A People Plan For Social Care

A Special Insight - The Summary

PREPARED BY
THE INSTITUTE OF HEALTH AND SOCIAL CARE
MANAGEMENT'S SOCIAL CARE INNOVATORS
SUBCOMMITTEE

DECEMBER 6TH 2021

Institute of
Health &
Social Care
Management

Introduction

A comprehensive People Plan for social care has been long awaited, and so the Institute of Health & Social Care Management (IHSCM) and the IHSCM Social Care Innovators People Plan Sub-Committee has proactively addressed the deficiency here. We engaged in a four-month consultation where all current leaders in social care were provided with the opportunity to advise their comments for this report so that a People Plan for the sector could be created *by* the sector instead of just *for* the sector. This is the Summary.

The five topics of our People Plan

- Public Perception of Career Image
- Training
- Recruitment
- Retention and Staff Well Being
- Pay and Benefits

Common themes

Quite early on into our consultation period, we recognised that recurring themes and issues were emerging in each of the five sections. Where applicable, we have referenced these within the recommendations. However, we have also included them here to highlight the overall impact, and, where possible, the need for improvement.

For each section of the People Plan, the common themes identified were:

PUBLIC IMAGE	RECRUITMENT	RETENTION AND WELLBEING	TRAINING	PAY AND CONDITIONS
EDUCATION CHANGE	PERCEPTION OF SOCIAL CARE	BURNOUT	STANDARDISATION AND TRANSFERABILITY OF QUALIFICATIONS AND COMPETENCIES	PAY SCALES AND PROGRESSION
LACK OF SUPPORT/ INFRASTRUCTURE	FINANCIAL AND EMPLOYEE BENEFITS	MENTAL HEALTH		FUNDING – FEE RELATED
NEGATIVE PERCEPTION	VACCINE AND COVID19	APPRECIATION	FUNDING	PUBLIC PERCEPTION
LACK OF SKILLS RECOGNITION	STRUGGLES IN FINDING NEW TALENT	NON-FINANCIAL RECOGNITION	ADMINISTRATIVE BURDEN	EMPLOYEE BENEFITS
LACK OF UNDERSTANDING	UNIVERSAL CREDITS AND IMMIGRATION	FINANCIAL RECOGNITION	LACK OF TAILORED SPECIALIST PATHWAYS	CONDITION OF WORKPLACE ENVIRONMENT/ CULTURE
SECTOR WIDE PROCESSES	LEADERSHIP, DEVELOPMENT AND COLLABORATION	CURRENT SECTOR EMPLOYEES LEAVING FOR OTHER SECTORS	VARIETY OF TRAINING	
POP CULTURE AND POLITICAL PERCEPTION	COMPETITION	NEGATIVE CONDITIONS/ CULTURES/ PERCEPTIONS	PROFESSIONAL DEVELOPMENT	
FINANCIAL BENEFITS AND RESOURCES TO WORKERS	CRISIS	TOO MUCH RESPONSIBILITY	CAREER PATHWAYS	
			CONTROL OF TRAINING SUBSIDIES	

Public Image of Social Care

CURRENT SITUATION

The Social Care sector is heavily fragmented and lacks a unified voice. A lack of professionalised recognition partnered with a myriad of other issues, such as pay, has created a perception that the sector is made up of unskilled individuals with no real career aspirations. Due to a lack of awareness of career options and with no clearly defined career pathways, there is little understanding of the variety of possible roles within social care.

Social Care scandals occupy most of the media representation of the sector and, with the lack of regular positive stories to the general public, it is therefore marked from a perception view as 'failing', in need of 'fixing' and 'the job to take if you can't get anything else'.

Overall, there is currently a need for a change in education, not just within the sector, but on how we educate people to improve understanding and skills recognition outside of the sector too. More needs to be done to change the negative perception the public holds of social care, and this will only be achieved if pop culture references, news and media, and political perceptions also change.

GOOD / OUTSTANDING PRACTICE EXAMPLES

Despite there being such a poor and inconsistent image of social care, there is substantial positivity that is occurring within the sector which needs to be highlighted such as:

- **Charities such as Championing Social Care** - https://championingsocialcare.org.uk/
- **Organisations such as TAP (Thank & Praise)** - https://thankandpraise.com
- **Lancashire and South Cumbria ICS Thank You Campaign**
- **Leicestershire Council's *Inspired to Care* campaign** - https://www.inspiredtocare.co.uk/

RECOMMENDATIONS

There is a clear need for the improvement of the public perception and awareness of social care. Without a positive and well-informed understanding of social care, recruitment and retention will continue to suffer. This People Plan has used findings from the consultation to propose a set of recommendations.

Recommendations for:		
Central/Local Governments	**Social Care Providers**	**Press and Media**
1. **Establish a "Social Care Social Media Course"** 2. **Change the term care assistant/care worker to care professional** 3. **#GreenHeartForSocialCare** 4. **Improve Equality, Diversity and Inclusion** 5. **Amplify and develop the central government TV and radio advertising initiative** 6. **Professionalise the care sector** 7. **Engage with schools and colleges**	1. **Change the term care assistant to care professional** 2. **To embed social care within media** 3. **#GreenHeartForSocialCare** 4. **Improve Equality, Diversity and Inclusion** 5. **Increased support for fictional and non-fictional social care media content** 6. **Engage with schools and colleges**	1. **To embed social care within media and press** 2. **Increased support for fictional and non-fictional social care media content**

Recruitment

CURRENT SITUATION

Though recruitment has been a challenge for a number of years in social care, current vacancies are rapidly increasing, and many providers are reporting they are finding recruitment such a challenge to the extent they are now concerned about business viability. Whilst there are no official statistics on the reduction of workforce post Brexit, anecdotal evidence suggests there has been a detrimental impact on the social care sector. Simultaneously, the current vaccination mandate which applies to care homes, and as of April 2022 the wider social care sector, has further eroded the workforce and promoted the need for recruitment.

There is also currently a feeling that national recruitment campaigns do not hit their potential due to a lack of strategy and coproduction with existing providers. Without combatting the negative image of social care, recruitment campaigns will struggle to be successful.

GOOD / OUTSTANDING PRACTICE

Leaders in our sector have created a number of innovative responses to tackle recruitment despite the regular recruitment issues they face. Some examples are listed below:

- **Employee referral app Care Friends**
- *Provider Example: **Great use of social media to accurately reflect great care outcomes which show what a place is like to work for.***
- *Provider Opinion: **Include relatives and ECGs further***
- *Recruitomate – https://www.recruitomate.com/*
- **Utilising Situational Judgement Test (SJT's) and Value based approaches**

RECOMMENDATIONS

Recruitment in social care does not have one quick fix, neither can it be remedied by one single entity. Instead, it is going to require the coproduction and engagement of both central and local governments and care providers. Based on the current situation and examples of good practice, this People Plan makes the following recommendations.

Recommendations for:	
Central/Local Governments	**Social Care Providers**
1. **Create more opportunities – Include all social care positions on the shortage occupation list (SOL)** 2. **Reduce turnaround of DBS application process** 3. **Leadership Support – How to interview, advertise, induct etc.** 4. **Coproduced recruitment campaigns** 5. **Paid, Open Day Job Trials**	1. **Coproduced recruitment campaigns** 2. **Paid Open Day Job Trials**

Retention and Wellbeing

CURRENT SITUATION

If social care providers are successful in recruiting, this People Plan has shown that there are significant barriers in retaining staff and reducing turnover.

The result of not giving the workforce the support they need is that we will burn out our already hardworking workforce. We are already seeing this with registered managers. Without the correct support systems in place for the workforce, it will be difficult to further retain them.

Of the themes identified, low pay and poor financial opportunitites, especially when factoring in the skills and responsibilities of being a care professional, seemed to be one of the most common feedbacks. Furthermore, mental health, wellbeing, and the physical health of the workforce are critical factors to be considered. Physical injury / the physical aspect of caring roles is one of the common reasons why people leave the social care sector. However, the current situation isn't all negative. Some providers have said that retention is relatively simple if the structure and culture is in place and embedded

GOOD / OUTSTANDING PRACTICE

Most feedback received as part of this People Plan was done anonymously. However, respondents were keen to share what they are currently doing to improve retention within their services. Collated below are some of the examples provided from the sector.

- **The Care Workers Charity** - Mental Health & Well Being support
- **Guarantee birthdays off with paid leave**
  https://www.linkedin.com/feed/update/urn:li:activity:6860952429035429888
- **Well led and lead to succeed by Skills for Care** https://www.skillsforcare.org.uk/Leadership-management/developing-leaders-and-managers/Lead-to-Succeed.aspx
- **The IHSCM Workforce Wellbeing Guide:** IHSCM-Workforce-Wellbeing-Guide-1.pdf (ihm.org.uk)

RECOMMENDATIONS

Retention is a concern many of the people who responded to our consultation and provided feedback via other routes expressed. The data received further embeds the notion that retention may increase and improve through large sector wide changes though, admittedly as the sector is made up predominantly of individual providers and large organisations, there are significant barriers to overcome to achieve these outcomes. Recommendations from the People Plan:

Recommendations for:	
Central/Local Governments	**Social Care Providers**
1. **Registered Manager Support** 2. **Creation of staff wellbeing hubs** 3. **Career Pathways** 4. **Professionalise Care** 5. **Working patterns/Flexible working** 6. **Regulate zero-hour contracts** 7. **Increase pay** 8. **Increase Benefits** 9. **Change social care from being VAT exempt to being VAT zero-rated**	1. **Creation of staff wellbeing hubs** 2. **Improve Inductions** 3. **Implement a Buddy/Mentor scheme** 4. **Improve Equality, Diversity and Inclusion** 5. **Career Pathways** 6. **Working patterns/Flexible working** 7. **Regulate zero-hour contracts**

Training

CURRENT SITUATION

Whilst it is widely accepted that social care staff must receive adequate training to ensure they can fulfil their roles in a safe and effective way, many have said that currently there is too much mandatory training which dominates the time managers and care professionals have due to annual refreshing.

The pandemic has posed further obstacles to providing qualitative training by forcing restrictions on face-to-face learning, with many providers having to adapt to online training and agreeing that a sole focus on eLearning is becoming detrimental to the overall delivery of care and the acceptance of the sector being that of a professional one.

In summary, providers' current perceptions of training in social care are that it is of variable quality and efficacy that isn't widely standardised or recognised professionally. There is a passion from providers to ensure that their workforces are competent at supporting those in their services, but there is a feeling that the current framework is hindering this from being achievable across the sector.

GOOD / OUTSTANDING PRACTICE

Feedback from our consultation and engagement sessions have highlighted the already great work going on within the social care sector to meet the training needs of the work force. Some of the outstanding practices are highlighted below:

- **Dementia bus training**
- https://www.training2care.co.uk/virtual-dementia-tour.htm
- **Arden Universities Management and Leadership Apprenticeship –** https://web.arden.ac.uk/senior-leader-degree-apprenticeship
- **LSCDG / Care Academy Harts / Scils Warwickshire - https://academy.healthierfuture.org.uk/**
- **Manual Handling All Wales Passport –** http://www.wales.nhs.uk/documents/nhs_manual_handling_passpor.pdf

RECOMMENDATIONS

Training is an integral part of working in social care. Therefore, it shouldn't be a barrier to good care. It should instead promote and enable good and outstanding care, and not detrimentally impact the morale of the workforce or put services under further pressures. This people plan outlines a set of recommendations based on the feedback received from providers and managers.

Recommendations for:	
Central/Local Governments	**Social Care Providers**
1. **Training passports** 2. **Mandate care certificate qualification** 3. **Requirement of wellbeing training** 4. **Equality, Diversity, and Inclusion – Including accessible information standards** 5. **Digital Health and Wellbeing** 6. **Standardised Fully Funded Mandatory Training** 7. **CPD Accredited training** 8. **Fastrack Leadership Programme** 9. Greener Care Training	1. **Requirement of wellbeing training** 2. **settings.** 3. **Equality, Diversity, and Inclusion – Including accessible information standards** 4. **Digital Health and Wellbeing** 5. **Greener Care**

Pay and Conditions

CURRENT SITUATION

Pay and conditions in social care has regularly been cited as a major reason why the sector is unable to attract new talent. It is also with the low pay and lack of benefits that have created a false impression of a low skilled workforce which is clearly not the case. Unfair to Care's July 2021 report proved that care work is highly skilled work, but confirms that many social care professionals would receive 39% higher pay if they were to be in roles with the same skillsets and levels of responsibility in publicly-funded roles.

The current situation of pay and benefits for the social care workforce is complex and long engrained.

Whilst there is an acknowledgement that a large proportion of providers wish to increase their wages and provide adequate benefits to their workforce, with such high proportions of care being subsidised by the state at inadequate rates, they are financially limited by the fees they receive as a consequence of the strict statutory rules the annual budgets of local authorities are bound by.

A continued shortfall in care funding means that social care remains dependent on premium fees from private payers to generate sustainable levels of income. This has driven down, in real terms, the money that local authority contracted providers can earn. They are obliged to squeeze all of their services to remain in business and continue providing care to the individuals they already support. The consequent squeeze in pay deters talented and committed workforce entrants and promotes further deskilling.

GOOD / OUTSTANDING PRACTICE

Examples of good / outstanding practice in pay and conditions from local authority and private providers are in short supply in our consultation, though a number of ideas have been forwarded.

- **Rewarding skills development**
- **In house educational programs**
- **One employer reports being a National Living Wage employer, paying max mileage allowance, and regularly celebrating the work of the care team.**

Whilst these examples of good practice are inspiring, not all, if many, social care providers are in a financially stable enough position to be able to offer these or similar incentives.

RECOMMENDATIONS

We have been provided with a number of financial and non-financial suggestions that should be considered:

Recommendations for:
Central/Local Governments
1. **Create a Social Care staff green heart discount card**
2. **Create a statutory review body to examine local authority funding and contractual costs for social care provision on an annual basis**
3. **Promote the professionalisation of the sector by boosting training provision and training access**
4. **Workforce modelling exercise to determine the funding increase**
5. **End Time and Task care**
6. **Explore the creation of a centrally governed social care pension scheme**
7. **Introduce pay and conditions banding for social care staff that mirrors that of NHS staff**
8. **Create a professional register of qualified social care staff**

What Happens Next?

Now that this People Plan has been published, our Social Care Innovators People Plan sub-committee will continue to meet regularly to discuss future recommendations for revisions of this plan as well as identifying other areas of the workforce that require consideration and support.

An ongoing survey will be available to provide feedback about this report. Data from this survey will be used to inform future revisions of this plan. It is the aim of the sub-committee to publish an updated People Plan each year.

Link for Survey: https://www.surveymonkey.co.uk/r/SP9ZXDK

The People Plan sub-committee will also host round tables and other virtual and potentially in-person forums to invite wider discussion and input for future versions. Over the next twelve months, we are going to have a stronger focus in encouraging engagement from social care providers, primarily around good and outstanding practices.

Ideally, we would welcome communication from local and central government, namely the Secretary of State for Health and Social Care, and the Minister of State for Care and Mental Health to discuss coproduction options moving forwards to help further unite and represent the social care sector.

Finally, we will be looking to work with other representatives of the social care sector, including providers and leaders, to begin actioning the recommendations within this People Plan.

Acknowledgements

The People Plan for Social Care would not have been possible without the dedication and hard work of the IHSCM Social Care Innovators People Plan Sub Committee with special thanks to:

Palvi Dodhia, Jasmeet Rai, Joan Bothma, Marlene Kelly, Jay Dodhia, Paul Blane, Dean Morgan, Trudie Fell, Mindy Sawhney, Olivea Allegrini-Jones, Jane Brightman

We acknowledge thanks to **Jon Wilks,** CEO at the Institute for Health and Social Care Management, for facilitating the consultation and Subcommittee meetings.

We also acknowledge thanks to **Adam Purnell**, Director of Social Care for the Institute of Health and Social Care Management, for writing the People Plan.

We would like to acknowledge thanks to all other contributors to the consultation for this People Plan, including members of the following Facebook peer support groups:
The Outstanding Managers Network, The Care Managers Inner Circle, The Caring View Support Network

And to **National Care Forum**, **NACAS**, **Championing Social Care**, **The Health and Social Care, The Caring View** and **The Care Workers Charity** for sharing out our consultation to their networks.

www.ihm.org.uk

33 Cavendish Square

London

W1G 0PW

Tel: 0207 182 4066

jwilks@ihm.org.uk

apurnell@ihm.org.uk