19 pandemic, has hurt an increasing number of unpaid carers, who are disproportionately female and often suffer poor health, loneliness, financial hardship, and poor quality of life (Carers UK, 2019; NAO, 2018b). Most carers are unsatisfied with the services that are intended to support them.

⁸ Fragmentation of the sector was described by at least seven authors as a challenge (e.g. Jeremy Hunt, 2018; Pollock *et al*, 2020; Bottery, 2020; and others); four mention light-touch regulation.

⁹ The Care Quality Commission (CQC, 2017 and 2019), ADASS (2020) and Age UK (2019) have raised concern about the significant churn of registration and de-registration, risk of service disruption and provider failure, and the Social Care COVID-19 Taskforce (2020) notes a "*fine distinction between the issues that have impacted upon the sector as a result of COVID-19 and pre-existing fragility and fragmentation. Both local authorities and providers have emphasised their concern about the wider financial sustainability of the system.*"

Many commentators ascribe such problems to a shortage of funding. The House of Commons Health & Social Care Committee (2020b) recently recommended a social care funding increase of “*an additional £7bn per year by 2023–24 to cover demographic changes, uplift staff pay in line with the National Minimum Wage and to protect people who face catastrophic social care costs*”, with further funding required to address “*shortfalls in the quality of care currently provided, reverse the decline in access and stop the market retreating*”.

A broad consensus is emerging across political parties, campaigners and think tanks that social care needs to be reformed.¹⁰ Eight reports¹¹ published in the last two years highlight the lack of a social care sector workforce strategy, and three refer to the lack of the promised Green Paper. All of these issues were also raised within stakeholder consultations.

A perverse element of the current system is to undermine employers who want to do the right thing. While there are benefits for employers of decent pay, good terms and conditions, and investing in training, it is difficult to do so in a chronically under-funded system where you can be undermined by providers who do not demonstrate such good practice. The remorseless logic of the system itself is to drive down pay, job quality and service quality.

- Institute of Public Policy Research (IPPR) (2018)

Reports show that Skills for Care, the workforce development body in adult social care, has a relatively small budget compared to the equivalent NHS body (Health Education England) (IPPR, 2018). Skills for Care’s budget equates to £14 per annum per social care worker (National Audit Office (NAO), 2018).

In addition to funding pressures, two further strategic challenges were identified through the research, that link to the twin problems of unmet care needs and pockets of poor quality care.

Immigration policy

Immigration rules, and the end of the transition period for the UK leaving the European Union, are likely to affect labour supply into the social care sector, although analysis has

¹⁰ See e.g. SCIE, 2018; Bennet *et al*, 2018; Atkinson *et al*, 2019; TUC, 2020; UNISON, 2020; Curry *et al*, 2019; Hyman & Robertson, 2018

¹¹ E.g. the National Audit Office (2018); IPPR (2018); House of Commons Public Accounts Committee (2018); SCIE(2020); Kings Fund (2018) and others.

shown that 63% of EU nationals working in social care are eligible for 'Settled' status.¹² Many stakeholders have advocated for a relaxation of immigration controls and Skills for Care is part of the Cavendish Coalition which has provided evidence to the Migration Advisory Committee (Cavendish Coalition, 2020).

"We are going to have a massive issue next year when freedom of movement ends. Freedom of movement propped up the old immigration system... When freedom of movement ends that workforce won't be there in the same way... Anyone who knows the sector will be a lot less sanguine to think high unemployment will solve vacancies in social care. Other sectors may also pick up if a vaccine found. Plus there are extra health problems due to the aftermath of COVID [which may require extra social care resource]. There has been no forward planning for this."

- Stakeholder consulted, anonymous

This problem, highlighted in at least 24 reports as well as in stakeholder consultations, could be reframed as an over-reliance on international workers; however the evidence put forward in Chapter 2 suggests that there are barriers that prevent more domestic workers from taking up vacancies and staying in adult social care.

Integration

Integration is a key driver in improving the quality of care, outcomes for those receiving care and support, efficiencies within the system, and addressing inequalities.¹³

Conversely, poor integration is identified by some (e.g. CQC, 2018; NAO, 2018; Bottery *et al*, 2020) as hampering effective delivery of social care.

Mechanisms designed to encourage better working across systems exist, and there have been pockets of effective joint working, supported by:

- ringfenced funding (such as the Better Care Fund¹⁴)

¹² <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx> . Figure relates to EU nationals who are not also British citizens.

¹³ NAO, 2018; CQC, 2019; ADASS, 2020e; Marmot *et al*, 2020; West *et al*, 2020; Ham & Murray, 2018; Hymans & Robertson, 2018.

¹⁴ "The BCF has been the primary lever in recent years to bring health and social care organisations together to plan, fund and commission services through a pooled budget. The BCF and the iBCF have had a positive effect on system working across the systems we visited." (CQC, 2018)

- devolution within health and care systems (e.g. Local Workforce Action Boards, Sustainability and Transformation Partnerships and now Integrated Care Systems¹⁵)
- aggregation across local authorities and Clinical Care Groups (Marmot *et al*, 2020)
- inclusion of social care representatives in local networks which can lead to better communication and mutual understanding.

There has also been some progress towards joint qualifications in the form of health and social care apprenticeships, though overall Atkinson *et al* (2019) conclude that ‘*progress on meaningful workforce integration is somewhat limited.*’ Continuing and improved integration of the health and social care system¹⁶ is therefore a critical success factor underpinning the achievement of the sector vision.

A joined-up, coherent system will be more efficient and effective in delivering higher quality, consistent and coherent pathways for people accessing care and support, leading to better experiences, outcomes, population health & wellbeing, and quality of life.

- Skills for Care (2020b)

1.3 The impact of COVID-19

COVID-19 has exacerbated the problems discussed above. Older people, people with underlying conditions and people with learning disabilities or autism have been disproportionately affected by the illness (Social Care COVID-19 Taskforce People with Learning Difficulties and Autism Advisory Group, 2020). And, many people receiving or in need of care have suffered from loneliness and isolation, health and care services being removed or becoming more difficult to access, and in some cases breaches of their human rights (Pollock *et al*, 2020).

COVID-19 has also thrown up many practical issues relating to the delivery of social care, which employers and the workforce are grappling with. These include for example testing, PPE, the capacity tracker, issues around application of deprivation of liberty

¹⁵ Within ICSs, NHS organisations take collective responsibility for managing shared resources and using them to improve quality of care and health outcomes for local residents, working in partnership with local government and others in the community. (Bottery, 2019, suggests that local authorities need to be more fully involved). The NHS long-term plan confirms that every area will be served by an ICS by 2021.

¹⁶ including the voluntary and community sector (Charles & Ewbank, 2020; Lungu-Mulenga, 2019) and including collaboration with other important policy areas (e.g. JobCentre Plus, housing etc.) (NAO, 2018; Skills for Care, 2020c).

safeguards, end-of-life conversations, and vaccinations (see for example Skills for Care, 2020j).

However, the pandemic, by necessity, has also generated innovative responses and solutions from the sector in relation to funding, information sharing, building community capacity, and delivering care.¹⁷ In many cases it accelerated the development of innovations (CQC, 2020d) and digital technology proved vital in supporting staff and services and transforming business through the pandemic (Skills for Care, 2020b; ADASS, 2020b,k). Guidance and legislation was introduced at pace and easements within existing legislation introduced (Dunn *et al*, 2020).

Integration accelerated as commissioners invested trust in social care providers (SCIE, 2020), and traditional barriers to information sharing were broken down (NHS Reset, 2020). There is some optimism among authors and stakeholders that these changes will be sustained and lead to more solutions for those needing care and support (IPC, 2020).

“And also, often in crisis there have been greater levels of collaboration between providers, and the DHSC. When you look at the task and finish groups that were held on a weekly basis between providers and the government, I think that was a positive thing, because it, it led to a level of collaboration that hadn't really been seen before. So yeah, I think, just more broadly, crisis also creates a certain level of opportunity for positive change”.

- Rhodri Williams, Care England

“Necessity is the mother of invention... COVID proved that change can happen at pace. So with the right motivation, we can get there. COVID was different [because] suddenly the leadership said, well, you know, work out what needs to happen, you've got permission, think outside the box, think creatively - use technology and work appropriately. So people were using their on the ground knowledge of how to make things happen. But we're finding that some things are now 'you have to go back to normal again'. So there is something about making sure we don't lose the best of what happened.”

- Karin Bishop, College of Occupational Therapists

¹⁷DHSC, 2020c, e; DASS, 2020; Social Care COVID-19 Taskforce Self-Directed Support Advisory Group, 2020.

We face many challenges as a result of COVID-19, but we are also presented with a huge opportunity to rethink, redesign and reorientate care. Rather than simply reinforcing and protecting what we have, we have an opportunity to do something fundamentally different.

We have the opportunity to be radical, to be person-centred and to be transformative. We must seize this opportunity with both hands.

- ADASS, 2020c

1.3 Looking forward

The policy context and the pandemic are inevitably major factors affecting the social care workforce, and the extent to which Skills for Care and employers can influence change. The research outlined above suggests that there are four high-level critical success factors in which Government is the key player – these are summarised in Table 1.1. below before we turn our attention to the workforce outcomes identified.

Table 1.1 High-level critical success factors¹⁸

- There is a need for **national leadership** on social care, with a shared vision and political consensus on how to address the main challenges. Key stakeholders need to work together and there is a need for a national social care workforce strategy¹⁹, ideally integrated with health.
- **Solving the funding shortfall** in social care, with a long-term sustainable funding model for the sector, enabling **improved commissioning²⁰**, **higher pay** for social care workers²¹ and the **ability to attract a sustainable supply** of domestic and international labour.²²

¹⁸ Based on analysis drawn from at least 60 sources listed in the bibliography.

¹⁹ At least 16 sources called for a national workforce strategy.

²⁰ UNISON (2020) and Pollock et al (2019) called for nationalisation or greater public provision of social care, but this did not appear to be the majority view. Bottery (2019) found that nationalisation “*would lead to improved terms and conditions for staff, but beyond this it is not clear what additional benefits it would bring to people needing care. Nor is it what service users (including those who pay for their own care at the moment) necessarily want.*”

²¹ And funding nurse bursaries and placements, and making it easier for nurse returners to take up vacancies in social care.

²² In September 2020, the Migration Advisory Committee urged ministers to “make jobs more attractive to UK workers by increasing salaries rather than relying on migrants” to tackle social care’s chronically high turnover rates and significant vacancy numbers, according to Carter (2020). The House of Commons Health & Social Care Committee (2020b) called for “transitional arrangements” whilst domestic resilience is built into the workforce and agreed with MAC that senior social care workers should be added to the shortage list.

- **Keeping people who receive care and the workforce safe** (e.g. providing PPE, testing, test-and-trace, vaccinations and occupational risk assessments; continued funding to support infection control; as well as an environment in which workers feel safe to voice their concerns).

While the challenges that have been outlined in this chapter are significant, and the systems change needed may be beyond the control of any single agency, there is cause for optimism. There are 1.6m jobs in adult social care (Skills for Care, 2019), more than the construction, transport, or food and drink service industries (ADASS et al, 2017). Adult social care employers contribute £41.2 billion to the English economy (Skills for Care, 2020g).²³

There is also a recognition within the evidence base of the intrinsic social value of social care – that it contributes to the overall wellbeing of the country and that it has the “*capacity to make a transformative and substantial impact*” on people’s lives (APPG on Adult Social Care, 2019). The literature paints a picture of a sector and workforce with many positive qualities:

- a highly skilled, adaptable, committed workforce²⁴
- a thriving and responsive sector (APPG on Adult Social Care, 2019)
- the diversity of the sector (Linde & Klein, 2018)
- a sector which benefits from local understanding, innovation and community partnering (Impower, 2020).

The workforce has been described as the social care system’s greatest asset (APPG on Adult Social Care, 2019). While the pandemic tested the resolve of the sector in unimaginable ways, the workforce demonstrated incredible resilience, professionalism and dedication (Skills for Care, 2020j; ADASS, 2020c,e) and care-workers took on additional clinical roles (Social Care COVID-19 Taskforce Workforce Advisory Group, 2020).

The chapters which follow focus on the workforce challenges in greater depth, and explore the workforce changes (outcomes) that must be brought about, in order to achieve the sector vision. These outcomes were identified through the evidence review:

- There were particularly clear messages that the sector needs to:
 - Overcome **recruitment and retention** problems (Charles & Ewbank 2020; Social Care COVID-19 Taskforce, 2020), including:

²³ This is likely to be an under-estimate of the true value of adult social care as it does not consider the indirect benefits (e.g. supporting people cared for and their families to stay in employment).

²⁴ House of Commons Economic Affairs Committee, 2019; Bolton, 2020; APPG on Adult Social Care, 2019; CQC, 2018.

- Overcoming a poor understanding of social care to achieve a workforce that is better portrayed and better valued and becomes a career of choice.²⁵
- Overturning job insecurity, low pay and poor terms and conditions; replacing them with a decent and secure work that is fairly paid, where workers have a financial safety net, parity of esteem and parity of pay with the NHS.²⁶
- Increase staff **development** to achieve a workforce that is skilled, confident and capable (Skills for Care, 2020d; Social Care COVID-19 Taskforce Mental Health & Wellbeing Advisory Group, 2020).
- Race **equality** is also an important aspiration (Allwood & Bell, 2020; Public Health England, 2020), as is tackling inequalities more generally (ADASS *et al*, 2017; Curry *et al*, 2019; Quilter-Pinner, 2019).
- Finally, **workforce wellbeing** is a factor influencing the quality of care (DHSC COVID-19 Taskforce Mental Health & Wellbeing Advisory Group, 2020). Although wellbeing is likely to affect staff retention (Ekosgen, 2013; Beech *et al*, 2019; West *et al*, 2020), the evidence of an effect on retention is mixed²⁷, and research (e.g. West *et al*, 2020) suggests that workforce wellbeing ought to be considered as an important outcome in its own right.

The chapters that follow consider these four workforce outcome areas in turn.

²⁵ APPG Adult Social Care, 2019; Skills for Care, 2020a; Moriarty *et al*, 2018; Hunt, 2018.

²⁶This group of outcomes was identified from around 23 reports e.g. TUC, 2020; UNISON, 2020; Allwood & Bell, 2020; Social Care COVID-19 Taskforce Workforce Advisory Group, 2020; Beech *et al*, 2019; APPG Adult Social Care, 2019; ADASS, 2020e; House of Commons, 2020 and more.

²⁷ Tyers (2018) found that Registered intended to stay in the sector despite reporting negative wellbeing.

2. Overcome recruitment and retention challenges

Key findings

The recruitment and retention challenge in adult social care is significant. The social care workforce needs to grow by over half a million by 2035 (Skills for Care, 2020g), yet persistently high vacancy and turnover rates mean employers struggle to meet present demand, let alone future demand, and can affect care quality.

The evidence base suggests that recruitment and retention problems are being driven by a poor understanding of social care, lack of development and progression opportunities, job insecurity, low pay and poor terms and conditions. Potential solutions include:

- national and local recruitment initiatives
- rapid recruitment initiatives
- values-based recruitment and retention initiatives
- workforce planning
- improving job security, pay and poor terms and conditions
- staff development
- career pathways, progression and development opportunities
- alternative delivery models
- changing perceptions of social care.

2.1 The challenge

Of all the workforce challenges faced by the adult social care sector in England, recruitment and retention problems have been the most written about; and these were also a major theme of the stakeholder consultations. To meet the increasing needs of a growing, ageing population, with rising levels of morbidities and care needs at all ages (APPG for Longevity, 2020; Idriss *et al*, 2020), the workforce needs to grow significantly – Skills for Care (2020g) estimates by 32% (520,000 extra jobs) by 2035.²⁸

²⁸ This forecast may in fact be a cautious estimate, as it assumes that eligibility criteria do not change (i.e. does not account for unmet needs), and it does not take into account:

- that people are becoming ill earlier (Hymans & Robertson, 2018), suffering more major illnesses (APPG for Longevity, 2020), and there are rising levels of obesity (LGA, 2020)
- any long-term negative effects on population health and wellbeing due to the COVID-19 pandemic (Charles & Ewbank, 2020).

There is also a significant replacement demand, with 27% of the workforce aged over 55 (Skills for Care, 2020g).

But with persistently high levels of staff turnover (30.4%; 430,000 leavers in last twelve months) and vacancy rates (7.3%; 112,000 vacancies), employers struggle to meet present demand, let alone future demand. These problems exist for many job roles across the sector, including care workers, Registered Managers, social workers and nurses²⁹ (Skills for Care, 2020g).

And, the literature suggests that there are no ‘silver bullets’ to fix recruitment; with automation (Moriarty *et al*, 2018), volunteers (Cameron *et al*, 2020; Moriarty *et al*, 2018), unpaid carers (McKechnie *et al*, 2019), and integration (National Audit Office, 2018), all being dismissed as potential solutions to the recruitment problem. Literature suggests that Apprenticeships are currently not sufficiently flexible (Social Care COVID-19 Taskforce Workforce Advisory Group, 2020) or affordable (Moriarty *et al*, 2018) to support employers’ recruitment challenges. Registration is another solution that has been posited but the costs and benefits of registration in England are not yet fully understood.³⁰

High turnover, absence and vacancy rates are not just a problem for employers. They contribute to unsafe staffing levels, risk of infection, poor continuity of care and poor quality of care.³¹ This is likely to be true at all levels, particularly so for Registered Managers, without whom quality standards are much less likely to be fulfilled (Institute for Government, 2019).

2.2 Potential solutions

Table 2.1 below illustrates the main drivers of the recruitment and retention challenges, and the associated potential solutions to address them, based on the evidence. Recruitment and retention are considered together since most of the issues identified as contributing to the staff retention problem, are also seen as part of the recruitment problem.

²⁹ The literature suggests that removal of the nursing bursary has affected the recruitment of nurses, and that alternative educational and other routes into nursing have not provided a solution for social care (DHSC COVID-19 Taskforce Workforce Advisory Group, 2020; Beech *et al*, 2019; Idriss *et al*, 2020).

³⁰ See e.g. Oung (2020), Bottery (2019). The Nuffield Trust (2020) concluded that *“there is to date a limited evidence base on the effect of professionalisation on retention and recruitment levels. Beyond this, one of the biggest challenges with the professionalisation of the English social care workforce is its size, as well as the vast number of settings in which the workforce operates. Developing mandatory registration as a first formal step in professionalising the workforce would require large amounts of planning and resources, especially if registration is to increase the attractiveness of working in the sector.”*

³¹ Atkinson *et al*, 2018; CQC, 2019; House of Lords Economic Affairs Committee, 2019; UNISON, 2020; Amnesty International, 2020; Pollock *et al*, 2020; Bauer & Dixon, 2020.

Table 2.1 Factors driving recruitment & retention problems, and potential solutions

Factors driving recruitment & retention problems	Potential solutions
Poor understanding and perception of social care	<ul style="list-style-type: none"> ▪ Changing perceptions of social care
Lack of suitable applicants ³²	<ul style="list-style-type: none"> ▪ National and local recruitment initiatives ▪ Rapid recruitment initiatives ▪ Values-based recruitment and retention initiatives ▪ Workforce planning
Job insecurity, low pay and poor terms and conditions	<ul style="list-style-type: none"> ▪ Opportunity to improve pay through the National Living Wage increase ▪ Improving job security, low pay and poor terms and conditions, including through guidelines, charters and sectoral bargaining
Lack of progression and development opportunities	<ul style="list-style-type: none"> ▪ Staff development ▪ Career pathways, progression and development opportunities ▪ Alternative delivery models

Source: Based on analysis of over 50 reports listed in the bibliography and with examples given below.

National and local recruitment initiatives

Both during and prior to the pandemic there have been a raft of national and local initiatives designed to boost recruitment into the sector. There is a potential opportunity for these to be consolidated and developed to benefit the social care sector. At the national level the DHSC launched a national recruitment campaign and prior to the

³² This is linked to the three factors below and also to EU exit and immigration policy, as discussed in Chapter 1. With rising unemployment, there is clearly no national labour shortage but although the vacancy rate has fallen slightly before and since the pandemic (from 8.6% pre-pandemic to 7.0% in the period March-August 2020) there is not yet evidence to suggest that this fall will be sustained and turnover and absence remain high (Skills for Care, 2020g). The Kings Fund (2020) expects that *“the historic trend of growing workforce demand but increasing vacancies will recommence unless there is fundamental change in the social care market”*. Skills for Care (2017) referred to finding workers with the right values for social care, and finding staff within easy travelling distance, as barriers to recruitment and retention. Skills for Care’s (2020g) machine learning analysis also found that distance between home and workplace was a predictor of staff retention. (Age is also a factor, with young people leaving a job sooner (Skills for Care, 2020g)).

pandemic (in Feb 2020) there was some limited evidence of its efficacy³³ (DHSC, 2020g).

There is also the new Kickstart scheme being offered by the government to get young people into employment. While the initiative is not limited to adult social care, Skills for Care market intelligence data (2020m) suggests that in some local areas agencies such as JobCentre Plus, local authorities and Health and Social Care Academies are leading efforts to bring stakeholders together in consortia to be able to offer Kickstart placements to young people interested in social care.

Rapid recruitment initiatives

COVID-19 necessitated a recruitment drive into the sector to cover those who were unable to work and to relieve the pressures on existing staff (DHSC COVID-19: Adult Social Care Action Plan, 2020; CQC, 2020). The ambition was to attract 20,000 people into social care in the three months after DHSC's Action Plan was published (up to July 2020). Initiatives which were designed to help ease recruitment issues and staffing pressures included:

- Barriers to rapid recruitment being dismantled, such as quicker (and free of charge) DBS checks, and rapid induction training provided by Skills for Care.
- Initiatives were designed to facilitate former staff back into social work, occupational therapy and nursing have been in place such as the national recruitment campaign 'When you care, every day makes a difference.'
- Innovative recruitment methods (Skills for Care, 2020j) and collaboration between health and social care to ensure sufficient staffing levels and staff with the right skills. CQC (2020d) highlights several examples of providers working across health and social care to identify skills and workforce requirements. There is also evidence of substantial numbers of social care leaders working with volunteers to support their paid workforce (Dunn *et al* (2020)).

Values-based recruitment and retention practices

Values-based recruitment is one way in which better performing staff can be recruited and the cost of training and recruitment can be lowered (Beech *et al*, 2019). Skills for Care found a return of £1.23 for every £1 spent on values-based recruitment (Consilium, 2016). The findings of Atkinson *et al* (2019) and Skills for Care (2020k) also suggest that while values-based recruitment is becoming a widely used term, fuller understanding of its meaning (i.e. the full range of approaches that can be used in

³³ 1 in 3 care providers surveyed reported having seen an increase in either enquiries, interviews or vacancies fill (data collected from a self-selective survey completed by 259 respondents between 12 December 2019 and 8th January 2020). Three report authors (Social Care COVID-19 Taskforce Workforce Advisory Group, 2020; Beech *et al*, 2019; Kings Fund *et al*, 2019) recommend that the recruitment campaign, together with other recruitment and retention initiatives, is robustly evaluated to improve future rollout.

tandem) will be important to deriving its full benefit. Employee referrals and employee engagement are part of a values-based approach and have been found to be effective approaches, as have transport and housing incentives (Moriarty *et al*, 2018).

A positive workplace culture is also part of values-based recruitment and retention and may impact on staff wellbeing (discussed below). This can include developing a culture of compassion, inclusive and compassionate leadership, and an open and transparent culture, committed to learning and development. The literature suggests that all of the above are also important for delivering high quality person-centred care (Bennett *et al*, 2018; West *et al*, 2020; McKechnie *et al*, 2019; ADASS *et al*, 2017; Public Health England, 2020). Skills for Care has a Positive Culture Toolkit available to employers who wish to develop this in their workplace.

“Communications are all about targets and metrics, not about how I or my service users might be getting on. We’re not motivated by these kind of targets. That’s how you incentivise people in suits, not us.”

- PwC research (2018), quoted in McKechnie *et al*, 2019

“Maintain high levels of staff motivation by supporting staff development, tackling performance issues, and developing a culture of shared ownership over successes.”

- Old Hastings House, Residential care provider, quoted in Skills for Care (2017a)

Skills for Care’s (2017a) ‘Secrets of Success’ study, which looked at employment practices of social care employers with lower than average turnover, found that developing a positive organisational culture, where staff are supported and valued and have opportunities to enhance their skills and knowledge, reinforces the message that working in adult social care can be a good career choice.

Workforce planning

The Social Care COVID-19 Taskforce Workforce Advisory Group (2020) recommend a rapid assessment is undertaken of the staffing needs of the social care sector, including replacing likely losses to the workforce from burn-out. The DHSC (2020e) states that it will continue to work with care providers to monitor and respond to staffing issues and set up a short-term workforce planning group. It also recommends that local authorities and care providers undertake workforce planning to address staffing shortages.

Skills for Care (2020b) suggests that *'Workforce planning is becoming more complex and people want support to understand and plan for different capacity issues with different groups of the workforce, including immigrants, an increase in vacancies with people becoming burnt out, increased impact on BAME colleagues and reducing supply of the regulated professionals. Skills for Care should consider how our workforce data, intelligence and workforce planning expertise can be applied at different levels and to different market segments.'*

Improving pay

Low pay was most commonly identified in the evidence as the major factor influencing employers' ability to recruit and retain workers.³⁴ Recent Skills for Care analysis (2020I) for the Living Wage Foundation showed that 73% of frontline social care staff in England are currently earning below the Real Living Wage.

It is often cited as the reason that social care can fail to compete in recruiting or retaining staff against other sectors such as retail, hospitality and the NHS, with the latter being a particular problem in competing for regulated and allied health professionals.³⁵ Ekosgen (2013) found that *'the majority of high retention companies [in social care] offer financial and non-financial enhancements in addition to basic pay.'*

"The salary is not reflective of the type of work, the responsibility required. You're offering minimum wage for a job that is quite... it's very important to people's welfare and quality of life, dignity. That we're being offered at the entry level rates of pay often less than someone would get paid in Tesco. And when you consider the difference in responsibility, and the importance of the role, there's a lot of difference between putting a packet of cornflakes on the shelf to making sure that you're maintaining somebody's health, wellbeing, dignity, and quality of life."

- Stakeholder consulted, anonymous

In focus groups that Skills for Care and ICF Consulting recently ran, pay was reported as *"the most significant challenge to retaining staff in the sector at all levels"* (ICF Consulting, 2020). Participants said the pay of Registered Managers did not reflect the legal and care responsibilities of the role. They gave examples of employees choosing to work in a job role which has less responsibility for similar pay to a senior

³⁴ It is mentioned in around 35 reports including the House of Commons Health & Social Care Committee (2020b), LGA (2020), Beech *et al* (2019), Skills for Care (2017a), and others; as well as stakeholder consultations.

³⁵ Low pay and competition from other sectors was identified in around 17 reports, see for example LGA, 2020; Kings Fund *et al*, 2019; Skills for Care, 2020; Moriarty *et al*, 2018 and more.

management role. Pay was also perceived to be one of the key influences for the graduates when deciding which programme to apply for and in which sector to start their career in (ICF Consulting, 2020).

“Registered managers are not well paid, the responsibility is massive, and the accountability is huge. It’s stressful; you don’t go home at 5pm. Finding people who are prepared to do all that says something about their commitment to the job they do rather than to money.”

- Head of Care and Support, local authority, quoted in ICF Consulting (2020)

Low pay is also seen as contributing to poor staff wellbeing and levels of absence, with staff being required to work long hours to pay bills (Bottery, 2018; IPPR, 2018).³⁶ From April 2021, the National Living Wage will increase to £8.91 (a 19p increase from £8.72) and will be available to people aged 23 and above (down from the current age of 25). Skills for Care (2020) estimates that 35% of the adult social care workforce (485,000 workers) are currently paid below the new National Living Wage rates and will therefore directly benefit from this increase. Others could benefit if employers also provide pay rises to other workers in order to maintain pay differentials between roles.

Improving job security, terms and conditions

Job insecurity, related to the prevalence of zero-hours contracts in social care, is also identified in the literature as a problem.

Social care is characterised by chronic levels of insecurity... The poor conditions and widespread exploitation of the social care workforce has a significant negative impact on workers. Care workers highlighted how low pay required colleagues to work excessive hours or multiple jobs and how the widespread use of zero-hours contracts leaves many in an insecure position... many of their colleagues had to take second and third jobs to make ends meet. Others described how their colleagues were forced to work excessive, anti-social and potentially dangerous hours... Social care workers also highlighted the insecurity and uncertainty that zero-hours contracts caused in their income.

- IPPR (2018)

³⁶ Although, it can also create perverse incentives to work fewer hours, if staff must be in receipt of benefits to top up their income (Bottery, 2018; Moriarty *et al*, 2018).

The Social Care COVID-19 Taskforce report (2020) stated that 40% of homecare workers are on zero-hours contracts. While care providers often see zero-hours contracts as essential to managing absence and fluctuations in demand (NAO, 2018), and some workers welcome the flexibility of zero hours contracts (IPPR, 2018; Moriarty *et al*, 2018); others argue that the lack of set wages hurts care workers, making it hard for them to plan and budget their personal finances (UNISON, 2020); and may deter people from a career in care (NAO, 2018).

“The impact is never knowing what you can afford, whether you can pay your rent or feed yourself. Basically, you can’t have a life. You are on call 24/7 on zero hours.”

- Caroline, homecare worker, quoted in IPPR (2018)

Voluntary guidelines and charters exist for improvements in terms and conditions. An Ethical Care Charter exists which aims to improve employment terms and conditions through commissioning and framework agreements and use of the charter helps to deliver better pay (Atkinson *et al*, 2019).³⁷ Atkinson *et al* (2019) describe how Greater Manchester has a ‘workforce deal’ for its domiciliary care workers which is aspirational and voluntary but comprises a range of salary and training support benefits. Social Care Reward is an initiative run by Agenda Consulting and promoted by the National Care Forum that allows social care employers to benchmark their pay, terms and conditions.

Stakeholders talked about the role of unions and their hopes for better pay and conditions. Literature (IPPR, 2018; TUC, 2020; Health Foundation, 2020) suggests that sectoral collective bargaining could drive up employment standards, improve job quality, set minimum standards and encourage investment in workforce development. IPPR (2018) and Linde & Klein (2018) suggest that regulators and commissioners could have a role in regulating the treatment of workers as well as the quality of care.

Career pathways, progression and development opportunities

Many reports (e.g. NAO, 2018; IPPR, 2018; Skills for Care, 2020; Tyers, 2018) and stakeholder consultations identify a lack of progression opportunities, and a lack of pay differentiation between higher and lower care worker grades, as a barrier to recruitment and retention in the sector.³⁸

³⁷ The Welsh Government acted on this when, in spring 2018, it introduced regulation that provided domiciliary care workers with the right to request guaranteed hours contracts after three months employment.

³⁸ The effect of the National Living Wage has been to narrow the pay differential still further, with higher paid staff experiencing slower pay growth than lower grades. Between March 2016 and March 2020 the gap in pay between those with five+ years’ experience in social care and those with less than one year’s experience had halved to just one percent, or 12 pence per hour (Skills for Care, 2020g).

There is currently little structure to formally recognise both the skills that people bring to care work and those gained through working in a care role. Crucially, unlike in the NHS, the acquisition of new skills and experience does not necessarily lead to higher pay. With no formal pay and grading structure, essential skills go unacknowledged and promotion often means greater responsibility without fair reward.

- TUC (2020)

Report authors³⁹ call for clearer career pathways and progression to help attract and retain people in social care, and navigate the changes that are needed to integrate and improve care. Staff may not aspire to become managers as they feel unprepared for the role which brings a high degree of responsibility (ICF Consulting, 2020). Tyers (2018) found that career progression into the role is often a reactive rather than a proactive experience with no clear progression routes or career pathways.

“There’s been a gap in the region: we have aspiring managers and leaders, but people don’t take the leap because they don’t understand the role.”

- Workforce Development Officer, voluntary provider overseeing local authorities, participant in Skills for Care/ ICF Consulting (2020) focus groups

There are numerous examples in organisations across the sector of people that have worked their way up from carer to senior management. There are CEOs who were carers. But if these stories aren’t told then it’s very difficult for carers to see a long-term future within their business. And more immediately, they need clarity on what skills they need to become a senior carer and then a manager and then a senior manager, etc. for progression to feel tangible.

- McKechnie *et al* (2019)

Skills for Care asked ICF Consulting (2020) to explore talent pipelines in adult social care. Focus group participants consulted during this study thought a standardised nation-wide approach to professional development would be helpful, to offer staff a clear career path with key competencies assigned to each level. The study also found that

³⁹ e.g. Charles & Ewbank, 2020; Oung, 2020; Health & Social Care Committee, 2020; McKechnie *et al*, 2019; Moriarty *et al*, 2018

successful sector workforce strategies included a professional capabilities framework with clear career pathways and progression routes.

“The sector employs millions of people; we can’t say there isn’t enough talent in that group of people, so we just need to give people a structure to get there.”

- Social care Chief Executive, participant in focus groups run by Skills for Care/ ICF Consulting (2020)

Participants in the study suggested that the adult social care sector lacked national and externally recognised management level qualifications which staff could aspire to. Specific support for Registered Managers and aspiring managers has been identified as a need, as has leadership development more generally.

The Skills for Care Leadership Qualities Framework was perceived to be an effective tool to develop managers in different positions, but it was also recognised that this framework was not widely adopted or used consistently or linked to continuous professional development (CPD) or qualifications. A clear career pathway or framework may be needed.⁴⁰ Any new framework would need to include new roles such as community navigators (Moriarty *et al*, 2018) and nursing associates (CQC, 2019). The literature also suggests that pay progression may be needed to ensure that staff feel recognised for development and progression and are retained (DHSC, 2020). One employer quoted in Moriarty *et al* (2018) felt that this had successfully retained nurses in their organisation.

Skills for Care (2020f) also reported that perception of limited development opportunities is a barrier to recruitment in the sector, and others (e.g. Atkinson *et al*, 2019; Skills for Care, 2017a) linked development to retention. Workforce development is explored in more detail in Chapter 3.

Alternative delivery models

Care models which prioritise wellbeing, autonomy, asset-based approaches, personalised care, prevention and reablement are all highlighted in the literature (see e.g. SCIE, 2018 & 2020; ADASS, 2020e; Social Care COVID-19 Taskforce Self-Directed Support Advisory Group, 2020) and are seen by some as an opportunity to improve retention as well as to improve care. Skills for Care (2019a) found that evidence that preventative approaches could result in:

⁴⁰ <https://www.skillsforcare.org.uk/About/News/News-Archive/Social-care-needs-to-fill-more-than-100000-vacancies.aspx>

- improved outcomes for supported individuals
- improved staff wellbeing
- increased job satisfaction
- reduced employee stress and burnout
- improved relationships at work
- higher levels of staff engagement
- reduced demand on services
- increased staff retention.

Bennett *et al* (2018) found that “*making care an attractive career option... was not limited to better pay and terms and conditions, but was linked to more satisfying working arrangements and organisational models. This includes (for example) less isolated working conditions, additional responsibilities and training, and ability to be flexible to the needs of service users, to work autonomously and make decisions.*”

There is some evidence of how different models of care and employment have successfully alleviated recruitment and retention difficulties. For example, the Buurtzorg model which originates in the Netherlands which involves autonomous team working and prioritises relationship-based practice (Atkinson *et al*, 2019). The literature includes many other national and international best practice examples from which to draw on (e.g. LGA, 2020e; Quilter-Pinner, 2019; SCIE, 2018).

An increased demand for Personal Assistants may be one effect of the move towards greater personalisation, devolved budgets and innovative delivery (Bennett *et al*, 2018).

Improving public understanding of social care

Many authors feel that adult social care is poorly understood or misunderstood in the public imagination. Reports (e.g. Oung, 2020; CQC, 2019; Health & Social Care, 2020 and many others) cite a lack of value, status and prestige accorded to social care, compounded by the misperception that social care is low skilled⁴¹ and a generally negative and/or inaccurate portrayal in the media (APPG on Adult Social Care, 2019; Bottery *et al*, 2018).

The COVID-19 pandemic has additionally introduced a fear of infection to people who may otherwise have considered a career in care (Skills for Care, 2020f; Bottery, 2020).

⁴¹ Possibly linked to the gendered nature of the workforce (Atkinson *et al*, 2019).

“And that goes back to not understanding social care. But by definition, the folks who end up in a position where they need support... they are often people who are frail, or have dementia, or have complex learning disability, or have degenerative physical health issues. And I don't think that public likes to sort of cope with that very well, sometimes. Again, I think that comes back to focusing on the positives and the great stuff that Adult Social Care can do... Brand NHS is all about you go in poorly and come out well. Brand Social Care is much more difficult to brand, I think.”

- Steph Thompson, My Home Life

There is however some evidence that, even before COVID-19, social care was being afforded a greater priority in the public and Government consciousness (LGA 2020e); and that the impact of the pandemic has led to a shift in perception and increased understanding of the value of social care.⁴²

There is evidence of a public appetite for improved recognition of and funding for social care (Sloggett *et al*, 2020) and increased political will to address the challenges faced by the sector (DHSC, 2020a). While recognising that the effect may not be sustained (Woolham *et al*, 2020), stakeholders and Skills for Care (2020i) identify an opportunity to capitalise on this shift in recognition for the sector, by attracting people into the sector, improving the understanding of social care and the value placed upon it.

Methods for achieving this might include:

- The recruitment campaigns and more positive media portrayals (APPG on Adult Social Care, 2019; Beech *et al*, 2019).
- *I Care... Ambassadors*: care workers who inspire and motivate people to understand more about working in social care. Monitoring data shows a 23% increase in the number of people interested in a career in care, after hearing from an ambassador.⁴³
- Skills for Care's work with the Department of Work and Pensions to develop bespoke products, toolkits and resources that enable work coaches to have more informed discussions with unemployed customers about what a career in care might look like.

⁴²Skills for Care, 2020a; Charles A *et al*, 2020; Social Care COVID-19 Workforce Advisory Taskforce, 2020; Sloggett *et al*, 2020.

⁴³ <https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/ICA/Infographics/I-Care...Ambassadors-bringing-a-career-in-care-to-life-2019.pdf>. Wood and Alway (2020) suggest that there is an opportunity to jointly promote the health and social care sectors as a career to communities, which Skills for Care has played a role in with the integrated *I Care... Ambassadors* programme.

3. Develop the workforce

Key findings

There is a clear need for more workforce development in adult social care, to drive improvements in care quality, staff retention and workforce productivity. Priority topics identified from the evidence base include:

- COVID-19 and other topics linked to the pandemic such as:
 - infection control
 - PPE
 - positive behavioural support
 - clinical skills
 - end-of-life care
 - supporting people’s mental health
 - communication and decision-making skills
- digital skills
- leadership skills
- English as a second language
- condition-related training
- manual handling and other mandatory training
- learning and development skills
- equality, diversity and inclusion.⁴⁴

Potential solutions to the workforce development challenge include:

- mandatory standards
- more diverse and tailored models of training, support and qualifications
- apprenticeships
- coaching, mentoring and leadership development
- continued funding for workforce development.

⁴⁴ To conduct a full development needs analysis of the social care workforce (and to consider specific needs for selected job roles) is beyond the scope of this Evidence Review. At the time of writing, Skills for Care was embarking on the second stage of a Qualifications Review Consultation (Skills for Care, 2020o) which should provide further data on the learning and development needs of the sector. Initial analysis suggests resonance with the topics included below, although additional needs are also identified.

3.1 The challenge

Staff development is a challenge identified in at least 22 reports we reviewed and is a key factor likely to support:

- workforce productivity (Skills for Care, 2017b)
- retention (Skills for Care, 2017a; Atkinson *et al*, 2019; Ekosgen, 2013)
- care quality (Atkinson *et al*, 2018).

The literature identified that the social care workforce struggled to implement new guidance received during the pandemic (Skills for Care, 2020m,o; CQC, 2020; QNI, 2020), and with the practical challenges generated by COVID-19, such as infection control and the effect of PPE on behaviour that challenges.⁴⁵

During the COVID-19 pandemic, training has been focused on rapid induction to secure new and returning workers into the sector and other forms of training and support which have been particularly relevant such as training in digital and clinical skills (Skills for Care, 2020j). Over a fifth of social care workers recently surveyed (Hussein, 2020) said they had not received adequate COVID-19 training, and only around half of the workforce currently hold a qualification relevant to social care (Skills for Care, 2020g).

Suggested topics from the evidence base for learning and development to meet the needs of the pandemic are summarised in Figure 3.1 below. Some of these needs predated the pandemic, and some of them – such as digital skills – are likely to persist beyond the pandemic.

⁴⁵Social Care COVID-19 Taskforce Workforce Advisory Group, 2020; Skills for Care, 2020j; Charles & Ewbank, 2020.

Figure 3.1: Development needs identified for the social care workforce as a result of the COVID-19 pandemic



Source: Drawn from Skills for Care (2020a, c,d,f,i,j,k,o,t); COVID-19 Trauma Response Working Group (2020); Social Care COVID-19 Taskforce People with Learning Disability and Autism, and Workforce Advisory Groups (2020); LGA (2020); Billings *et al*, 2020; others cited above.

Other particular challenges thrown up by the pandemic included:

- the need to sustain and embed the rapid response training (Social Care COVID-19 Taskforce Workforce Advisory Group, 2020)
- a need to develop new recruits and volunteers (Kings Fund, 2020; Social Care COVID-19 Taskforce Workforce Advisory Group, 2020)
- the move to online learning (it is difficult to teach practical skills such as clinical skills, first aid and moving and handling, remotely) (Skills for Care, 2020f).

Looking beyond COVID-19, demands identified in the literature include:

- a need for innovation and digital skills and digital leadership (Digital Social Care, 2020; Skills for Care, 2020; Atkinson *et al*, 2019; SCIE, 2018)⁴⁶
- leadership skills (Skills for Care, 2020e; SCIE, 2018)
- English as a second language (Digital Social Care, 2020)

⁴⁶ Digital technology is an enabler for new ways of working and improving care (SCIE, 2018; CQC, 2019; McKechnie *et al*, 2019; Hymans & Robertson, 2018). The COVID-19 pandemic has only accelerated the need for social care to take full advantage of the opportunity afforded by technology to improve outcomes and efficiency (Digital Social Care, 2020).

- condition-related training (UNISON, 2020)
- manual handling, mandatory training, and apprenticeships (Skills for Care, 2020)
- learning and development skills, for example to support the learning of others in regulated professions where there are formalised practice placements (Braddell, 2020)
- equality, diversity and inclusion (see Chapter 4).

3.2 Potential solutions

Opportunities, or potential solutions to the staff development challenge include:

- a mandatory minimum training standard (House of Commons Public Accounts Committee, 2018) or making the Care Certificate mandatory (IPPR, 2018; Quilter-Pinner, 2019)
- more diverse and tailored models of training, support and qualifications (Skills for Care, 2020e)
- greater emphasis on coaching and mentoring to embed learning (Skills for Care, 2020e)
- funding for learning and development
- leadership development.

“We’re... trying to create a culture of coaching... a one-day training session isn’t necessarily that effective [but] helping people to learn what it is they should be doing and helping remember what they should be doing long term as well”.

- Stakeholder consulted, anonymous

Evidence from stakeholder consultations and elsewhere suggested that development support should be inclusive but also target groups within the workforce needing particular support e.g. Personal Assistants, new registered managers, nurse returners, owners and Nominated Individuals, and workers supporting those with dementia, learning disabilities and/or autism.

Skills for Care plays an important role in upskilling the workforce and increasing qualification levels. Among other activities, it distributes the Workforce Development Fund to the adult social care sector on behalf of the DHSC. The last evaluation of the Workforce Development Fund (York Consulting, 2019) found that:

- 95% of employers surveyed (n=300) said that the Fund had either ‘significantly’ or ‘to some extent’ improved the skills/qualifications of the staff team
- 92% improved the quality of care

- 85% improved staff morale
- 85% addressed the most pressing skills gaps in the organisation
- 83% more effectively meet the personalised care needs of people
- 83% improved staff productivity.

Ninety-six percent of Individual Employers surveyed (n=39) agreed that the Fund had improved the skills and knowledge of their Personal Assistants; 88% agreed that it had helped them retain staff and 88% that it had ‘made the way I’m supported more relevant to my needs’ (York Consulting, 2019).

Skills for Care has also developed several resources to help registered managers in their career progression such as the Manager Induction Standards, the Becoming a Manager workbook, and the guide for developing new managers and deputies. Pilots run in 2017 – 2018 which targeted new and aspiring managers with the aims of supporting career progression and skills development, while small scale, were effective in developing skills and competencies of participants.

Sector leadership development, including peer support, will be essential to:

- exploit the opportunities afforded by integration, innovation and digital technology
- deliver change at pace
- improve outcomes for people who receive care
- increase productivity
- communicate a shared vision for improvement
- achieve equality, diversity and inclusion.⁴⁷

Finally, there is an opportunity to improve the skills of leaders to support the integration agenda. ICF Consulting (2019) presented evidence from a number of evaluations that Skills for Care had increased the ability of leaders and the general workforce to work in partnership with health, education and other local partners.

Stakeholders highlighted the importance of investing in leadership for improving co-operation and connection across systems, and the Neighbourhood Improvement Project (2020) set out the successful characteristics of leading workforce integration. West *et al* (2020) make recommendations to support effective multi-disciplinary team working, and there are several national and international best practice case studies available (see for example Bennett *et al*, 2018).

⁴⁷ Skills for Care, 2017b, 2020d and j; Moriarty *et al*, 2018; Atkinson *et al*, 2019; McKechnie *et al*, 2019; SCIE, 2020; CQC, 2018, 2019; ICF Consulting, 2020.

4. Equality, diversity and inclusion

A more equal, diverse and inclusive workforce may be a more productive and stable one (see research below), but there are also important social justice issues that go beyond the likely benefits to employers. This is particularly true for the social care sector given social care's purpose in bringing about a more equal and just society (SCIE, 2020; ADASS, 2020).⁴⁸

Together with workforce wellbeing, we could see equality, diversity and inclusion as part of supporting a positive workforce and leadership **culture**. This workforce outcome also links to recruitment and retention and to workforce development.

Key findings

Equality, diversity and inclusion are important if we are to achieve a fair and just society, free from the racism and discrimination that the evidence highlights (Skills for Care, 2020c). Evidence suggests that a more equal, diverse and inclusive workforce may also perform more effectively and have lower rates of absenteeism.

Opportunities to improve equality, diversity and inclusion in the adult social care workforce include:

- developing positive workplace cultures
- attracting more men into social care
- building equality, diversity and inclusion into strategy (e.g. if Government develops a workforce strategy)
- values-based recruitment and retention
- learning and development
- embedding equality, diversity and inclusion into leadership strategies
- networking and mentoring
- good practice, tools and resources
- designing specific programmes to attract in, support and progress under-represented groups at all levels in social care.

⁴⁸ We focus here on the workforce-related aspects of the equality agenda, noting that there is also a wide body of research exploring the equality of access to and experience of using social care services.

4.1 The challenge

Race and nationality

Social care workers from Black, Asian and Minority Ethnic (BAME) communities often experience racism and discrimination in their workplace, and face barriers to progression (Skills for Care, 2020c; Public Health England, 2020). The stark inequalities exposed by COVID-19 and the Black Lives Matter movement, have shown that action is urgently needed.

People from BAME communities have been disproportionately likely to become ill or die from COVID-19. Workers who were from BAME communities were also more likely to report a lack of access to PPE and experienced unfair treatment because of their ethnicity (Social Care COVID-19 Taskforce BAME Advisory Group, 2020).

Twenty-one percent of the social care workforce are from BAME communities (Skills for Care, 2020g), but this figure falls to 15% of Registered Managers and 17% of senior managers. Similarly, non-British nationals make up nine percent of the total adult social care workforce in England, but just four percent of Registered Managers and four percent of senior managers.

“[My vision for the social care workforce is] one that treats workers with greater dignity and justice than it does now. And for migrant workers to be treated fairly by the sector and laws they have to operate under, which aren’t present for other workers...”

[Social care workers] have talked extensively to us about how their concern for their service users is a source of great anxiety to them. They are not paid adequately or for travel time and are forced to put up with exploitative conditions. Human dignity demands that you stay for longer than 15 mins – but the business model runs on this. The injustice of this is so present...

For migrant workers particularly in care homes and domiciliary care, they are facing severe challenges... I spoke to a family where both parents were social care workers – they had three children to feed and had to raise thousands to renew their visa. So that they could go on working at the frontline. The mother said to me, ‘this feels so unjust.’ And they are having to pay to access healthcare.

Social care is classed as unskilled and therefore unworthy... My vision is to treat the people doing the service like human beings so they can do the best job they can do. To provide an effective, humane service.”

- Stakeholder consulted, anonymous

Gender

Female workers make up 82% of the social care workforce, but only 67% of senior managerial roles (Skills for Care, 2020g). There is some suggestion in the literature and stakeholder consultations that gender power imbalances in society contribute to the lower status, pay and influence given to female dominated professions (for example health and care) – West *et al* (2020) specifically report a continuing gender pay disparity and disparity of opportunities for advancement in nursing.

IPPR (2018) relate the under-valuing of care work additionally to race and class, and to ‘*perceptions that the work is unskilled and... gendered norms around care work*’. The TUC (2020c) suggest that low pay in the social care sector may be a driver of the national gender pay gap.

“At my workplace, most of the people that are there are single mums or the main income earner... Women – because it is mostly women – would work double shifts, back to back shifts, split shifts, probably in violation of any working time regulations. I’d ask them ‘why are you doing this, why are you working like this?’ and they just say ‘I need the money’... That impacts on the safety of the clients as well.”

- Nicole, care worker, quoted in IPPR (2018)

Age, sexual orientation & gender identity

The high-level search terms we used for the evidence review uncovered little specific evidence about age, sexuality and disability as protected characteristics within the social care workforce (though research was identified that looked at access to services for these groups). The average age of a social care worker is similar to that of the average economically active person in England (Skills for Care, 2020g).

Disability

The prevalence of disability among the social care workforce appears to be lower than for the economically active population as a whole, although this may be at least partly due to under-reporting (Skills for Care, 2020g). Across all sectors, there is a national disability pay gap of 15% (TUC, 2020a).

Social care workers who have an underlying condition that increases the risk from COVID-19 will face a particular set of challenges and employers have a duty of care to consider this (DHSC, 2020f).

4.2 Potential solutions

A more diverse and equitable workforce is both a critical success factor for achieving the social care vision, and an opportunity:

- Inclusive cultures, free from discrimination can lead to improved organisational effectiveness and higher employee engagement which is linked to lower absenteeism which can in turn benefit those needing care and support. For example, making better use of BAME talent is estimated to increase UK GDP by up to 1.3% per annum (Linde and Kline, 2018). The current under-representation of men within social care may also be an opportunity to grow the workforce.
- Social care may be able to make better use of data to inform and guide equality and diversity actions (Linde & Kline, 2018).
- Justice and fairness can contribute to a climate of psychological safety at work which has been linked to organisational effectiveness in health and care (West *et al*, 2020).

Linde & Kline (2018) felt that the high vacancy rates particularly for Registered Managers, and the high percentages of senior management recruited outside of the sector (38% in 2017), could be an opportunity to increase diversity at management and leadership levels.

The authors suggested that Skills for Care and partners could run race equality pilots for testing data, professional, leadership and development interventions; develop resources; make good practice available on the web and explore opportunities for local government to become involved through contact with ADASS and LGA.

Stakeholders felt that social care has an opportunity to create something akin to the NHS Workforce Race Equality Standards and that Skills for Care should be heavily involved in its development and consideration of what this might look like for any workforce strategy. Skills for Care has been involved in initial work to pilot a social care WRES in local authorities.⁴⁹

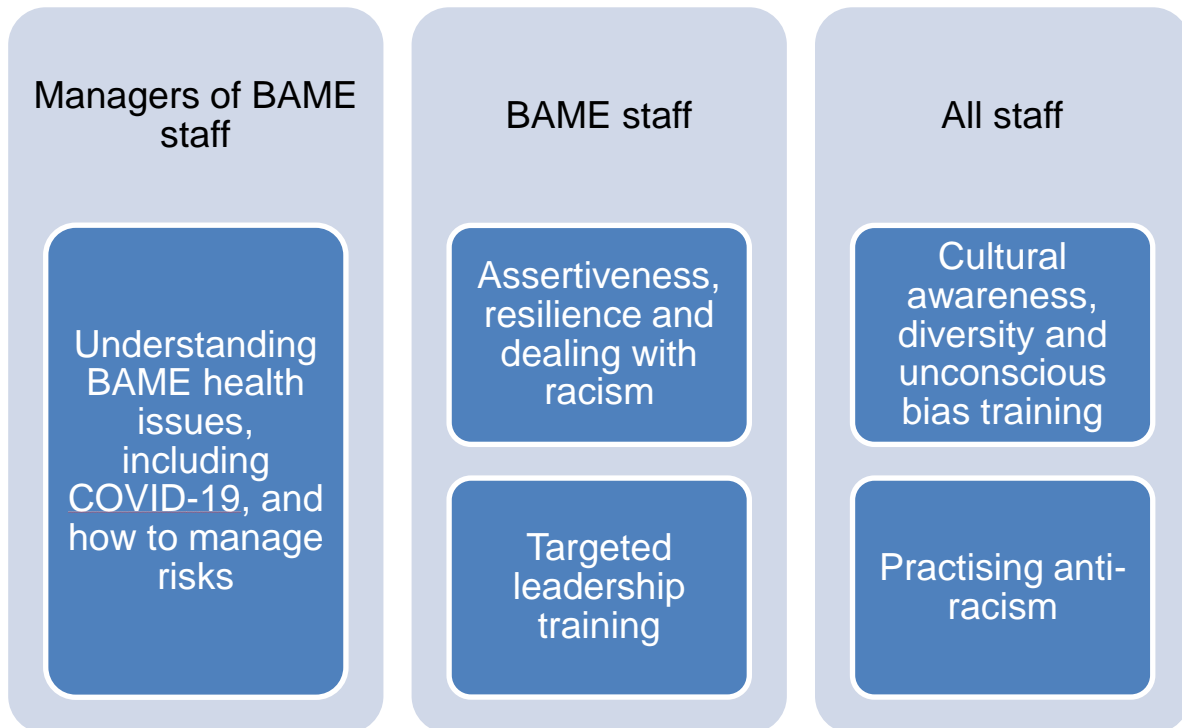
Accountability should be built into the standards. West *et al* (2020) set out an integrated strategy for tackling discrimination against minority ethnic groups and makes a number of recommendations for care providers and leaders; these are included at Annex G.

In terms of tackling institutionalised racism, values-based recruitment (as well as bringing economic benefits), can also help build a principled non-racist workforce as the values more often than not include equality and human rights (Linde & Kline, 2018). Respondents to a recent survey of BAME social care staff (Skills for Care, 2020c) were clear that training and support was needed to address issues of institutional racism and

⁴⁹ <https://socialcare.blog.gov.uk/2020/12/16/respecting-diversity-in-social-care-we-must-do-better/>

a lack of opportunities for career progression. This was divided into three pillars: learning for leaders and managers; for BAME staff; and for all staff (Figure 4.1 below).

Figure 4.1 Learning needs identified in a survey of BAME social care staff (Skills for Care, 2020c)



Fostering and building on the talent of existing leaders and embedding leadership around equality and diversity within wider organisational strategies are seen as key. Linde and Kline (2018) highlight that considerable leadership has been shown by BAME leaders in the sector. This “*encouraged applications from BAME staff, building the confidence of local BAME communities that they were welcomed and creating self-reinforcing cycles for recruitment and retention*”. Principal Social Workers also saw themselves “*as well placed as leaders to encourage and model good practice and establish a focus on fostering BAME leadership and talent*”.

Skills for Care’s market intelligence data (Skills for Care, 2020f) suggests that momentum has been building (often at the grassroots levels) within the sector to tackle inequalities. This includes the establishment of regional and local networks and alliances to address inequalities, mentoring schemes whereby BAME staff members mentor senior leadership on BAME issues, and groups and voices aim to influence change for BAME communities.

There is recognition at the national level as well including responses from the NHS to address health inequalities and protect the most vulnerable from COVID-19, and a recognition that there are many examples of good practice that can be celebrated and

shared (Public Health England, 2020). The Social Care COVID-19 Taskforce BAME Advisory Group (2020) made a number of recommendations, many of them for Government.

For the workforce, the most important recommendations include:

- improving cultural competence
- acknowledging the impact of structural racism in the workplace and show how this impacts on the ability of BAME professionals to challenge unsafe practices
- looking at the difficulties faced by workers with a disability, e.g. lip-readers impaired by mask wearing.

In relation to Skills for Care's work in this area, stakeholders and participants were positive about the new [equality and diversity webinars](#). Respondents to a recent survey of the BAME workforce in social care (Skills for Care, 2020c) also praised the Moving Up programme⁵⁰ and stakeholders mentioned Skills for Care's tools and resources such as the 'safe and fair recruitment' and 'widening your talent pool' guide as useful in improving workforce inclusivity. Stakeholders asked for Skills for Care to take an active role in helping to embed equality and diversity within the fabric of social care. In response to the findings of the BAME survey (Skills for Care, 2020c), Skills for Care has also recently committed to further research to develop relevant support that meets the needs of the diverse workforce and to developing a suite of guidance based on the three main challenges identified by the survey (racism; progression and representation; health issues).

The guidance will be aimed at managers who want to get a better understanding of the inequalities facing their BAME staff, and at BAME staff who want support and better understanding on the issues they face and what they can do to protect themselves. As respondents specifically asked for more co-production, Skills for Care will work with a BAME focus group to produce the guidance and explore the best ways of providing support for career progression. Skills for Care has also created a [dedicated webpage](#) to provide a platform for voices from the diverse workforce, including blogs and articles from authors from BAME communities.

Skills for Care has produced a video-based resource pack called 'Confident with Difference.' This is designed for leaders and managers to use with groups of employees and aims to generate discussions about improving diversity within organisations. It includes a film about sexual orientation and gender identity, alongside material about gender, race and religion. Ninety-three percent of participants responding to the pilot

⁵⁰ A review of the longer-term impact of Skills for Care's leadership programmes conducted in 2017 found evidence that Moving Up had led to career progression for some participants, and increased confidence levels and ability to respond to challenging issues. Programme participants also reported greater clarity about steps to progress their careers.

evaluation of 'Confident with Difference' agreed that they had gained new ideas about engaging with different cultures and communities (Skills for Care, 2018).

Skills for Care, Base and Disability Rights UK (n.d.) have reported on the barriers to recruiting disabled people in social care, the potential benefits of doing so, top tips, case studies and good practice. DFN Project SEARCH (a transition to work programme for students with learning disabilities and autism spectrum conditions), reportedly has a 66% success rate for young people on a two-year intensive programme securing employment in social care (highlighted by a stakeholder).

5. Workforce wellbeing

As with the previous chapter, workforce wellbeing is about **culture**. Social care workers can benefit from a positive workplace culture that values their wellbeing and helps them stay in their role.

And as with equality, diversity and inclusion, workforce wellbeing may be an outcome that supports productivity and retention, but it is also a worthwhile goal in its own right, particularly in light of the social care workforce's experiences throughout the COVID-19 pandemic.

Key findings

Workforce wellbeing has been linked to productivity and care quality (Atkinson *et al*, 2019; Skills for Care, 2017b; West *et al*, 2020) with authors also identifying a moral imperative to support the wellbeing of workers who care for so many.

Evidence reviewed uses the words 'tired', 'anxious', 'fearful', 'burnout', 'grief' and 'trauma' when describing the experiences and feelings of social care workers during the COVID-19 pandemic, and the evidence was clear that wellbeing and resilience support is needed.

Existing support has included:

- peer support
- networking, e.g. virtual registered manager network meetings and Facebook groups
- helplines
- mental health champions
- resilience hubs
- the sharing and development of tools and resources to support wellbeing.

3.1 The challenge

The evidence suggests that workforce wellbeing was already an issue, prior to the COVID-19 pandemic. Social care workers faced chronically high rates of depression and anxiety (West *et al*, 2020), with flexible working and work intensification blamed for increasing stress (Moriarty *et al*, 2018). Tyers (2018) found that almost 80% of

respondents to a survey of registered managers⁵¹ felt that the role had changed over time, with greater pressures on managers to carry out tasks outside their job description and work long hours.

Social care's role at the frontline of the pandemic has exacerbated these issues. The pandemic has killed tens of thousands of people receiving care⁵² and hundreds of social care workers⁵³. Many more have been ill.

Workers are tired, anxious, fearful and facing burnout (Social Care COVID-19 Taskforce Mental Health & Wellbeing Advisory Group, 2020 and Workforce Advisory Group, 2020; Skills for Care, 2020m). Eighty percent of social care workers in a recent survey (Hussein, 2020) reported an increased workload since the onset of the pandemic and nearly half had increased their working hours. Personal Assistants experienced wide ranging changes to their job roles (Woolham *et al*, 2020) and struggled to access key worker benefits such as shopping slots, access to PPE and testing (ADASS, 2020a).

Many workers felt pressured into making great personal sacrifices during the pandemic and have faced financial hardship as a result of self-isolating (Social Care COVID-19 Workforce Advisory Group, 2020; Woolham *et al*, 2020; UNISON, 2020).⁵⁴

Eighty percent of care home staff in a recent survey reported negative experiences such as being pressured to take hospital discharges or being blamed for the deaths of people receiving care (QNI, 2020). Many are experiencing grief and trauma (DHSC COVID-19 Workforce Advisory Group, 2020; Skills for Care, 2020j). Workers who may have suffered from feeling they were not providing care at the right standard during the crisis, are at risk of Post-Traumatic Stress Disorder and need wellbeing and resilience support (Billings *et al*, 2020; Tavistock & Portman NHS Foundation Trust, 2020).

⁵¹ The survey, commissioned by Skills for Care, was carried out in October 2017, and had 860 registered managers respond.

⁵² Controversies over hospital discharge and admission policy as well as funding issues are identified by some authors as contributing to the deaths (see e.g. Amnesty International, 2020; UNISON, 2020; Arbutnott *et al*, 2020; Charles & Ewbank, 2020; ADASS, 2020e).

⁵³ By 20th July 2020 312 social care workers had died from COVID-19, according to the Office of National Statistics (2020).

⁵⁴ Personal Assistants (PAs) faced a unique set of problems as many Individual Employers chose to pause their support or have family members step in to care. It was not initially clear whether PAs would be eligible for furlough and many fell into financial hardship, particularly the self-employed (Woolham *et al*, 2020).

There is trauma and grief at the very large number of people who have died in so short a space of time, not just of COVID-19, but of all of the other causes that have featured in excess deaths during the pandemic. It has disproportionately hit those of us who are in the most vulnerable circumstances... And it has hit hard the incredibly courageous, largely female, low paid but skilled and committed care staff, who have died at higher rates than the rest of the population. They have nonetheless continued to provide care at huge risk to their lives and to their families.

- ADASS (2020e)

As with all the topics explored in this report, workforce wellbeing is inextricably linked with other issues. Atkinson *et al* (2019) and Skills for Care (2017b) highlight the importance of wellbeing and the employment deal (among other factors) in driving productivity, and West *et al* (2020) link workforce wellbeing to care quality.

“It cannot be right that a system focused on improving the health and wellbeing of all damages the health and wellbeing of so many... Nurses and midwives working in health and social care are subject to work conditions that in many cases will damage their physical and mental health and wellbeing... It is wrong and unsustainable.

This is a moral issue but is also inconsistent with the core purpose of the services, which is to ensure the health and wellbeing of our populations... It is also an issue of productivity and efficiency to drive the best value for the money spent on health and care. Caring for staff means better outcomes for patients, lower costs and more compassion for all.”

- West *et al*, 2020

5.2 Potential solutions

The literature suggests that psychological support in particular will be needed in the social care sector, following the pandemic⁵⁵, as will occupational health support (Social Care COVID-19 Taskforce BAME Advisory Group, 2020; DHSC, 2020e).

Results from a recent survey of social care providers and other stakeholders (Skills for Care, 2020e) indicated that peer support was invaluable in maintaining wellbeing, and Registered Managers had appreciated where they had had support from owners,

⁵⁵Tavistock & Portman NHS Trust, 2020; Social Care COVID-19 Taskforce BAME Advisory Group, 2020; SCIE, 2020; Skills for Care, 2020e

Nominated Individuals, the CQC and local authorities. Respondents had appreciated the opportunities for connection provided by Skills for Care in the form of the virtual registered manager network meetings and Facebook group. The 'Our Frontline' helpline has been extended to provide support to social care staff (DHSC, 2020e).

Skills for Care's market intelligence data provide many examples of support mechanisms introduced by managers and leaders to support the wellbeing and morale of their own staff as well as initiatives from local authorities and external stakeholders. Support mechanisms included the development of networks of mental health champions, methods for keeping in touch with staff who were absent or shielding, priority access to NHS mental health services, and the sharing and development of tools to support wellbeing (apps, podcasts, webinars, toolkits, literature). Some areas have established resilience hubs where health and social care staff can access confidential support.

Reports (e.g. Social Care COVID-19 Taskforce Carers Advisory Group and Mental Health & Wellbeing Advisory Group, 2020) highlight the importance of including the wellbeing of unpaid carers in consideration; and that one in five people working in social care also have their own caring responsibilities; and/or may be existing or prospective service users. Skills for Care has a package of resources around building resilience and developing wellbeing.

6. Conclusions

The evidence review has been a tremendously useful exercise for Skills for Care. Pulling this large amount of evidence into a single piece of analysis, and confirming and enhancing the analysis with stakeholders, provides the benefit of being able to draw out some very clear and consistent messages, grounded in robust evidence, for the organisation and the sector. These can be utilised in the development of the organisation's new three-year strategy.

It is evident that there are a number of challenges facing the social care sector that need to be overcome to ensure the attainment of the sector's vision for social care. The evidence demonstrates that a well, well-led, supported and developed workforce are more likely to stay in post and deliver consistent, high quality, personalised care. Conversely, a workforce that is under-funded, under-developed, suffering poor wellbeing, and not supported to advocate for themselves and the people they care for, is likely to result in poor care or worse.⁵⁶

There is therefore a need for the sector to tackle these challenges, in order to improve the lives of people receiving care, empower the workforce to deliver the high quality care they aspire to, and achieve Skills for Care's shared vision for adult social care. In tackling these, Skills for Care and partners should adhere to wider sector good practice, such as co-production (of policies, proposals, services, plans) with people with lived experience, including Individual Employers, people who receive care and support and minority groups within the workforce. The research found that this will be critical to the success of any initiatives to improve social care.⁵⁷

In the evidence we reviewed, more was written about the challenges, than about how to solve them.⁵⁸ This highlights the actual or perceived intractability of the problems, and how the 'challenge' narrative has dominated the discourse. Nevertheless, opportunities have been identified, and good practices do exist which can be built upon. The analysis shows that there is wide scope for the Government, Skills for Care, employers and partners to work together to build a sustainable, high quality, skilled future workforce in adult social care.

⁵⁶ Health Foundation, 2020; Atkinson *et al*, 2018; Bennett *et al*, 2018; IPPR, 2018; McKechnie *et al*, 2019; UNISON, 2020; Social Care COVID-19 Taskforce Workforce Advisory Group, 2020; Idriss *et al*, 2020.

⁵⁷ Social Care COVID-19 Taskforce BAME Advisory Group and People with LD and Autism Advisory Group, 2020; LGA, 2020; SCIE, 2018; ADASS *et al*, 2017; others.

⁵⁸ We coded 100 sources that were examined as including challenges, while 80 were coded as including opportunities and only 52 looked at critical success factors for making progress in solving some of the issues.

Annex A: Study aims and research methods

Study aims

Table A.1: Study aims

To enhance our understanding of the key workforce priorities and issues for the adult social care sector as a whole and for specific groups within the sector, so that Skills for Care can focus on creating positive change in those areas; *and to*

- Form a core building block for the development of Skills for Care's strategy.
- Assist with an understanding and articulation of our core purpose.
- Listen to the adult social care sector and articulate what is important to them.

Table A.2: Initial key research questions

1. What is the sector's vision for how adult social care in England should look, five years from now?
2. What are the **workforce-related** changes that need to be made to enable this to take place?
3. What role should Skills for Care (in partnership with employers and others) play in bringing this about?
4. What challenges are likely to be encountered?
5. What will be the critical success factors?
6. What opportunities should be built upon?
7. How should success be measured?

The study was managed by the Evidence & Impact Team at Skills for Care and reported to two governance groups set up: the Strategy Development Working Group and the Sector Consultation Project Steering Group.

Research methods

The study involved an evidence review and depth interviews with key stakeholders.⁵⁹

⁵⁹ We also originally intended to include an online survey promoted to the social care sector as a whole. In the end, plans for the online survey were paused as it became clear that the sector was having to prepare and deal with a second wave of the COVID-19 pandemic.

Stakeholder consultations

Members of the Workforce Development Forum⁶⁰ and colleagues from a diverse range of organisations were invited to take part in a depth consultation, by telephone or video during October 2020. Thirteen took up this offer and are listed in Annex D. They include a broad range of representative bodies from across the sector.

The evidence review

The evidence review took place over September, October and November 2020.

Searches using agreed search terms were conducted on a number of databases and websites, with a view to identifying recent, relevant evidence.⁶¹ Inclusion criteria were as follows:

- published since 2018 (since this is a rapidly changing landscape)⁶²
- published in English
- relevant to the England adult social care sector only
- relevant to the aims listed above.

The initial search identified a large number of items, many including relevant evidence which was coded against the key research questions. Further relevant sources were identified by a scan of bibliographies. Around 190 documents in total were reviewed in detail and are included in the bibliography to this report (Annex C). They include a large number of documents from Skills for Care itself, in addition to respected sources such as the Department for Health & Social Care, House of Commons Committees, the Care Quality Commission, the Association of Directors of Adult Social Services (ADASS), the Social Care Institute for Excellence, the Local Government Association, the King's Fund, the Health Foundation, and others.

Observations about the evidence base

What is remarkable about the evidence base is the high degree of congruence between the evidence sources reviewed, including both the document review and the consultations. Despite the diverse range of sources consulted, the messages that emerged were consistent. Although some sources were based on expert opinion, rather than rigorous evaluation evidence, it is possible to say with some certainty that the key

⁶⁰ The Workforce Development Forum is an advisory group to the Skills for Care Board. Its purpose is to provide two-way communication between the Board and key stakeholders which enables Skills for Care to be well informed about and responsive to, the leadership, learning and development needs of the sector.

⁶¹ Skills for Care website and intranet; the Adult Social Care Workforce Dataset and research reports based on its intelligence; research undertaken by third parties and identified in Market Intelligence reports; NHS Evidence; Emerald and Cambridge Journals Online; Google and Google Scholar; EBSCO; Proquest; the Personal Social Services Research Unit (PSSRU); Social Care Workforce Research Unit (SCWRU); The King's Fund; NIHR School for Social Care Research; Department of Health & Social Care; the Care Quality Commission (CQC); the Social Policy Research Unit; SCIE; The Health Foundation; Membership organisations such as the National Care Forum, UKHCA, Care England.

⁶² A small number of older references were included where relevant.

issues facing the adult social care workforce are now well understood. There is broad consensus about the causes of workforce problems, and the potential and available solutions. This makes the development of a new strategy for Skills for Care, and a focus on subsequent action, all the more timely.

Annex B: Search terms for the literature review

“workforce” or “staff” “employees” “employers” “develop*” “learn*” “train*” “skills” “values” “behaviours” “recruit*” “retain*”	+	“social care” or “adult social care” “adult services” “social services” “residential care” “domiciliary care” “care homes” “homecare” “community care” “daycare” “supported living” “mental health”	+	“vision” or “future” “outcomes” “impact” “quality” “challenges” “opportunities” “success” “failure” “strategy” “system” “post-pandemic” “post-covid*”
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Annex D: Stakeholders consulted

Name	Organisation/role
Colin Angel	Policy Director UK Homecare Association
Julie Abbott	Job Centre Plus
Karin Bishop	College of Occupational Therapists
Sophie Chester-Glynn	Director – Co-produce Care
Naomi Cooke	Local Government Association
Matthew Egan	Unison
Clenton Farquharson	Think Local Act Personal (also a Skills for Care Fellow)
Holly Irwin	NICE
Richard Murfin	MHA - UK's largest charity care provider
Narmada Thiranagama	Policy Officer Unison
Mandy Thorn	Marches Care Ltd and Skills for Care Board Member
Steph Thompson	My Home Life
Rhodri Williams	Care England

Annex E: ‘Making it Real’ and ‘Quality Matters’ statements on the workforce

Table E.1. Workforce statements⁶³ from Making it Real (‘People who support me’) and from Quality Matters

Making it Real		Quality Matters
<i>I statements</i>	<i>We statements</i>	<i>Quality (for staff) means that...</i>
<ul style="list-style-type: none"> ▪ <i>I am supported by people who see me as a unique person with strengths, abilities and aspirations.</i> ▪ <i>I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want.</i> ▪ <i>I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.</i> ▪ <i>I have considerable support delivered by competent people.</i> 	<ul style="list-style-type: none"> ▪ <i>We don’t make assumptions about what people can or cannot do and don’t limit or restrict people’s options.</i> ▪ <i>We see people as individuals with unique strengths, abilities, aspirations and requirements and value people’s unique backgrounds and cultures.</i> ▪ <i>We know how to have conversations with people that explore what matters most to them – how they can achieve their goals, where and how they live, and how they can manage their health, keep safe and be part of the local community.</i> ▪ <i>We have a ‘can do’ approach which focuses on what matters to people and we think and act creatively to make things happen for them.</i> ▪ <i>We keep up to date with local activities, events, groups and learning opportunities and share this knowledge so that people have the chance to be part of the local community.</i> 	<ul style="list-style-type: none"> ▪ <i>Staff should have a clear understanding of what quality is and of their uniquely important role in helping to deliver high quality care and enabling others to contribute to a sustainable, well-led, high quality workforce for now and the future.</i> ▪ <i>Leadership in social care is robust and proactive, supporting staff in their roles.</i> ▪ <i>A wide and diverse range of staff are capable, confident, supported, feel nurtured and are equipped and empowered to deliver care that is safe, effective, caring and responsive. They make a positive contribution to good leadership and the sustainable use of resources.</i> ▪ <i>Staff feel free and confident to speak up.</i> ▪ <i>Staff provide quality care, based on values, which recognises people who use services, their families and carers as experts.</i> ▪ <i>Staff are reliable and they provide care that instils confidence in people using services.</i> ▪ <i>Staff with different specialisms are recognised and respected across the system.</i> ▪ <i>Staff are supported to achieve their own qualifications and encourage others to learn and develop.</i>

⁶³ In *Making it Real*, ‘I statements’ describe what good looks like from an individual perspective. ‘We statements’ express what organisations should be doing to make sure people’s actual experience of care and support lives up to the I statements.

Annex F: CQC five Key Lines of Enquiry

Table F.1: CQC'S five Key Lines of Enquiry

Are they safe?	Safe: you are protected from abuse and avoidable harm.
Are they effective?	Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life, and is based on the best available evidence.
Are they caring?	Caring: staff involve and treat you with compassion, kindness, dignity and respect.
Are they responsive to people's needs?	Responsive: services are organised so that they meet your needs.
Are they well-led?	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Source: CQC 2017

Annex G: Tackling discrimination

Table G.1: Tackling discrimination: recommendations from West et al (2020)⁶⁴

All health and care organisations should adapt and implement the following good practice.

- *Demonstrable leadership of the strategy from the top and at every level continually.*
- *Leaders fully understanding the ethnic makeup of the organisation and the communities served.*
- *Actively seeking minority ethnic group talent and enabling their development.*
- *Reinforcing zero tolerance of inequities, including those relating to race.*
- *Thoroughly planning, implementing and monitoring interventions.*
- *Tracking progress continuously (bi-monthly or quarterly).*
- *Embedding equity, equality and celebration of diversity throughout the organisation.*
- *Establishing that equity, equality, diversity and inclusion are everyone's business and not just the EDI lead and minority ethnic group network.*
- *Involving middle managers continually.*
- *Hardwiring WRES and tackling race inequality into corporate objectives and activities.*
- *Anti-discrimination training for interviewers.*
- *Supporting managers when dealing with grievances and disciplinary cases.*

Health and care organisations should change cultures through leadership development and teamworking interventions. These must focus on ensuring that positively diverse and universally inclusive behaviours are modelled and practised at every level of the health and care system. This requires all staff to:

- *treat those from different backgrounds with greater civility, respect, and compassion*
- *be familiar with the research evidence on the impact of racism and discrimination on health, life chances and mortality*
- *have training in how to intervene when they observe discrimination, incivility or racism towards colleagues*
- *be enabled to be champions of equity, equality, positive diversity and inclusion.*

⁶⁴ Bailey & West (2020) also suggest a shorter checklist for white staff in health and care to action in the short term: Every white member of health and care staff can commit to:

- treating those from different backgrounds with greater civility, respect, and compassion
- ensuring co-workers feel the climate for inclusion has markedly improved within six months
- learning about the research evidence on the impact of racism and discrimination on health, life chances and mortality
- intervening when they observe discrimination, incivility or racism towards colleagues
- becoming a champion of equality, positive diversity and inclusion and encouraging others to do the same
- renewing these objectives every six months.

Leaders at every level have an additional role to play. All leaders must:

- provide stretching project and career opportunities for staff from minority ethnic groups while providing good support*
- be familiar with the research evidence on how diversity is associated with team and organisational effectiveness and innovation in health and social care.*
- work to create fair and just cultures in their teams and organisations*
- seek to mentor and coach staff from minority ethnic groups and create opportunities for reverse mentoring.*
- assess their performance as inclusive leaders, ensuring all they lead feel included by their leadership*
- ensure all nurses and midwives commit to these ways of working together and receive supportive developmental feedback.*

Source: West et al (2020). These integrated recommendations for culture change are based on a programme involving:

- good practice examples from organisations across sectors (not restricted to health and care)*
- international research evidence on managing equality, diversity and inclusion effectively*
- consultations with the leads for the NHS Workforce Race Equality Standard in England*
- advice from EDI leads across the NHS For more, see: www.workplaceedi.com*

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